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## **PROCEDURE FOR USE OF CHAPERONES DURING INTIMATE EXAMINATIONS OR PROCEDURES**

### **Introduction and Aim**

Public Health Wales (PHW) recognises that it is important to ensure that intimate tests and procedures must be practiced in a safe, sensitive and respectful manner on every occasion.

This procedure seeks to:

- Confirm the principles and procedures that guide the PHW Chaperone policy.
- Establish standardised procedures to guide all healthcare practitioners in PHW in the appropriate use of a chaperone during intimate examinations and procedures, to ensure safe and effective practice.
- support both the service user and the health care practitioner.
- Be used in conjunction with the Trust Consent to Treatment or Examination Policy.
- Minimise the risk of a Healthcare Professionals actions being misinterpreted.

This procedure ensures that PHW:

- Has a clear process for the use of chaperones during intimate procedures.
- Clearly outlines the requirements for PHW staff, line managers and executive directors.

### **Linked Policies, Procedures and Written Control Documents**

**[All corporate policies and procedures are available on the Public Health Wales website](#)**

Interdependencies with other Policies, Procedures and other written control documents:

- PHW Chaperone policy
- PHW Consent to Examination or Treatment Policy
- PHW Safeguarding Vulnerable Children and Adults Policies and Procedures
- PHW Putting things right policy
- [Speaking Up Safely \(sharepoint.com\)](#)
- [All-Wales Procedure for NHS Staff to raise concerns](#)

**Scope:**

This procedure is applicable to all PHW staff who undertake the following procedures:

- Interviewing service users on sensitive issues
- Physical examinations, particularly where there is removal of service users clothing or where intimate/invasive procedures are involved.
- All procedures where dignity may be compromised respecting the needs and preferences of individuals, such as cultural, ethnic, religious beliefs, gender identity and sexual orientation.
- Procedures where the service user does not have the capacity to decide for themselves.
- Procedures or examinations where the service user is a child under 16 years of age.

Outside the scope:

- Emergency situation or life-threatening condition.

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|--|---|
| <b>Equality and Health Impact Assessment</b>   | An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.   |
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## **1 Introduction**

This procedure document guides all PHW staff through the use of chaperones for all intimate tests and examinations. It applies to situations where service users are likely to feel most vulnerable with cultural, ethnic, religious beliefs, gender identity and sexual orientation taken into consideration. For most people respect, clear explanation, consent and privacy may take precedence over the need for a chaperone.

It provides procedural guidance to any Public Health Wales staff who undertake intimate examinations of either children or adults and applies equally to all genders of service users, anyone who attends to support the service user, practitioners, agency staff and students. It is intended to support staff to understand their responsibilities and legal obligations and enable them to make safe and ethical decisions when carrying out tests and procedures whilst safeguarding service users.

Underpinning this guidance is the principle that there will always be an active offer of a chaperone to all service users in services where intimate examination or procedures occur. It outlines the process, covering the steps from the offer of an appointment, prior and during the appointment through to the documentation after the appointment.

This procedure should be read in conjunction with the PHW Chaperone Policy, the PHW Policy to Consent to Examination or Treatment and the PHW Safeguarding policy. They have been co-produced with Public Health Wales staff, using guidance from the Welsh Health circular on good working practice principles for the use of Chaperones and guidance from the General Medical Council<sup>1</sup> and The Society of Radiographers .

## **2 Roles and responsibilities**

### **2.1 Chief Executive**

The Chief Executive has overall responsibility to ensure the chaperone procedures are adhered to, while the operational authority for following (and recording) the processes outlined within this document lies with the individual employees and departmental managers within the clinical settings.

Compliance will be measured using observations, complaints, incident reporting and through the consent for treatment audit.

### **2.2 Public Health Wales Board**

The Public Health Wales Board will be responsible for approving the policy.

### **2.3 Executive Director for Quality and Nursing and Executive Medical Director**

The Executive Director of Quality Nursing and the Executive Medical Director have the delegated responsibility from the Chief Executive to ensure organisational arrangements are in place for the safe and effective use of chaperones during intimate tests and examinations.

### **2.4 Manager and other supporting roles**

Managers who work in services where there are intimate tests and procedures, should ensure their teams are familiar with the content of this procedure document and the supporting chaperone policy document.

They will be responsible for ensuring:

1. Their staff have access to the PHW chaperone policy and procedure documents and understand the role of the chaperone during intimate procedures.
2. Documentation and adequate staffing levels are in place to offer service users a chaperone in-line with good practice guidance.
3. Staff who act as chaperones are trained and are aware of the processes to raise concerns.
4. Overseeing quality checks and improvements as part of this policy implementation ensuring that these quality checks are

incorporated into the consent audit in the relevant departments.

