

Chaperone Guidance

Guideline Type: Clinical Guidelines

1. Introduction

For most service users, feeling respected, receiving thorough explanation, consent and inclusion in their care choices can take precedence over the need to have a chaperone. However, Scottish Ambulance Service (SAS) recognises the need for consideration of a chaperone for children and vulnerable groups. Whilst all service users have the right to request a chaperone, this does not negate the need for Health Care Practitioners (HCPs) to gain informed consent for all clinical examinations.

Procedures undertaken by the Scottish Ambulance Service (SAS) can rarely be distressing for those being treated and assessed. In this instance, a chaperone can be beneficial to support staff and ensure patient comfort and safety. Procedures that include physical examination of children or young people or vulnerable adults should always be risk assessed for the need to include a chaperone. Clinical examinations — especially intimate examinations — in emergency care can leave staff exposed to criticism and allegations such as sexual assault.

SAS values diversity supports the elimination of discrimination and promotes equality of access, opportunity and provision of care. We are committed to achieving equality for our service users and staff members.

Any staff member carrying out examinations will furthermore:

- Ensure privacy and dignity is always respected, with special consideration during intimate care.
- Ensure the safety of service users and staff is always maintained throughout care provision.
- Ensure care, motives and actions align with the service user's best interests.
- Uphold NHS Scotland and SAS standards for care excellence.
- Act as a safeguard for service users and staff to ensure protection from inappropriate behaviors.

2. Objectives

The guidance objectives are as follows:

- Produce a coordinated and standardised operational approach for the use of chaperones.
- Provide information and guidance for all SAS clinicians with regards to chaperones, to support the coordinated response and ensure standardised trauma informed procedures.
- Provides knowledge and guidance on when a chaperone is required and how to keep users and staff safe.

Uphold SAS principles for gaining informed consent for all clinical assessments and procedures.

3. Scope

- Applies to all staff employed directly or indirectly by SAS, including students, volunteers and independent contractors.
- Applies equally to both male and female staff.
- Applies specifically to intimate examinations and procedures; includes children, young people and adults.

4. Definitions

There is no single definition of a 'chaperone'; the role varies according to the needs of the service user, the healthcare professional, and the examination or procedure. It is acceptable for a friend, relative or carer to be present during a procedure if that is the wish of the patient.

As SAS is an emergency service it does not have dedicated, trained "formal chaperone" roles. SAS employees can utilise colleagues as formal chaperones where necessary. SAS employees could also consider utilising family members, carers, and friends of the patient to support the patient during a procedure where appropriate and consented.

A parent/guardian is always requested to chaperone when examining and conveying children, where safe and appropriate to do so.

4.1 Formal Chaperone

A formal chaperone is usually a health professional (e.g., paramedic, technician) who:

- Provides physical and emotional support and reassurance.
- Helps maintain privacy and dignity and can assist practically within competence.
- Safeguards the service user from humiliation, pain or distress.
- Offers assurance for SAS employees against unfounded allegations and, where appropriate, helps de-escalate abuse risks.

4.2 Informal Chaperone

Partner, parent, family member, friend, legal guardian, or health care student (with patient consent). A child should never be expected to act as a chaperone. An informal chaperone should be acceptable to the patient. Informal chaperones should be someone the service user feels comfortable and safe with, preferably same sex or partner/parent/guardian. Obtain explicit consent from both patient and informal chaperone; brief on purpose and role.

4.3 Intimate Examinations

A clinical assessment or examination that includes examination of genitalia, rectum or breasts; also examinations patients perceive as intimate (e.g., where undressing/close proximity is required).

4.4 Informed Consent

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After relevant information is provided, a service user with capacity may give informed consent. Age and ability to understand must be assessed to ensure consent is lawfully obtained.

5. Emergency Care

It is acceptable to perform intimate examinations without a chaperone if immediate life-saving response is required and the patient cannot be consulted. Document the rationale and actions taken.

6. Children and Young People

A child in some instances regarded as under 16 in healthcare. However the wider national picture across all agencies is a child is anyone up to the age of 18 which has been adopted by SAS in alignment with the GIRFEC national approach and the Children and Young People (Scotland) Act 2014.

A parent/guardian or formal/informal chaperone must be present for any intimate examination or any exam involving disrobing. Parents or guardians must receive an appropriate explanation and consent should be obtained where appropriate. The child's views and consideration of them must also be obtained as per the UNCRC (Incorporation) (Scotland) Act 2024, thus ensuring human right approach underpins all that we do.

A trusted adult may be present to provide reassurance and emotional support.

For capable young people and adults, adult consent guidance applies.

If a child requests no chaperone, discuss with the child and carer if safe; consider if intimate exam is essential now or can await hospital; document on EPRF.

