Partnership of East London Co-operatives (PELC) Ltd

CHAPARONE POLICY

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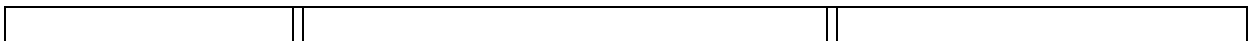

CONTENTS

1. Introduction

This policy sets out guidance for the use of chaperones and procedures that should be in place for clinical consultations, clinical examinations, investigations and clinical interventions, particularly in relation to intimate procedures. PELC 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.

PELC recognises the diversity of clinical situations which cannot be fully covered in this policy, and therefore the accountability and responsibility for assessing, seeking advice for each unique clinical situation lies with the respective staff member.

This policy recognises the following principles which must always be considered:

- That all medical consultations, examinations and investigations are potentially distressing for individuals and those involving intimate procedures, for example the breasts, genitalia or rectum; or those requiring dimmed lights or the need to undress may make patients feel particularly vulnerable.

- For some people who use our services, whether because of mental health needs and/or learning disabilities, consultations, examinations or procedures of any nature may be threatening or confusing. A chaperone, particularly one trusted by the patient, may help the patient through the process with the minimum of distress.

- For most patients respect, clear explanation, consent and privacy provided to the individal, may take precedence over the need for a chaperone.

- The presence of a third party does not negate the need for adequate explanation and courtesy and cannot provide full assurance that the procedure or examination is conducted appropriately.

- No family member or friend of a patient should be expected to undertake any formal chaperoning role (ie supporting medical staff to conduct genitalia /breast examination) in normal circumstances unless explicitly requested by the patient and recorded.

- The presence of a chaperone during a clinical examination and treatment must always be clearly expressed as the choice of a patient for less intimate procedures (however the default position should be that all intimate examinations are chaperoned unless explicitly refused by the individual and recorded).

- The patient should at all times have the right to decline any chaperone offered. This must be documented in the patient's record and reasons noted.

- Chaperones are most often required or requested where a male examiner is carrying out an intimate examination or procedure on a female patient. However, PELC considers it good practice to offer all patients a chaperone for any examination or procedure, particularly those involving intimate areas, and where the patient feels one is required, regardless of the gender of the examiner or patient.
- Reported breaches of the Chaperoning Policy should be reported on DATIX and formally investigated by the Manager, through PELC risk management and clinical governance arrangements and treated, if determined as deliberate, as a formal disciplinary and Safeguarding matter.

2. Scope

This policy applies to all healthcare professionals (HCP) working within PELC, including Students, Medical, Allied Health Professional, Nursing and Urgent Care Practitioners, working with individual patients in clinic situations and in the patient's home. This policy also covers any non-medical personnel who may be involved in providing care. In this policy, all staff groups covered will be referred to as the "Healthcare Professional" (HCP).

The use of the feminine gender equally implies the male and similarly the use of the male gender equally implies the female. This policy applies to all clinicians directly employed on substantive or honorary contracts by the organisation and contractors whose contract specifies adherence to this policy. All healthcare professionals have a responsibility to ensure they work in line with their own professional code of conduct.

This policy specifically applies to all intimate examinations and procedures.These are defined as any examination or procedure involving the rectum, genitalia or breasts. It also includes examinations or interventions involving the complete removal of outer clothing down to underwear or less. Other examinations could also be deemed intimate by some patients and HCPs need to be aware of cultural differences and what may constitute an intimate examination. PELC recognises that the HCP remains accountable for assessing and reviewing each case on an individual basis, and therefore should consider the use of chaperones for non intimate procedures, examinations and consultation where and if deemed appropriate for specific safety reasons. This policy should be read in conjunction with the following policies:

- Equality and Diversity policy
- Safeguarding Adults and Safeguarding Children Policies
- Consent to Examination and Treatment
- Lone Worker Policy
- Incident Reporting Policy
- Dignity and Respect Policy

3. Definition

A Chaperone - The designation of the chaperone will depend on the role expected and the wishes of the patient i.e. either a passive/informal role or an active/formal role. There is no clear definition of a chaperone since this role varies considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out. This policy refers to 2 forms of Chaperones:

- Formal Chaperone may be referred to as a staff member, a person who acts as a witness for a patient and where possible, a HCP during an intimate medical examination or procedure being undertaken and may also assist the HCP to undertake the relevant procedure.

