Northern Ireland Ambulance Service
Health and Social Care Trust

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Chaperone Policy

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Ref. No.	**Title**	**Version**
	Managing Allegations against People Who Work With Children, Young People or Adults at Risk	
	Safeguarding Policy and Procedure	
	Consent to examination or treatment	

DOCUMENT PROFILE and CONTROL.

Purpose of the document:
To ensure that guidance and procedures are in place regarding the use of chaperones by Northern Ireland Ambulance Service (NIAS) clinical personnel when undertaking patient questioning, examination and procedures including during the provision of intimate care.

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Sponsor Department: Quality Safety and Improvement Directorate

Author/Reviewer: Safeguarding Lead

1. Introduction

Patients can find some assessments or procedures distressing and may prefer to have a chaperone present in order to support them. This can also be beneficial to comply with a patient's cultural, religious, or other beliefs. It is good practice to offer all patients a chaperone for any intervention or where the patient feels one is required. Examples of intervention which may make the patient feel particularly vulnerable include the need to undress or undertake intimate procedures.

An intimate procedure is the provision of any intervention or examination that requires the patient to undress and expose their chest, breasts, genitalia, rectum, anus or buttocks. It is important to remain cognisant that the interpretation of what constitutes intimate can vary amongst individuals and more specifically amongst some religious groups.

1.1 The intimate nature of many health care interventions, if not practised in a sensitive and respectful manner, can lead to misinterpretation and the potential for allegations of sexual assault or inappropriate examinations. In these circumstances a chaperone will act as a safeguard for both patient and clinician.

This policy recognises the following principles which must always be considered:

1.2 That all medical consultations, examinations, and investigations are potentially distressing for individuals, particularly those involving intimate procedures or the need to undress down to underwear, which may make patients feel particularly vulnerable.

1.3 For some vulnerable service users, such as children, those with learning disabilities or mental health needs, the use of a chaperone, particularly one trusted by the patient, will help to alleviate any distress or confusion caused by examinations or intimate procedures and may aid in producing a more positive patient outcome.

2. Scope

2.1 This policy applies to all staff employed directly or indirectly by NIAS, including students, volunteers and those on temporary contracts, secondments, other flexible working arrangements or commissioned services.

2.2 This Policy will provide staff with the knowledge, understanding and guidance of when a chaperone is required and how to keep patients and themselves safe.

2.3 All staff are expected to operate within the scope of practice agreed by the Northern Ireland Ambulance Service. In addition, staff registered with a professional body should practice in accordance with the relevant body's Code of Conduct.

2.4 This policy outlines principles to provide a consistent and coordinated approach to the use of chaperones during consultations, examinations and procedures carried out within the Trust. The guidance informing this policy is based on the General Medical Council's (GMC) Good Medical Practice Guideline 'Intimate Examinations and Chaperones'.

2.5 This policy specifically applies to all intimate examinations and procedures defined as the provision of any intervention or examination that requires the patient to

undress and expose their chest, breasts, genitalia, rectum, anus or buttocks. It is important to remain cognisant that the interpretation of what constitutes intimate can vary amongst individuals and more specifically amongst some religious groups.

2.6 The Trust recognises that staff remain accountable for their assessment and decision making on a case-by-case basis and therefore should consider the use of chaperones for non-intimate procedures, examinations and consultation where, and if deemed appropriate for specific reasons i.e., Cultural wishes or safeguarding. In addition, it is good practice to document the identify of any person who agrees to act as a chaperone or when a patient agrees to undertake an intimate procedure without a chaperone.

2.7 The Trust recognises that the need for immediate assessment and management of an emergency situation will take precedence over the request and/or requirement for a chaperone.

2.8 A chaperone (as defined in this policy) is not used to reduce the risk of violence or attack on the clinician.

3. Objectives

3.1 To ensure that the patient's safety, privacy and dignity are protected during intimate examinations/procedures and during the delivery of intimate clinical care interventions according to their role.

3.2 To minimise the risk of the clinician's actions being misinterpreted.

3.3 To ensure that staff are aware that all patients have the right to a chaperone, and to ensure staff are aware that unless there is an immediate clinical need; a child, young person or vulnerable adult should not be examined without a chaperone being present.

