

CHAPERONE POLICY

STOCKTON HEATH MEDICAL CENTRE

Introduction

This policy sets out guidance for the use of chaperones and procedures that should be in place for consultations, examinations and investigations.

Stockton Heath Medical Centre are committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and that the safety of everyone is paramount.

Recommendations

No family member or friend of a patient should routinely be expected to undertake any formal chaperoning role in normal circumstances. The presence of a chaperone during a clinical examination and treatment must be the clearly expressed choice of the patient. Chaperoning should not be undertaken by any other than chaperone-trained staff: the use of untrained administrative staff as a chaperone in a GP surgery for example is unacceptable. However the patient must have the right to decline any chaperone offered if they so wish.

Role of the Chaperone

There is no common definition of a chaperone and their role varies considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out. Broadly speaking their role can be considered in the following areas:

- ❖ Providing emotional comfort and reassurance to patients.
- ❖ To assist in the examination, for example handling instruments during IUCD insertion.
- ❖ To assist with undressing patients.
- ❖ To act as an interpreter.
- ❖ To provide protection to healthcare professionals against unfounded allegations of improper behaviour.
- ❖ An experienced chaperone will identify unusual or unacceptable behaviour on the part of the healthcare professional.

It is wise to gain an understanding from the chaperone as to what they see their role as.

A chaperone is present as a safeguard for all parties (patient and practitioners) and is a witness to continuing consent of the procedure however a chaperone cannot be a guarantee of protection for either the examinee or examiner. The chaperone must be able to witness the examination taking place.

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Training for Chaperones

It is advisable that members of staff who undertake a formal chaperone role have undergone training such that they develop the competencies required for this role. These include an understanding of

- ❖ What is meant by the term chaperone?
- ❖ What is an “intimate examination”?
- ❖ Why chaperones need to be present.
- ❖ The rights of the patient.
- ❖ Their roles and responsibility i.e. Advocate.
- ❖ Policy and mechanism for raising concerns.

All staff should have an understanding of the role of chaperone and the procedures for raising concerns.

Offering a Chaperone

All patients should be routinely offered a chaperone during any consultation or procedure. This does not mean that every consultation needs to be interrupted in order to ask if a patient wants a third party present. The offer of a chaperone should be made clear to the patient prior to any procedure, ideally at the time of booking the appointment. Most patients will not take up the offer of chaperone, especially where a relationship of trust has been built up or where the examiner is the same gender as them.

If the patient is offered and does not want a chaperone it is important to record that the offer was made and declined. If a chaperone is refused a healthcare professional cannot usually insist that one is present and many will examine the patient without one.

Patients decline the offer of a chaperone for a number of reasons: because they trust the clinician, think it is unnecessary, require privacy or are too embarrassed.

However there are some cases where the (usually male) doctor may feel unhappy to proceed. This may be where a male doctor is carrying out an intimate examination, such as a cervical smear or breast examination. Other situations are where there is a history of violent or unpredictable behaviour on behalf of the patient to see another doctor or healthcare professional.

For some patients, the level of embarrassment increases in proportion to the number of individuals present.

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Where a Chaperone is needed and not available

If the patient has requested a chaperone and none are available at that time the patient must be given the opportunity to reschedule their appointment within a reasonable time frame. If the seriousness of the condition would dictate that a delay is inappropriate then this should be explained to the patient and recorded in their notes. A decision to continue or otherwise should be jointly reached. In cases where the patient is not competent to make an informed decision then the healthcare professional must use their own clinical judgement and record and be able to justify their action.

It is acceptable for a doctor (or other appropriate member of the healthcare team) to perform an intimate examination without a chaperone if the situation is life threatening or speed is essential in the care or treatment of the patient. This should be recorded in the patient's medical records.

Consent

Consent is a patient's agreement for a healthcare professional to provide care. Before you examine, treat or care for any person you must obtain their consent.

There is a basic assumption that every adult has the capacity to decide whether they consent to, or refuse, proposed medical intervention, unless it is shown that they cannot understand the information presented in a clear way.

By attending a consultation it is assumed by implied consent that a patient is seeking treatment. However, before proceeding with an examination it is vital that the patient's informed consent is obtained. This means that the patient must: be competent to make the decision, have received sufficient information to take it and not be acting under duress.

When patients are not able to consent for themselves they should be treated in their best interests.

Children over 16 can consent for themselves without their decision being referred to their parents or guardians, however it is good practice to involve parents, but this must be decided by the young person.