- Informal Chaperone may be referred to as a person who would not be expected to take an active part in the examination or witness the procedure directly. An example is a family member or friend i.e. a familiar person who may be sufficient to give reassurance and emotional comfort to the patient leading up to the intimate procedure and who may assist with undressing the patient. This person may act as an interpreter if deemed appropriate during this time.

The General Medical Council (GMC) recommends that whenever possible medical practitioners should offer the patient the security of having an impartial observer (a

"chaperone") present during an intimate examination even if they are the same gender as the patient

Guidance from the Nursing and Midwifery Council (NMC) states that "all patients should have the right, if they wish, to have a chaperone present during an examination or procedure, treatment or care irrespective of organisational constraints or settings in which they are carried out".

The role of the chaperone will vary considerably and will depend in the needs of the patient, the health care professional, and the examination or procedure being carried out.
The dictionary definitions of chaperone are "to accompany or to protect" generally speaking the role of the chaperone within a health care setting can be considered in *any* of the following areas:

- To provide emotional comfort and reassurance to patients.
- To act as chaperone as part of their role whilst assisting clinical staff with examination, for example handling instruments during fitting of a coil or taking swabs.
- To provide protection to healthcare professionals against unfounded allegations of improper behaviour.
- Should the need arise; an experienced/ competent formal chaperone will identify unusual or unacceptable behaviour on the part of the healthcare professional.

4. Formal Role of Chaperone

This implies a health professional such as a qualified Nurse, or a specifically skilled unqualified staff member e.g. Health Care Assistant (HCA). Where appropriate they may assist in the procedure being carried out and/or hand instruments to the examiner during the procedure.
Assistance may also include clinical interventions and support provided to the patient when attending to personal hygiene, toileting and undressing/ dressing requirements. The role of the formal chaperone is also to identify any unusual or unacceptable behaviour on the part of the health care professional undertaking the intimate procedure. Should this occur they should immediately report any incident of inappropriate behaviour, which also includes inappropriate sexual behaviour/ intervention, to their line manager or another senior manager and on to DATIX.
A chaperone will also provide protection and evidence for healthcare professionals against unfounded allegations of improper behaviour made by the patient. In all cases the presence of the formal chaperone should be present during the actual physical examination element of the consultation or procedure unless the patient requests otherwise. If the patient declines a chaperone, then HCP must assess the situation and record if this is appropriate in the patient's notes. All confidential communication between the HCP and patient should take place on a one to one basis in the normal manner, after the examinations / procedures are complete - unless the patient requests to otherwise. It is the responsibility of the health care professional to ensure that any concerns they have regarding the examination or procedure are reported immediately to their line manager or senior manager It is the responsibility of the health care professional to ensure that accurate records are kept of the clinical contact, which also include records regarding the acceptance or refusal of a chaperone.

It is the responsibility of the health care professional to access any information and training required which will assist and support them in their role as a formal chaperone.

Key functions of a formal Chaperone. This will be determined by the requirements of each unique situation. The main functions may include the following:

- To provide emotional comfort and reassurance to patients during sensitive and intimate examinations or treatment. To assist in an examination or procedure, for example handling instruments during IUCD insertion, ECG procedure.
- To offer practical support during care interventions, such as undressing the patients, and attending to intimate toileting or hygiene requirements.
- To act as an interpreter if appropriately skilled and trained to do so
- To provide protection for the HCP against any potential allegations of improper behaviour.
- To report any unusual or unacceptable behaviour on the part of the healthcare professional.
- To act as safeguard for patients against unacceptable acts of humiliation, pain or distress and to provide support / protection against unacceptable acts of verbal, physical, social or other abuse.
- To act as a safeguard for all parties (patient and HCP) and as a witness to continuing consent of the procedure. However a chaperone cannot be a guarantee of protection for either the examiner or examinee.
- They must also be prepared to ask the examiner to abandon the procedure if the patient expresses a wish for the examination to end and finally be able and supported should they are required to raise concerns if misconduct occurs.

