



Public – To be published on the Trust external website

Title: Chaperone Procedure

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Document type: Procedure

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1 Introduction

This procedure provides guidance to staff undertaking examinations of patients where the use of a chaperone is either required or where a chaperone has been requested by the patient.

The use of a chaperone safeguards the patient, service user or client against the potential for actual or perceived abuse, during any examination, procedure or treatment regardless of gender. Similarly the use of a chaperone safeguards the practitioner against a false allegation of abuse or inappropriate behaviour during a treatment or consultation.

This procedure is critical to the delivery of Our journey to change and our ambition to co-create safe and personalised care that improves the lives people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

- This procedure supports the trust to co-create a great experience for all patients, carers and families from its diverse population by ensuring that all patients are offered a Chaperone when examinations are required in order to ensure patient choice and feeling valued, to ensure the right to privacy, safety and dignity are protected.
- This procedure supports the trust to co-create a great experience for our colleagues by ensuring that all staff have clear guidance to follow in the use of chaperones when undertaking examinations of patients.

2 Purpose

Following this procedure will help the Trust to:

- Ensure all staff understand when a chaperone is required.
- Ensure staff are aware of process when a chaperone is requested by a patient.
- Ensure staff acting as chaperones understand the chaperones' role.
- Ensure that the needs and wishes of the patient are considered regardless of the gender of the patient/chaperone.
- Safeguard the patient, the practitioner, and the organisation.



Nothing in this procedure should stop the provision of urgent, life sustaining treatment in the absence of a chaperone.

3 Who this procedure applies to

This procedure applies to all staff including locum, bank and agency staff providing direct care. Following this procedure will ensure that patient's rights are respected and upheld. For the purposes of this procedure a child is anyone under the age of 18 years. However, in relation to decisions under the Mental Capacity Act, capacity assessments apply from the age of 16 years.

4 Related documents

This procedure also refers to:

- [Mental Capacity Act 2005 Policy](#)
- [Consent to Treatment or Examination Policy](#)
- [Safeguarding Children Policy](#)
- [Safeguarding Adults Policy](#)

5 What is a Chaperone

There is no formal definition of a chaperone. It is widely accepted that a chaperone is an independent person, usually a health practitioner whose role is to independently observe an examination/procedure undertaken by a health professional.

A child cannot be used as a chaperone.

The full name of chaperones must always be recorded in medical records.

5.1 Role and Responsibilities of a Chaperone

Chaperones may have a variety of roles and responsibilities for the benefit of both patients and clinicians, which can be considered in any of the following areas:

- To directly observe a procedure. In this case the chaperone must be able to clearly observe the area being treated and see the practitioner performing the task.

- To be familiar with the task in question and observe the whole of the procedure.
- To take an active role in delivery of treatment, such as assisting the patient to dress/undress.
- To act as a witness to continuing and ongoing consent to treatment
- To be sensitive and respect a patient's dignity and confidentiality.
- To provide emotional comfort, and reassurance during sensitive and intimate consultations, examinations or treatment
- To identify unusual or unacceptable behaviour on the part of the member of staff.

5.2 When is a chaperone required

All patients regardless of age, gender or cultural beliefs should be offered a chaperone when close or intimate examinations are required.

Close/ Intimate examinations can include:

- include examinations of breasts, genitalia and rectum.
- Examinations and/or interventions that may involve close bodily contact between the patient and member of staff, especially where the patient may be partially undressed.
- Examinations and/or interventions that may involve the member of staff handling of the patient close to intimate areas, especially where the patient may be partially undressed.
- Examinations involving complete removal of a patients outer clothing down to underwear.
- Examinations involving the partial undoing or total removal of a patients underwear.
- Any examination where the patient has requested a chaperone to be present. All patients have a right to a chaperone (individual patients may find other examinations intimate depending on personal views, cultural norms or previous experience)

6 Children and young people under 18

- Children under 16 & not Gillick Competent. Gillick competence refers to a child who has been assessed by a health professional to be able to make own decisions on medical care whilst under the age of legal consent.

