GCP01
Chaperoning of Patients and Service Users

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1.0 Policy Statement (Purpose/Objectives of the Policy)

1.1 This policy is for the routine care and treatment of adults and children. It is not intended to provide guidance for children's safeguarding or Child Protection Medical Examinations. For guidance on chaperones at Child Protection examinations refer to CP41 Safeguarding Children, Child Protection Service Delivery Standards 2020, Wolverhampton Safeguarding Together, WHT Child Protection Medical Examinations Trust-wide SOP and Walsall Safeguarding Partnership guidance. Advice can also be sought from the RWT and WHT Safeguarding Teams.

The Trusts, provides a range of community and acute services to both adult and child patients. This Policy applies equally to all employees of the Trust who undertake investigation, examination, and treatment of patients as part of clinical activity, irrespective of location.

This policy is intended to safeguard patients and service users to ensure that privacy and dignity is given high regard when treatment involves intimate examinations, the need to undress or where a patient may feel vulnerable. The policy also serves to reduce the likelihood of service users misinterpreting actions taken by staff as part of consultation, examination, treatment, and care; however, the focus of the procedure remains with the service user.

It is good practice to offer all patients a chaperone for any consultation, examination, or procedure, including the administration of medication, where the patient feels one is required, has care and support needs or is a child. This offer should be made routinely and proactively, through a variety of means such as:

- Clearly displayed posters in clinical and waiting areas
- Information in practice leaflets and appointment letters
- Verbal communication at the time of booking or during the consultation

The presence of a third party does not negate the need for adequate explanation and courtesy and cannot provide full assurance that the procedure or examination is conducted appropriately.
This policy is **not** describing the use of Appropriate Adults as defined under the Police and Criminal Evidence Act 1984 (PACE).
This policy is to be read in conjunction with CP41 Safeguarding Children and CP53 Safeguarding Adults at Risk.

All aspects of this document regarding potential Conflicts of Interest should refer first to the Conflicts of Interest Policy (GOP109). In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflicts of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Adult – Any person from their 18th birthday or beyond.

Child – Any person up to their 18th birthday.

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. A chaperone should be another adult (in addition to the practitioner conducting the examination) who is acceptable to the patient and remains present during investigation, examination, and treatment of the patient. The chaperone could be another health professional, a non-clinical support staff member, a medical/nursing/allied health professional student, and/or a member of the bank.

Informal Chaperone may be referred to as a person who would not be expected to take an active part in the examination or witness the procedure directly. An example is a family member or friend, legal guardian, non-clinical employee, healthcare student i.e. a familiar person who may be able to give reassurance and emotional comfort to the patient leading up to and during the intimate procedure.

Formal Chaperone may be referred to as an employee who acts as a witness for the patient and the Clinician, (i.e. Doctor) during an intimate medical examination or procedure being undertaken and may also in some circumstances assist the Clinician to undertake the relevant procedure. Healthcare students should not be used as formal chaperones.

Gillick competence refers to a child under 16's ability to consent to their own medical treatment without the need for parental permission, provided they have enough understanding and intelligence to fully comprehend the proposed care or procedure.
https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines

Intimate Examination according to the General Medical Council (GMC) and Care Quality Commission (CQC) guidance:
An intimate examination is any medical examination that involves the breasts, genitalia, or rectum, or requires the patient to partially or fully undress, or be examined in a way that may feel intrusive or expose private areas of the body.
This includes procedures such as:

- Breast examinations
- Vaginal or rectal examinations
- Genital examinations
- Perineal assessments
- Transvaginal or transrectal ultrasounds
- Insertion or removal of medical devices (e.g., catheters, pessaries)
- Any examination conducted under dimmed lighting or in close physical proximity.

https://www.gmc-uk.org/professional-standards/the-professional-standards/intimate-examinations-and-chaperones

https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-15-chaperones

3.0 Accountabilities

All Clinicians and Practitioners:
Are responsible for ensuring that the offer of a chaperone is made appropriately for any consultation, examination, or procedure where it may be required or requested.

Must ensure that the patient's consent is obtained and documented, and that the presence or refusal of a chaperone is recorded in the patient's notes.
Should be sensitive to individual patient needs, including cultural, religious, or personal preferences, and respond appropriately to any concerns raised.

