

Chaperone Policy

Policy information

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Summary of document:

This Policy applies to all HealthCare Professionals involved in the clinical assessment and examination of patients. The policy contains information of actions required to ensure the use of chaperones within Hywel Dda University Health Board.

Scope:

This Policy applies to all healthcare settings within Hywel Dda University Health Board including Acute/Community/Mental Health/Paediatrics and Learning Disability Services

To be read in conjunction with:

[008 - Consent for Examination or Treatment Policy](#) (opens in a new tab)

[195 Clinical Record Keeping Policy](#) (opens in a new tab)

[811 – Mental Capacity Act Practice Guidelines](#) (opens in a new tab)

[133 - Equality and Diversity Policy](#) (opens in a new tab)

[435 – All Wales NHS Staff to Raise concerns procedure](#) (opens in a new tab)

Wales Safeguarding Procedures 2019

[170 - Lone Worker Policy](#) (opens in a new tab)

[246 – Managing Safeguarding Allegations and Professional Concerns raised against HDUHB Staff Policy](#) (opens in a new tab)

NHS Wales Good Working Practice Principles for the use of Chaperone During Intimate Examinations for Procedures within NHS Wales (2019)

Social Services and Wellbeing (Wales) Act 2014

Independent Inquiry into Child Sexual Abuse (IICSA)

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Glossary of terms

Fraser competent - A child under the age of 16, who has been assessed as Fraser competent i.e. has sufficient maturity and intelligence to fully understand treatment options, including risks and benefits, to give consent (refer to 008 [Consent to Examination or Treatment Policy](#) - opens in a new tab).

Chaperone - There is no common definition of a chaperone, and their role varies considerably depending on the needs of the patient/service user, the healthcare professional and the procedure being carried out. Chaperones should:

- Act as safeguards for patients against humiliation, pain, or distress; must offer protection against verbal, physical, sexual, or other abuse.
- Use, or access, resources to enable the patient who communicates in a language other than English, uses Braille or Sign Language, or has other communication needs, to understand the procedure.
- Provide physical (as agreed by the patient/service user) and emotional comfort and reassurance to patients during sensitive and intimate examinations or treatment.
- Provide protection to healthcare professionals against unfounded allegations of improper behaviour or potentially abusive patients.
- Offer practical support to patients.
- Identify unusual or unacceptable behaviour by a healthcare professional
- HCP – Health care professional
- HCSW – Health care support worker

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Introduction

This policy describes the process and actions to be taken for the use of chaperones during consultations, examinations, clinical interventions and investigations.

The chaperone role is a third person, to safeguard patients and HealthCare Professional (HCP); they must witness consent of the examination or procedure. However, a chaperone cannot be a guarantee of protection for either the examiner or examinee.

All clinical interventions (consultations, examinations, investigations, inspection, photography etc.), are potentially distressing to the patient or person undergoing them. Interventions involving the rectum, genitalia or breasts are particularly intrusive and collectively referred to as “intimate examination”. As such, these can cause anxiety patients of all genders and need to be practised in a sensitive manner. Each patient will respond differently to these situations, depending on their individual beliefs, views, religion, culture and experiences.

Good communication with the patient regarding the reason for examination and the technique to be used will help the patient to feel more at ease and avoid the HCP intention or actions being misconstrued. Respect, explanation, consent and privacy are more important than the need for a chaperone for most patients and appropriate technique, sensitive behaviour and expertise of staff are of paramount importance.

Consideration needs to be given to circumstances where a chaperone can potentially reduce the likelihood of a patient not confiding sensitive information to their practitioner. Where this is the case, the practitioner must document their reason for not utilising a chaperone and they must discuss with the patient and evidence patient consent to this.

Some patients also find their distress increases with the number of people present during the examination.

Statement

Hywel Dda University Health Board (H DUHB) is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed, dignity and privacy is being respected, and the safety of everyone is paramount.

The following should be noted: -

- The Nurse Staffing Levels (Wales) Act 2016 requires that the H DUHB has a sufficient staffing level in place in all areas to be able to provide sensitive care to our patients. The impact on the nurse staffing level of this Procedure must therefore be explicitly considered for each service that falls within the scope of this Procedure and if necessary, either initiate a review of the nurse staffing level required in the clinical area (where the impact of meeting the requirements of this policy is considered to be particularly significant) or monitor the position so that any emerging or gradually increasing impact of the Procedure is considered during a routine nurse staffing level review
- Student Health/Medical Professionals acting as Chaperones:

Consideration must be given to how student / trainee HCP carry out intimate procedures and observation of practice as this must be acknowledged that this is a requirement as part of their training.

