Policy on Chaperoning Infants, Children and Young People

Key Document code:	WAHT-TP- 083	
Key Documents Owner:	Dana Picken	Matron
Approved by:	Paediatric Quality Improvement meeting	
Date of Approval:	9th February 2024	
Date of review: **This is the most current version and should be used until a revised document is in place**	9th February 2027	

Key Amendments

Date	Amendment	Approved by
June 2018	New document	Paediatric QI Trust Safeguarding Committee
September 2020	Training elements of the policy reviewed and amended	Paediatric QI
26th March 2021	Approved with no amendments	Paediatric QIM
9th Feb 24	Job title owner change	Paediatric Guideline Review Day

1. Introduction

This policy brings together best practice for chaperoning infants, children and young people during consultations, examinations, investigations and treatment and aims to provide support and guidance to all health care personnel and non-clinical staff involved with individual and groups of children and young people.

The skills for listening, understanding and responding to the needs of individual children and supporting them to manage their health in a manner that is respectful of diversity and difference must, wherever possible be adhered to.

If a young person is deemed competent it is their right to be offered the right to consent to any examination which should also include the right to be offered a chaperone.

The Royal College of Nursing (RCN) (2002) says that, *"All patients should have the right, if they wish to have a chaperone present irrespective of organisation constraints".*

Royal College of Paediatric and Child Health also states that paediatric assessments should be undertaken with a chaperone present (Child Protection Companion,2013).

The Trust is committed to providing a safe environment where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

2. Purpose

2.1 This policy aims to provide robust and workable guidance for all health care professionals and non-clinical staff about when a chaperone should be considered or when to be requested.

2.2 This policy is applicable to all clinical staff in varied clinical environment settings

throughout the Trust.

3. Definition

For the purpose of this policy, a chaperone can be any additional health care professional or other appropriate adult that the child or young person has chosen to be present during a consultation, meeting, examination, investigation, treatment or any other activity.

4. Duties within the organisation

4.1 Chief Executive

As the person who holds the overall responsibility for health service arrangements to safeguard and promote the welfare of children, to ensure that all health care professionals working with the Trust are compliant with this policy.

4.2 Senior Managers

They are responsible for ensuring that this policy is implemented in an effective and timely manner across the Trust.

Ensure that all staff are fully aware of their responsibilities under this policy and routinely check that they are adhering to it.

Ensure that children and families are made aware of the chaperone policy. Chaperone posters should be clearly advertised on notice boards.
Ensure that chaperones are adequately trained, and staff rosters support the implementation of this policy.

Monitor the effectiveness of the implementation of this policy and take appropriate action if they are any acts or omissions that contravene it.

4.3 Health Care Professional

All health care professionals have a responsibility to ensure they work in line with their own professional code of conduct. They are responsible for demonstrating compliance with this policy and for escalation of any associated concerns.

5. Identification of Stakeholders

5.1 This policy applies to all health care professionals working for Worcestershire Acute Hospitals NHS Trust regardless of where they are working.

5.2 This policy applies equally to all infants, children, young people who use our service as in-patients, out-patients or in the community.

6. Method of Development

6.1 The Trust Safeguarding Operations Group was consulted during the development of this policy.

6.2 Relevant guidance and literature were used to formulate the policy, this included learning from Dr Myles Bradbury's prosecution and the subsequent enquiry in another UK paediatric unit.

7. Content

7.1 When should a chaperone be considered?

In all clinical situations:

When the child's level of consciousness is impaired regardless of cause.
If circumstances suggest there may be a professional or patient communication need e.g. learning needs or mental health issue.
In situations where the clinician deems the working relationship between the family and professional is already fragile or complex.

7.2 Safeguarding issues

It is intended to safeguard both the patient and staff from misinterpretation of actions taken as part of routine care and treatment.

A chaperone should be mandatory in situations where there have been prior allegations made by the family and or the child or young person.

It is appropriate to have a chaperone present other than the parents during a child protection examination.

In 1:1 consultation situation, clear professional boundaries should be in place; listening, understanding and responding to the needs of individual child/young person is important.

7.3 Intimate examinations

The General Medical Council (GMC 2013) says that intimate examinations include that of the breasts, genitalia and rectum. It also includes examinations or interventions involving the complete removal of outer clothing down to underwear or less.

This includes for example examinations of children and young people with suspected sexual abuse, adolescent Gynaecology examinations and regular genital examinations as part of pubertal staging and checking for testicular descent.

A chaperone should be offered in all circumstances when intimate examinations or treatments are performed, however the wishes of the young person/parents should be respected if they decline.