Heads of Department / Ward Managers / Practice Managers:
Are responsible for ensuring that systems and processes are in place to support both patients' and clinicians' rights to request a chaperone.
Must ensure that appropriately trained

4.0 Policy Details

4.1 Context and Background

Where appropriate, patients should be asked in private whether they would like a chaperone present. This approach is particularly important in cases where there may be concerns about abuse, as it allows the individual to express their preferences safely and confidentially. Patients should also be given the option to have a family member, carer, or another trusted person act as their chaperone, if they wish.

Healthcare professionals must always approach these situations with empathy, respect, and sensitivity, ensuring that patients feel informed, supported, and empowered to make choices about their care.

All medical consultations, examinations, and investigations have the potential to cause anxiety or distress. This is especially true for procedures involving intimate areas such as the breasts, genitalia, or rectum, or those that require patients to undress or be examined under dimmed lighting. These situations can make individuals feel particularly exposed and vulnerable.

This sense of vulnerability may be heightened for individuals with mental health needs, learning disabilities, dementia, or other health conditions that affect understanding or communication. It is also important to consider the developmental stage of babies, children, and young people, who may find such experiences confusing or frightening. Additionally, individuals who have experienced trauma or abuse may be particularly sensitive to certain aspects of medical care.

Healthcare staff must approach all interactions with empathy, respect, and an awareness of the potential emotional impact on the patient. Offering the presence of a chaperone, especially someone the patient knows, and trusts can provide reassurance, emotional support, and help reduce distress. The use of a chaperone should always be discussed sensitively and offered as part of routine care, ensuring the patient feels safe, respected, and in control throughout the process.

The presence of a third party does not negate the need for adequate explanation and courtesy and cannot provide full assurance that the procedure or examination is conducted appropriately.

This policy is **not** describing the use of Appropriate Adults as defined under the Police and Criminal Evidence Act 1984 (PACE).

This policy is to be read in conjunction with CP41 Safeguarding Children and CP53 Safeguarding Adults at Risk.

All aspects of this document regarding potential Conflicts of Interest should refer first to the Conflicts of Interest Policy (GOP109). In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflicts of Interest Policy is to be considered the primary and overriding Policy.

4.2 Role of the Chaperone

Individual practitioners must refer to their Professional Codes of Conduct to ensure that they are familiar with the requirements of their own professional body.

A chaperone is present as a safeguard for all parties (patients and practitioners) and is a witness to continuing consent of the procedure.

In all cases the presence of the chaperone should be confined to the physical examination part of the consultation. Confidential clinician/patient communication should take place on a one-to-one basis after the examination.

4.3 Offering a Chaperone

Chaperones should be considered when:

- An intimate examination is being undertaken.
- A patient or health care professional requests one for a specific examination.
- Where the healthcare professional considers it necessary for the procedure.
- For patients with a history of difficult or unpredictable behavior.
- For unaccompanied children.
- Patients are under general anesthetic, have impaired consciousness or are considered vulnerable.

- For patients aged sixteen or over who lack mental capacity to consent to the procedure. For further details see CP06 Consent Policy and CP 19 Mental Capacity Act 2005 Policy

Where an intimate examination needs to be carried out in a situation which is life threatening, or where speed is essential in the care of the patient, this may be done without a chaperone. It should, however, be recorded in the patients record.

A sign is available for patient areas informing them of chaperones – Appendix 1.

4.4 Where a Chaperone is Needed but is not Available or is Refused

Where a suitable chaperone cannot be provided for a specific procedure, all reasonable attempts must be made to locate one before a decision to cancel the examination is made. This decision should be jointly reached with the patient and recorded in the patient's notes. The patient must be given the opportunity to reschedule their appointment within a reasonable timeframe.

If the seriousness of the condition would dictate that a delay would have a negative impact, then this should be explained to the patient and any discussion recorded in their notes.

The Trust accepts that patients may decline the offer a chaperone for a number of reasons which should be respected. This may be because the patient feels relatively assured and is trusting of the professional relationship and feels comfortable for the Clinician to undertake the procedure without chaperone and/or it maybe they do not think it necessary for, or in some cases patients may feel embarrassed or uncomfortable to have additional employees present.