5. Duties

The Chief Executive and Council is ultimately responsible for ensuring effective corporate governance assurance within PELC and therefore supports the organisation-wide implementation of this policy.

Executive Directors are responsible for endorsing the full implementation of this policy and its relevance to everyday practice within safeguarding, patient dignity, safety and delivery of quality care.

Senior Managers The Manager's role is to ensure implementation of this policy and that the staff understands how the Chaperone Policy applies to them and their patients. Managers are also responsible for ensuring that where necessary, local processes are developed and training given to planning staff rosters and skill mix to support the full implementation of this policy. Managers should review the effectiveness of the implementation, and take appropriate remedial action when they become aware of any acts or omissions that contravene it.

Line Managers The Line Manager has a responsibility for ensuring formal chaperones are available within their respective areas, and that chaperones work within their scope of practice and are fully aware of this and associated policies. They also have a responsibility to ensure accurate records are kept of the clinical contact, which also include records regarding the acceptance or refusal of a chaperone.
They also have responsibility for informing the senior manager if no suitable formal chaperone is available when required. They have responsibility for ensuring all formal chaperones are aware of their responsibilities at a local level and that appropriate use of chaperone posters and formal recording processes are in place within their areas of responsibility.

Health Care Professional. The health care professional is responsible for ensuring that patients are offered a chaperone as outlined in this policy, and for respecting the individual's choice to either request or decline formal and informal chaperone. This should be applicable within both an outpatient and inpatient setting. HCP is responsible for maintaining the accurate documentation including the consent given to proceed without a chaperone.
They are also responsible for the escalation of concerns should these emerge during this process.

Students. Students can undertake the role of a formal Chaperone if the activity is deemed appropriate with their level of competence, commensurate with their stage of training, and where there is a specific learning and development opportunity associated with the task. An assessment would be undertaken by their mentor / practice educator in discussion with the student to determine this. The student has the right to engage or refuse to undertake the role as a formal Chaperone in accordance with their code of professional conduct. Medical Students In line with best GMC guidance, Medical students should only

- Act as a chaperone for patients examined by the relevant clinical supervisor
- Conduct non-intimate examinations on patients with their clinical partner present, or on their own during year 5 placements.

Medical student should not :

- Conduct intimate examinations on a patient without a clinically qualified chaperone being present (i.e. doctor or nurse)
- Act as chaperone to their clinical partner for intimate examinations.
- Conduct any intimate examination unsupervised even if the patient is happy for them to proceed with the examination.

6. THE CHAPERONE.

The chaperone's main responsibility is to provide a safeguard for all parties (patients and practitioners), as a witness to continuing consent to the procedure/ examination. In order to protect the patient (male or female) from vulnerability and embarrassment, a chaperone should be of the same sex as the patient (unless otherwise stated by the patient). An opportunity should always be given to the patient to decline a particular person if that person is not acceptable to them for any reason. This must be recorded and escalated to the appropriate line manager. The patient will not be asked to give a reason in these cases; however their decision must be respected. The patient will be notified by the HCP that this may delay or even mean the procedure is cancelled until another suitable Chaperone is allocated. The implications for this must be communicated and documented in the patients notes.

6.1 Offering a Chaperone. (Please see appendix A) All patients should be routinely offered a chaperone for intimate procedures as outlined in this policy. 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, ideally at the time of booking the appointment or prior to clinical intervention being undertaken.

