



Chaperone Policy

1. Background

The WA Country Health Service (WACHS) is committed to providing a safe environment where patients and Health Practitioners (HPs) are confident that best practice is followed at all times and that the safety of everyone is of paramount importance.

It is recognised that a significant amount of day to day care is delivered without a chaperone, as part of the unique and trusting relationship between patients and health care professionals.

A physical assessment or examination may assist the HP in making a diagnosis. As part of their clinical care all patients undergoing intimate examinations must have a chaperone present irrespective of organisational constraints or settings in which they are delivered. For procedures not considered intimate as per the definition a chaperone should be discussed and offered to the patient as part of their care.

HPs must consider the need for a chaperone on a case by case basis in relation to intimate personal care, mindful of the special circumstances set out in this policy. Patients should always be offered the opportunity to have a chaperone if they wish.

2. Principles

2.1 Chaperone

There is no common definition of a “Chaperone” and the role varies according to the needs of the patient, the health care professional, and the consultation or examination being carried out.

A chaperone should be an impartial observer to the assessment or examination, preferably a clinical member of staff and preferably not a relative or friend’ this protects confidentiality and may prevent further embarrassment to the patient. Relatives and friends should only be used as chaperones where there is no other option or if this is the wish of the patient. This should be documented in the patients’ medical record.

Chaperones must be used in the following circumstances:

- Where the patient requests a chaperone to be present.
- A health practitioner requests a chaperone to be present.
- Where the examination involves pelvic genitalia.
- Where the health practitioner and the patient agree that the nature of an examination warrants a chaperone.

It is acknowledged that there may be some circumstances where despite the requirements listed above, it is not practical to obtain a chaperone. This may occur in single practitioner practice for example. Where a patient and/or their guardian consent to an intimate examination proceeding without a chaperone, which may occur, however the appropriate chaperone consent form should be completed with notation as to consent for procedure without a chaperone.

It is also acknowledged that on rare occasions, the patient may insist on there being no additional staff, including a chaperone being present. This situation may proceed if the health practitioner agrees and the appropriate chaperone consent form is completed with notation as to consent for procedure without a chaperone.

2.2 Health Practitioner

A HP refers to any WACHS employed clinician governed by the Australian Health Practitioner Regulation Agency or professional body including medical, nursing, midwifery or allied health.

2.3 Intimate Examination / Intimate Personal Care

An Intimate examination or procedure includes assessment of the pelvic genitalia, including perianal region, groin, breast consultation or examination in all pubertal girls and women, and male breast tissue as determined on a case by case basis.

Physical assessments or examinations may require the patient to disrobe, in part or full, and some may cause a level of discomfort for the patient. The intimate nature of many clinical interventions, if not practised in a sensitive and respectful manner, may lead to misinterpretation and the potential for unfounded allegations of improper behaviour. Clinicians should be aware of and consider the level of vulnerability, anxiety, embarrassment, or physical discomfort an examination may incur and may choose to have a chaperone present. All patients are to be offered a chaperone for any consultation, examination or procedure, the HP may choose to have the support of a chaperone present.

HPs should be aware that a patient may also consider body areas other than those identified within this policy as intimate and therefore a chaperone may still be required. An intimate consultation also includes any consultation or examination where it is necessary to touch or even be close to the patient. In these circumstances a chaperone will act as a safeguard for both patient and HP.

Cultural and diversity influences may affect what is deemed to be “intimate” to a patient. HPs need be sensitive to differing expectations with regards to race, culture, ethnicity, age, gender and sexual orientation. Where a chaperone is provided, the chaperone must:

- be a HP and understand the support role that they are performing on behalf of the patient
- be of a gender approved by the patient or the patient’s support person where consent is unable to be provided by the patient such as a parent, carer, guardian or friend
- respect the privacy and dignity of the patient
- have awareness of men’s and women’s business in relation to Aboriginal patients.

Intimate Personal Care is defined for the purposes of this policy as the care associated with bodily functions and personal hygiene, which require direct or indirect contact with, or exposure of, the sexual parts of body. It includes routine care such as changing nappies, assisting with breast feeding, showering patients, chest auscultation. Patients should always be offered the opportunity to have a chaperone for these intimate procedures if they wish.

