Good Practice Guidelines for Chaperoning & Intimate Patient Care

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Approved by: Safeguarding Committee
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### Good Practice Guidelines for Chaperoning & Intimate Patient Care

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#### Appendices

**Framework for Practice**

**Who Should Provide Personal Care?**

**Avoiding Misinterpretation and Allegations of Abuse**
1. Introduction

This policy applies to the care of all patients/clients who require clinical support of an intimate or personal nature and is designed to protect patients and the majority of caring professional staff but not perpetrators of abuse who must be identified and dealt with in accordance with Disciplinary Policies.

Intimate or personal care and examinations must be practiced in a safe, sensitive and respectful manner on every occasion otherwise misunderstandings may occur which may result in allegations of abuse or assault. Due to the increasing number of allegations of assault by patients against healthcare staff especially where intimate bodily examinations are involved, staff are strongly advised to use chaperones wherever possible.

2. Scope

This policy applies to all employees including locum, bank and agency staff that are working on behalf of the organisation and are involved in the care of patients. This policy should be viewed in conjunction with the “Inter-Agency Policy & Procedures for Responding to the Alleged Abuse of Vulnerable Adults in South Wales” (revised 2004).

3. Responsibilities

All staff required to provide clinical care of an intimate nature are personally responsible for ensuring compliance with this policy. All staff are also personally responsible for reporting any concerns they may have about the care provided by a colleague(s) to a patient or patients.

If Students are being supervised undertaking an intimate procedure or examination the supervising practitioner must ensure that valid consent has been obtained from the patient before commencing.

4. Maintaining Patient / Client Dignity & Respect

Treating patients with dignity and respect is an organisational priority and all staff are expected to comply with the Dignity in Care Charter.
5. Risk Assessments

An important part of the decision making process to decide if a chaperone is required is the consideration of informed consent and assessment of risk, [gathering of patient information is essential to inform the risk assessment and this includes culture, religion, language and past history]. Staff should take account of the risks to themselves if they undertake examination without a chaperone present. Whilst there are potential workload implications staff must assess each case individually and manage the risk accordingly.

Often the seriousness for the patient’s illness may cause the healthcare professional to overlook consideration of the risk to themselves in their concern to establish a diagnosis or to offer treatment speedily. Good intentions do not however offer any safeguard against formal complaints or in extreme cases legal action.

6. Availability of Chaperones

Requesting a colleague to act as a chaperone can sometimes involve a delay and disrupt other schedules however it is important that wherever possible staff plan ahead to allow for staff to act as chaperones. Friends or family members who may be present must not be expected to take on a chaperoning role as this may not be what the patient wants. Care must be taken to ensure that if a patient doesn’t speak English then an interpreter or Language Line should be used (not a family member).

7. What is an intimate Examination? (Refer to appendix 1 for the contextual framework).

Intimate examinations include the examination of breasts, genitalia or rectum (although other areas may also be classified as intimate by patients form 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 abhorrent and in such circumstances there is the need to approach the subject with particular sensitivity. Examinations by a member of the opposite gender in some religions are effectively taboo. It is important for staff to be sensitive to differing expectations associated with patient’s cultural, ethnic and racial background as alack of understanding may lead to confusion and poor communication.
8. What is Intimate Care?

Intimate care involves tasks associated with bodily functions and personal hygiene which necessitate direct or indirect contact with, or exposure of intimate parts of the body. Examples include:

<table>
<thead>
<tr>
<th>Dressing or undressing a patient</th>
<th>Helping someone to use the toilet, bedpan or urinal</th>
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<td>Changing continence pads</td>
<td>Washing and drying intimate parts of the body</td>
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<td>Providing catheter care</td>
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<td>Changing sanitary towels or tampons</td>
<td>Giving enemas, suppositories or pessaries</td>
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<td>Measuring for mobility appliances</td>
<td>Fitting prosthesis</td>
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<td>Undertaking diagnostic treatments or interventions</td>
<td>Applying dressings or treatments to intimate parts of the body</td>
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9.a Clinical Practitioner / Patient Relationship

The relationship between a patient and a healthcare professional should be based on trust. The use of a chaperone when undertaking an intimate examination should be considered regardless of the sex of the patients i.e. both the patient and health professional are female (See appendix 2: Who should Provide Personal Care?)

9b. Community Staff and Lone Workers

Community staff and lone workers who are required on occasions to undertake intimate care alone in a patient’s home must conduct and document a risk assessment. The risk assessments must be examined by the Line Manager / Clinical Teams in order to satisfy that the practitioner has considered the risks from both the patient and practitioner’s perspective.

10. Principles of Safe Practice for Intimate Examination and Care

Staff are advised to follow the following principles when conducting an intimate examination (refer to appendix 3: Avoiding Misinterpretation and allegations of Abuse):
• Explain to the patient why an examination / procedure is necessary and give the patient the opportunity to ask questions.

• Explain what the examination will involve so that the patient has a clear understanding of what to expect including any pain or discomfort.

• Always obtain the patients permission before the examination / procedure and be prepared to discontinue the examination / procedure if the patient asks.

• A record of informed consent must be obtained in accordance with the Organisation’s Consent Policy.

