

Chaperone Policy

Key messages

- Patients have a right to a chaperone.
- Patients should be aware of the Witterings Medical Centre chaperone policy.
- No child, young person or adult at risk of abuse should be examined without a chaperone being present.
- The need for emergency care will take precedence over the request and / or requirement for a chaperone.
- Professionals may be asked to justify any failure to follow this policy.

Scope

This policy applies to all employees, including locum and bank staff working on behalf of the Medical Centre and involved in the direct care of patients, and any others who may be asked to chaperone patients.

It sets out guidance on the use of chaperones within the Witterings Medical Centre and is based on recommendations from the General Medical Council, Royal College of Nursing, NHS Guidance and the findings of the Ayling Inquiry (2004) and recommendations of the Verita Report (2015).

Purpose

To produce a co-ordinated approach to the use of chaperones during consultations, examinations and procedures carried out within the Medical Centre.

Definitions

Chaperone: There is no common definition of a 'chaperone' and the role varies according to the needs of the patient, the healthcare professional, and the examination or procedure being carried out. It is acceptable for a friend, relative or carer to be present during a procedure be documented. For this policy, the following definitions are used:

A formal chaperone: A healthcare professional, with appropriate chaperone training:

- Medical and registered staff and healthcare support workers, who have undertaken the Medical Centre mandatory on-line and / or face to face training, and keep up with regular updates.

An informal chaperone: family member, friend, legal guardian, non-clinical staff member, medical or junior healthcare student.

Intimate examinations: these include examinations of breasts, genitalia and rectum. Cultural and diversity influences may affect what is deemed 'intimate' to a patient. (An exception to this may be made for the examination of male breast tissue, decided on a case-by-case basis).

Introduction

Patients can find some consultations, examinations, investigations or procedures distressing and may prefer to have a chaperone present in order to support them. It is good practice to

offer all patients a chaperone for any consultation, examination or procedure, or where the patient feels one is required.

Examples of consultations or procedures which **may** make the patient feel particularly vulnerable include the need to undress, the use of dimmed light or intimate examinations involving the breasts, genitalia or rectum.

The intimate nature of many nursing and medical interventions, if not practised in a sensitive and respectful manner, can lead to misinterpretation and the potential for allegations of sexual assault or inappropriate examinations. In these circumstances a chaperone will act as a safeguard for both patient and clinician.

All patients have the right, if they wish, to have a chaperone present during an examination, procedure, or treatment. Staff should be sensitive to differing expectations with regard to race, culture, ethnicity, age, gender and sexual orientation, and wherever possible, the chaperone should be of the same gender as the patient.

Responsibilities

All healthcare professionals should be aware of, and comply with, the chaperone policy. Staff members are also responsible for reporting any incidents or complaints relating to the use of chaperones.

The role of the chaperone

The role of the chaperone may vary according to the clinical situation and can include:

- providing the patient with physical and emotional support and reassurance
- ensuring the environment supports privacy and dignity
- providing practical assistance with the examination
- safeguarding patients from humiliation, pain, distress or abuse
- providing protection to healthcare professionals against unfounded
- allegations of improper behaviour
- identifying unusual or unacceptable behaviour on the part of the healthcare professional
- providing protection for the healthcare professional from potentially abusive patients

Chaperones should:

- be sensitive and respectful of the patient's dignity and confidentiality
- be familiar with the procedures involved in routine intimate examinations
- be prepared to ask the examiner to abandon the procedure if the patient expresses a wish for the examination to end
- ensure their presence at the examination is documented by the examining professional in the patient's notes or electronic record
- be prepared to raise concerns if misconduct occurs and immediately report any concerns to a senior colleague

Chaperone process

Good practice

It is good practice to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required.

If a patient prefers to undergo an examination / procedure without the presence of a chaperone this should be respected and their decision documented in their clinical record.

In order for patients to exercise their right to request the presence of a chaperone, a full explanation of the examination, procedure or treatment to be carried out should be given to the patient.