The patient should be informed that a student will be present for the examination and consent should be obtained.

The procedure must be carried out in an appropriate structured, supervised and consented way.

No more than one student should be present for an intimate examination.

The chaperone on these occasions should always be a member of staff.

Date, time, location of the examination, names of the students, the supervisory chaperone and the consent obtained should be recorded in the patients' records.

Scope

This policy applies to all clinical and support staff working within HDUHB including Pre-Registration Student Nurses and Midwives/Medical Students/ and Allied Health Professional Students on clinical placement. In the policy, all staff groups will be referred to as the HCP.

This policy applies to the care of adults, young people and unaccompanied, Fraser competent, children.

Patients may request a chaperone and/or express a preference for the healthcare professional performing the procedure. Wherever practical, these requests should be considered and supported.

Aim

This policy contains information and actions required on supporting and applying the role of chaperone within consultations, examinations, clinical interventions and investigations.

Objectives

The objective of the policy is:

- To ensure that patients' safety, privacy and dignity is protected during intimate examination
- To minimise the risk of the HCP actions being misinterpreted
- To ensure the safety of HCP whilst carrying out intimate clinical examinations

Procedure

Offering a Chaperone

It is the responsibility of the HCP undertaking the procedure or conversation with a patient to determine if the offer of a chaperone is required, take appropriate steps to identify how to achieve, and ensure a suitable environment.

A chaperone should be offered to all patients undergoing intimate examinations or procedures, regardless of the characteristics of either the patient or the healthcare professional. This ensures transparency, dignity, and safeguarding.

As well as during intimate examination of patients, it is often appropriate to use a chaperone for history taking and less intrusive physical examinations, depending on the patient's wishes and the circumstances.

In these circumstances, if the patient is offered and declines a chaperone (and there is no concern about the mental capacity to make this informed decision/provide this consent e.g. is often the case during pregnancy and childbirth care processes), it is important to record in the patient's clinical record that the offer was made and declined. If a chaperone is declined, an HCP cannot insist that one is present. Patients decline the offer of a chaperone for several reasons: for example, because they trust the clinician, think it unnecessary, require privacy, or are too embarrassed. Even with the patient's consent, there are some cases where it may be inappropriate, or where the HCP may be concerned, to proceed without a chaperone. For example, this may be where an HCP is carrying out an intimate examination, such as catheterisation/rectal examination/vaginal examination/ cervical smear or breast examination; or where there is a history of violent or unpredictable behaviour. In such instances, this must be explained to the patient and a chaperone position negotiated. The HCP must escalate the situation to their line manager if a compromise cannot be agreed.

The patient also has the right to decline a particular person as chaperone. However, if the patient continues to refuse, and the practitioner does not feel it is appropriate to continue, alternatives will be considered. For example, arranging to see a different practitioner or arranging a different appointment, if the patient's clinical needs allow. These incidences must be recorded within the patient's clinical notes. Patients can request a chaperone. However, if a chaperone cannot be provided, e.g. due to operational constraints, they must be informed and asked whether they wish to continue with the procedure or examination and their decision recorded in their records. However, in line with the NHS Wales Good Practice Principles every effort will be made to provide a chaperone. If the patient has requested a chaperone and none is available at that time, the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe, if the delay would not adversely affect the patient's health. This will be explained to the patient and recorded in their clinical records. A decision to continue or otherwise should be reached jointly and the patient should be given an opportunity to reschedule their appointments within a reasonable timeframe (Good Working Practice Principles for the use of Chaperones During Intimate Examinations or procedures within NHS Wales, 2019; NMC, 2018).

Choice of Chaperone

The decision about who can chaperone the patient relies on agreement between the HCP undertaking the examination as well as the chaperone, understanding what is required in relation to the nature of the situation and the function required of the chaperone at that time. The patient has the right to decline a particular person as chaperone.