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 unless it is professionally appropriate to do for specific safety reasons. In this situation the HCP should discuss and seek advice before providing an explanation and the reasons for this with the patient.
PELC accepts that patients may decline the offer a chaperone for a number of reasons which should be respected where possible. This may be because the patient feels relatively assured, is trusting of the professional relationship and feels comfortable for

the HCP to undertake the procedure without a chaperone and or it may be they do not think it necessary for or require additional support privacy, or in some cases patients may feel embarrassed to have additional staff present.
Clinical situations where a chaperone should always be used are varied. However, there are some cases where the (usually male) doctor may feel unhappy to proceed without a formal chaperone. This may be where a male doctor is carrying out an intimate examination, such as cervical smear or breast examination. Other situations may exist where there is a history of violent or unpredictable behaviour by the patient that is known when the patient attends to see another doctor or health professional.
Patients who lack capacity and therefore are unable to consent to specific procedures are considered most vulnerable and therefore a formal chaperone (and if appropriate informal) should be available. For some patients, the level of embarrassment and anxiety will increase in proportion to the number of other additional staff also present.

PELC advises that the use of a formal chaperone is always considered, particularly in relation to all INTIMATE EXAMINATIOINS which includes: (this list is not exhaustive)

- During gynaecological/intimate examinations or procedures.
- When examining the upper torso of a female patient.
- Intimate and invasive procedures/ examinations before or after sedation
- Intimate and invasive examinations as identified by HCP
- For patients with a history of difficult or unpredictable behaviour, this may or may not be attributable to mental health illness.
- For unaccompanied children.
- For vulnerable adults who lack capacity including those with a learning disability
- Intimate nursing and clinical care interventions e.g. attending to very intimate personal hygiene and toileting requirements If the patient requests a chaperone when attending a clinic, and there is no one immediately available, they should be offered the choice of waiting until a chaperone can be found and being informed of the time this may take to locate one or rebooking for another day when arrangements for a chaperone can be put in place. PELC accepts that where an intimate examination needs to be carried out in a situation which is life threatening, or where speed is essential in the care of the patient; this may be done without a chaperone. It should, however be recorded in the patient's medical/nursing record the reasons for this and full explanation provided as soon as possible after the procedure.

7. Where a Chaperone is needed and not available

Where a suitable formal Chaperone cannot be provided for a specific intimate procedure, a PELC incident form should be completed outlining the reasons and action taken. The immediate line manager must be notified and of any adverse implications this will have on the patient's care and/or treatment discussed with them. In all circumstances the patient must be notified that a chaperone is not available and noted in their notes

. It is the HCP own discretion and not PELC to proceed without the formal chaperone present but this decision remains with the HCP as they will be held accountable for answering any allegations made against them.

If the patient has requested a chaperone and none is available at that time the **patient must be given the opportunity to reschedule their appointment within a** reasonable timeframe should he/she chooses.

If the seriousness of the condition would dictate that a delay would have a negative impact then this should be explained to the patient and recorded in their notes. All attempts must be made to locate a suitable formal chaperone before a decision to continue or otherwise

should be jointly reached and recorded in the patients notes. In cases where the patient is not competent to make an informed decision then the healthcare professional must use their own clinical judgment and record and be able to justify this course of action. Similarly, male nurses are sometimes required to perform intimate tasks on female patients, such as bathing and or rectal vaginal procedures. The patient's consent should be sought prior to the procedure and a female nurse sought if the patient objects to undertake these processes. In all cases of intimate examinations and procedures a formal chaperone must be sought.

8.CONSENT

Consent is a patient's agreement for a health professional to provide care. Before HCP's examine, treat or care for any person they must obtain their valid 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. Staff must refer to the relevant PELC Consent and Mental Capacity policies in relation to this. Staff needs to be mindful that by attending a consultation it is assumed by implied consent that a patient is seeking treatment. However, in line with this policy HCP, must seek informed consent before proceeding with an intimate physical examination which should be recorded in the patient's notes. This means that the patient must be competent to make the decision, have received sufficient information to take and not be acting under duress. When patients are not able to consent for themselves the HCPs should make the decision in the patient's best interests in line with relevent MCA PELC Policies and this must be documented in the patient's notes. When a patient attends a clinic, surgery or allows a health professional into their home, it is taken for granted that they are seeking or accepting treatment, and thus implies that the consent to the recommended treatment by the health professional is given. However, informed consent should be obtained by word or gesture before any examination takes place. This must be documented in the patient's notes. Where more explicit consent is required prior to intimate examinations or procedures, such as an individual who is a minor or has special educational needs, staff should refer to the PELC's Consent Policy.