• If a patient does not give consent always respect the decision.

• Record that a chaperone was present in the patient’s case notes.

• If there are justifiable reasons why a chaperone cannot be present this must be explained to the patient and an offer made to delay or postpone the procedure / examination. This must be recorded in the case notes.

• Always give the patient privacy to dress and undress and use drapes to maintain the patient's dignity.

• Do not assist the patient in removing clothing unless it has been established and agreed by the patient that assistance is needed.

• Only the parts of the patient’s body necessary to carry out the examination should be exposed. It is seldom necessary that an individual be completely naked or exposed other than in showering/ bathing.

• The use of protective clothing should be used for infection control purposes (refer to Infection Control Manual).

• During the examination / delivery of intimate care keep the conversation relevant and avoid unnecessary personal comments or discussion with other staff members.

• On completion of the examination / procedure ensure the patients privacy and dignity is protected and address any queries relating to the examination.

11. Anaesthetised and Unconscious Patients

Informed consent must be obtained prior to the patient being anaesthetised. Equal consideration should be given to unconscious patients and chaperones should always be present when intimate care and examinations are being performed on unconscious patients.
12. Emergency Situations
If immediate necessity or extreme urgency leads to intimate care being given without the patients consent or against their expressed wishes staff are advised to complete an incident form in line with the Health Board’s Risk Management policy.

13. Conclusion
Whenever practitioners perform an intimate examination or procedure it is their responsibility to ensure the patients has consented to the procedure and that the care is delivered in a safe, efficient and respectful manner. The patient’s privacy and dignity must always be upheld at all times.

This policy aims to reassure patients and protect staff from the risk of complaints about their conduct.

14. Reference and further information

Bro Morgannwg NHS Trust Policy-Consent to Treatment or examination

Cardiff the Vale NHS Trust: good Practice Guidelines in Providing Opposite Gender Intimate Personal Care to Patients (2007).

NMC (2003) Guidelines for Chaperoning Patients
These Guidelines apply to all patients who require personal care and support of an intimate nature.

The aim is to ensure a safe and comfortable experience for patients.

It also aims to assist staff who are caring for patients, to ensure that their interventions are not misunderstood.

Employment Tribunal Ruling (2006) Appeal No. UKEAT/008 85/06/SM


Intimate care involves tasks associated with bodily functions and personal hygiene which necessitate direct or indirect contact with, or exposure of intimate parts of the body. Examples include:

- Dressing/undressing
- Helping someone use the toilet
- Changing continence pads
- Providing catheter care
- Stoma management
- Showering/bathing
- Washing intimate parts of the body
- Changing sanitary towels or tampons
- Giving enemas and suppositories
- Applying dressings to intimate parts of the body
- Fitting prosthesis
- Measuring for seating appliances
- Undertaking diagnostic treatments/interventions

A male nurse’s claim upheld that he was discriminated against when he was treated differently from female colleagues. He was required to be chaperoned carrying out a clinical procedure on a female patient.

Legal requirement for Health Board to eliminate unlawful discrimination.
Who Should Provide Personal Care?

It would be ideal if a member of staff of the same gender as the patient could provide personal care if that was their choice.

There will, however, be occasions when personal cannot be carried out by a member of staff of the same gender and in these circumstances the following issues need to be taken into account:

- The wishes of the person requiring care.
- The consequences of the person not receiving care.
- The impact of the care being delivered by a member of staff of the opposite gender to that preferred by the patient.
- The availability of a same gender member of staff to meet the request.
- Professional judgement will need to be made with regard to whether care can be delayed.
- It is important to record care that could not be provided as well as that which could.
- Family members who are present during an intimate episode of care should not be expected to take on a formal chaperoning role (Chaperone Policy).
- If a patient has serious reservations about a member of staff providing care because of their gender, their wishes must be respected within their mental capacity to give or withhold consent, and recorded accordingly.
APPENDIX 3

Avoiding Misinterpretation and Allegations of Abuse

The intimate nature of many health care interventions, if not practised in a sensitive and respectful manner, can lead to misinterpretation and occasionally allegations of abuse.

A lack of knowledge and understanding of the needs of patients from different ethnic backgrounds and sexuality can sometimes be perceived as being embarrassing, intrusive, demeaning or abusive.

Particular sensitivity (seek advice if necessary) should be displayed if the patient:

- is unconscious
- is confused
- has communication difficulties
- has learning difficulties/disabilities
- has a history of mental illness
- is mentally incapacitated

Good practice in providing intimate/personal care

- Staff who feel 'uncomfortable with providing intimate care in a particular situation should ask for another member of the team to be present or take over. This should not be seen as an inconvenience by the staff requested to assist.

- If during an episode of care a patient expresses displeasure or embarrassment, the nurse should withdraw from providing care.

- Patients with different sexual orientation may find it more comfortable to be cared for by a member of the opposite gender.

- Off duty and staff gender mix should be planned to meet the service’s need.

Any complaint or allegation made by a patient or relative against a member of staff must be recorded as a clinical incident and reported to the appropriate Senior Manager for POVA consideration.

Accurate record keeping is paramount as always.