

## Support Person Policy

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| <b>Replaces Doc. No:</b>                    | PI6/000607  |
| <b>Custodian and Review Responsibility:</b> | Deputy Secretary Hospitals and Primary Care   |
| <b>Contact:</b>                             | Principal Policy Officer Hospitals and Primary Care   |
| <b>Applies to:</b>                          | Clinical Staff (all disciplines)  |
| <b>Policy Type:</b>                         | Statewide   |
| <b>Review Date:</b>                         | 2 years (September 2026)  |
| <b>Key Words:</b>                           | Children, young people, vulnerable patients, chaperone, examination, consent, support person, health practitioner, child safeguarding, procedure, intimate personal care. |
| <b>Routine Disclosure:</b>                  | Yes   |

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## Purpose

This policy outlines for health care providers the provision of support persons to all patients undergoing examinations, procedures and intimate care to ensure:

- All patients of Tasmanian Government health services are protected from inappropriate behaviour during examinations, procedures and intimate personal care.
- The community has confidence that examinations, procedures and intimate personal care are only provided as required and carried out professionally ensuring patient's privacy and dignity is respected.
- All examinations, procedures and intimate personal care are to be provided in a sensitive manner.

The requirements for having a support person present when undertaking examinations, procedures and intimate personal care of adults and children are met.

## Background

The Department of Health and Tasmanian Health Service is committed to providing a safe environment where patients and health practitioners are confident that best practice is followed and that the safety of everyone is of paramount importance.

When people are cared for in health facilities or in the community, they are often at their most vulnerable, and can be exposed to power imbalances between themselves and staff. The presence of power imbalance is particularly significant for vulnerable patients and may impair a patient's agency and autonomy.

Evidence and experience show that the engagement of family members and support networks during hospitalisation has many positive effects on inpatient care.

## Principles

The [Australian Commission on Safety and Quality in Healthcare](#) (ACSQHC) works in partnership with patients, carers, clinicians and healthcare organisations to achieve a safe, high-quality and sustainable health system.

The [Australian Charter of Healthcare Rights](#) outlines the rights that apply to all people in all places where health care is provided in Australia.

The [Tasmanian Child and Youth Safe Standards](#) include two principles that underpin the need for this policy:

- Principle 8: Physical and online environments promote safety and well-being while minimising the opportunity for children and young people to be harmed.
- Principle 10: Policies and procedures document how the organisation is safe for children and young people.

The DoH CARE values underpin this policy.

- DoH staff are compassionate
  - Trauma is common; healthcare settings may be associated with past trauma. Staff will routinely promote a culture of safety and empowerment.

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- Healthcare workers will respect patients' cultural/religious beliefs that may prohibit sensitive procedures being undertaken by a person of a different sex or gender. Patients have the right to decline examinations, procedures and care, and to have an alternative healthcare worker (including of a specific gender) perform an examination, procedure or care. If this will cause delay, risks relating to such a delay should be explained to the patient.
- DoH staff are accountable
  - Health practitioners will support the community to have confidence in the maintenance of professional boundaries throughout the delivery of healthcare. All staff will behave professionally and report the unprofessional behaviour of colleagues.
- DoH staff are respectful
  - Before an examination or procedure commences, the clinical or forensic need must be explained in a way that the patient understands, and informed consent obtained, as per the [Clinical Informed Consent Policy](#) and [Informed Consent Protocol](#).
  - With due regard to issues of clinical urgency, hygiene and infection control, examinations, procedures and provision of personal care will be undertaken in ways that respect patient privacy, confidentiality and dignity, and minimise discomfort.
- DoH staff seek excellence by:
  - Ensuring the clinical reason for performing an examination or procedure on a patient is paramount: it must contribute to knowledge about the patient's condition and/or benefit their therapeutic care.

## Mandatory requirements

- A support person **must be offered** for all patients for all examinations and procedures and intimate personal care. This could be either personal or professional support person.
- Patients have the right to request an alternative caregiver/clinician to attend to any examination, procedure or intimate personal care; any risks associated with delaying the examination, procedure or intimate personal care to facilitate this request must be explained to the patient.
- Patients have the right to decline having a support person present at any time.
- Document any decision on whether to proceed when a support person has been declined in the patient's health record.
- This is a statewide policy and must not be re-interpreted so that subordinate policies exist. Should discrete operational differences exist, these should be expressed in the form of an operating procedure or protocol.
- Failure to comply with this policy, without providing a good reason for doing so, may lead to disciplinary action.
- All Department of Health governance documentation including frameworks, policy, protocol and procedures should reflect the Department of Health's commitment to the safety, wellbeing and empowerment of all children and young people by championing a child safe culture that reflects the

Tasmanian Child and Youth Safe Standards, as upheld in the [statewide Child Safety and Wellbeing Policy](#).

Where any other departmental policy, protocol, guideline, operating procedure, or other governance documentation relating to children and young people contradicts, or is inconsistent with, the Child Safety and Wellbeing Policy, then the Child Safety and Wellbeing Policy must be complied with.