If the practitioner does not want to undertake the procedure without a chaperone being present but the patient has said no to having one, the practitioner must explain clearly why they want a chaperone present. Ultimately, the patient's clinical needs must take precedence. The practitioner may wish to consider referring the patient to a colleague who is willing to examine them without a chaperone if a delay would not adversely affect the patient's health.

4.5 Preparation for the Role of Chaperone

Prior to conducting formal chaperone duties, the chaperone must receive level 2 Safeguarding Children training and Level 2 Safeguarding Adults training (for children and young people's examinations, this must be Level 3 Safeguarding Children training).

In the provision of midwifery services, where physical intimacy is a predictable and unavoidable element of the midwife-client relationship, the client must be informed from the commencement of their pregnancy that they are at liberty to request a chaperone at any point in their pregnancy, birth, or postnatal period.

To protect the patient from vulnerability and embarrassment, a chaperone is usually the same sex as the patient where possible, taking into account transgender and non-binary identities. An opportunity should always be given

to the patient to decline a particular person if that person is not acceptable to them for any reason.

4.6 Intimate Examination

Intimate personal care' is defined as the care associated with bodily functions and personal hygiene, which require direct or indirect contact with, or exposure of, the sexual parts of the body. It is recognised that much nursing and medical day-to-day care is delivered without a chaperone, as part of the unique and trusting relationship between patients and practitioners. However, employees must consider the need for a chaperone on a case-by-case basis.

The Royal College of Nursing have produced a publication on genital examination in women. It includes some useful information on chaperoning which is applicable regardless of gender.
Genital Examination in Woman Royal College Of Nursing

The GMC has published guidance on intimate examinations and chaperones. It provides a framework for all health care professionals. This sets out when and why a patient may need a chaperone and considerations that should be given. It is guidance only and not a mandate. If a GP wishes not to follow this guidance they should risk-assess the situation. They should record their logic or discussion clearly. Even by doing this rather than following the guidance, they will put themselves at risk.

4.7 Concerns

A chaperone will be able to identify any unusual or unacceptable behaviour on the part of the practitioner and should immediately report any incidence of inappropriate behaviour to their line manager/senior manager and the appropriate Safeguarding Team. HR should be informed where appropriate and a DATIX completed.

They will also provide protection to healthcare professionals against unfounded allegations of improper behaviour.

4.8 Communications and Record Keeping

Poor communication between practitioners and patients is often the root of complaints and incidents. It is therefore essential that an explanation is given to the patient on the nature of any intimate examination i.e., what examination is proposed and the reasons why it is necessary. This will enable the patient to raise any concerns or objections and give informed consent to continue with the examination. Information should be given in a format and language that is accessible and appropriate to support the patient to make the decision.

The practitioner must record any discussion about chaperones in the patient's medical record. Details of the examination, including the presence or absence of a chaperone (name to be recorded if present) must be documented in the patient's record. The notes should also record if a chaperone has been offered but declined by the patient.

Prior to examination, a full explanation of the examination, procedure, or

treatment to be performed must be given in a language appropriate to the patient / child / young person. The practitioner must ensure that the patient has understood the information provided. In the case of children and young people, an appropriate age conversation must take place, and this must be documented in the patients' records.

4.9 Children

A chaperone is typically a parent, carer, or another adult trusted and chosen by the child or young person. However, it is important to ascertain the adult's relationship to the child and confirm that they hold parental responsibility. This is especially important in situations where there may be concerns about potential abuse or exploitation. In such cases, it may not be appropriate for the accompanying adult to act as the chaperone, and a trained member of staff should be offered instead.

As a matter of good practice, a trained healthcare staff member should act as the chaperone during any intimate or complex examination, regardless of whether a parent or carer is present. This is because parents or carers may not always fully understand the nature of the procedure or be able to provide appropriate support or safeguarding oversight. In these circumstances, medical or nursing students should not act as chaperones.

In situations where Child Protection issues are a concern, health professionals should refer to CP 41 Safeguarding Children, Child Protection Service Delivery Standards 2020, Wolverhampton Safeguarding Together and Professionals Working with Children – guidance. Advice can also be sought from the RWT/WHT Safeguarding Teams.

