Carisbrooke Surgery

Chaperone Policy

Reviewed: 14 March 2019 – Perin Fitzgerald

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

Carisbrooke Surgery is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

No family member or friend of a patient should be routinely 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 a patient.

Chaperoning should not be undertaken by any other than chaperone-trained staff: the use of untrained administrative staff is not acceptable, however the patient must have the right to decline any chaperone offered if they so wish.

Scope of policy

This policy applies to all healthcare professionals working within the organisation. It also covers any non-medical personnel who may be involved in providing care. In this guidance all staff groups covered will be referred to as the "healthcare professional". The use of the feminine gender equally implies the male and similarly the use of the male gender equally implies the female.

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 of procedure being carried out. Broadly speaking their role can be considered in any of the following areas:

- Providing emotional comfort and reassurance to patients
- To assist with the undressing of 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 (patients and practitioners) and is a witness to continuing consent of the procedure; however a chaperone cannot be a guarantee of protection for either the examiner or examinee.

Training for Chaperones

Members of staff who undertake a formal chaperone role should undergo 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 role and responsibility e.g. Advocate
- Policy and mechanism for raising concerns

Induction of new clinical staff should include training on the appropriate conduct of intimate examination. Trainees should be observed and given feedback on their technique and communication skills in this aspect of care.

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

Offering a Chaperone

All patients should be routinely offered a chaperone during any intimate examination. This does not mean that every consultation needs to be interrupted in order to ask if the patient wants a third party present. The offer of a chaperone should be made clear to the patient prior to any procedure. Most patients will not take up the offer of a 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 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 the part of the patient.

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

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 timeframe. 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 this course of 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 notes.

Consent

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

There is a basic assumption that every adult has the capacity to decide whether to consent to, or refuse, proposed medical intervention, unless it is shown that they cannot understand 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 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 the 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 to be 'Gillick competent'.

Issues Specific to Religion, Ethnicity or Culture

The ethnic, religious and 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 the opportunity to limit the degree of nudity by, for example, uncovering only that part of the anatomy that requires investigation or imaging. Wherever possible, particularly in these circumstances, a female healthcare practitioner 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 life saving 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. 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.

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 must 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.

Issues specific to Children

Parents will not be automatically used as chaperones for their children as a nurse should be present. However, in the event a child does not wish for the nurse to be present a parent can be present as a chaperone for their child. In this event the role should be clearly explained to the parent and their consent sought.

Lone Working

Where a healthcare professional is working in a situation away from other colleagues, e.g. home visits, 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, then communication and record keeping should be paramount.

During the Examination/Procedure

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

Intimate examination should take place in a closed room, which should not be entered without consent whilst 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.

During an intimate examination:

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

Communication and Record Keeping

The most common cause of patient complaints is a failure on the patient's 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 of whether to proceed with the examination at that time. The patient will then be able to give informed consent to continue with the consultation.

Recording in Patients' Notes

Details of the examination including presence/absence of chaperone and information given must be documented in the patient's medical records. The following terms should be used:

- Chaperone offered - (1104081000000107 Snomed)
- Chaperone present - (314231002 Snomed)
- Chaperone refused - (763380007 Snomed)
- Nurse Chaperone - (314380009 Snomed)

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 from 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 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.

Appendix 1

Checklist for consultations involving intimate examinations

1. Establish there is a genuine need for an intimate examination and discuss this with the patient.

2. Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.

3. Offer a chaperone or invite the patient to have a family member/friend present. If the patient does not want a chaperone, record that the offer was made and declined in the patient's notes.

4. Children should be given the opportunity to have parents present if they wish. If a child does not wish a nurse to be present during an intimate examination then the parents can act as chaperones, ensuring that the role is fully explained and consent sought.

5. Obtain the patient's consent before the examination and be prepared to discontinue the examination at any stage at the patient's request.

6. Record that permission has been obtained in the patient's notes.

7. Once the chaperone has entered the room give the patient privacy to undress and dress. Use drapes to maintain dignity.

8. Explain what you are doing at each stage of the examination, the outcome when it is complete, and what you propose to do next. Keep discussion relevant and avoid personal comments.

9. If the chaperone has been present record the fact and the identity of the chaperone in the patient notes.

10. Record any other relevant issues or concerns immediately following the consultation.