3.4 To ensure that staff are aware of their role in ensuring explicit or implicit patients Consent to Examination and Treatment. Reference guide to consent for examination, treatment & care (health-ni.gov.uk) or consult JRCALC guidelines on consent.

4. Responsibilities

4.1 Chief Executive

The Chief Executive is ultimately responsible for ensuring effective corporate governance within the Trust and therefore supports the Trust wide implementation of this policy.

*4.2 **Directors***

The Operations and Clinical Director are responsible for ensuring that the principles of this policy are embedded in Trust clinical guidance and educational strategy, and that its relevance to everyday practice is understood.

*4.3 **Managers***

Operational Manager's will have a role in ensuring implementation of this policy and to ensure that the staff understand how the Chaperone Policy applies to them and their patients.
Managers are also responsible for ensuring that this policy is adhered to in practice.

*4.4 **Ambulance Clinicians***

All NIAS Staff are required to act at all times to safeguard the health and well-being of their patients. Staff should be able to recognise when a chaperone may be required and when a medical emergency takes precedence over the need for a chaperone. They should be familiar with and adhere to the Trusts policies and procedures.

*4.5 **Students and authorised observers***

Students can undertake the role of a chaperone if the activity is deemed commensurate with their level of competence. The student may accept or decline the invitation to undertake the role of chaperone. Where a procedure is to be undertaken by a student it must be appropriate to their stage of training and supervised by a mentor. Depending on the level of experience of the student and the level of direct supervision needed, and the procedure or examination being proposed, it may be appropriate to have a separate chaperone present.

5. Definitions

Chaperone

Term	Meaning
Chaperone	A chaperone is present as a safeguard for both parties (patient and healthcare professionals-registered or not) and is a witness to the conduct and the patients continuing consent to the examination or procedure.
Informal chaperone	Informal chaperones are family, friends or supporters of the patient invited by the patient to accompany them in the consultation. Many patients feel reassured by the presence of a familiar person. The shortcomings of utilizing informal chaperones include: They may not understand the boundaries between appropriate and inappropriate clinician behavior within an examination or procedure. They may not necessarily be relied upon to act as an independent witness to the conduct or continuing consent of the procedure.
Formal chaperone	A 'formal' chaperone implies a health care professional, trained as a chaperone. This person may be a GP receptionist, nurse or a healthcare assistant. This individual will have a specific role to play in terms of the consultation and this role should be made to clear to both the patient and the chaperone.
Intimate Procedure	The provision of any intervention or examination that requires the patient to undress and expose their chest, breasts, genitalia, rectum, anus or buttocks. It is important to remain cognisant that the interpretation of what constitutes intimate can vary amongst individuals and more specifically amongst some religious groups.

5.1 The precise role of the chaperone varies depending on the circumstances. It may include providing a degree of emotional support and reassurance to patients but more commonly incorporates:

- Providing protection to healthcare professionals against unfounded allegations of improper behavior
- Assisting in the examination or procedure, for example handing instruments during an examination or procedure
- Assisting with undressing, dressing, and positioning the patient.

5.2 A chaperone (as defined in this policy) is not used to reduce the risk of violence or attack on NIAS staff.

Principles of Good Practice

6. The Chaperone

6.1 The chaperone's main responsibility is to provide a safeguard for all parties (patients and practitioners), they protect the patient by providing physical and emotional support and reassurance as well as identifying potential unusual or unacceptable behaviour on the part of the attending personnel. The presence of a chaperone protects the attending personnel against unfounded or malicious allegations by acting as a witness to continuing consent to the procedure or examination. In order to protect the patient from vulnerability and embarrassment, where possible the chaperone should be of the same sex as the patient, or gender the patient identifies with (unless otherwise stated by the patient). It is acknowledged that some attending personnel work alone *(see flowchart appendix 1 & 2)*

6.2 The Trust advises that the use of a formal chaperone is always considered, particularly in relation to all intimate examinations which includes: (this list is not exhaustive)

- **For unaccompanied children.**
- **When examining or undressing the upper torso of a patient.**
- **Administration of rectal medication.**
- **An obstetrical or maternity situation when genitalia are exposed.**
- **Patients with a history of difficult or unpredictable behaviour, this may or may not be attributable to mental illness.**
- **Adults who lack capacity including patients with a learning disability**
- **Attending to very intimate personal hygiene and toileting requirements.**
- **Examination of patients who are unconscious or intoxicated due to drugs or alcohol.**

6.3 The Trust accepts that where an intimate examination needs to be carried out in a situation which is life threatening, or where speed is essential in the care of the patient; this may be done without a chaperone. It should, however, be recorded in the patients notes.