4.10 Consent

Valid consent must be obtained that is relevant to the procedure being undertaken. The practitioner carrying out the procedure is ultimately responsible for ensuring that the patient has the mental capacity to consent to what is being done.

For further details regarding consent and the assessment of mental capacity see CP06 Consent Policy and CP_19_Mental Capacity Act 2005 CP19_ Mental Capacity Act 2005 Policy The Trust Safeguarding Team can provide staff with further guidance relating to mental capacity and safeguarding when considering consent.

In the case of children and young people:

- If the child is under 16 and not Gillick competent, consent must be obtained from someone with parental responsibility.
- For young people aged 16 and 17, they are presumed to have capacity to consent, although it is still good practice to involve those with parental responsibility where appropriate, unless the young person objects.

Practitioners must always ensure that consent is:

- Informed – the patient (or parent/carer) understands the nature, purpose, benefits, and risks of the procedure.
- Voluntary – given freely without coercion.
- Specific – relevant to the procedure being proposed.

4.11 Religion, Ethnicity or Culture

Religious and cultural observations must be considered, including gender and choice of chaperone. Staff must be mindful that areas of the body considered intimate may vary according to culture and/or religion.

Language barriers may also be an issue if the healthcare professional is unsure of the patient's understanding. An interpreter should be used if required.

It should be noted that an interpreter is to be used solely to provide a clear channel of communication between the practitioner and the patient, and the interpreter themselves cannot also act as a chaperone. For further information on the use of interpreters see GOP09 Interpreting, Translation and Communication Policy and Procedure

4.12 Lone Working

Healthcare professionals are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present.

Where a healthcare professional is working in a situation away from other colleagues e.g., home visit, the same principles for offering and use of chaperones should apply. In some instances, the use of a family member/friend may be appropriate, and others will require a further colleague (intimate tasks).

If the examination is non-urgent, a dual person visit should be arranged. Where this is not an option, for example due to the urgency of the situation, or because the practitioner is community based, then good communication and record keeping is paramount**.**

4.13 During the Examination or Procedure

Intimate examinations should take place in a closed room or well-screened area that cannot be entered while the examination is in progress. Examinations should not be interrupted by phone calls or messages. Signage is available for privacy screens/lock doors – Appendix 2a and Appendix 2b.

Facilities should be available for patients to undress in a private undisturbed area. There should be no undue delay prior to examination once the patient has removed any clothing. Sheets or gowns should be available to use during the examination to minimise the extent of the nudity.

- Be courteous.
- Offer reassurance.
- Avoid personal comments
- Any requests for the examination to cease must be respected.
- Keep the amount of the patient's body exposed to a minimum.
- Remain alert to verbal and non-verbal signs of distress.

- Distraction therapy may be advisable for some children and those with a learning need.

After the examination allow the patient to dress in private before continuing with the consultation.

The chaperone may leave after the examination to allow the consultation to continue once the examination is complete and the patient is dressed and comfortable.

4.14 Student Practitioners acting as Chaperones

Consideration must be given as to how student / trainee health professionals carry out intimate procedures and observations of practice.

The patient's wishes should be established prior to the examination. They should be informed that a student will be present for the examination and valid consent should be obtained CP06 Consent Policy. 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.

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

Further guidance on the use of students can be sought from the student's educational body.

4.15 Virtual Consultations

An online, video, or telephone consultation does not negate the need to offer a chaperone. The same principles (including record keeping) apply to virtual consultations as applied to meeting in person. The GMC have published Guidance on how to provide appropriate patient care in online, video or telephone consultations The guidance includes appropriate use of photographs and video consultations as part of patient care.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
6	Other comments	No

6.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
X	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include: • • •

7.0 Maintenance

This policy will be reviewed every three years by the Safeguarding Service or earlier if warranted by a change in standards, guidance, or legislation and or if changes are deemed necessary from an internal source.

8.0 Communication and Training

Following a CQC recommendation in July 2018 Chaperone training is mandatory for staff at within the RWT Primary Care Network (PCN).

This training is referred to in OP 41 Trust Mandatory Training Policy and is accessible via an e-learning package on the RWT My Academy pages. It is required to be completed only once.

