



Crumlin | Temple Street | Tallaght | Connolly

CHI Nursing Practice Guideline on Chaperone Care

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1.0 Guideline statement

Children in hospital undergo care, investigations, examinations or procedures which may require them to undress or may involve private areas of their bodies. This may make them feel particularly vulnerable. In such situations, it is good practice that a chaperone is present to serve as a witness and advocate for the child and to safeguard both the child and the healthcare professional.

2.0 Scope

Employees: This guideline applies to all full-time, part-time and fixed term employees employed by Children's Health Ireland.

Agents: Agents may be employees of suppliers, volunteers, students on placement or any other individual associated with Children's Health Ireland. This guideline applies to all such agents.

3.0 Objectives

The objective of this guideline is to outline the role of the chaperone during required examinations or procedures by:

- Outlining the circumstances under which a chaperone is required
- Differentiating between a formal and informal chaperone
- Clarifying the roles and responsibilities of all personnel involved

4.0 Definition of Terms

Chaperone: can be described as an independent person who serves as a witness for both a patient and a *healthcare provider*, as a safeguard for both parties during a *medical* examination or procedure where the patient may need to undress and have examination or care of private areas of their body.

Formal Chaperone: It is best practice for intimate examinations/procedures to have a formal chaperone who has an understanding of the role. For children, a chaperone would normally be a parent/guardian or alternatively someone known and trusted or chosen by the child. However, best practice indicates that a healthcare staff member should act as a chaperone in all settings, where intimate or complicated examinations are being undertaken, as parents do not always have an understanding of the procedure. If a healthcare staff member is not available for the procedure, a careful explanation of the procedure(s) should be given to the parent(s) and documented.

Informal Chaperone: may be a family member (including a parent or guardian) or non-clinical healthcare professional.

Intimate examination: Intimate examinations include the examination of breasts, genitalia or rectum. Be aware that other areas of the body may be deemed as intimate by patients from different cultures. Intimate examinations and procedures can be stressful and embarrassing for patients. For patients with certain cultural or religious beliefs, an examination requiring the removal of clothing may be unacceptable and in such circumstances, there is the need to approach the subject with particular sensitivity.

Consent: Consent is the giving of permission or agreement for an intervention, receipt or use of a service or participation in research following a process of communication in which the service user has received sufficient

information to enable him/her to understand the nature, potential risks and benefits of the proposed intervention or service.

Advocate: an advocate refers to an individual tasked with empowering and promoting the interests of people by supporting them to assert their views and claim their entitlements and, where necessary, representing and negotiating on their behalf.

5.0 Procedure: The role and functions of the Chaperone

5.1 Formal chaperone

The role of a formal chaperone, usually a registered nurse or a specifically skilled staff member, e.g. Health Care Assistant, is case specific and involves all or some of the following duties;

- Provide reassurance for the patient from both a physical and emotional perspective.
- Be sensitive to the needs of the patient's dignity and confidentiality, with respect to their race, culture, ethnicity, age, gender and sexual orientation.
- Be prepared to ask the examiner to abandon the procedure if the patient expresses a wish for the examination to end.
- Be prepared to raise concerns if misconduct occurs and immediately report any concerns about the healthcare professionals' unacceptable behaviour or action in line with the Incident Management Guideline.
- Be familiar with the examination process and be able to identify any unusual behaviour or practices, both from the healthcare professional and patient perspective.
- Ensure the space is private and dignity can be maintained.
- Safeguard the patient from humiliation, pain, distress or abuse.
- Identify unusual or unacceptable behaviour on the part of the healthcare professional.
- Protect the healthcare professional against unfounded allegations of improper behaviour by the patient.
- Protect the healthcare professional from potentially abusive patient.

- The chaperone may also provide practical assistance during the examination.
- Promote good practice on the appropriate use of chaperones when undertaking any examinations/procedures and delivering intimate clinical care intervention to patients under 18 years.
- Safeguard patients throughout consultation, examination, treatment and care.
- Ensure that adult and child patients' safety, privacy and dignity is maintained and protected during examinations where it may be necessary to have physical/close contact, particularly for vulnerable patients.
- Minimise the risk of a healthcare professional's actions being misinterpreted.
- Protect the health care professional against unfounded accusation of improper conduct during physical examinations / procedures.
- Be familiar with the procedure and able to assist in the intimate examinations/procedures.
- Be a reassuring presence while the patient is having examinations/procedure, protecting against unnecessary discomfort, pain, humiliation or intimidation.
- Be an impartial observer and act as an advocate for the patient.
- Provide emotional comfort and reassurance to patients.
- Provide practical support to patients during care intervention if required such as assist with undressing patients or hygiene requirements.
- Must intervene immediately if they observe any untoward behaviour or action taken by the healthcare professional.