Health care professional should have the right to defer the examination; if they felt the need for a chaperone to be present. Refer to point 7.5

The privacy and dignity of the patient must be maintained at all times.

7.4 Consent and explanation:

Consent:

Before conducting an intimate examination, assess the child/ young person's capacity to consent to the examination, if they lack the capacity to consent, seek their parent's consent.

A written consent is necessary for a detailed, colposcopic examination for suspected Child Sexual Abuse or Female Genital Mutilation examination.

Verbal consent would suffice for a brief genital inspection or testicular palpation, as long as an explanation is given beforehand.

Explanation:
The child/ young person should be given an explanation as to why an examination is needed and give them an opportunity to ask questions.

Explain what the examination will involve, in a way the child/ young person can understand, so that they have a clear idea of what to expect, including any pain or discomfort, an on-going explanation needs to be provided throughout the examination.

Obtain the child/ young person's permission before the examination and record that they have given it.

In keeping with the child's age and maturity, parents should be invited to remove any item of child's clothing prior to the examination.

If the doctor has to touch the child's genital area, he or she should wear gloves to provide a physical barrier between the doctor and child.

7.5 The Role of the Chaperone
To act in the patient's best interest especially if a parent is not present.

To act as the patient's advocate at their request.

To provide emotional comfort and reassurance.

A chaperone is a safeguard for all parties (patient and practitioner).

To reassure the patient if they show signs of distress or discomfort.

To be familiar with the procedures involved in a routine intimate examination.

To be visible to the patient and be able to observe the whole intimate examination/procedure.

A chaperone will also provide protection to health care professionals against unfounded allegations of improper behaviour made by the child or parents.

7.6 Training requirements

All clinical staff should have an understanding of the role of the chaperone and the procedures for raising concerns.

A formal chaperone is usually a clinical health professional, such as a nurse, or can be a specifically trained non-clinical staff member.

This person will have a specific role to play during the consultation and this role should be made clear to both the patient and the person undertaking the chaperone role.

It is advisable that members of staff who undertake a formal chaperone role should have undergone local training so that they develop the relevant competencies required for the role.

This training should form part of the local ward/departmental induction programme and be facilitated by their respective line manager. Induction of new clinical staff who would act as formal chaperones must include the key principles listed below:

- 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. It is important that chaperones should place themselves inside the screened-off area as opposed to outside of the curtains/ screen (as they are then not technically chaperoning).
- Policy and mechanism for raising concerns and accurate recording.

7.7 Choice of the child and young person and or parent

The child or young person should be given a choice of whether they would like to have a chaperone present regardless of their gender, age and irrespective whether their parent is present or not unless the need for immediate or urgent treatment precludes this.

There may be occasions when a parent may wish for another person of the patient's gender to be present. Health care professionals need to be aware of cultural sensitivities but **should** not make assumptions about cultural or gender without first checking with the child or young person.

If on the rare occasion a chaperone is requested but no one is available, then the child /young person should be given the opportunity to rearrange their appointment to mutual convenience.

It would be acceptable to use a parent an informal chaperone if the child or young person was in agreement. It must not be assumed that it is acceptable for the child or young person to have a family member present.

It must not be assumed that parents are willing to act as a formal chaperone

7.8 Choice of the health care professional

Health care professional should request to be accompanied by a chaperone when undertaking intimate examinations, investigations or treatments to avoid misunderstandings and provide support.

Health care professional should have the right to defer the examination; if they felt the need for a chaperone to be present and there was no suitable chaperone available the health care professional must explain clearly to the child /parent why they want a chaperone present.

> "*Health care professionals should note that they are at increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations when no other person is present'' (NHS 2005).*

The health care professional can offer to delay the examination to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health.

7.9 Parents as Chaperones:

In most situations where a parent is present, they would act as the informal chaperone. This could include a general examination, as long as they give a verbal consent following an explanation of what will take place, and that they are present at all times and observe the examination.

There may be some circumstances when this would not be acceptable such as:
Intimate examinations/ procedures including for example adolescent Gynaecology examinations, regular genital examinations as part of pubertal staging.

In child protection cases when the parent/family member is a suspected perpetrator.
The health care professional would like another member of staff to act as chaperone.
A parent/ carer/ family of the patient are not an impartial observer 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. (GMC)

7.10 Risk Assessment

Please refer to the Lone Worker Policy [WHAT-CG-511] Worcestershire Acute Hospitals NHS Trust.

When a child or young person or parent refuses to have a chaperone present, a risk assessment needs to be made to determine whether the consultation, examination, investigation or treatment continues.

