Chaperoning Guidance

Context
The apparent intimate nature of many healthcare professionals’ interventions, if not practiced in a sensitive and respectful manner, can lead to misinterpretation and, occasionally, allegations of abuse. There are many forms of abuse such as neglect, physical injury, emotional and sexual abuse. Not understanding the cultural background of a patient can lead to confusion and misunderstanding, with some patients.

All healthcare professionals should follow the following principles of good practice.

All patients, regardless of age, gender, ethnic background, culture, sexual orientation, or mental status have the right to have their privacy and dignity respected.

When a health care worker carries out an intimate examination, they should offer the patient the option of having an impartial person (a chaperone) present wherever possible. This applies whether or not the health care worker is the same gender as the patient.

A chaperone should usually be a health professional and you must be satisfied that the chaperone will:
- be sensitive and respect the patient’s dignity and confidentiality
- reassure the patient if they show signs of distress or discomfort
- be familiar with the procedures involved in a routine intimate examination
- stay for the whole examination and be able to see what the health professional is doing, if practical be prepared to raise concerns if they are concerned about the health professional’s behaviour or actions.
- the chaperone should be DBS checked.

The role of the chaperone.
A chaperone is present as a safeguard for all parties (patient and practitioners) and is a witness to continuing consent for the procedure. However, a chaperone cannot be a guarantee of protection for either the examiner or examinee.

The role is also to:-
- Provides emotional comfort and reassurance to patients
- Assists in undressing and/or dressing the patient if necessary
- Provides protection to healthcare professionals against unfounded allegations or improper behaviour
- Identifies any unusual or unacceptable behaviour on the part of the healthcare professional.
- Maintains the patient’s dignity by only exposing the area requiring examination/treatment by using clothing, gowns and sheets
- Ensures examination areas are appropriately screened, doors closed and engaged signs used and privacy curtains drawn where available
- Ensures interruptions by other staff are only in emergency situations

The Competence requirements to fulfil the role of the chaperone are available here.

A relative or friend of the patient is not an impartial person and so would not usually be a suitable chaperone, but you should comply with a reasonable request to have such a person present as well as a chaperone.

If either the health care worker or the patient does not want the examination to go ahead without a chaperone present, or if either of you is uncomfortable with the choice of chaperone, it may be possible to delay the examination to a later date when a suitable chaperone will be available.
If the health care worker doesn’t want to go ahead without a chaperone present but the patient has said no to having one, you must explain clearly why it is preferable to have a chaperone present. The health care worker’s personal wellbeing and safety is equally important. The health care worker may however wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone.

The health care worker should record any discussion about chaperones and the outcome in the patient’s health care record (S1). If a chaperone is present, the health care worker should record that fact detailing the chaperone’s identity. If the patient does not want a chaperone, the health care worker should record that the offer was made and declined.

The availability of chaperones should be made known to service users through appropriate communication methods.

Further guidance:


Guidance accepted by the Clinical Policy Overview Group September 2016