5.2 Informal Chaperone

It is inappropriate to expect an informal chaperone to take part in the examination or to witness the procedure directly or to comment on the appropriateness of the procedure or examination. Their role is limited to the reassuring presence of a familiar person. In cases specific to children, parents/guardians are deemed to be the informal chaperones in appropriate situation which must be predetermined by the healthcare professionals. It is the responsibility of the healthcare professional undertaking the examination or treatment to assess the requirement for a formal chaperone and in such circumstances request same and ensure they understand their role and responsibilities.

6.0 Guidance on Chaperoning a patient

- The relationship between a patient and a healthcare professional is based on trust. Chaperones and the role of an accompanying person in the clinical examination is a good practice to ensure that the patient/clinician

relationship is maintained, thus achieving a high standard in clinical practice. Any patient of any gender is entitled to a chaperone for any consultation, examination or intervention if they feel one is required.

- This guideline is designed for the protection of both patient and the healthcare professional. The communication regarding the use of chaperone and the relevant record keeping will act as a safeguard.
- Consideration should always be given regarding the gender of the formal chaperone.
- All healthcare staff will adhere to this guidance while carrying out a healthcare examination or procedure where the patient may need to undress, or undergo intimate examinations involving the breasts, genitalia or rectum which may make the patient feel particularly vulnerable.
- The intimate nature of many nursing and medical 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 situations where Child Protection issues are a concern, health care professionals should refer to Children First.
- Consent must be obtained from the child and parents/guardians and should be recorded on patient's healthcare record when students from all healthcare professions are observing or conducting (under supervision) an intimate examination/procedure. This consent is taken by the clinician.

6.1 Anaesthetised Patients

- Written consent must be obtained prior to administration of anaesthesia for the intimate examination of anaesthetised patients.
- If medical students are to participate in the examination under supervision while the patient is anaesthetised, a valid consent should be obtained and documented in the healthcare record before they carry out any intimate examination.

6.2 Patients with specific needs Patients with learning difficulties

A family member/carer should be present as well as a formal chaperone for all intimate examinations/procedures. The family member/carer can reduce anxiety and communicate effectively with the patient, while the formal chaperone fulfils the chaperoning role.

6.3 Patient's first language is not English

When English is not the first language, in a stressful situation, understanding becomes impaired and an interpreter should be used. Clinical information, including medical terminology and information to support patient decision making, should be given through an authorised interpreting service (except in an emergency situation, when there may not be sufficient time to arrange an interpreter, and healthcare staff will act in the patient's best interest).

Relatives, carers and friends should not interpret for patients. Consideration should be given regarding the gender of the interpreter in some circumstances.

6.4 Adolescents transitioning to adult services

While it is accepted that young people are seen in the presence of a parent/guardian, it is recognised it may be necessary to see an adolescent without a parent/guardian in certain circumstances (e.g. when transitioning to adult services) a formal chaperone should be present in all examinations/procedures where the patient may need to undress, there is use of dimmed lighting for intimate examinations involving the breasts, genitalia or rectum. Parent/guardian should be given appropriate information to obtain their informed consent. Where an adolescent is deemed to have capacity to consent, they may be seen without their parent(s)/carer(s) but a chaperone must be present if an intimate examination / procedure is being carried out.

7.0 Responsibilities

7.1 The Chief Executive Officer (CEO)

The CEO has ultimate accountability for ensuring the provision of corporate governance assurance within the Organisation and therefore supports the Organisation-wide implementation of this guideline.

7.2 Executive Directors

Chief Operating Officer, Clinical Directors, Group Director of Nursing, Director of Nursing, Directorate Nurse Managers, and the Assistant Directors of Nursing are responsible for endorsing the full implementation of this guideline and its relevance to everyday practice within safeguarding, patient dignity, safety and delivery of quality care. They are also responsible for ensuring that any deviation or errors arising are dealt with in the correct manner.

7.3 Directorate Leads, Site Managers, Department Head and Managers

It is the responsibility of the Directorate Leads, Site Managers, Department Heads and Managers to

- Ensure all staff are aware of and have access to this guideline.
- Promote adherence to this guideline.
- Ensure formal chaperones are available within their clinical areas.
- Ensure that all formal chaperones are aware of their responsibilities.
- Ensure that any concerns raised are reported within specific timelines and investigated where appropriate.