6.4 The Trust recognises and acknowledges that other clinicians, practitioners, carers, members of other emergency services etc. may also be present and may undertake the role of an informal chaperone.

6.5 Where a clinician is working in a situation away from other colleagues: i.e. First responders, solo responders the same principle for offering and use of chaperones should apply. The clinician should consider the need for a formal chaperone.

7. Consent

7.1 Consent is the patient's agreement for the clinician to provide care. Before an examination is conducted on a patient valid consent must be obtained. Where the patient **does not have capacity** and is refusing treatment, the crew must consider the consequences of the patient not receiving treatment and must consider the least restrictive approach to meeting the assessed need. If the crew believes that the patient needs urgent or lifesaving treatment, they should act in the patient's best interests. Crew and patient safety must be paramount in this decision. Occasionally the police may be of assistance. Reference guide to consent for examination, treatment & care (health-ni.gov.uk)

8. Issues specific to religion, ethnicity or culture

8.1 The ethnic, religious and cultural background of patients can make intimate examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others. Patients undergoing examinations should be allowed the opportunity to limit the degree of nudity by, for example, uncovering only that part of the anatomy that requires examination or treatment.

8.2 Consideration should be given to having a clinician of the same gender performing a procedure.

8.3 Specific consideration to the role and suitability of a chaperone for a patient with whom there are communication needs – i.e., a family member or friend being used as an interpreter may not be the most appropriate chaperone during an intimate examination.

9. Issues specific to children

9.1 The care of Paediatric patients often needs to be managed on an individual case basis, due to the complexities and range of issues which apply

to the safe chaperoning of children and young people. However, it is essential to refer to the relevant policies.

9.2 Children and young adults represent a particular challenge, and consideration should be given to having a parent or carer present during the examination. However, the same provision around necessity and urgency applies.

10. Issues specific to learning difficulties/ mental health problems.

10.1 These patient groups are more at risk of vulnerability and as such, potentially may experience heightened levels of anxiety, distress and misinterpretation.

10.2 For patients with learning difficulties or mental health problems that affect capacity, a familiar individual such as a named family member or professional carer / HCP may be the best chaperone. This must be agreed and documented with the individual and the family member/carer as part of the overall best interest decision making.

11. Training Requirements

11.2 All attending personnel expected to act as a formal chaperone must have an understanding of:

- what is meant by formal and informal chaperone
- what is meant by an intimate procedure
- why chaperones need to be present.
- the rights of the patient
- policy and mechanism for raising concerns.

11.3 The NIAS will reference the chaperone policy in Level 3 Safeguarding Training (From April 1st, 2024). Level 3 will be targeted at all patient facing staff in NIAS.