3. Policy Statement

3.1 Process for Consent

All patients within WACHS have the right to request a chaperone be present during an assessment, examination, procedure or treatment, irrespective of location and organisational restraints.

Patients need to understand the purpose and nature of the examination, it is essential that the patient gives consent prior to the assessment or examination with exception in emergency situations. In order to give consent, the patient must understand:

- why the consultation or examination is necessary
- which parts of the body are to be examined. If disrobing is required, this should be explained to the patient
- what the consultation or examination entails. This may include any discomfort the patient may feel
- if there is a need for anyone else to be present in the room when the consultation or examination is being undertaken.

Consent for a chaperone is to be completed via the [MR30AA WACHS Patient Consent to a Chaperone Form](#) and should be discussed and completed at the same time that consent to treatment is gained. If a chaperone is required subsequently to the consent for treatment, decisions including refusal for chaperone should be documented within the patient Medical Records.

HPs have the right to request a chaperone whether in a WACHS health facility or as part of a community based service. This should be discussed with the patient prior to the chaperone being present for the consultation or examination.

A patient must consent to having a chaperone and must agree to the individual who will serve as a chaperone. If a chaperone is not available, or if the patient is not comfortable with the choice of chaperone, the HP should offer to postpone the consultation or examination until an appropriate chaperone is available, if this does not impact on the patients' health care. A HP should ensure the patient does not feel compromised or pressured into proceeding with a consultation or examination if a chaperone is not available.

If a HP has safety concerns about a particular patient, they must discuss the care of the patient and potential mitigation strategies with their line manager prior to provision of care. If it is determined that a chaperone is required but the patient does not consent, the HP has the right to either not perform the consultation or examination, defer the consultation or examination until an agreement between patient and HP is reached or refer the patient to another HP. If an agreement between patient and HP cannot be reached, the HP should contact their line manager for advice. All WACHS HPs must be aware of and comply with the WACHS Chaperone policy

3.2 The role of the Chaperone

The role of the chaperone may vary according to the clinical situation and includes

- providing the patient with physical and emotional support and reassurance
- ensuring the environment supports privacy and dignity
- providing practical assistance with the consultation or examination
- safeguarding patients from humiliation, pain, distress or abuse
- providing protection to HP against unfounded allegations of improper behaviour made by the patient
- identifying unusual or unacceptable behaviour on the part of the HP
- providing protection for the HP from potentially abusive patients.

Chaperones must:

- be sensitive and respectful of the patient's dignity and confidentiality
- be familiar with the procedures involved in routine assessments or examinations
- be prepared to ask the examiner to abandon the procedure if the patient expresses a wish for the consultation or examination to end
- ensures that their presence at the consultation or examination is documented by the examining professional in the patient's medical record
- be prepared to raise concerns if misconduct occurs, immediately reporting any concerns to a line manager, and via the appropriate processes and systems.

3.3 Principles for Chaperones

- The chaperone must ensure that the HP has provided a full explanation of the consultation, examination, procedure or treatment being provided and that the patient understands the information provided and consents to this.
- To protect the patient from vulnerability and embarrassment, the chaperone should be of the same or identified gender of the patient wherever possible.
- Facilities should be available for patients to undress in a private, undisturbed area and there should be no undue delay in proceeding with the procedure once the patient has removed any clothing.
- Consultation or examinations should take place in a closed room or well screened bay that cannot be entered without permission whilst the assessment or examination is in progress. "Do not enter" or "Consultation or examination in progress" signs must be used when possible, and the chaperone must be present.
- HPs will ensure curtains and doors are closed during all assessments, examinations and procedures and gain permission before entering.
- HPs will ensure patients do not feel vulnerable to intrusion and that curtains do not compromise privacy and dignity.

- The patient will not be asked to take off more clothing than is necessary and will be provided with an appropriate gown/garment in order to protect their modesty.
- Patients will be given privacy to dress and undress. Patients should not be assisted in removing clothing unless it has been clarified that assistance is needed.
- HP must be aware and sensitive to religious customs and beliefs.
- Following any physical consultation or examination, patients will have an opportunity to re-dress before the consultation continues.