7.4 Clinical Nurse Manager (CNM)

It is the responsibility of the CNMs to

- Ensure all staff are aware of and have access to guideline.
- Ensure all staff have read this guideline.
- Ensure formal chaperones are available within their clinical areas.
- Ensure that all formal chaperones are aware of their responsibilities.
- Ensure that any concerns raised are reported within specific timelines and investigated where appropriate.

7.5 Medical Practitioner

It is the responsibility of the medical practitioner to

- Maintain appropriate boundaries within the patient/healthcare practitioner relationship at all times.
- Obtain patient's permission before any examination and document that the patient has given permission or not in their healthcare record.
- Ensure the patient understands the nature of the examination and why the chaperone is required.
- Ensure that patients are offered a chaperone as outlined in this guideline and for respecting the individual's choice to either request or decline formal or informal chaperone.
- Use their professional judgement regarding whether a chaperone should be offered, depending on the patients' history and level of anxiety.
- Ensure that accurate records are maintained of the clinical examination, including the records regarding the acceptance and refusal of a chaperone.
- Ensure that any concerns they have regarding the examination or procedure are reported immediately to their line manager or senior manager.

7.6 Healthcare professionals

It is the responsibility of all healthcare professionals and healthcare staff to

- Maintain appropriate boundaries within the patient/healthcare practitioner relationship at all times.
- Ensure the patient understands the nature of the examination and why the chaperone is required.
- Ensure that patients are offered a chaperone as outlined in this guideline and for respecting the individual's choice to either request or decline formal or informal chaperone.
- Use their professional judgement regarding whether a chaperone should be offered, depending on the patient's history and level of anxiety.
- Ensure that accurate records are maintained of the clinical examination, including the records regarding the acceptance and refusal of a chaperone.

- Access any information required to assist and support them in their role as a formal chaperone.
- Ensure that any concerns they have regarding the examination or procedure are reported immediately to their line manager or senior manager.

7.7 Health Care Assistant (HCA)

It is the responsibility of the HCA to

- Act as a chaperone and patient advocate for other clinical team members when requested.
- Link in with the line manager to access information required to assist and support them in their role as a formal chaperone.
- Ensure that any concerns they have regarding the examination or procedure are reported immediately to their line manager or senior manager.

7.8 Healthcare Students

- Students may be either undergraduates or postgraduates from various professions. It is important that students are able to participate in intimate examinations with an appropriate chaperone but this must clearly be balanced against the wishes of the patient and appropriate consent.
- Students can undertake the role of a formal chaperone if the procedure is deemed appropriate with their level of competence, commensurate with their stage of training and where there is a specific learning and development opportunity associated with the task. An assessment would be undertaken by their preceptor/mentor or clinical educator in discussion with the student to determine this.

7.9 Medical Students

- Medical student should not conduct intimate examinations on a patient without a clinically qualified chaperone being present (i.e. doctor/supervisor or nurse).
- Medical students should not act as chaperone to their clinical partner for intimate examinations.
- Medical students should not conduct any intimate examination unsupervised even if the patient is happy for them to proceed with the examination.

8.0 Monitoring, audit and evaluation

This guideline will be reviewed and updated at least every three years by the document author/owner, or earlier if required due to updated guidance, evidence or legislation. Compliance with key principles or procedures

described within this Guideline will be audited on an annual basis. The guideline will be available via the Q Pulse internal guideline repository which can be accessed by all staff.

A Memo will be sent to all Clinical Managers, Heads of Departments and Clinical Directors to notify them of this guideline.

9.0 Key stakeholders

The following key stakeholders were involved in developing and/or reviewing this document:

Name	Title	Department
Caroline O' Connor	Nursing Practice Development Co-ordinator	CHI at Temple Street
Fionnuala O' Neill	Nursing Practice Development Co-ordinator	CHI at Crumlin
Warren O' Brien	Quality Improvement Coordinator	CHI at Crumlin
Caitriona Dennehy	Nursing Practice Development Co-ordinator	CHI at Tallaght
Aideen Walsh	Assistant Director of Nursing	CHI Crumlin
Siobhan O' Connor	Nursing Practice Development Co-ordinator	CHI Tallaght
Elizabeth Fitzpatrick	Allocations Officer	CHI Tallaght

10.0 Communication and training

All approved PPPGs will be available on the hospital system. Heads of Department and Line Managers must ensure that their staff are aware of all PPPGs relevant to their role and have access to same. Where required, training should be provided on the contents of this Guideline.

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