Chaperone Policy

1. Purpose

The WA Country Health Service (WACHS) is committed to provide an environment where the safety and comfort of patients and staff is paramount.

All medical consultations, examinations / procedures and investigations are potentially distressing for patients. The intimate nature of many health care interventions, if not practiced in a sensitive and respectful manner, may lead to misinterpretation, and occasionally, allegations of inappropriate conduct. The basic principles of respect, explanation, consent, and privacy apply to all patients undergoing such examinations / procedures. In addition to providing support to the patient the presence of a chaperone further ensures a layer of probity and protection to staff during all such examinations / procedures.

The purpose of this policy is to provide guidance to all WACHS staff regarding the offer of the presence of a chaperone during any intimate physical examination / procedure.

2. Policy

This policy applies to all intimate physical examinations or procedures conducted by WACHS staff at WACHS sites or in community settings.

WACHS staff may act as chaperones within WACHS facilities to support Western Australian Police Force (WAPOL) to undertake strip searches when it is safe to do so and within their clinical priorities. Conducting strip searches for WAPOL is outside the scope of WACHS employees.

Some routine care tasks may be considered intimate by the patient. It is the responsibility of the staff member undertaking the examination / procedure to offer the presence of a chaperone and to ensure the patient feels comfortable before engaging in routine care tasks.

WACHS mandates that a chaperone must be present in the following situations:

- patients 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.

Refer to the vulnerable patient considerations section for guidance on chaperones for high-risk patient cohorts.

2.1 Offering the presence of a chaperone

All patients will be offered the presence of a chaperone during an intimate physical examination or procedure. The decision to use a chaperone or a support person (or both) is a shared decision between the staff member undertaking the intimate examination / procedure, and the patient and / or their family / carer, except in situations that are mandated.

Consideration is to be given to our hybrid models of care where service delivery incorporates virtual and in-person care. Where a chaperone attends via virtual means, audio-visual recording of clinical interactions is not to occur.

At any time, the patient has the right to decline having a chaperone present. This decision is documented in the healthcare record. If a chaperone is refused / declined, the staff member may choose not to undertake the examination / procedure.

The reason(s) for decline / refusal, including unavailability of appropriate chaperone should be discussed and then documented in the healthcare record. When a chaperone is declined by a higher risk patient, the staff member should consider not undertaking the examination / procedure unless the patient meets the criteria for examination in mandatory situations (refer section 2).

If the patient refuses / declines to have a chaperone present and the staff member considers the presence a necessity, the staff member may delay the examination / procedure and / or refer the patient to a different staff member. The reasons and any possible adverse consequences of the delay must be discussed with the patient, then documented in the healthcare record. The staff member must escalate the issue to a senior healthcare worker for resolution when the examination / procedure is urgent.

If the patient is receiving serial examinations / procedures, they should be offered the choice of a chaperone at the initial consent process and their decision documented in their healthcare record and followed for subsequent examinations / procedures. This should be rechecked on each occasion and updated if their preference changes.

2.2 Vulnerable patient considerations

The need for a chaperone must be considered for higher risk patients who include:

- Unconscious or anaesthetised patients [1]
- Cognitively compromised patients or patients assessed as having a lack of decision-making capacity
- Children [2]
- Adolescents [2]
- Person with an intellectual / developmental disability
- Person with a mental health condition
- Aboriginal peoples [5]
- Patients from culturally and linguistically diverse backgrounds [4]
- Patients who present for family or domestic violence
- Patients with diverse genders, sexualities and bodies [3]
- Patients who have previously been known to have had a traumatic intimate examination or who may have been sexually assaulted [6].

Notes:

1. Hallucinations can occur during sedation or anaesthesia with a wide range of psychotropic drugs. Special consideration must be given to the use of a chaperone whilst administering these medications.
2. The use of a chaperone must occur for young people under 18 years where there is suspected sexual abuse or assault.
3. Patients with diverse genders, sexualities and bodies will have automatic consideration of the need for a chaperone. People with diverse genders, sexualities and bodies in

Australia are significantly affected by sexual assault in their intimate partner relationships. Compared to the general population, they are at higher risk of suicide, have thoughts of suicide, have engaged in self-harm in their lifetime, and are more likely to experience and be diagnosed with a mental health condition. It is important to ensure that staff members positively engage with patients with diverse genders, sexualities and bodies, and demonstrate that the WAHCS is a 'safe' service by offering a chaperone.