This Chaperoning of Patients and Clients Policy will be disseminated via Trust Safeguarding Group (TSG) and a Trust wide bulletin sent out in the Trust Brief.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Compliance with mandatory training	Corporate Education Steering Group (CESG)	Corporate Education Steering Group (CESG) data	Monthly	Trust Safeguarding Group (TSG)

10.0 References- Legal, professional, or national guidelines

Must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

Key principles for intimate clinical assessments undertaken remotely (NHS England)

Police and Criminal Evidence Act 1984 (PACE)

GMC guidance on intimate examinations and chaperones

GMC guidance on how to provide appropriate patient care in online, video or telephone consultations

Appendix 1a

Chaperones

A chaperone (another person) will be present for all intimate examinations. Please request a chaperone to support you during other procedures if you feel more comfortable.

Your family member, carer or trusted person may act as a chaperone. You may request that they are also present during any specific examination / interaction.

The chaperone will support you during a clinical procedure and be sensitive to your needs.

Please do not hesitate to speak with any member of staff about the Trust's chaperoning process.

Appendix 1b

What is a Chaperone?

Information for patients, carers and relatives

Easy Read

Working in partnership
The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

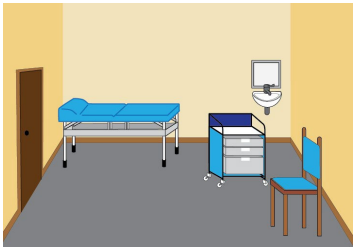
This booklet uses easy words and pictures.

You might want to ask someone to help you read it.

We want you to feel safe and supported when you come to hospital.

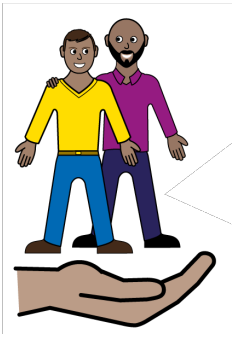
Our staff may need to assess you or give you treatment.

clinic room



They might ask you to go into a clinic room or bedspace to be examined.

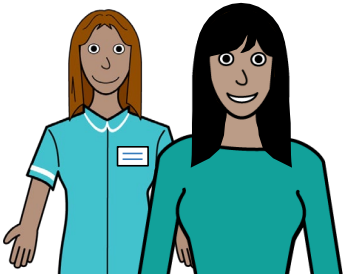
chaperone



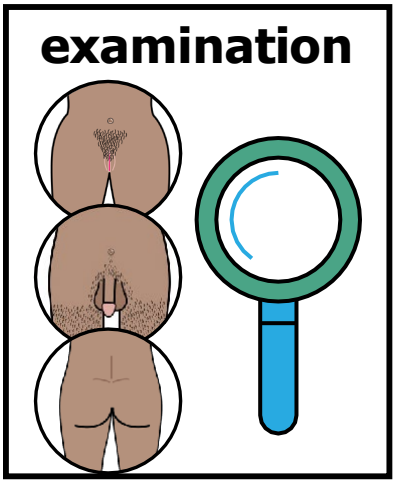
You can ask for someone to be with you for this.

This is called a chaperone.

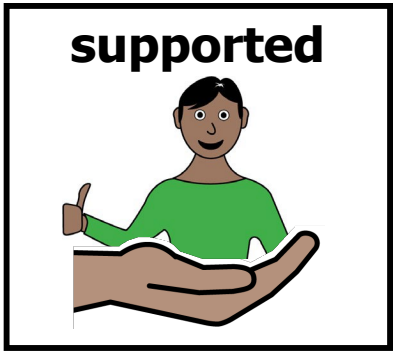
clinical support worker



This can be someone who usually supports you or someone who works at the hospital.



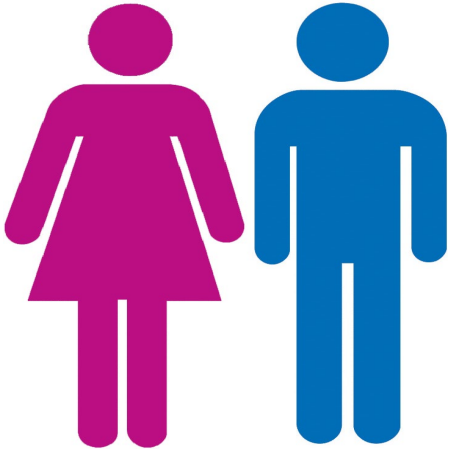
If the examination is of a private area like breasts, genitals (penis or vagina) or your bottom, the hospital will always provide a member of staff as a chaperone.



