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# **Acacium Group**

# **Chaperoning Service Users**

**Procedure Reference | SOP GEN 06**

**Version | V2.1**

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| <b>Procedure Name</b>                        | Chaperoning Service Users  |
| <b>Purpose of Document</b>                   | To ensure that the correct preparation, procedure & outcome are achieved by implementing a consistent and systematic approach to the procedure of chaperoning Clients  |
| <b>Target Audience</b>                       | All Nurses & appropriately trained carers  |
| <b>Version</b>                               | V2.1   |
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| <b>Lead Director</b>                         | Karen Matthews-Shard   |
| <b>Review Frequency</b>                      | 4 yearly or when clinical or operation guidelines change   |
| <b>Last Reviewed</b>                         | October 2024   |
| <b>Next Review Date</b>                      | October 2028   |
| <b>Equality Impact Assessment (EIA) Form</b> | Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team. |
| <b>About Acacium Group</b>                   | Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A  |

| Document History |           |   |                         |
|------------------|-----------|---|-------------------------|
| Version          | Date      | Changes made/comments                   | By whom                 |
| V1               | Dec 2016  | Implementation of document history page | KNF/SJ                  |
| V1.1             | Mar 2020  | Update to new Community template        | CCR/CC                  |
| V1.2             | Sept 2020 | 4 yearly review                         | Clinical Advisory Group |
| V1.3             | Oct 2020  | Updated re rebrand                      | CC                      |
| V2               | Jan 2024  | Rebrand                                 | Clinical Advisory Group |
| V2.1             | Oct 2024  | Reviewed and updated                    | Clinical Advisory Group |
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## 1. Introduction

Acacium Group attaches the highest importance to ensuring the privacy and dignity of clients. Acacium Group is committed to providing a safe, comfortable environment where clients and staff can be confident that best practice is being followed at all times. This SOP has been developed to ensure that those situations where intimate and personal care is necessary is provided in a sensitive, respectful and professional manner and that the process of obtaining a chaperone is understood by Acacium Group staff and followed when required.

There is no legislation as such that requires Acacium Group to have a chaperone policy or SOP however, Acacium Group is aware that many healthcare interventions by their nature can be classified as intimate and misunderstandings and misinterpretation of actions may occasionally lead to allegations of abuse. Not understanding the cultural background of a client may lead to confusion.

Clients are encouraged to ask for a chaperone if required however Acacium Group staff should also offer the facility if they are aware that intimate and personal care is required.

## 2. Aim

The aim of this SOP is that all clients receive a fair and high level of personal care regardless of; age, gender, ethnic background, culture, sexual orientation, marital status and have their privacy and dignity respected. The aim is also that Acacium Group personnel feel protected by Acacium Group by having effective policies and procedures in place.

## 3. Who needs to be aware of this procedure

All Acacium Group healthcare workers providing intimate care should follow this SOP and may be a chaperone.

## 4. Definitions

| Description                         | Definition  |
|-------------------------------------|---|
| <b>Intimate care and procedures</b> | Care tasks associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with or exposure of their genitalia or intimate personal areas.  |
| <b>Intimate examinations</b>        | Include physical examination of breasts, genitalia and rectum.  |
| <b>Formal chaperone</b>             | Is a healthcare professional (an Acacium Group nurse or carer) who provides the service user with physical / emotional support and reassurance, ensures privacy and dignity and may provide practical assistance during the examination. They safeguard against pain, distress or abuse, and provide protection for healthcare professionals against unfounded allegations of improper behavior or potentially abusive service users. They may act as an interpreter if skilled and trained to do so. Confidentiality is a priority and must be maintained. |
| <b>Informal chaperone</b>           | A relative, friend or carer known to the client who may provide emotional support during a procedure who would not be expected to take an active part in the examination or witness any procedure directly.   |

## 5. When would a chaperone be needed?

A chaperone should be offered to all clients before any procedure requiring an intimate examination or procedure is performed. In addition, vulnerable service users or those that have suffered abuse may request a chaperone where it is necessary to be close or touch them

## 6. If a chaperone is not available

If a chaperone is not available, this should be discussed with the client. If the client continues to require a chaperone, consideration should be given to re-scheduling the care event where this is possible. If this is not possible and the client continues to decline the care procedure, this should be respected and fully documented.

If a chaperone is not available and an Acacium Group member of staff feel they are now compromised, an Acacium Group member of staff may refuse to give the required personal care however they must immediately inform their line manager of the situation.

There may be occasions when an intimate care procedure can be planned. This is ideal as the need for a chaperone can be booked in advance.

## 7. When a chaperone must be used

Acacium Group personnel must always consider being accompanied by a chaperone if the client is:

- Semi-conscious or unconscious
- Is intoxicated with alcohol
- Has requested a chaperone

Additionally, in the case of children:

- When the client is pubertal
- When there is examination because of elimination disorders
- Who are not accompanied by an individual with parental responsibility, or when an individual is thought to be ineffectual or unreliable?

## 8. Consent

Clients have a fundamental legal and ethical entitlement to determine what happens to their bodies. Valid consent to treatment is central to all forms of healthcare. Consent is a client agreement for a health professional to provide care. This may be indicated nonverbally, orally, or in writing. For consent to be valid the client must be competent and have capacity to take that decision, be fully informed of the action and its consequences, and not be under duress.

If a client declines care recommended by an Acacium Group health care professional, this should be documented in accordance with the Consent Policy.

Risks and benefits to the procedure should be explained along with the risks of not having the procedure and any possible alternatives to the proposed procedure.

Acacium Group staff should be aware that carers and relatives do not have the right to give consent on behalf of the client however, staff may be able to act as long as they are able to demonstrate that any actions are in the best interest of the client. There may be a representative legally appointed to provide consent on the client's behalf.