3.4 Chaperones for At Risk Patients

The need for emergency care is to take precedence over the request and/or requirement for a chaperone.

It is mandatory within WACHS that a chaperone and/or support person is present for all intimate assessment or examinations / procedures for:

- children and young people
 - patients who are suspected to have been sexually abused or assaulted
 - patients being assessed for pubertal staging in gender diversity services
 - potential or actual child protection unit cases
 - patients that are unconscious
 - patients who are sedated
 - patients that are under the influence of drugs or alcohol
 - patients where there is concern about the ability to understand or consent to the assessment / examination or lacks cognitive capacity
- or
- patients that are considered to be vulnerable.

Patients with communication needs or an identified intellectual disability must have a chaperone for assessment, examinations or procedures. Family or friends who understand their communication needs and are able to minimise any distress caused by the procedure could also be invited to be present throughout the consultation or examination if appropriate.

3.5 Chaperoning children and young people under 16 years

As per the Child and Adolescent Health Service (CAHS) [Chaperones for Intimate Procedures Policy](#), the use of a chaperone and/or support person is determined by the clinician undertaking the intimate procedure in consultation with the patient or their parent/guardian, except in situations that are mandated and where the situation may require a chaperone to be nominated by an agency such as Child Protection and Family Support (CPFS) or the Sexual Assault Resource Centre (SARC).

While it is accepted that a child or young person must be seen in the presence of a parent / legal guardian / appropriate adult it is recognised that in some circumstances it may be necessary to see a child or a young person without such person present. This may be the case in sexual health settings, where there are child protection concerns or there is a medical emergency. When a young person is transitioning from child to adult services the young person may wish to or be encouraged to attend part of the appointment accompanied by a parent/legal guardian/appropriate adult to encourage independence. Parents or guardians must receive an appropriate explanation of the procedure in order to obtain their informed consent to the consultation or examination.

Additional consideration of a chaperone must be undertaken for the following at risk patients

- Aboriginal patients
- patients with mental health issues
- patients from culturally and linguistically diverse (CaLD) backgrounds
- transgender patients
- patients under the care of Corrective Services
- Obstetrics and Gynaecology patients
- patients presenting secondary to family domestic violence
- patients who have previously been known to have had a traumatic intimate consultation or examination or who may have been sexually assaulted
- patients with impaired decision making capacity
or
- any other situation where a patient could be perceived as being at risk.

HPs must be aware of the implications of the *Mental Health Act (2014)* and patients who have cognitive impairment. If a patient's capacity to understand the implications of consent to a procedure, with or without the presence of a chaperone, is in doubt, the procedure to assess mental capacity must be undertaken and fully documented in the patient's medical record along with the rationale for the decision

For persons who have a history of psychological or emotional issues as a result of a traumatic event, intimate consultation or examinations / procedures may have the potential for re-traumatisation of previous experiences. HPs performing intimate assessments or examinations and observing chaperones must be aware of this potential scenario and be prepared to cease the consultation or examination / procedure and seek input from relevant health services.

Where the patient's first language is not English or where a patient has an impairment requiring specialist support, important clinical information is to be given or consent obtained when an interpreter is present. Intimate consultation or examinations/procedures should never be carried out for non-English speaking patients without an interpreter, except if the consultation or examination is in an emergency.

3.6 Maternity ([North Metropolitan Health Service, Chaperone Policy](#))

Midwifery practice, by definition, involves intimate contact with women through pregnancy, in labour and postnatally. It is often neither practical nor feasible for a formal chaperone to be present for all vaginal consultation or examinations, or at all births. However all maternity patients should still be offered the presence of a chaperone during any intimate physical consultation or examination/procedure.

Consent should be obtained, and documented in the patient's medical record, for all intimate assessments or examinations on pregnant or post-partum women by midwives and other disciplines including physiotherapists working in Maternity services, for example vaginal examinations, perineum examination, perineal suturing,

or assisting with breast feeding. In gaining consent there should be acknowledgement of the intimate nature of the procedure and the opportunity for the woman to request a chaperone. In most cases a formal chaperone, for example a patient's partner, is present. Refer to WA [Health Consent to Treatment Policy](#).