The chaperone must be an HCP, which can include a specifically trained pre- registration Nurse or Midwife or Medical/Allied HCP student on clinical placement, or a non-clinical staff

member, who meets the following criteria:

- Sensitive and respectful of the patient's dignity and confidentiality
- Prepared to reassure the patient if they show signs of distress or discomfort.
- Familiar with the process involved in the procedure or examination

The chaperone must be an HCP, which can include a specifically trained pre-registration Nurse or Midwife or Medical/Allied HCP student on clinical placement, or a non-clinical staff member, who meets the following criteria:

- Sensitive and respectful of the patient's dignity and confidentiality
- Prepared to reassure the patient if they show signs of distress or discomfort.
- Familiar with the process involved in the procedure or examination
- **Aware of the most appropriate route to raise concerns and do so if they are concerned about the medical professional's behaviour or actions.**
- Must be able to communicate and liaise with the patient in a common language

At the patient's request or if deemed in the individual's best interest it is acceptable for a friend, relative or carer to be present during a procedure with agreement of both patient and HCP. However, HCP should not assume that it is acceptable to the patient for a family member or friend to remain present during procedures.

Consent

Consent is a patient's agreement for an HCP to provide care and treatment. It should be obtained before the examination commences. Consent must be obtained and evidenced in the patient's record relevant to the procedure being undertaken. Consent can also be obtained from unaccompanied young people if they are assessed as being Fraser competent as per Fraser Guidelines (HDUHB Policy [008 - Consent to Examination and Treatment Policy](#) – opens in a new tab - for detailed guidance).

Consent to the presence of a chaperone

If the HCP has a reasonable belief that the patient lacks capacity to give consent to a chaperone being present, a decision must be taken in the best interests of the patient. Where a chaperone is deemed necessary, a formal assessment of decision-making capacity would not be required but the HCP should describe the objective reasons why they feel the patient cannot make this decision in the patient's clinical record. It is likely to be in the best interests of a patient for them to have a chaperone present.

Medical abbreviations must be avoided, and the chaperone will be required to understand the intervention being undertaken and clarify to the patient where any medical abbreviation/terminology has been used to ensure consent has been fully obtained and understood.

Documentation

The clinical record must document-

- That a chaperone was offered
- If the chaperone was accepted or declined.
- Name and role of the chaperone
- Description of the clinical activity undertaken and chaperone observations of event as record of accuracy
- If a chaperone was requested by the patient and not available, the decision whether to continue with the examination /procedure should in accordance with best practice principles be jointly agreed and the patient should be given an opportunity to reschedule their appointment within a reasonable timeframe if the delay would not adversely affect them
- Assessment of Fraser competence in accordance with Fraser Guidelines
- Countersignature and date of the HCP and chaperone within the clinical documentation

Diversity and Cultural Considerations

Staff must consider individual preferences related to diversity, religion, ethnicity, and culture.

Assumptions should not be made based on age, race, or other characteristics. Some patients may have beliefs that restrict physical contact or require specific considerations regarding who provides care. These preferences should be respected wherever possible, and care should be planned in a way that upholds dignity and cultural sensitivity.

Rationale

This approach promotes patient dignity, safeguards vulnerable individuals, and provides accountability for staff during intimate care.

Wherever possible, particularly in these circumstances, the HCP performing the procedure needs to consider this and act accordingly within HCP professional regulatory bodies or HCSW code of conduct

If language is a barrier, an interpreter must be arranged to ensure the patient understands the information being given. If an interpreter is available, they should be present to support communication between the HCP and patient.

Safeguarding and Protecting Children and Adults at Risk

All staff have a statutory responsibility to safeguard and protect children and adults from risk of harm, abuse and neglect. Any member of the healthcare team providing direct care to patients must be up to date with children and adult Safeguarding training and aware of what constitutes abuse and neglect and their responsibility to recognise and report as outlines in Wales Safeguarding procedures (Social Services and Wellbeing Wales Act (2014) and Wales Safeguarding Procedures (2019).

Protection of the Incapacitated, Unconscious or Sedated Patient

Wherever possible, patients who are physically incapacitated, have cognitive difficulties assessed in line with the Mental Capacity Act (2005) Practice Guidelines, or are unconscious or sedated should be under the care of two members of staff, either directly or indirectly.

When intimate procedures are undertaken—such as:

- Pressure area care
- Attachment of monitors/ECG leads
- Catheter care
- Intimate hygiene procedures
- Inspection of wounds and continence aids

Two staff members should be present and aware of the care being administered.

Rationale

This approach promotes patient dignity, safeguards vulnerable individuals, and provides accountability for staff during intimate care.

Elderly and vulnerable patients without capacity must be protected in a similar way in accordance with the Mental Capacity Act Practice Guidelines (2005).