## Definitions

| Term  | Definition  |
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| <b>Health practitioner</b>                  | An individual who practises a health profession (eg Medical Practitioners, Nurses, Midwives, Allied Health Professional) and who is registered under the Health Practitioner Regulation National Law. A Health Practitioner also includes staff that provide a health service but that are not required to be registered under the National Law. A Health Practitioner is authorised by a public health organisation to provide medical and healthcare treatment to a patient.  |
| <b>Intimate examinations and procedures</b> | <p>Intimate examinations and procedures are those that require contact with or exposure of breasts, genitalia or the anal/perianal region and potentially the groin and inner thigh. Some patients may consider additional parts of their body as private.</p> <p>Intimate examinations and procedures include (but are not limited to):</p> <ul style="list-style-type: none"> <li>• chest exposures, breast examinations, and gynaecological procedures</li> <li>• inserting urinary catheters and providing catheter care</li> <li>• inserting femoral lines</li> <li>• assessing patients for pubertal staging in gender diversity services</li> <li>• applying/renewing dressings to private body parts.</li> </ul> <p><i>For some patients, sensitive procedures may be any that require physical touch or exposure of a part or parts of their body.</i></p> |
| <b>Intimate personal care</b>               | <p>Intimate personal care is care associated with personal hygiene and bodily functions that requires direct or indirect contact with breasts, genitalia or the anal/perianal region and potentially the groin and inner thigh. It includes:</p> <ul style="list-style-type: none"> <li>• inserting suppositories or pessaries, and giving enemas</li> <li>• changing nappies, continence pads, sanitary products</li> <li>• assisting with showering; washing private body parts; putting on/removing underwear</li> </ul>   |
| <b>Personal support person</b>              | A personal support person is an individual with a personal relationship with the patient, for example a relative, friend, carer or guardian, who supports the patient during a procedure. The personal support person must be agreed to by the patient.   |

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| <b>Professional support person</b> | A professional support person is someone who has a professional working relationship with the patient and is an additional person present during an examination, procedure or intimate personal care when a suitable personal support person is not available and the patient requests support.   |
| <b>Vulnerable patients</b>         | <p>All patients are potentially vulnerable. Vulnerable patients include:</p> <ul style="list-style-type: none"> <li>• infants, children and young people under the age of 18 years</li> <li>• patients who are suspected or are known to have been sexually assaulted</li> <li>• patients who are distressed or have signs of mental illness</li> <li>• patients with impaired decision-making capacity, including those with temporary impairment (e.g. unconscious, anaesthetised and sedated patients, and patients under the influence of drugs or alcohol) and long-term impairment (e.g. patients lacking cognitive capacity)</li> <li>• frail, elderly patients</li> <li>• pregnant people and people in labour</li> <li>• people who do not speak English fluently or have other communication difficulties.</li> </ul> <p>Additional consideration of vulnerability must be undertaken for:</p> <ul style="list-style-type: none"> <li>• patients who identify as Aboriginal</li> <li>• patients with known mental illness</li> <li>• refugees and patients from culturally diverse backgrounds</li> <li>• gender diverse patients</li> <li>• patients under the care of Corrective Services</li> <li>• patients suspected to have been physically assaulted.</li> </ul> |
| <b>Pregnant People</b>             | <p>Midwifery Close Care Moments (MCCMs)</p> <p>Midwifery practice, by definition, involves intimate contact with women through their pregnancy journey, in labour and postnatally. A support person should be offered when performing MCCMs i.e vaginal examinations, perineum examination, perineal suturing, rectum suppositories, hands on assistance with breastfeeding, pad checks, and exposure of anatomy.</p>   |

## Roles and Responsibilities

### Personal support persons

The role of a personal support person is to provide emotional support to the patient, and to advocate on behalf of the patient. The personal support person:

- must be agreed to by the patient (as practicable) and documented in the health record
- can be a family member, carer, friend, guardian
- should be sufficiently capable of recognising undue distress in the person they are supporting and should be encouraged to discuss with the patient how they will express pain or distress during a procedure.

### Professional support persons

The role of a professional support person is to provide support and to advocate on behalf of the patient. The professional support person:

- introduce themselves and explain their role as a professional support person
- check the patient consents to their presence during the examination, procedure or intimate personal care
- respect and support the patient's dignity, privacy and confidentiality
- be alert to verbal and non-verbal indications of distress from the patient; reassure and support the patient and inform the practitioner of undue distress
- be alert to withdrawal of consent from the patient and instruct the practitioner to stop the examination, procedure or intimate personal care immediately if consent is withdrawn
- witness the whole examination, procedure or episode of intimate personal care
- report inappropriate behaviour and take appropriate action in line with mandatory reporting processes: intervene, report and document inappropriate behaviour

## Exemptions and special considerations

### Emergencies and critically ill patients

- In a clinical emergency, where there is immediate concern for patient wellbeing and a support person is not immediately available, or it would be inappropriate for them to be present, examinations, procedures and intimate personal care may proceed if immediately necessary.
- Care of critically ill, ventilated patients involves frequent intimate procedures and personal care, including of urinary catheters and femoral lines. Ideally a support person will be present during intimate procedures and care, however a second health practitioner present is sufficient.