In the case of any victim of an alleged sexual attack, valid written consent must be obtained for the examination and collection of forensic evidence. In situations where abuse is suspected, great care and sensitivity must be used to allay fears of repeat abuse.

9. Issues Specific To Religion, Ethnicity Or Culture

The ethnic, religious and cultural background of patients 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 same sex 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 communication 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. Health professionals should seek to reassure patients, and limit the degree of nudity and uncover only the part of the anatomy that is to be examined. Language barriers may also be an issue if the healthcare professional is unsure of the patient's understanding. An interpreter, if available, could act as an informal chaperone. (This can also be either informal or formal chaperone that has the skills to translate accurately) In every case the health professional should be able to demonstrate, if challenged, that they have taken all reasonable steps to protect themselves and the patient from allegations of improper behaviour.

10a Issues Specific To Learning Difficulty/Mental Health Problems

For patients with learning difficulties or mental health problems that affect capacity, a familiar individual such as a named family member or professional Carer / HCP may be the best formal chaperone. This must be agreed and documented with the individual and the family member/Carer as part of the overall best interest decision making process. A careful, simple and sensitive explanation of the technique is vital in these circumstances. These patient groups are more at risk of vulnerability and as such, will experience heightened levels of anxiety, distress and misinterpretation. This could potentially lead to a risk of concerns that may arise in initial physical examination such as “touch”, one to one “confidential” settings in line with their existing or previous treatment plans history of therapy, verbal and other “boundary-breaking” circumstances.

10b. Lone Working

Where a health care 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. 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 if possible.

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 are treated as paramount. In this instance the practitioner should consider requesting the presence of a family member or friend to act as an informal chaperone.

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

11.Consent

Consent is a patient’s agreement for a health professional to provide care. Patients may indicate consent non-verbally, orally or in writing. For the consent to be valid, the patient must:

- Be competent to take the particular decision;
- Have received sufficient information to take it; and
- Not be acting under duress.

Valid Consent must be obtained relevant to the procedure/ examination being undertaken. The health professional carrying out the procedure is ultimately responsible for ensuring that the patient is genuinely consenting to what is being done

For children under the legal age of consent (16 years), they and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their cooperation and consent. There is a legal requirement to obtain consent from their legal guardian. However, in light of the Children Order (1995) and the Fraser principle, regard must be given to ‘the ascertainable wishes and feelings of the child concerned considered in light of their age and understanding’.

For patients with learning difficulties or mental illness, 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. Adult patients with learning difficulties or mental illness who cannot give consent and consequently resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned.

It is acceptable for a clinician 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 patients' medical records.

12. Training for Chaperones

It is advisable that members of staff who undertake a formal chaperone role should have undergone local training so that they develop the relevant competencies and skills required for this role.

All staff should have an understanding of the role of the chaperone and the procedures for raising concerns. The level of training will vary according to expectations of the role within different clinical settings. For example an HCA would be expected to assist other clinical staff during an examination, this would be considered inappropriate for a receptionist who was acting as an informal / non clinical chaperone.

However there are key principles applicable to all staff which should be included in any training / educational programme.

- 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, the appropriate conduct during intimate examinations
- Policy and mechanism for raising concerns and accurate recording
- Confidentiality
- An understanding of the diverse needs of patients

While individual staff have a responsibility to ensure that they are aware of the contents of this policy and what is applicable to them, it is the responsibility of the organisation to identify training needs.
The organisation will identify suitable education and training for staff who are required to undertake training and it will be the responsibility of individual line mangers to facilitate attendance. It is recommended that this training should be included as part of initial induction.