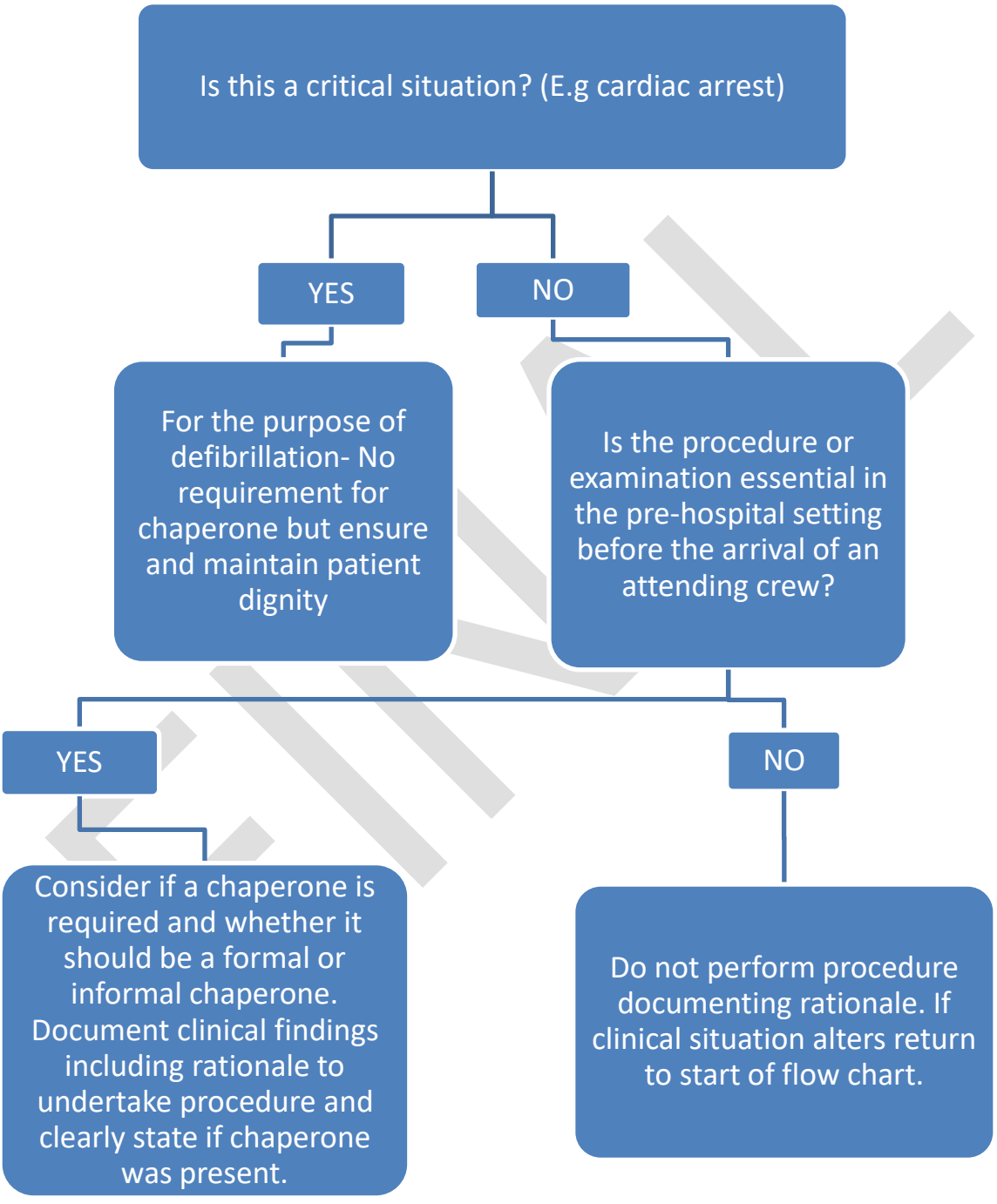
12. Implementation Plan

The Policy will be posted on the NIAS Share Point Site and reference will be added to a clinical update for staff under JR CALC (Consent and Safeguarding).

13. References

- Reference Guide to Consent for Examination, Treatment or Care, Department of Health, Social Services and Public Safety (2003) Reference guide to consent for examination, treatment & care (health-ni.gov.uk)
- Department of Health Committee of Inquiry report (2004), Independent Investigation into how the NHS handled allegations about the conduct of Clifford Ayling 78594-DoH-Ayling Report (bipsolutions.com)
- NHS Clinical Governance Support Team (2015), Guidance on the Role and Effective Use of Chaperones in Primary Continuity Care Chaperone Framework
- Independent investigation into governance arrangements in the paediatric haematology and oncology service at Cambridge University Hospitals NHS Foundation Trust following the Myles Bradbury case Inquiries, investigations and reviews (uhbristol.nhs.uk)
- Royal college of Emergency medicine best practice guidelines chaperones Chaperones_in_the_Emergency_Department_March2015.pdf (rcem.ac.uk)

Chaperone Decision Making Flowchart



Community First Responder Chaperone Decision Making Flowchart