3.7 Remote Sites

WACHS recognises that remote sites with staffing constraints may have difficulty accessing a HP to act as a chaperone when required. In these instances alternative arrangements should be considered by the HP in consultation with their line manager and may include the use of family, friends, or other emergency service providers at the consent of the patient.

3.8 Use of WACHS Staff as Chaperones by external agencies for non-health related searches

The use of WACHS staff for conducting strip searches for WAPOL is outside the scope of WACHS employees. They may be asked to chaperone in such events in WACHS facilities, when safe and able to do so within their clinical priorities.

3.9 When a chaperone is not available

If requested by the patient every effort should be made to provide a chaperone and where possible a chaperone of the same sex. If either the HP or the patient does not want the assessment or examination to go ahead without a chaperone present, or if either is uncomfortable with the choice of chaperone, the assessment or examination may be deferred to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health.

3.10 Communication and Consent

Prior to performing the procedure, the HP must obtain informed consent for the assessment or examination / procedure and for the presence of the chaperone, if applicable. If the HP is concerned in any way a discussion with their line manager prior to scheduling the patients' appointment should occur to determine a plan of care.

Information regarding the consultation or examination, their right to have a chaperone, a support person present and their right to refuse the consultation or examination is to be discussed with the patient prior to the consultation or examination being performed.

The patient has the right to decline having a chaperone present at any time. The decision on whether or not to proceed without a chaperone is to be documented in the patient's health record by the HP. If the HP feels that the need for a chaperone is ongoing then the patients care should be deferred until the issue can be resolved.

Prior to the consultation or examination the HP is to explain to the patient and chaperone:

- the reason for the consultation or examination
- which parts of the body will be examined
- what the consultation or examination entails
- the extent of disrobing required.

Refer to the [WA Health Consent to Treatment Policy](#).

3.11 Documentation

Documentation regarding a request for a chaperone must be entered into the medical records both prior to the commencement of the procedure and following its completion.

Documentation must include:

- confirmation that the patient was offered a chaperone and whether the offer was accepted or declined
- the name and role of the chaperone present
- the discussion held with the chaperone regarding the care being provided
- any decision by a patient to undergo a consultation or examination without the presence of a chaperone
- any additional information, including but not limited to confirmation of patient

Acknowledgement that the procedure and their right to have the examination stopped at any time.

4. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS HP which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency HP) and persons delivering training or education within WACHS.

WACHS HP are reminded that compliance with all policies is mandatory. HP are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and a positive place to be.

5. Evaluation

Review of this policy is to be carried out by Medical Services at WACHS Central Office.

Standards

National Safety and Quality Healthcare Standards (Second edition 2017)

- The health service organisation considers the safety and quality of health care in its business decision-making 1.5
- The health service organisation has processes to support the workforce to understand and perform their roles and responsibilities for safety and quality and to assign safety and quality roles and responsibilities to the workforce, including locums and agency staff 1.25
- The health service organisation involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care and has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community 2.11

6. Legislation

Equal Opportunity Act 1984

7. References

East Cheshire NHS Trust [Chaperone policy](#), 2017

Australian Medical Association [Patient Consultation or Examination Guidelines](#)
Revised 2012

Child and Adolescent Health Service (CAHS) [Chaperones for Intimate Procedures Policy](#)

East Metropolitan Health Service (EMHS) [Chaperone Policy](#)

North Metropolitan Health Service (NMHS) [Chaperone Policy](#)

South Metropolitan Health Service (SMHS) [Chaperone Policy](#)

Royal Australian College of General Practitioners (RACGP) [Position on the use of chaperones in general practice](#)

MDU [Best practice in the use of chaperones](#)

8. Related Forms

[MR30AA WACHS Patient Consent to a Chaperone Form](#)

9. Related Policy Documents

WACHS [Adults with Impaired Decision Making Capacity Procedure](#)

10. Related WA Health System Policies

[WA Health Consent to Treatment Policy](#)

11. WA Health Policy Framework

Clinical Governance, Safety and Quality Policy Framework

**This document can be made available in alternative formats
on request for a person with a disability**

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