4. Ideally, examinations carried out for non-English speaking patients should be carried out with an interpreter present or available via telephone. If the interpreter is present in person, the clinical space should be used appropriately to enable interpreting but with an obscured view to respect the patient's privacy.
5. When offering a chaperone to a patient who identifies as Aboriginal, the staff member is to respectfully explain what a chaperone is and their role to the patient using language the patient can understand. The staff member may consider accessing the services of an Aboriginal Health Liaison Officer, where required.
6. For a person who has suffered trauma, an intimate examination or procedure may have the potential for re-traumatisation of previous experiences which may contribute to their physical and / or mental health condition. staff members performing intimate examinations or procedures and chaperones must be aware of this potential scenario and be prepared to cease the examination or procedure.

2.3 Communication and consent

Prior to performing the procedure, the staff member must obtain informed consent for both the examination / procedure and for the presence of the chaperone. Information regarding the examination / procedure, their right to have a chaperone and a support person present, and to refuse the examination procedure, is to be discussed with the patient prior to the examination / procedure being performed.

In addition to any other information required for informed consent, the staff member should explain:

- the reason for the examination / procedure
- which parts of the body will be examined
- what the examination entails
- the extent of disrobing required
- which staff member will be performing the examination / procedure.

All communication is to be documented appropriately in the healthcare record – refer to the WACHS Consent to Treatment Policy.

Intimate examination / procedures should never be carried out for non-English speaking patients without an interpreter being present in person or via telephone, except if the examination / procedure is urgent.

2.4 Choice of chaperone

A chaperone must be an employed healthcare worker (medical, nursing, midwifery or allied health) under the Industrial Awards and Agreements that regulate employment in Western Australia's public health system. The name and designation of the chaperone is to be documented in the healthcare record.

Student health practitioners are under supervision by the staff member and as such, by definition, cannot perform the chaperone role.

Patients may have a support person (i.e., parent / guardian / carer / family member) present during the examination / procedure but they are not to be used in lieu of a chaperone, unless within exceptional circumstances (refer to unavailability of appropriate chaperone). A chaperone should remain in attendance if a support person is present.

2.5 Unavailability of appropriate chaperone

If a chaperone or staff member of preferred gender is requested, but unavailable, the examination / procedure should be postponed until a suitable chaperone or staff member of preferred gender is available.

It is recognised that on occasion sites may have difficulty accessing a healthcare worker to act as a chaperone when required (e.g., smaller remote sites with staffing constraints). Staff are to consider our hybrid models of care where a chaperone is not available in-person, a virtual presence may be an option. Where a suitable chaperone is not available, the patient's support person may, if acceptable to the treating staff member and patient, act as a chaperone, **except** in situations where it is mandatory for a chaperone to be present (see section 2) – refer to section 2.6 for documentation requirements if a support person acts as a chaperone.

If the examination / procedure is required urgently, or an appropriate chaperone or a staff member of preferred gender is not available within a reasonable time, this is to be discussed with the patient and a shared decision on the need for having a chaperone made. The decision on whether to proceed or not is to be documented in the healthcare record.

2.6 During the examination / procedure

The chaperone is to be present (virtual or in-person) for the duration of the examination / procedure. Attention must be given to the environment, ensuring adequate privacy is afforded to maintain the dignity of the patient. The patient is to be provided with a gown, sheet, or other garment to preserve modesty.

If the patient states they feel uncomfortable at any stage during the examination / procedure and requests the procedure to stop, the examination will be ceased immediately. If an examination / procedure is stopped, both the staff member and chaperone should document what occurred in the healthcare record. If attending by virtual means, can be recorded in webEOC / webPAS ED / BOSSnet or added to an MR1A WACHS Emergency Department Continuation Notes, sent to site and then uploaded to webEOC.

The names of the staff member performing the examination / procedure and the chaperone are to be documented in the healthcare record along with date and time. Where the staff member or chaperone is attending by virtual means this must also be documented in the healthcare record. Where a support person acts as a chaperone in exceptional circumstances, their relationship to the patient must be documented in the healthcare record in addition to their name, time and date and the agreement by all parties.