7.11 Community Workers and Home visits

All Community Teams should have a written policy specific to their area of work addressing issues around visiting patients in the home when they could be in a vulnerable position. Risk assessment must be carried out.

7.12 Documentation

Record whether or not a chaperone was used when recording details of the consultation, examination, investigation or treatment.

Record the chaperones name, role, date and time when chaperone was used.
If the patient does not want a chaperone, this should be recorded and that the offer was made and declined.
Documentation including an DATIX needs to be completed if the consultation, examination, investigation or treatment was aborted due to the lack of a chaperone when it was deemed to be inappropriate to continue without one.

8. References

Birmingham Children's Hospital NHS Foundation Trust (Policy on Chaperoning Infants, Children and Young People)

Care Quality Commission (2016) Nigel's surgery 15: Chaperones http://www.cqc.org.uk/content/nigels-surgery-15-chaperones

General Medical Council (2013) Intimate examinations and chaperones NHS Clinical Governance Support Team (2005) Guidance on the Role and Effective Use of Chaperones in Primary and Community Care settings. Model Chaperone Framework

Royal College of Nursing (RCN) (2002) Chaperoning: The role of the nurse and the rights of the patients

Royal College of Paediatric and Child Health (2013) The Child Protection Companion

9. Equality Impact Assessment

No equality impact identified as no patient groups are excluded from this guidance.

10.Approval, Dissemination and Implementation

Approval will be sought through the Paediatric Quality Improvement Meeting (QIM).

The Named Nurse Child Protection will disseminate the guidance to the ward/department/directorate managers and Heads of Departments through the email system.

The responsibility of the implementation will be through the appropriate manager. Individual clinicians will need to ensure that they follow the guidance on chaperone and report any difficulties of non- compliance through the incident reporting system.

11. Monitoring Compliance

11.1 Process for monitoring compliance and effectiveness

The compliance of this policy will be measured by:

- Audit of records in outpatient clinic.
- Number of complaints /incidents reported regarding non-compliance
- Evidence of chaperone information being readily available to all patients/families.

The Trust Safeguarding Committee will monitor compliance of this policy.

If this policy is being implemented incorrectly it will be reinforced using the most appropriate mechanism through various channels of communication.

Reported breaches of the chaperoning policy should be formally investigated through the Trust's risk management and clinical governance arrangements and treated, if determined as deliberate, as a disciplinary and safeguarding matter.

11.2 Standards/Key Performance Indicators (KPI's)

- Chaperone information is readily available to all patients/families
- Chaperone arrangements are documented in the child's notes
- Number of complaints /incidents reported regarding non-compliance

Chaperone - Staff Competencies

Performance Criteria	Description of Evidence Required	Level of Achievement / Grade	Date	Signature of Assessor
Theoretical Knowledge				
What is meant by the term Chaperone?	**D**			
What is an intimate examination?	**D**			
Explain why chaperone's need to be present	**D + Q**			
Discuss the rights of the patient	**D + Q**			
Discuss the chaperone's role & responsibility including where they should place themselves	**D + Q**			
Demonstrate knowledge of the policy for raising concerns	**D + Q**			
Has Safeguarding Children level 2 or above training	**W**			
Feedback should be given on their technique and communication skills in their role as chaperone	**O/P + D**			

Types of Evidence

Evidence Code	Description of Evidence
O/P	Practical demonstration observed by appropriately trained member of staff.
T	Testimony provided by other healthcare professionals regarding competency statement.
Q	Question and answer session between appropriately trained member of staff and healthcare professional.
D	Discussion between appropriately trained member of staff and health care professional.
W	Written evidence. For example reflective diary, care plans etc.
W/P	Practical demonstration supported by written work to ensure the knowledge base to support the practical ability.

Level of Achievement

Each competency has a level of achievement box next to it. This is to show each individual's assessment and measurement of competency in practice. Ideally individuals should be achieving Level 6.

Grade	Level of Achievement
0	Requires training to perform this task competently and at a satisfactory level to work in the clinical environment.
1	Can perform this task under constant supervision and with some assistance.
2	Can perform this task satisfactorily, but requires some supervision and assistance.
3	Can perform this task satisfactorily without supervision or assistance.
4	Can perform this task satisfactorily without supervision or assistance, with more speed than expected and to a high standard.
5	Can perform this task satisfactorily without supervision or assistance, with more speed than expected and to a high standard. Shows initiative and adaptability to problem situations.
6	Can perform this task satisfactorily without supervision or assistance, with more speed than expected and to a high standard. Shows initiative and adaptability, and can lead others in performing this task.

Adapted from DACUM level of Achievement (Fearon 1998).