**A trauma-based approach to intimate examinations and chaperones**

Adapted from the [BMA Guidance *Intimate examinations and chaperones* [April 2013]](https://www.gmc-uk.org/-/media/documents/Maintaining_boundaries_Intimate_examinations_and_chaperones.pdf_58835231.pdf) and the [Survivors Trust *Three actions for healthcare professionals* [Feb 2022]](https://www.thesurvivorstrust.org/checkwithmefirst-resources-for-healthcare-services) by Dr Joanne Nicholl, Designated Doctor for Safeguarding Children, Somerset CCG [2nd March 2022].

Intimate examinations can be embarrassing or distressing for patients and whenever you examine a patient you should be sensitive to what they may think of as intimate. This is likely to include examinations of breasts, genitalia and rectum, but could also include any examination where it is necessary to touch or even be close to the patient. We can never know what patients have previously experienced or what they may consider intimate. In order to protect both patients and staff we would therefore advise adherence to the following three important key principles:



Before conducting an intimate examination, you should:

* **EXPLAIN,** in a way the patient can understand, why an examination is necessary and what it will involve, so they have a clear idea of what to expect. Include details of any pain or discomfort. Give them an opportunity to ask questions.
* **REASSURE** the patient that they are in control and can stop the examination at any time. If a patient is particularly anxious about being examined, then ask them if there are any adjustments you can make that would make them feel more comfortable.
* **CHECK** the patient is comfortable with your plan and get their permission before the examination, record that the patient has given it.
* Always offer the patient a chaperone even if you are the same sex as the patient. If you feel the patient is particularly vulnerable, or you feel you need a chaperone for your own benefit, then do not go ahead until one is present (unless the delay would cause harm). Document whether a chaperone was declined or the name of the chaperone when present.
* If dealing with a child or young person you must assess their capacity to consent

to the examination. If they lack capacity, you should seek their parent’s consent. Remember to document this.

* If the patient is an adult and lacks capacity, first document your capacity assessment which determines they capacity to consent to care and treatment. Then make a **Best Interests** decision in line with the Mental Capacity Act, before going ahead. This should involve family members and carers where available and again be properly documented.
* Give the patient privacy to undress and dress and keep them covered as much

as possible to maintain their dignity; do not help the patient to remove clothing unless they have asked you to, or you have checked with them that they want you to help.

During the examination, you should:

* **EXPLAIN** what you are going to do before you do it and, if this differs from what you have told the patient before, explain why and seek the patient’s permission.
* **CHECK** that the patient is still comfortable and **STOP** the examination if the patient asks you to or you feel they are becoming significantly distressed.
* Keep discussion relevant and don’t make unnecessary personal comments.

**Chaperones**

A chaperone should usually be a health professional and you must be satisfied that the

chaperone will:

* Be sensitive and respect the patient’s dignity and confidentiality
* Reassure the patient if they show signs of distress or discomfort and **CHECK** if they are content to continue with the examination
* Be familiar with the procedures involved in a routine intimate examination
* Stay for the whole examination and be able to see what the clinician is doing, if practical
* Be prepared to **STOP** the examination or raise concerns if they are worried about the clinician’s behaviour or actions.
* The chaperone should know how to raise a concern (see practice safeguarding and whistle blowing / raising concerns policies or contact social services or the police) and be mindful that there could be an impact on the other patients or the clinician if concerns are ignored.

Note of caution when asked to use a friend or relative as a chaperone:

A relative or friend of the patient is not an impartial observer and so would not usually be

a suitable chaperone, but you should comply with a reasonable request to have such a person present as well as a chaperone, particularly if this would make the patient feel more comfortable.

Be aware that victims of domestic abuse may be coerced into having someone present during the examination to prevent a disclosure. If you have concerns of this nature, it is important that you speak to the person alone in a safe environment. You may wish to facilitate this by declining to have someone else present (other than the chaperone).

If either you or the patient does not want the examination to go ahead without a chaperone

or if either of you is uncomfortable with the choice of chaperone, you may defer to a later date when a suitable one will be available as long as the delay would not harm the patient’s health.

If you do not want to go ahead without a chaperone present but the patient has refused, you must explain why you want one. Ultimately the patient’s clinical needs must take precedence. You may wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone, if a delay would not adversely affect the patient’s health.

You should record any discussion about chaperones and the outcome in the patient’s

medical record. If a chaperone is present you should record it and make a free text entry note of their name. If the patient does not want a chaperone, you should always record that the offer was made and declined.

Resources

* [Intimate examinations and chaperones - summary - GMC (gmc-uk.org)](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/intimate-examinations-and-chaperones)
* [#CheckWithMeFirst Resources for healthcare services | The Survivors Trust](https://www.thesurvivorstrust.org/checkwithmefirst-resources-for-healthcare-services)
* [MCA-Best-Interest-Checklist.doc (live.com)](https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fssab.safeguardingsomerset.org.uk%2Fwp-content%2Fuploads%2F2016%2F02%2FMCA-Best-Interest-Checklist.doc&wdOrigin=BROWSELINK)
* [Parental responsibility and consent (bma.org.uk)](https://www.bma.org.uk/advice-and-support/ethics/seeking-consent/parental-responsibility-and-consent)
* [Somerset Survivors](https://somersetsurvivors.org.uk/)
* [Somerset Safeguarding Adults Board – Somerset Safeguarding Adults Board (safeguardingsomerset.org.uk)](https://ssab.safeguardingsomerset.org.uk/)
* [SSCP – Somerset Safeguarding Children Partnership (safeguardingsomerset.org.uk)](https://sscb.safeguardingsomerset.org.uk/)
* [The Bridge (SARC 24hrs) - South West Survivor Pathways](https://www.survivorpathway.org.uk/services/bridge-sarc-24hrs/)