HCP must undertake all approved generic risk assessments relating to the care processes undertaken in their clinical areas. These risk assessments will inform the decisions taken in individual patient circumstances when making decisions as to whether a patient requires the direct, or the indirect, care of two staff members. Such decisions and their rationale should be documented in the individual patient's medical records

All patients who are unconscious, have significant cognitive impairment, incapacitated or sedated must have the chaperone details recorded in their clinical records and a record kept of the names of both/all staff members responsible for their care, whether they have acted as a formal chaperone or been involved in undertaking procedures directly.

Issues Specific to Learning Disabilities and Mental Health

For patients with a learning disability or a mental illness, in addition to a chaperone a familiar individual such as a family member or carer may be present alongside a formal chaperone who is a Healthcare Professional trained in the role (NHS Wales Good Working Practice Principles in use of Chaperone (2019). In addition, the statutory principles relating to the care of these individuals or patients must comply with the Mental Health Capacity Act Practice Guidelines (2005).

Chaperoning Children

It is important that children are offered the provision of a chaperone. A chaperone would normally be a parent or carer chosen by the child but for non-intimate procedures only.

The designation of a chaperone for a child should be decided on a case-by-case basis and HCP must always be sensitive to the child or young person's needs. Whatever their age, the child's dignity must always be preserved, and a high level of privacy, choice and control be provided.

It is usual for a parent/carers to be present with a child for a health outpatient appointment, acting as an informal chaperone, whether in a hospital or community setting. Where this is not possible or not appropriate, the presence of a formal chaperone is essential.

When using an informal chaperone for a child parents/carer must:

- receive a full explanation of the proposed procedure or interaction to obtain full co-operation and understanding, including Play service support
- receive an explanation of the role and the responsibilities of being an informal chaperone – i.e. to offer reassurance, emotional comfort and to support the child or young person.
- The child should be examined in the presence of a suitable chaperone to safeguard the child, ensure the child is at ease, assist the doctor and to safeguard the doctor from any allegations of impropriety. (RCPCH Guidance)
- The child should be asked who they would like to be present at the examination to support them, for example their parent/carer. On some occasions it may not be appropriate for the parent or carer to be present for example if the parent/carer is the alleged perpetrator or parental distress will compromise the examination. (RCPCH Guidance)
- The chaperone should be present throughout the assessment and should be a trained, experienced member of staff who is familiar with the special aspects of these assessments, including the need for psychological support of the child and family, assistance with the examination and investigations and an understanding of confidentiality. (RCPCH Guidance)
- Due to the sensitive nature of child protection medical assessments, it is advised that strict adherence to chaperone policies are observed. It is recommended that paediatricians follow the 2013 General Medical Council (GMC) guidance, Intimate examinations and chaperones, for all child protection medical assessments, including those for suspected physical abuse. (RCPCH Guidance)
- The HCP must document in the clinical record that the above explanations have been provided; the documentation should also include the full name of the accompanying adult/carer and their relationship to the child. (RCPCH Guidance)
- A formal chaperone must be present when a child is undergoing an intimate examination and during any consultation, examination, procedure or investigation for safeguarding purposes. This formal chaperone is an HCP, who is fully aware and competent regarding their role and responsibilities when acting as a formal chaperone. (RCPCH Guidance)

When using a formal chaperone the HCP must:

- clearly explain to the child, accompanying parent/carer the reason why a formal chaperone is required.
- Clearly document the explanation in the clinical record.
 - Document the name, designation of the formal chaperone, with a description of the examination and record as an accurate record of care.

Lone Working

Where an HCP is working in a situation away from other colleagues e.g. home visits, the same principles for offering and use of chaperones should apply. Where it is appropriate, family members or friends may be present, providing the patient consents to this. However, the role of the formal chaperone must be undertaken by an HCP who is trained in this role.

In cases where a formal chaperone is required i.e. for intimate examinations, the examination should be rescheduled to a more convenient location, or until a formal chaperone can be provided. In cases where this is not possible procedures must be in place to ensure that communication with the patient and subsequently record keeping of these discussions and outcomes are clearly maintained.

However, HCP should note that they are at increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present (Policy [246 Managing Safeguarding Allegations and Professional Concerns](#) – opens in a new tab - raised against HDUHB Staff).

Patient Information – where areas display patient/carers information (e.g. posters, leaflets), the information displayed must be developed in line with policy 307 PRODUCTION OF PATIENT AND CARER INFORMATION POLICY.

Roles & Responsibilities

Chief Executive

The Chief Executive has overarching responsibility for ensuring that all appropriate healthcare professionals in Hywel Dda University Health Board are informed of and act safely within the guidance of this procedure.