To protect the patient from vulnerability and embarrassment, consideration should be given to the chaperone being of the same sex as the patient wherever possible.

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

Examinations should take place in a closed room and the chaperone must be present.

During the examination the examiner should;

- be courteous at all times
- offer reassurance
- keep all discussion relevant to the examination and avoid personal comments
- remain alert to any verbal and non-verbal signs of distress from the patient
- respect any requests for the examination to be discontinued
- document the name and presence of the chaperone in the patient's notes or electronic record

Documentation

The name and role of the chaperone present, and whether 'formal' or 'informal', must be documented in the patient's notes or electronic record. If the patient is offered a chaperone and declines the offer, this must also be documented.

Where a chaperone is declined by the patient

If the patient has declined a chaperone for an intimate examination, the practitioner must explain clearly to the patient why a chaperone is necessary. In this case, the patient may wish to consider requesting referral to an alternative care provider. The examination should not proceed without a chaperone. Exceptions to this are specified within this policy.

Any discussion about chaperones and the outcome should be recorded in the patient's notes or electronic record. That the offer of a chaperone was made and declined should always be recorded.

Where a suitable chaperone is not available

Every effort should be made to provide a chaperone. If either the practitioner or the patient does not want the examination to go ahead without a chaperone present, or if either is uncomfortable with the choice of chaperone, the examination may be delayed to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health.

Patients with individual needs

Patients with communications needs or learning disabilities must have formal chaperone support from healthcare professionals.

Family or friends who understand their communications needs and are able to minimise any distress caused by the procedure could also be invited to be present throughout any examination.

Staff must be aware of the implications of the Mental Capacity Act (2005) ('MCA') and cognitive impairment. If a patient's capacity to understand the implications of consent to a procedure, with or without the presence of a chaperone, is in doubt, the procedure to assess mental capacity must be undertaken. This should be fully documented in the patient's notes or electronic record, along with the rationale for the decision.

Issues specific to children and young people under the age of 18 years

It is mandatory at the Medical Centre **all** children and young people under the legal age of consent (16 years) to be seen in the presence of another adult.

This may be a parent, acting as an informal chaperone. A parent **or** informal **or** formal chaperone must be present for any physical examination; the child should not be examined unaccompanied. Any intimate examination **must** be carried out in the presence of a formal chaperone.

Parents or guardians must receive an appropriate explanation of the procedure in order to obtain their informed consent to examination.

A parent or carer or someone already known and trusted by the child may also be present for reassurance.

For young adults, who are deemed to have mental capacity, the guidance that relates to adults is applicable.

Children and young adults being prepared for 'transition' to adult services (see the adolescent transition in care guideline) (usually after the age of 14 years) may be seen for consultation or assessment without their parents/ carer at their request and with parental consent.

If they specifically request review without a chaperone, this must be discussed with them and their carer, and documented in the notes or electronic record. Physical examination should not proceed without a chaperone.

Cultural and religious issues

The cultural values and religious beliefs of patients can make intimate examinations and procedures difficult and stressful for themselves and healthcare professionals. Clinicians must be sensitive to the needs of patients and their specific requirements understood (through the use of interpreters if appropriate) and whenever possible complied with.

Intimate personal care

'Intimate personal care' is defined as the care associated with bodily functions and personal hygiene, which require direct or indirect contact with, or exposure of, the sexual parts of the body. It is recognised that much medical and nursing day-to-day care is delivered without a chaperone, as part of the unique and trusting relationship between patients and practitioners.

However, staff must consider the need for a chaperone on a case-by-case basis, mindful of the special circumstances outlined in this policy, and patients should always be offered the

opportunity to have a chaperone if they wish. Staff must be aware that patients of diverse cultures may interpret other parts of the body as intimate.

It is not necessary to request a chaperone for assisting infants and young children with care, such as nappy changing, unless there are special circumstances as outlined in this policy.

Other circumstances

A formal chaperone must be used when examining or treating patients:

for whom English is not their first language, causing communication difficulties or who are vulnerable for other reasons not specified in this policy.