Where abuse is suspected, use care and sensitivity; consider deferring non-essential intimate examination to paediatrics experienced in forensic/medico-legal examination; raise Public Protection concerns per SAS national Public Protection Referral process and SAS Public Protection Policy.

In emergencies, a chaperone is not necessary; provide care and document.

7. Adults with Additional Support Needs

For patients with learning difficulties or mental health problems that affect capacity, a familiar supporter (family member/guardian/carer) may be the best chaperone. Provide clear explanations; if resisting, interpret as refusal unless best-interests emergency applies. Apply capacity assessment and AWI principles.

8. Equality & Diversity

Be sensitive to differing expectations regarding race, culture, ethnicity, age, gender and sexual orientation; wherever possible, the chaperone should be the same gender as the patient. Recognise that concepts of

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intimacy vary across cultures. Avoid using family members as interpreters wherever possible; consider language line.

9. Consultation

Guidance consulted through SAS Public Protection Assurance Group members.

10. Lone Working

SAS staff working without immediate colleague presence must complete a dynamic risk assessment. If risks (violence/hostility/environment) are unacceptable, await support or move to a place of safety. Non-urgent intimate examinations should be deferred until a formal chaperone is available in a safe setting. Ensure check-in/escalation and document the risk assessment and actions on EPRF/Datix as appropriate.

11. Gender Identity & Trauma-Informed Care

Offer choice and clear explanation; normalise the chaperone offer regardless of sex/gender of clinician and patient. Use correct names/pronouns; minimise re-traumatisation (explain steps, seek permission for each step, pause or stop on request). Where feasible, offer a same-gender chaperone when requested; if not possible and the exam is non-urgent, agree alternatives or defer.

12. Mandatory Documentation Standards

All documentation must include:

- (a) that a chaperone was offered (accepted/declined),
- (b) name/role of chaperone if present,
- (c) consent and capacity assessment (including legal basis if lacking capacity),
- (d) safeguarding concerns and notifications raised, and
- (e) life-saving exception where applicable.

13. References

Adult Support and Protection (Scotland) Act 2007. (2022) *Code of Practice*. Scottish Government.

Adults with Incapacity (Scotland) Act 2000. (2000) *Principles*. Scottish Government.

Age of Legal Capacity (Scotland) Act 1991. (1991) London: UK Government. Available at:
<https://www.legislation.gov.uk/>

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Ambulance comparator: South Central Ambulance Service (SCAS). (2021) *Chaperone Policy*. NHS SCAS; NHS England. (2023) *Chaperone practice principles*.

Equality Act 2010. (2010) *EHRC Technical Guidance (Scotland)*; *Fairer Scotland Duty*. (2022) Edinburgh: EHRC / Scottish Government.

General Medical Council (GMC). (2024) *Intimate examinations and chaperones*. London: GMC; Nursing and Midwifery Council (NMC). (2018) *The Code*; Health and Care Professions Council (HCPC). (2024) *Standards of conduct, performance and ethics*.

Getting it right for every child (GIRFEC). (n.d.) *Policy framework and NES learning resources*. Scottish Government / NHS Education for Scotland.

Health and Safety Executive (HSE). (n.d.) *Lone Working Guidance*; NHS Scotland (2025) *Once-for-Scotland: Lone Working (consultation draft)*.

JRCALC. (n.d.) *Sexual Assault Guidance*. Available at:
https://warwick.ac.uk/fac/sci/med/research/hsri/emergencycare/prehospitalcare/jrcalcstakeholderwebsite/guidelines/sexual_assault.pdf

Mental Health (Care and Treatment) (Scotland) Act 2003. (2003) Edinburgh: Scottish Government; Mental Welfare Commission for Scotland (MWC). (2025) *Consent guidance*.

National Guidance for Child Protection in Scotland. (2021, updated 2023). Edinburgh: Scottish Government.

UK GDPR / Data Protection Act 2018. (2018) London: UK Government; Information Commissioner's Office (ICO). (n.d.) *Health Information Guidance*; NHS Scotland (2023) *Intra-NHS Scotland Information Sharing Accord*.

Appendix 1 – Statements for Lone Worker/Informal Chaperone

Statement to Patient: "To fully assess you, I need to complete an intimate examination which involves [info]. Are you happy for your [insert chaperone name] to remain whilst the procedure is completed?"

Statement to Informal Chaperone: "As part of my assessment of [patient], I need to carry out an examination that involves partial removal of clothing in [area]. With [patient's] permission, are you happy to remain present whilst this procedure is carried out?"

Statement to Patient (no chaperone): "To fully assess you I need to complete an examination which involves [info]. Are you happy for me to complete this examination with no chaperone present?"

Note: Record the script used and the patient response on the EPRF.

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