

# Chaperoning Intimate Examinations and/or Procedures of Children and Young People - Full Paediatric Clinical Guideline – Joint Derby and Burton

Reference no.: CH CLIN G66/May 22/v005

## 1. Introduction

This guideline provides measures to be taken to safeguard young patients and staff from misinterpretation of actions taken as part of intimate examinations.

It applies to all employees of the Trust who undertake intimate examinations or Invasive procedures and actions of an intimate nature as part of their clinical activity. A chaperone would not usually be needed for routine clinical examinations in children or young people, when a parent or carer is appropriate.

## 2. Aim and Purpose

To ensure that both staff and young patients are protected from situations in which allegations of sexual impropriety may occur.

To minimise anxiety and embarrassment for the child or young person.

## 3. Definitions

**Child and young person:** Any patient under the age of 19 years

**Intimate examinations:**

Female breast examination

Pubertal assessment

Examination of the genitalia – including postnatal checks and radiological examinations (e.g. ultrasound testes, MCUG)

Rectal examination,

**Invasive procedures and actions of an intimate nature:**

Catheterisation

Rectal medication administration (excluding emergency medication)

Topical medicinal treatment of a sensitive area

**Chaperone:** A chaperone is an impartial observer during an intimate examination of a patient. The chaperone will be a member of staff that has undergone the Trust Chaperone e-learning package in order to adequately support the patient and the examiner. They must be able to identify unusual or unacceptable behaviour and should immediately report any incidence of inappropriate behaviour from the healthcare professional to their line manager or another senior manager. A chaperone provides protection for healthcare professionals against unfounded allegations of improper behaviour made by a patient, family member/carer.

#### **4. Main body of Guidelines**

The clinician/practitioner will explain the nature of the examination or procedure to the child/ young person and family, including why it is necessary, giving the opportunity to ask questions. Consent should be gained verbally and recorded. Consent may be from the young person, parent or both depending on their capacity to consent.

Consider preparation by a play specialist.

The dignity of the child/young person should be respected.

Gowns/ sheets should be used appropriately to limit patient exposure.

A formal chaperone must be present if an intimate examination is necessary in a child/ young person with a reduced level of consciousness or intoxication.

Intimate examinations should be kept to a minimum.

Medical students will only undertake intimate examinations in children and young people in compliance with their University Medical School guidelines.

Chaperoning of intimate examinations or invasive procedures and actions of an intimate nature should always be undertaken by a registered member of staff, who will directly witness the procedure in order to adequately document on the appropriate nature of the examination.

Non-intimate examinations that the clinician/practitioner or patients feel they would benefit from a Chaperone being present can be undertaken by any staff that has undergone the Chaperoning e-learning package and does not have to be a registered staff member.

#### **Infants**

The presence of a chaperone would not normally be required, however consider the use of a chaperone in relation to the nature of the examination. A parent or guardian should be present to support the child/young person. Privacy and dignity must be considered.

#### **Pubertal children and young people**

When pubertal children and young people require an intimate examination, there should be a third person in the room. The patient should be offered the option of presence of a chaperone.

In **inpatient settings**, a staff nurse will be allocated as the designated chaperone for that shift.

In the **Children's Outpatient department**, a chaperone will be available on each day. They will make themselves known to the staff in clinic that may require a chaperone, but it is the responsibility of the clinician/practitioner to request them when needed. A separate, designated chaperone is always allocated to a surgical clinic. This is surplus to the "Named Chaperone" for that day. The name of the chaperone should be documented in the notes.

Regardless of area, the young person may choose to have their parent(s) present for support *in addition* to the chaperone.

The child/young person should be offered the opportunity of discussing the findings of an examination alone, after dressing.

Many young people will prefer no chaperone or parent to be present or prefer them to be in the room or bed space, but outside of the curtain and this view should be respected as the presence of a chaperone may deter the young person from being frank and asking for help. If the patient requests that the examination/procedure is to be completed without the presence of a chaperone, you should record that the offer of a chaperone was made and declined in the clinical record.

If the clinician/practitioner feels vulnerable without a chaperone, the intimate examination should be deferred.

If the young person refuses an intimate examination, which is felt to be clinically important, alternatives (e.g. different clinician/practitioner, different chaperone) should be explored. A further appointment (in terms of outpatients) should be offered or an alternate time and day if an inpatient.

### **Child protection assessments**

Referral will have been made via social services.

The child/ young person should give informed written consent and the examination or procedure should stop if he/she changes their mind.

A chaperone must be present to support the child/young person, but the number of people in the room or bed space should be minimised. The chaperone may be the senior paediatrician, police surgeon or social worker in this circumstance.

### **Children and Young People with Learning Difficulties**

In the event that the patient has learning difficulties or cognitive impairment, it is vital that an independent chaperone is present.

The patient should still have a comprehensive explanation of the examination or procedure, at a level as close as possible to what is appropriate for their age and understanding.

### **Parents and Carers with Learning Difficulties**

There is a legal presumption that every adult has the capacity to decide whether to consent or refuse a proposed medical intervention or examination for their child, therefore all decisions and discussions must be clearly documented, and that informed consent is obtained. There must be no ambiguity around this.

As with the patient, parents/carers should have a comprehensive explanation of the examination and the reasoning for this, at a level as close as possible to what is appropriate for their understanding.