## **2.5 Staff**

All staff who work in areas where there are intimate examinations, procedures should be familiar with this policy and procedure document. They should ensure that they have the relevant training as detailed in Section 5 of this procedure, understand the processes to safeguard themselves and their service users and should be familiar with the procedure for raising a concern.

### 3 Definitions

3.1 An intimate examination or procedure is defined as one involving the breast, genitalia or rectum. This also includes intimate investigations, medical photography and audio-visual recording. Cultural and diversity influences may affect what is deemed 'intimate' to a service user.

3.2 A formal chaperone is a person appropriately trained, whose role is to observe the examination/ procedure undertaken by the healthcare practitioner. Chaperones are present to support and protect service users and healthcare practitioners.

3.2.1 A chaperone should usually be a health professional and:

- Be trained in the role they are undertaking.
- Be sensitive and respect the service user's dignity and confidentiality.
- Reassure the service user if they show signs of distress or discomfort.
- Be familiar with the procedures or briefed in advance.
- Stay for the whole examination and be able to see what the clinician is doing, if practical.
- Be prepared to raise concerns if they are concerned about the clinician's behaviour or actions and be aware of the process to raise concerns.

3.3 An informal chaperone:

- A relative or friend of the service user is not a trained impartial observer and so would not usually be a suitable chaperone. However, the presence of a chaperone does not override a service user's wish to be supported by a relative, friend or advocate. Staff should comply with a reasonable request from the service user to have such a person present as well as a chaperone.

3.4 The chaperone role

The role can be considered to involve:

- Providing emotional comfort and reassurance to participants /service users
- Ensuring areas are appropriately screened/doors closed and engaged signs used/privacy curtains drawn
- Ensuring interruptions by other staff are only for emergency situations
- Safeguarding both the patient and the healthcare professional

- Offering assistance during the examination/procedure e.g. handling of equipment /instruments assist in the examination or treatment.
- Maintaining the patient's dignity, by only exposing the area requiring examination/treatment by using clothing, gowns and sheets.
- To provide protection to healthcare professional against unfounded allegations of improper behaviour.
- Identify any unusual or unprofessional behaviour on the part of the professional or the patient.
- To report any concerns raised by the patient or observed by themselves.

#### 3.4. Consent:

- Consent is a service user's ongoing agreement to treatment or care. It is a process that should be repeated and not a one-off event. The explanation of the examination or test and the role and offer of a chaperone should be followed by a check to ensure that the service user has understood the information and gives consent. Please refer to the PHW consent to examination or treatment policy.

#### 3.5 Lone Working

- Where a healthcare professional is working in a situation away from other colleague's the same principles for offering and use of chaperones will apply.
- In cases where a formal chaperone would be appropriate and is requested the healthcare professional would be advised to reschedule the examination to a more convenient location.
- Healthcare professionals should note that they are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present. They should therefore ensure both timely and detailed information relating to the event are documented in the clinical records.

## 4 Procedure

### 4.1 The procedure

When following this procedure document there should not be any assumptions respecting individual service user's preferences such as ethnicity, gender, religious or cultural background, previous experiences and age, in compliance with the Equality Act, 2010 and with Department of Health policies on equality and diversity.

Staff will be expected to use their professional judgement about whether a chaperone should be offered, and intimate examinations and procedures must be practised in a safe, sensitive and respectful manner on every occasion.

#### 4.11 Pre-appointment

The offer of a chaperone should be made clear to the service user before any intimate procedure.

- Correspondence - Initial screening appointment correspondence to service users should aim to include the offer of a chaperone. This should be included in either the appointment letter or the supporting information leaflet sent with screening invites. The correspondence should signpost individuals to the PHW screening webpages which should detail information on the role and offer of a chaperone and where they are not available due to operational constraints.
- Environment – Where possible clinical and service user waiting areas should be used to increase public awareness of the offer of a chaperone or in certain cases where one is not available for example on mobile units. This should be in the form of posters or as part of a digital display/loop portrayed via a TV screen in waiting areas.

#### 4.12 Before the intimate examination

Before conducting an intimate examination or procedure, you must:

- Use your professional judgement to apply the standards to your day-to-day practice.
- Explain to the service user why an examination is necessary and give the service user an opportunity to ask questions.

- Explain what the examination will involve, in a way the service user can understand, so that the service user has a clear idea of what to expect, including any pain or discomfort.
- Explain to the service user that they can ask at any time for the examination to stop.
- Assessing the needs of the service user applying professional judgement, taking account of their history, including relevant psychological, spiritual, social, economic, and cultural factors, views, needs, and values.
- Obtain informed consent to proceed from the service user before the examination and document that the service user has given it in line with the consent policy.

