



London Ambulance Service **NHS**
NHS Trust

Chaperone Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document:

To ensure there is guidance for the use of chaperones and procedures that should be in place for clinical consultations in particular intimate care, it is also in place to safeguard patients and employees of the London Ambulance Service (LAS) during episodes of 'intimate care' provided by LAS staff.

Sponsor Department: Nursing & Quality Directorate

Author/Reviewer: Safeguarding Children's Specialist. To be reviewed by March 2019

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18/06/2018	1.4	IG Manager	Document Profile and Control update
28/02/2018	1.3	Clinical Education & Standards	Training section
20/02/2018	1.2	Lead Mental Health Nurse & Consultant Midwife	Comments for consideration and amendments
07/02/2018	1.1	PMAG, Deputy Medical Director	Comments, amendments Principles of Good Practice
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26/10/2017	0.3	Safeguarding Assurance Group	No comments- submission to PMAG
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***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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The Pulse (v1.4)	19/06/18	Internal Comms team	Comms
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15/11/17	Safeguarding
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Related documents or references providing additional information		
Ref. No.	Title	Version
TP018	Policy for safeguarding children and young people	4.1
TP019	Policy for safeguarding adults in need	5.2
OP031	Consent to examination or treatment	4.1
HS017	Lone worker policy	3.1
OP046	First responders policy	3.2

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

1.1 This policy sets out guidance for the use of chaperones and procedures that should be in place for clinical consultations, in particular intimate care, it is also in place to safeguard patients and employees of the London Ambulance Service (LAS) during episodes of 'intimate care' provided by LAS staff.

1.2 The Trust is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed.

1.3 The Trust recognises the diversity of clinical situations which cannot be fully covered in this policy. Therefore the accountability and responsibility for assessing, seeking advice for each unique clinical situation this lies with the respective staff member.

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

1.4 That all medical consultations, examinations and investigations are potentially distressing for individuals and those involving intimate procedures, for example the breasts, genitalia or rectum; or the need to undress down to underwear, may make patients feel particularly vulnerable

1.5 For some of our service users with mental health needs or learning disabilities a chaperone, particularly one trusted by the patient may help the patient through the process and minimise any distress or confusion the examination may cause the patient. This also applies to children

2. Scope

2.1 The policy applies to all clinicians, including those not registered with a professional body.

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

2.3 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'¹.

2.4 This policy specifically applies to all intimate examinations and procedures defined as procedures, or examinations involving the breasts, genitalia or rectum; or the need to undress down to underwear. There maybe be cultural variation as to what is deemed intimate, staff should be aware of this when dealing with patients.

¹ https://www.gmc-uk.org/guidance/ethical_guidance/30200.asp

2.5 The Trust recognises that the clinician remains accountable for assessing and reviewing each case on an individual 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, Safeguarding.

2.6 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.

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.

3.2.0 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 that the Trust Policy on Consent to Examination and Treatment (OP/031) must be adhered to at all times

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 Executive Directors

The Chief Quality Officer and the Medical 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

The Operational Manager's role is to ensure implementation of this policy and to ensure that 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 operational personnel are responsible for ensuring that where necessary, patients are offered a chaperone as outlined in this policy, and for respecting the individual's choice to either request or decline a chaperone. The clinician is responsible for maintaining an accurate record of the call, including where appropriate, consent given to proceed without a chaperone, or a need to proceed without a chaperone if this is not immediately obvious from the nature of the call.

4.5 Students

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 utilising 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 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. Chaperones must have sufficient training to understand the role expected of them and they must not be expected to undertake a role for which they have not been trained. Line Management refers to the support and guidance provided by a line manager to a direct report that enables them to undertake the day to day operational aspects of their role.
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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 the clinician.

The nature of prehospital care is reliant on clinicians to have an understanding of what is required as an informal chaperone.

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), and as a witness to continuing consent to the procedure/ examination. In order to protect the patient (male, female, transgender) from vulnerability and embarrassment, a chaperone should be of the same sex as the patient, or the gender the patient identifies with (unless otherwise stated by the patient). An opportunity should always be given to the patient to decline a particular person if that person is not acceptable to them for any reason. This must be recorded in the patient record form.

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)

- During gynaecological/intimate examinations or procedures (childbirth).
- When examining the upper torso of a patient.
- Full-body exposure as part of the assessment and management of major trauma, noting that the patient may have an altered level of consciousness either as a result of the injury, or as a result of analgesia and/ or sedation

administered, and that the presence of alcohol or other psychoactive substances may impair recollection of events.

- For patients with a history of difficult or unpredictable behaviour, which this may or may not be attributable to mental health illness.
- For vulnerable adults who lack capacity including those with a learning disability
- For unaccompanied children.
- Attending to very intimate personal hygiene and toileting requirements.

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 and Family Liaison Officer 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** 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.

Please refer to OP031 Consent to treatment and examination and Mental Capacity Act (2005) for further information

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 that the patient identifies with 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 process.

10.3 Adult patients with learning difficulties or mental health problems who resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned. In situations where life is believed to be at risk, advice should be sought from other clinicians either present, or remote (but with specialist knowledge of the patient).

11. Training Requirements

11.1 It is advisable that members of staff who undertake a formal chaperone role will have undertaken training, so they are able to develop the relevant skills and competencies required for this role.

11.2 Training of staff who will act as a chaperone must include understanding of:

- what is meant by formal and informal chaperone

- what is meant by an intimate examination
- why chaperones need to be present
- the rights of the patient
- policy and mechanism for raising concerns

11.3 The LAS will provide chaperone training to all new clinical staff on their training programmes and will be included within the safeguarding session.

11.4 Existing clinical staff will receive chaperone training within the core skills refresher safeguarding training planned for 2018-19.

IMPLEMENTATION PLAN				
Intended Audience	All staff			
Dissemination	The Pulse and LAS website Routine Information Bulletin			
Communications	LAS Website and The RIB			
Training	Bulletin, CTL's, CSR 2018/19, Clinical News, RIB			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
The effectiveness of the policy will be reviewed by the reporting of any incidents related to this area of work. If there are any clusters or themes these will be reported at the Operational Assurance Group.	This is a new policy. A year after implementation there may be some data that could be analysed to determine this	Safeguarding Team and relevant business partners. CIO's SEM's and QGAM's CTL's, GSM's	Safeguarding Assurance Group	Learning from incidents raised