The use of a chaperone is always required for examinations where a child is under 16 and not deemed to be Gillick competent.

- Patient 16 or over lacking capacity to consent to Chaperone.

The use of a chaperone should be used in the patients' best interests unless identified otherwise.

- Children under 16 & Gillick Competent or Patient 16 and over with capacity to consent to use of chaperone.

6.1 Intimate examination

If intimate examination the practitioner should strongly encourage the use of a chaperone but where the young person refuses the practitioners needs to decide if they are willing to proceed without a chaperone.

If willing to proceed this should be documented in patient record including the offer, refusal, and rationale for proceeding.

If the practitioner is not willing to proceed and unable to get the young person to accept, then the practitioner needs to seek advice from senior colleagues/legal services.

6.2 Non intimate examination

If non intimate examination the practitioner should offer the use of a chaperone but where the young person refuses the practitioners needs to decide if they are willing to proceed without a chaperone.

If willing to proceed this should be documented in patient record including the offer, refusal, and rationale for proceeding.

If the practitioner is not willing to proceed and unable to get the young person to accept, then the practitioner needs to seek advice from senior colleagues/legal services.

7 Terms and definitions

Term	Definition
Child	For the purposes of this policy a child is anyone under the age of 18 years
Chaperone	A chaperone is an independent person, usually a health practitioner whose role is to independently observe an examination/procedure undertaken by a health professional
Intimate examinations	Intimate examinations include examinations of breasts genitalia and rectum, however, individual patients may find other examinations intimate depending on personal views, cultural norms or previous experience

8 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

8.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
None identified			

9 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	n/a		

10 References

- [Medical Protection Society - Chaperone](#)
- [Medical Protection Society - Consent Children and Young People](#)
- [GMC - Intimate Examinations and Chaperone](#)

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	21 November 2024
Next review date	21 November 2027
This document replaces	CLIN-0093-v1.1 Chaperone Procedure
This document was approved by	Safeguarding and public protection subgroup
This document was approved	21 November 2024
This document was ratified by	Not applicable
This document was ratified	Not applicable
An equality analysis was completed on this policy on	14 November 2024
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1.2	21 Nov 2024	Full review, minor clarifications to language to align with national guidance. Transferred to full procedure template.	Approved

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Safeguarding & Public Protection / Nursing and Governance
Title	Chaperone Procedure
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	To inform practitioners undertaking examinations of patients or procedures, of the trusts required practice for the use of chaperones.
Start date of Equality Analysis Screening	14 November 2024
End date of Equality Analysis Screening	14 November 2024

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Tees, Esk and Wear Valleys NHS Foundation Trust, Trust employees & service users.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO

	<ul style="list-style-type: none"> • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Veterans (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	Anticipated negative impact was identified for the protected characteristics of sex, gender reassignment, religion or belief, race, age, and disability (possible re-traumatisation) with regards to the gender of the chaperone. The procedure has therefore included that in every instance that a chaperone will be needed or used, the patient will be consulted and the wishes, beliefs and needs of the patient will always be met unless not in the best interest of the patient as stated in the procedure. This will also ensure that Article 8 of the Human Rights Act 1998 in relation to privacy and dignity is also adhered to.
Describe any positive impacts	To ensure patients feel safe when staff are carrying out any examinations and procedures.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See reference section
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	Not applicable.

If you answered No above, describe future plans that you may have to engage and involve people from different groups	Not this time due to their being no change to the procedure itself, it was updated to ensure the current TEWV procedure template is being used. If this procedure requires any significant change, then engagement with service users and staff will be undertaken
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Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	Not applicable
Describe any training needs for patients	Not applicable
Describe any training needs for contractors or other outside agencies	Not applicable

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Not Applicable	Not this time as no change to procedure
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Not Applicable	Not this time as no change to procedure
	Have any related documents or documents that are impacted by this change been identified and updated?	Not Applicable	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Not Applicable	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	No	Unable to identify how this will be monitored
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	Not Applicable	

Appendix 3 – Chaperone Flowchart