3. Roles and Responsibilities

Where a support person acts as a chaperone (in exceptional circumstances), it is the responsibility of the staff member undertaking the examination / procedure to ensure that the support person understands what is required in the role of chaperone.

A **chaperone** within WACHS will undertake the following:

- Introduce themselves to the patient as soon as they are present (either virtual or in-person).
- Identify unusual or unacceptable behaviour on the part of the staff member or patient or any other parties present at the examination / procedure. Where this behaviour is witnessed, this should be escalated to the relevant site manager for follow up.
- Remain alert to verbal and non-verbal indications of distress from the patient and be prepared to ask for the examination / procedure to cease if the patient expresses a wish to stop.
- If required:
    - provide emotional comfort and reassurance to patients
    - assist with undressing the patient (where chaperone is in-person)
    - assist in the examination / procedure if requested and appropriately trained e.g., handling instruments (where chaperone is in-person).

4. Monitoring and Evaluation

This policy will be monitored by both consumer feedback and regular documentation auditing targeted for vulnerable patient cohorts and examinations / procedures commonly considered to meet the definition of an intimate examination / procedure.

5. References

1. Australian Medical Association [Internet] Barton, ACT. AMA Position Statement: Patient Examination Guidelines 2012 [Accessed 26 October 2023]
2. Royal Australian and New Zealand College of Obstetricians and Gynaecologists [Internet] Gynaecological examinations and procedures – best practice [Accessed 26 October 2023]
3. Chief Psychiatrist's Guidelines for the Sexual Safety of Consumers of Mental Health Services in Western Australia. (2020). Office of the Chief Psychiatrist [Accessed 29 January 2024]

6. Definitions

Term	Definition
Chaperone	Refers to an independent, impartial, and culturally appropriate observer to an intimate examination or procedure. A chaperone must be an employed healthcare worker (medical, nursing, midwifery, or allied health) under the Industrial Awards and Agreements that regulate employment in Western Australia's public health system. They may be present either in-person or by virtual means. Students are under supervision by the staff member and as such, by definition, cannot perform the chaperone role.

Term	Definition
Child who has decision making capacity (Mature minor)	A person under the age of 18 who has sufficient emotional and intellectual capacity to fully comprehend the nature, consequences and risks of a proposed action, irrespective of whether a parent / substitute decision maker provides consent
Intimate examination or procedure	Refers to any contact involving the genitals, groin, anal region, buttocks, breast and any areas of the body that the person perceives as intimate. It also includes examinations / procedures involving removal of the patient's outer clothing down to their underwear, or where complete disrobing is required.
Support person	A non-HCW who provides emotional support to the patient (e.g., parent, guardian, close family member, carer, friend).

7. Document Summary

Coverage	WACHS wide
Audience	Medical officers, nurses, midwives and allied health staff involved with or conducting intimate examinations or procedures.
Records Management	Health Record Management Policy
Related Legislation	Nil
Related Mandatory Policies / Frameworks	• Code of Conduct Policy MP 0124/19 • Consent to Treatment Policy MP 0175/22 • Discipline Policy MP 0127/20 • Language Services Policy MP 0051/17 • Notifiable and Reportable Conduct MP 0125/19
Related WACHS Policy Documents	• Consent to Treatment Policy
Other Related Documents	Nil
Related Forms	• MR1A WACHS Emergency Department Continuation Notes
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3131
National Safety and Quality Health Service (NSQHS) Standards	2.04, 5.03
Aged Care Quality Standards	1, 2, 3
Chief Psychiatrist's Standards for Clinical Care	Nil
Other standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
3.00	8 August 2024	8 August 2024	Information condensed; repetition and duplication removed; addition of information clarifying role of support person; incorporation of hybrid models of care (virtual or in-person) considerations; documentation requirements; removal of references to the MR30AA WACHS Patient Consent to a Chaperone form (rescinded upon release of this updated policy).

9. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Executive Director Nursing and Midwifery
Contact	Director Safety and Quality
Business Unit	Clinical Excellence and Medical Services
EDRMS #	ED-CO-17-23053

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