13. Dissemination and Implementation of Policy

At PELC we want our patients to feel they matter and that their values, beliefs and personal relationships will be respected. This is applicable to all our patients regardless of their age,

gender, ethnicity, social or cultural background, or their psychological or physical requirements.

This policy will be updated and reviewed three yearly by the Head of Nursing who will ensure staff are alerted to the review updated versions or changes to this policy.

14. References

DOH (2005) *Mental Capacity Act.* London: Dept of Health.

DOH (2009) Reference Guide to consent for examination or treatment. (2nd edition. http://www.dh.gov.uk/

GMC (2006) *Maintaining Boundaries*. General Medical Council London

GMC: Intimate examinations http://www.gmc-uk.org/standards/intimate.htm

NHS Clinical Governance Support Team (2005) *Guidance on the Role and Effective Use of Chaperones in Primary and Community Care Settings: Model Chaperone Framework*. London: Dept of Health.

NMC (2008) *Chaperoning* www.nmc-uk.org/

RCN (2006) *Chaperoning: the role of the nurse and the rights of patients*. Royal College of Nursing London

Appendix A

Chaperones

There are occasions when patients need to be assessed by a Health Care Professional which might involve intimate examinations.
At Partnership of East London Cooperative (PELC) we are committed to putting patients at ease whenever possible and if you wish a chaperone to be present during your examination please do not hesitate to ask the Health care Professional.
It may not be possible for such a chaperone to be to be provided immediately and you might have to return for the examination to be carried out at a mutually convenient time.
Trust is important in the relationship between a Health Care Professional and patient. We would want you to feel that you are able to ask for a chaperone should you require it.

CHAPERONE GUIDANCE FOR GP HOME VISITS

1. Introduction

This guidance is for the use of chaperones and procedures that should be in place for clinical consultations, clinical examinations, investigations and clinical interventions, particularly in relation to intimate procedures. Please refer to PELC Chaperone policy for more details.

The following principles which must always be considered:

- That all medical consultations, examinations and investigations are potentially distressing for individuals and those involving intimate procedures, for example the breasts, genitalia or rectum; or those requiring dimmed lights or the need to undress may make patients feel particularly vulnerable.

- For some people who use our services, whether because of mental health needs and/or learning disabilities, consultations, examinations or procedures of any nature may be threatening or confusing. A chaperone, particularly one trusted by the patient, may help the patient through the process with the minimum of distress.

- For most patients respect, clear explanation, consent and privacy provided to the individual, may take precedence over the need for a chaperone.

- The presence of a third party **does not negate the** need for adequate explanation and courtesy and cannot provide full assurance that the procedure or examination is conducted appropriately.

- **No family member or friend** of a patient should be expected to undertake any formal chaperoning role (ie supporting medical staff to conduct genitalia /breast examination) in normal circumstances **unless explicitly** requested by the patient and recorded.

- The presence of a chaperone during a clinical examination and treatment must always be clearly expressed as the choice of a patient for less intimate procedures *(however the default position should be that* **all intimate** ***examinations*** *are chaperoned unless explicitly refused by the individual and recorded)*

- The patient should at all times have **the right to decline** any chaperone offered. This must be documented in the patient's record and reasons noted.

- Chaperones are most often required or requested where a male examiner is carrying out an intimate examination or procedure on a female patient. However, PELC considers it good practice to offer all patients a chaperone for any examination or procedure, particularly those involving intimate areas, and where the patient feels one is required, regardless of the gender of the

examiner or patient.

- Reported breaches of the Chaperone Policy should be formally investigated by the Clinical Lead, through the PELC's risk management and clinical governance arrangements and treated, if determined as deliberate, as a formal disciplinary and Safeguarding matter.