Clinical Directors

Clinical Directors i.e. Director of Nursing, Quality and Patient Experience; the Medical Director; and the Director of Therapies, Health Care Sciences and Commissioning are responsible for ensuring that effective systems are in place to enable all clinical professionals to be aware of, understand and to implement the standards of care and conduct required within this procedure.

Heads of Nursing, Therapies and Senior Medical Managers

It is the responsibility of Heads of Professions within the HDUHB to ensure that healthcare professionals including Pre-Registration Medical/Nursing/Midwifery/and Allied Health Professional Students receive appropriate training in respect of this procedure and the role of the chaperone, and that they have access to the appropriate resources to support its implementation. This can be delegated to appropriate team managers/professional leads as appropriate to the professional group concerned. Heads of Services must demonstrate compliance with the Part 7 of the Social Services and Wellbeing (Wales) Act 2014 and the duty to report.

All healthcare professionals undertaking the procedure or examination

- Obtain the patient's consent for the examination or procedure by providing a clear explanation, appropriate to the needs of the patient, of the reason that the examination or procedure is needed, what technique is being used and any other necessary information (refer to HDUHB [Policy 008 - Policy for Consent to Examination or Treatment](#) – opens in a new tab).
- Ensure that the environment is suitable to maintain the patients' dignity and privacy with appropriate screens and no interruptions.
- Offer the patient the choice of having a chaperone present for all intimate examinations or procedures, or in situations where the patient may feel vulnerable e.g. when the examination will take place in a darkened room).
- Document details of the examination in the patient's record (nursing medical or therapy record according to circumstances) including the presence/absence of a formal chaperone and the name and designation of the chaperone where one is used.
- Maintain the patient's confidentiality by having the chaperone present only for the procedure/examination.

All Healthcare staff undertaking the role of chaperone

The role of a chaperone requires the following responsibilities to be undertaken:

- To provide a safeguard for the patient.
- To confirm that consent issues have been addressed
- To act as witness to the procedure and to challenge and report any unusual or unacceptable behaviour by either party

In certain circumstances, a chaperone may also:

- Act as an advocate for the patient, helping to explain what will happen during the examination or procedure
- Provide emotional support, comfort and reassurance to patients in a sensitive manner.
- Assist with undressing the patient, being sensitive to the patient's privacy and dignity by allowing undressing in private and providing suitable coverings.
- Provide practical help to the healthcare professional undertaking the procedure e.g. handing instruments, etc.

Training

All clinical staff including pre-registration Medical/Nursing/ Midwifery/Allied Health Care Professionals/students and non-clinical staff that act as a chaperone must understand the role of the chaperone. This will be included as part of the induction within the clinical area and other in-house HDUHB training programmes, e.g. Skills to Care programme

This must include:

- What is meant by the term chaperone
- What is an "intimate examination"
- Why chaperones need to be present
- The rights of the patient
 - Their role and responsibility e.g. advocate
- Policy and procedure for raising concerns
- Consider if formal training should be included by the health board for all new members of staff and yearly updates for staff groups that would fall under the chaperone policy

Implementation

The procedure will be implemented through the policy distribution channels to appropriate areas via email through the clinical Directors as well as through the Intranet pages and global Email. The procedure will be available via Hywel Dda University Health Board Policies and Procedures intranet site.

Further information

- Children Act 1989 & Children Act (2004) and Part 7 of the Social Services and Wellbeing (Wales) Act 2014 – duty to report.
- Social Services and Wellbeing (Wales) Act 2014
- Wales Safeguarding Procedures (2019)
- Welsh Health Circular (WHC) 2019/039 – Good working practice principles for the use of chaperones during intimate examinations or procedures within NHS Wales
- DoH (2005) *Mental Capacity Act*. London: Dept of Health.
- DoH, (2004) Independent Enquiry into how the NHS handled allegations about the conduct of Clifford Ayling
- Gillick competence and Fraser Guidelines NSPCC December 2018 GMC (2013), Intimate Examinations and Chaperones www.gmc-uk.org
- Leicestershire NHS Trust Chaperone policy for Adults and Children (2024)
- NHS Wales Good Working Practice principles for the use of Chaperones during Intimate Examinations or Procedures within Wales – (2019)
- NMC (2008, updated May 2012). Chaperoning <http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Chaperoning/>
- RCN (2007), *Chaperoning – The role of the nurse and the rights of patients: guidance for nurses*. London: Royal College of Nursing.
- RCPCH (2013) The Medical Assessment and Admission to Hospital