#### 4.13 Chaperone:

There must always be an active offer of a chaperone to service users wherever possible before conducting any intimate examination or procedure. The offer of a chaperone must explain what the chaperone's role would be during the examination.

- For mammography screening procedures where there is usually a single practitioner, the offer of a chaperone should be through the initial correspondence.
- If no suitable chaperone is available, or if either of you is uncomfortable, you may offer to delay the examination to a later date when a suitable chaperone will be available, if the delay would not adversely affect the service user's health.
- For Breast Test Wales, where service users are recalled for more detailed tests and examinations, the offer of a chaperone may be offered at the initial clinic or follow up contact and through the relevant PHW screening webpages..
- Abdominal aortic aneurysm (AAA) appointment for men over 65 usually involves an ultrasound scan to the abdominal area and is not usually viewed as an intimate procedure. Despite this, gender differences, cultural and personal preferences should be taken into consideration, and this should be reviewed as part of history taking and informed consent at the time of the appointment.
- Diabetic Eye Screening appointments usually involves an retinal images taken at close proximity to the service user and is not usually viewed as an intimate procedure. Despite this, gender differences, cultural and personal preferences should be taken into consideration, and this should be reviewed as part of taking informed consent at the time of the appointment.

- For PHW services delivered by health board partners as part of the screening pathways, there is an expectation that local chaperone policies are in place and followed e.g. samples takers for Cervical Screening and colonoscopy/colposcopy services in NHS Wales Health Boards.

#### 4.14 During the test/procedure:

- The chaperone may be required to assist with repositioning the service user during a procedure but the chaperone must not undertake any part of the examination/procedure themselves.
- The chaperone should stay for the whole procedure or episode of treatment and care.
- Help the patient to understand what is being communicated to them.
- Give support and encouragement to the patient to ease discomfort or unease if appropriate.
- Service users should be encouraged to maintain independence and self-care as far as is practicable, for example, undressing themselves.

#### 4.15 Raising Safeguarding concerns:

Should a chaperone have any concerns about inappropriate behaviour from a health care practitioner, they should:

- Seek advice from their line manager and the named lead for safeguarding.
- Consider a referral under part 5 of the Wales safeguarding procedures and the [PHW procedure for managing allegations of abuse by staff](#).

#### 4.16 Documentation:

In addition to appointment letters, the offer of a chaperone should be clearly advertised through service user information leaflets, websites and on notice boards.

Details and the outcome of any discussion about chaperones should be documented in the service user's medical record. If a chaperone is present during an examination, you should record that fact and make a note of their identity and role.

If a chaperone is requested but cannot be provided and has to be rescheduled then this should also be documented too.

#### 4.17 Service users who lack capacity to give consent.

Please refer to the consent to examination or treatment policy.

#### 4.18 Child or young person:

Please refer to the consent to examination or treatment policy.

### **5 Training requirements**

- The training needs of individual members of staff will be identified as part of the recruitment process and as part of the local induction processes. This should include staff who are new to the area such as agency staff and locum staff.
- All staff who will be required to act as chaperones should complete the level 3 safeguarding training and will be linked to both the safeguarding policy and the procedure for raising professional concerns.
- Registrants should keep up-to-date with guidance from their professional bodies.
- For non-registrants, chaperone training for image support workers will be included as part of the Level 2 Induction Programme.
- All staff should keep up-to date with the relevant statutory and mandatory training that supports this procedure document.

### **6 Monitoring /audit compliance**

Audits of Compliance to be included as part of an audit of compliance. The audit should include documentation in the initial correspondence with the service user, documentation within the clinical notes and an environmental assessment that includes the offer of a chaperone clearly visible on departmental signs and posters.

The putting things right team and service team will also monitor incidents and complaints.

## 7 Appendices

### 7.1 Procedural Flow chart



## 7.2 Supporting Documents

- The Equality Health Impact Assessment must also be one of the appendices.
- [All-Wales Health circular - Good working practice principles for the use of Chaperones during Intimate Examinations or Procedures within NHS Wales](#)

## 7.3 References

- General Medical Council: Intimate examinations and chaperones. <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/intimate-examinations-and-chaperones/intimate-examinations-and-chaperones>
- Heath and Care Professions council (2024) Revised standards of conduct, performance and ethics. Available at <https://www.hcpc-uk.org/standards>
- NHS Solent NHS Trust Chaperone Policy (2020)
- Nursing & Midwifery Council The Code (2018) Professional standards of practice and behaviour for nurses, midwives and nursing associates. Available at [http:// The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council \(nmc.org.uk\)](http://The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council (nmc.org.uk))
- Society of Radiographers (2023) Intimate Examinations and Chaperone Policy. Available at <http://www.sor.org>
- nursing associates