There are strong links with the safeguarding adults and children's policies and consent so these must be read thoroughly to understand the implications of not following these policies and this SOP.

## 9. Client and relatives/carers involvement

The client's relatives cannot be used as formal chaperones. However, they may be informal chaperones, acting purely as supportive relatives BUT where a chaperone is required, a formal process through Acacium Group must be managed.

## 10. Client information

As part of obtaining valid consent the risks, benefits and alternatives to the procedure will have been discussed.

The procedure must be explained fully in order to gain full cooperation and for there to be full understanding of the intimate aspects that need managing. The role of the chaperone must also be explained.

If a chaperone is unavailable, the client must be given the opportunity of continuing with the procedure un-chaperoned unless it is felt that would compromise the position of or there is a risk to the Acacium Group member of staff.

## 11. Documentation

There must be thorough documentation of the procedure that required a chaperone including the rationale. If a chaperone is declined this should be documented along with subsequent actions. The more detail recorded the better; especially where the situation is sensitive, or the Client is vulnerable.

The consent procedure should be documented in full, giving details of the risks and benefits explained and the alternatives.

Acacium Group staff refusing to give the required personal care if a chaperone has been declined by the client must write down the full reasons for not continuing with the care required. This may not be in the client's daily records/nursing notes but may be in the form of a statement, held in personnel files if it is required at a later date.

Where a chaperone is requested or required on a regular basis for ongoing care, details should be included within the clients care plans

## 12. Accessing a chaperone

Requirements must be discussed with a suitably qualified and appropriate person and agreed as part of the care plan or specific client requirement. If agreement is reached that a chaperone is required, then a request must be made to Acacium Group.

In view of the fact that, Acacium Group will not have a pool of nurses or carers waiting to undertake chaperone work it is important that as much advanced planning is given as possible. Consideration must be given to cultural and language barriers and any past history that may influence the need for a chaperone

## 13. Equipment

- Equipment to undertake proposed procedure
- Completed and signed off client's chaperone form
- Information leaflet on the proposed procedure

## 14. Procedure

| Action                             |   | Rationale   |
|------------------------------------|---|---|
| <b>BEFORE PROCEDURE</b>            |   |   |
| 1.                                 | If a regular procedure, plan ahead for when the procedure is required, agreeing the need for a chaperone in advance.                                  | To ensure a chaperone could be available.   |
| 2.                                 | If this is an unplanned procedure, review the need for the procedure, required timescales and any alternatives.                                       | To confirm there is a need to undertake the proposed procedure and that a chaperone is required.                            |
| 3.                                 | Liaise with line manager.   | To confirm that a chaperone is required, discuss any sensitive issues and seek agreement to request one from Acacium Group. |
| 4.                                 | Organise for a same sex chaperone and ensure any language barriers and information needs are catered for.   | Care must be sensitive to client's cultural and specific needs.   |
| 5.                                 | Obtain consent for the procedure and the use of a chaperone by the Client.  | Consent is required before a procedure and before the use of a chaperone.   |
| <b>WHEN CHAPERONE IS ORGANISED</b> |   |   |
| 6.                                 | Review again that the proposed procedure is still required, and that the client continues to consent to the procedure and the use of a chaperone.     | It is possible that care needs have changed and that views surrounding the need for a chaperone may have changed.           |
| 7.                                 | Ensure that curtains, windows and doors are shut and that the room will be free of interruptions.   | Privacy and dignity must be maintained at all times.  |
| 8.                                 | Explain the procedure in full, ensuring the chaperone also fully understands what is and is not expected of them.                                     | To ensure that care is appropriate and sensitive to the needs of the client.  |
| 9.                                 | Allow the client to remove the minimum amount of clothing required and use drapes to cover any exposed areas that are not required for the procedure. | To promote the maximum amount of privacy and dignity.   |
| 10.                                | Observe the client for signs of distress throughout.  | To respond appropriately to the client's needs.   |
| 11.                                | When the procedure is completed allow the client to return back to their normal routine, position room etc.   | To allow privacy and dignity to be recovered speedily.  |
| <b>IF A CHAPERONE IS DECLINED</b>  |   |   |

|     |   |   |
|-----|---|---|
| 12. | Staff member to consider their position and whether there are alternatives.                         | Acacium Group member to only continue with the procedure if they feel they are not in a compromised position or it is essential for the client. |
| 13. | Document all care given in the care records and ensure that they note that a Chaperone was declined | For evidence of care given and follow up care.  |

## 15. Associated Policies / SOPs

### Policies

CLIN 06 Consent Policy

CLIN 09 Safeguarding Vulnerable Adults Policy

CLIN 08 Safeguarding Children Policy

CLIN 05 Privacy and Dignity Policy

CORP 07 Equality, Diversity & Inclusion Policy

ORG 41 Mental Capacity Act 2005 (MCA) & Deprivation of Liberty Safeguarding Policy

## 16. References

- NHS Clinical Governance Support Team. Guidance on the role and effective use of Chaperones in Primary and Community settings. June 2005
- CQC – Guidance on Chaperones – January 2016
- Good working practice principles for the use of chaperones during intimate examinations or procedures within NHS Wales – Jan 2020
- MDU – Chaperones November 2017  
<https://www.themdu.com/guidance-and-advice/guides/guide-to-chaperones>
- RCN Genital Examinations in Women Updated March 2016
- Protection of Nurses Working with Children and Young People Guidance for nursing staff - May 2017
- <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/intimate-examinations-and-chaperones/intimate-examinations-and-chaperones>
- <https://www.themdu.com/guidance-and-advice/guides/guide-to-chaperones>

## Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

|  |   |
|--|---|
| <br>Part of Acacium Group | <br>Part of Acacium Group |
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