2. Definition of a Chaperone

A Chaperone is a independent person appropriately trained whose role is to independently observe the examination procedure undertaken by the doctor or health professional to assist the appropriated doctor patient relationship. GMC guidelines on Good Medical Practice 2013 state that Chaperone should be a health professional and you must be satisfied that the Chaperone will be sensitive and respect the patient's dignity and confidentiality.

- Reassure the patient if they show signs of distress or discomfort.
- Be familiar with the procedures involved in a routine intimate examination.
- Stay for the whole examination and be able to see what the doctor is doing.
- Be prepared to raise concerns if they are concerned about the doctor's behaviour or actions.
- Stay for the whole examination and be able to see what the doctor is doing.
- Be prepared to raise concerns if they are concerned about the doctor's behaviour or actions.

3. In what circumstances should a Chaperone be offered.

- With intimate examinations, however, it is important to remember that what can be classed as an intimate examination may depend on the individual patient.
- An examination which involves touching can be an intimate examination.
- Any examination which involves close proximity can be an intimate examination.
- Any examination which involves visual examination of an intimate area should involve a Chaperone.

It may also be appropriate to offer a Chaperone in other circumstance for the whole of the consultation and not just a physical examination.

***Examples are vulnerable anxious patients**.

- Allocated patient were being rotated through practices by the clinical commissioning group.
- Patients with whom there may be difficulty in misunderstanding or differences of recollection in the past.
- Patients who are being seen by trainee doctors or students.

- Patients were religious or cultural approach to a physical examination is different.

4. <u>Why Use a Chaperone</u>

- The presence of a Chaperone gives further protection for a doctor as well as for the patient as it is very rare for an allegation to be made if a Chaperone is present.
- To acknowledge the patient's vulnerability and to ensure a patient's dignity is preserved at all times.
- May assist the health professional in the examination such as undressing or dressing of the patient as required. Provides an emotional comfort and reassurance.

5. <u>What is an intimate examination</u>

*Intimate examinations are such as breast examination, genitalia, rectum.

- But this also extends to any examination in a way it is necessary to touch or be in close proximity to the patient. For example, conducting an eye examination in dim lighting, applying blood pressure cuff, palpitating the apex beat.
- Intimate examinations are embarrassing and distressing for patients and such examinations should be carried out with sensitivity to the patient's perception as to what they may think of as embarrassing/intimate.

6. With opposite sex examinations

- Chaperones should **ALWAYS** be used in intimate examinations such as breasts, genitalia and a rectal examination.
- In other situations where the doctor feels that this is an intimate examination such as a visual examination, a Chaperone should be used.

7. With children between the ages of 16 – 18

- Opposite sex intimate examinations – a Chaperone should be used.
- With the same sex examinations – with intimate examinations a Chaperone should be offered but can be declined by the patient.
- If a Chaperone is used it should be of the same sex as the patient.

8. With children under the age of 18 intimate examinations for 0 – 16 years – a Chaperone should be used

- It is an important part of the examination to explain clearly to the patient beforehand the purpose and method of the examination and during the examination what is being done as well as to explain the findings after the examination is complete. This detail of communication is likely to prevent any misunderstanding by the patient.
- It should be recorded in the notes that verbal consent has been obtained for the intimate examination.

9. When a Chaperone is not available- "URGENT" Assessment

- Such as on a home visit, the Doctor should first consider whether or not on a clinical basis the examination is urgent.
- If the examination is not urgent then it would be appropriate after the explaining to the patient to rearrange the appointment for a mutually convenient time when a Chaperone and the patient is available.

If the examination **clinical indication is deem to be urgent** and the doctor has enough information from the history to indicate that the patient would require an admission to hospital in any event, then it may be appropriate to defer this examination until after the admission, and again explaining to the patient and in the referral letter.

- **Examination is urgent and hospital admission**

If the examination is urgent and hospital admission is not indicated on the history alone there may be occasions when a doctor goes ahead in the absence of a Chaperone.

- **Patient's written consent**

In such circumstances the patient's written consent should be obtained. In addition the fact that the patient was examined in the absence of a Chaperone should be recorded together with the rationale for this.