Parents must:

- Have capacity to make the decision
- Have received sufficient information regarding the examination and its relevance
- Not be acting under duress.

Staff should refer to all the relevant Trust consent, Mental Capacity Act, Policy and guidance in all situations if they feel there is a parental/carer capacity issue.

### **Documentation**

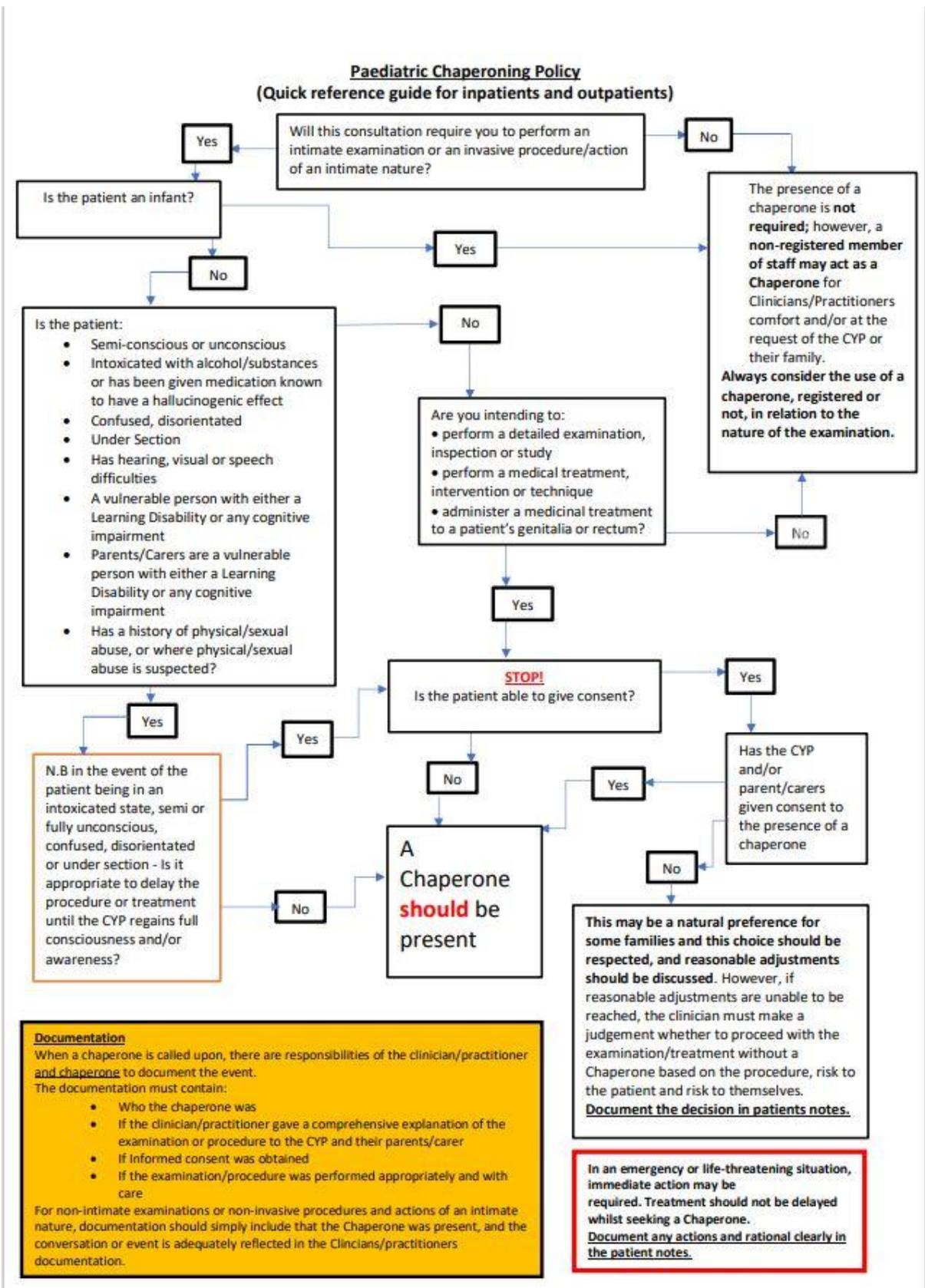
When a chaperone is called upon, there are responsibilities of the clinician/practitioner and chaperone to document the event.

The documentation must contain:

- Who the chaperone was
- If the clinician/practitioner gave a comprehensive explanation of the examination or procedure to the CYP and their parents/carer
- If Informed consent was obtained
- If the examination/procedure was performed appropriately and with care

For non-intimate examinations or non-invasive procedures and actions of an intimate nature, documentation should simply include that the Chaperone was present, and the conversation or event is adequately reflected in the medical notes.

**Flow Chart**



## 5. References (including any links to NICE Guidance etc.)

Intimate examinations and chaperones GMC 2013

Policy for Intimate Examinations of Patients by Medical Students, University of Nottingham Medical School.

0 – 18 years: guidance for all doctors. GMC October 2018  
Safeguarding Policy

Gillick or Fraser? A plea for consistency over competence in children  
BMJ 2006;332:807 (8 April), doi:10.1136/bmj.332.7545.807.

Chaperoning: The role of the nurse and the rights of patients, RCN 2002

Trust Policy for the Intimate Examination of Adult Patients 2020

**6. Documentation Controls** (these go at the end of the document but before any appendices)

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