## Multiple staff providing simultaneous care

Where there are multiple staff providing care simultaneously to a patient, for example an acutely unwell or deteriorating, unconscious patient or patient in theatre, it is unlikely to be practicable for a support person to be present, and their presence may hinder provision of care. Such situations are exempt from this policy.

## Unreasonable delays

If a suitable support person is not available and delays in an examination, procedure and intimate personal care could readily be foreseen to cause harm or impact on the dignity of the patient, particularly deteriorating patients and paediatric/neonatal patients, the treatment, procedure or intimate personal care may proceed without a support person present if a second health practitioner assists throughout.

A health practitioner should ensure the patient does not feel compromised or pressured into proceeding where a suitable support person is not available.

## Patient declines a support person/professional support person

Patients may decline the presence of a support person or professional support person. When this happens, the role of the support person/s should be explained clearly. If the patient continues to decline to have a support person/s present, this must be documented in the health record.

When an individual is deemed not to have capacity to make decisions about their own assessment and treatment, reasonable attempts must be made to seek advice from their guardian, an appropriate decision-maker or substitute consent person, and documented in the patient's health record.<sup>1</sup>

If it is determined that a support person/s is required but the patient does not consent, the health practitioner has the right to not proceed and to refer the patient to another health practitioner.

## Infant nappy care

Frequent nappy changes are integral to good care of infants; delays in nappy care could result in serious complications. Ideally a support person should be present during nappy care. If a support person is not readily available when a nappy change is required, the nappy change can proceed; this should be documented in the patient's health record.

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<sup>1</sup> Patients are taken to have capacity to make decisions about their own assessment or treatment unless they:

- I. Are unable to make the decision because of an impairment of, or disturbance in, the functioning of the mind or brain; AND
- II. Are unable to:
  - understand the facts and choices involved including consequences of the decision; or
  - retain information relevant to the decision, even if it is only briefly; or
  - use or weigh information relevant to the decision; or
  - communicate the decision, whether by speech, gesture or other means; AND
- III. In the case of minors, are not sufficiently mature to make the decision.

## Adult continence device care

Frequent continence device changes are integral to good care of adults with incontinence; delays in continence care could result in serious complications. Ideally a support person should be present during continence care. If a support person is not readily available when a garment change is required, the garment change can proceed; this should be documented in the patient's health record.

## Specific roles where implementing this policy is not practical

Provision of support persons is not practical for some healthcare roles and activities, including for paramedics, community-based nurses and allied health practitioners working solo or providing home visiting services.

Where provision of support persons is routinely impractical, role-specific or activity-specific protocols must be in place to ensure staff work in ways that uphold the principles set out in this document.

Notwithstanding this, health practitioners must always consider the needs of vulnerable patients and provide a professional support person if one is requested.

## Risk Implications

Non-compliance with this policy may increase:

- the risk of inappropriate staff conduct during examinations, procedures and provision of intimate personal care.
- the risk of vulnerable patients, especially children and young people, experiencing trauma and distress, and the subsequent risk of healthcare trauma causing reduced future healthcare seeking behaviours and negative lifelong impacts on health and well-being
- the risk of perceptions of inappropriate staff conduct during examinations, procedures and provision of intimate personal care

## Audit

- This policy will be included in the work program of the DoH Internal Audit function. This work program is approved by the Audit and Risk Committee and will assess underlying systems and procedures for compliance with the requirements of this policy. The overall focus of this assessment will be one of continuous improvement to DoH activities.
- The Custodian will monitor compliance through the number of breaches registered through the Safety Reporting and Learning System (SRLS), and patient/consumer feedback.

## Related documents/information

- [P2010/0769-001 – Clinical Informed Consent – Statewide Policy](#)
- [P21/57 – Informed Consent \(Written or Verbal\) – Statewide Protocol](#)
- [P19/000313 - Consumer Communication and Health Literacy – Statewide Protocol](#)

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- [P19/000172 - Use of Interpreters – Statewide Protocol](#)
- [P21/74 – Clinical Images – Statewide – Protocol - 20210210](#)
- [P22/266 – Child Safety and Wellbeing – DoH Wide – Policy - 20240419](#)
- [Child and Youth Safe Standards | CARCRU \(justice.tas.gov.au\)](#)
- [Mental Health Act 2013](#)
- [Report from the Commission of Inquiry into the Tasmanian Government’s Responses to Child Sexual Abuse in Institutional Settings \(2023\) – Who was looking after me? Prioritising the safety of Tasmanian children](#)
- [Australian Charter of Healthcare Rights](#)