This is to help you feel safe and supported.

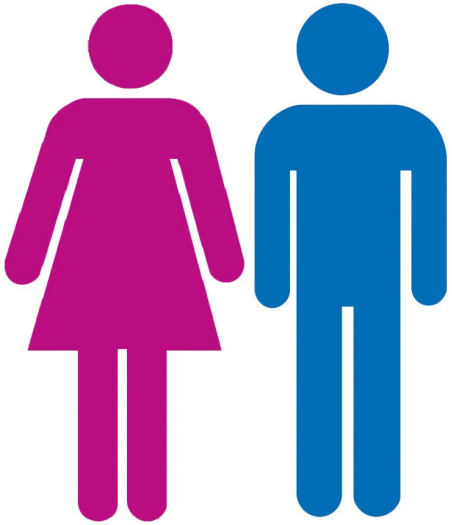
Our staff will explain what will happen during your assessment or treatment.

At any point you can ask questions if you do not understand.



DO NOT DISTURB

PERSONAL CARE IN PROGRESS



YOU CAN ENTER

Part A - Document Control

Reference Number and Policy name: GCP01 Chaperoning of Patients and Clients	**Version:** Policy V1.0		**Status:** Final	**Author:** Professional Lead for Safeguarding **Director Sponsor:** Chief Nursing Officers for RWT & WHT
Version / Amendment History	Version	Date	Author	Reason
	1.0	Dec. 2025	Professional Lead for Safeguarding	Implementation of Group Policy (previously CP36 at RWT)
Intended Recipients: This policy applies to all staff members who are directly employed by RWT and WHT (clinical and non-clinical support staff).				
Consultation Group / Role Titles: Chief Nurses, Deputy Chief Nurses, Senior Managers, Service Leads, Clinicians, Patient Experience Team, Trust Safeguarding Group (TSG)				
Name and date of Trust level group where reviewed			RWT Trust Policy Group – December 2025 WHT Trust Policy Management Core Group – December 2025 (Chair's approval)	
Name and date of final approval committee			RWT Trust Policy Group – December 2025 WHT Trust Policy Management Core Group – December 2025 (Chair's approval)	
Date of Policy issue			December 2025	
Review Date and Frequency (standard review frequency is three yearly unless otherwise indicated)			December 2028 - and every 3 years subsequently	
Training and Dissemination: Policy accessible via Trust Intranet Mandatory training requirements				

Trust Safeguarding Group RWT and WHT Trust wide “WOW” bulletins
To be read in conjunction with: OP109 Conflicts of Interest Policy OP53 Safeguarding Adults at Risk CP41 Safeguarding Children Policy CP08 Children and Young People in Care Policy OP110 Prevent Policy CP06 Consent Policy CP12 Care of People with Learning Disabilities OP47 Interpreting and Communication Policy and Procedure Wolverhampton Safeguarding Adults and Children Policies Child Protection Service Delivery Standards 2020 OP19 Mental Capacity Act Policy WHT Child Protection Medical Examinations Trust-wide SOP Walsall Safeguarding Partnership guidance.
Initial Equality Impact Assessment (all policies): Completed **Full Equality Impact assessment (as required): Completed**

Monitoring arrangements and Committee	Monthly training compliance reports will be presented to the Trust Safeguarding Group as part of the dashboard reporting.

Document summary/key issues covered.

The purpose of this document is to provide guidance to all RWT and WHT health personnel and non-clinical support staff so that consideration is given to the use of a chaperone when carrying out their patient contacts. This will minimise risk and safeguard both parties against abuse and/or subsequent allegations as well as ensuring that the privacy and dignity of patients is treated in the highest regard.

The policy also offers guidance on how chaperoning must be offered, conducted, and documented.

Key words for intranet searching purposes	Chaperone Consent Dignity
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	**No**