A person with parental responsibility can consent for a child under 16 unless the child is deemed competent according to Fraser Guidelines (1985)

Issues specific to Religion, Ethnicity or Culture

The ethnic, religious or cultural background of some women can make intimate examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others. Patients undergoing examinations should be allowed to limit the degree of nudity by, for example, uncovering only the part of the anatomy that requires investigation or imaging. *cont/..* Wherever possible, particularly in these circumstances, female healthcare professional should perform the procedure.

It would be unwise to proceed with any examination if the healthcare professional is unsure that the patient understands due to a language barrier. If an interpreter is available they may

be able to double as an informal chaperone. In lifesaving situations every effort should be made to communicate with the patient by whatever means available before proceeding with the examination.

Issues specific to Learning Difficulties/Mental Health Problems

For patients with learning difficulties or mental health problems that affect capacity, a familiar individual such as a family member or carer may be the best chaperone. Patients in acute settings, for further advice contact the Mental Health Team. A careful simple and sensitive explanation of the technique is vital. This patient group is a vulnerable one and issues may arise in initial physical examination, “touch” as part of therapy, verbal and other “boundary-breaking” in one to one “confidential” settings and indeed home visits.

Adult patients with learning difficulties or mental health problems who resist any intimate examination or procedure must be interpreted, as refusing to give consent and the procedure should be abandoned. In life threatening situations the healthcare professional should use professional judgement and where possible discuss with a member of the Mental Health Team.

Lone Working

Where a healthcare professional is working in a situation away from other colleagues e.g. Home visit, Out of hours Centre, the same principles for offering and use of chaperones should apply. Where it is appropriate family members/friends may take on the role of informal chaperone. In cases where a formal chaperone would be appropriate i.e intimate examinations, the healthcare professional would be advised to reschedule the examination to a more convenient location. However, in cases where this is not an option, for example, due to the urgency of the situation or because the practitioner is community based, then procedures should be in place to ensure that communication and record- keeping is treated as paramount.

Healthcare professionals should note that they are at an increased risk of their actions being misconstrued or misrepresented if they conduct an intimate examination where no other person is present.

During the Examination/Procedure

Facilities should be available for patients to undress in a private, undisturbed area. There should be no undue delay prior to the examination once the patient has removed any clothing. A modesty sheet must be offered.

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Intimate examinations should take place in a closed room and it should not be entered without consent while the examination is in progress. Examination should not be interrupted by phone calls or messages.

Where appropriate a choice of position for the examination should be offered for example, left lateral, dorsal, recumbent and semi-recumbent positions for speculum and bimanual

examinations. This may reduce the sense of vulnerability and powerlessness complained of by some patients.

Once the patient is dressed following an examination or investigation the findings must be communicated to the patient. If appropriate this can be used as an educational opportunity for the patient. The professional must consider (asking the patient as necessary) if it is appropriate for the chaperone to remain at this stage.

Any requests that the examination be discontinued should be respected.

During an intimate examination:

- ❖ Offer reassurance
- ❖ Be courteous
- ❖ Keep discussion relevant
- ❖ Avoid unnecessary personal comments.
- ❖ Encourage question and discussion
- ❖ Remain alert to verbal or non verbal indications of distress from the patient

Communications and Record Keeping

The most common cause of patient complaints is a failure on the patients' part to understand what the practitioner was doing in the process of treating them. It is essential that the healthcare professional explains the nature of the examination to the patient and offers them a choice whether to proceed with the examination at that time. The patient will then be able to give an informed consent to continue with the consultation.

In all cases, if a chaperone is offered, this must be recorded in the consultation notes. The patients' decision on this matter **must** also be recorded as part of the consultation.

If a chaperone is present the title of the individual and their initials must be added as text when entering the READ code e.g. HCA BW.

The following READ codes must be used:

Description	READ Code
Chaperone offered	9NPO
Chaperone present	9NP1
Chaperone refused	9NP2

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If the patient expresses any doubts or reservations about the procedure and the healthcare professional feels the need to reassure them before continuing then it would be good practice to record this in the patient's notes. The records should make clear the history that an examination was necessary.

In any situation where concerns are raised or an incident has occurred and a report is required this should be completed immediately after the consultation.

Summary

The relationship between a patient and their practitioner is based on trust. A practitioner may have no doubts about a patient they have known for a long time and feel it is not necessary to offer a formal chaperone. Similarly studies have shown that many patients are not concerned whether a chaperone is present or not. However, this should not detract from the fact that any patient is entitled to a chaperone if they feel one is required.

This policy is for the protection of both patients and staff and should always be followed. The key principles of communication and record keeping will ensure that the practitioner/patient relationship is maintained and act as a safeguard against formal complaints, or in extreme cases, legal action.

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Practice Manager BH

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