10. Chaperones Training

Chaperones need to be trained so that they understand what a legitimate clinical examination entails and at what stage it may become inappropriate. Please contact the HR department if you are interested in chaperone training. Chaperones do not have to be medically qualified but they must be:

- A healthcare professional
- Sensitive to the patient's confidentiality
- Prepared to reassure the patient
- Familiar with the procedures involved in the relevant examination
- Prepared to raise concerns about a doctor if misconduct occurs

- Reminder: Please note that family members **cannot** fulfil the role of a Chaperone.
- When offering a Chaperone you will need to establish there is a need for an examination, explain and discuss this with the patient.
- Explain why an examination is necessary and how it will be carried out and give the patient an opportunity to ask questions.
- Obtain and record the patient's consent for the examination.
- If the examination is intimate, explain to the patient that you would like to Chaperone to be present.
- If the patient does not want a Chaperone record this in the notes.

Patient Declines a Chaperone

- If the patient declines a Chaperone and as a Doctor you would prefer to have one explain to the patient that you would prefer to have a Chaperone present with the patient's agreement and arrange for a Chaperone.

- If the patient still refuses the Doctor will have to decide whether to proceed with the examination in the absence of a Chaperone. Guidance for intimate examinations is that the Chaperone must be present.

- It may be possible to arrange the examination by a healthcare professional of the same sex as the patient if that is an issue.

- Be aware of and respect cultural difference and religious beliefs which may also have a bearing on the patient's decision as to whether to have a Chaperone present.

- Give the patient privacy to undress and use a paper drape sheets where possible to maintain the patient's dignity before during and after the examination.

- In line with the expected practise ensure that you explain what you are doing at each step of the examination, keep the discussion relevant and avoid personal comments.

- Record the identity of the Chaperone in the patient's notes.

- Record any other relevant issues or concerns immediately after the consultation.

- Keep the presence of the Chaperone to a minimum necessary period or period agreed with the patient at the outset.

11. In situations where a patient declines a Chaperone

- Even if the **patient declines the offer of a Chaperone** the doctor or nurse may feel that in certain circumstances it may be wise to have a Chaperone present for their own comfort and protection.

- The doctor needs to explain that they would prefer to have a Chaperone. Explain the role of a Chaperone and explore the reasons why the patient does not wish to have a Chaperone and to address any concerns they may have.

- If the patients still declines the doctor will need to decide whether or not they are happy to proceed in the absence of a Chaperone. This decision needs to

be based on the both clinical need and the requirement for protection against any potential allegations.

- Another option is to consider as to whether or not it would be appropriate to ask a colleague to undertake the examination although a Chaperone issue may still prevail. A further option would be to consider referring the patient for secondary care for examination although the Chaperone issue may still prevail.

- The doctor and healthcare professional should always document that a Chaperone was offered and declined together with the rationale for proceeding in the absence of a Chaperone.

12. Where should the Chaperone stand

The Chaperone should be in a position that they are able to properly observe the procedure. They should be present for the whole examination. However, they must not obstruct or give a contradictory or negative opinion during an assessment within earshot of the patient/carer.

13. Mechanism for raising concerns

- Where the Chaperone has concerns it should not be raised with the doctor at the time. Any concerns that the Chaperone has should be raised with the **Service Manager/ Medical Director/ Nursing Director.**

- Clinical staffs who want to take a Chaperone role will usually already have a disclosure and barring service check.

- Non Clinical staff who act as a Chaperone will require and disclosure and barring service check.

- All staff including male and female clinical and non clinical should be provided training in-house by an experienced member of staff. In order for all formal Chaperones to understand the competencies required for the role. Contact Human Resources for Training

14. KEY POINTS

- Inform your patients of PELC's Chaperone Policy.
- Record the offer and declining of a Chaperone in the patient's notes.
- Ensure training of all Chaperones. This is to be reviewed on a regular basis.
- GP's do not have to undertake an examination if the Chaperone is declined.
- Be sensitive to the patient's ethnic, culture and religious background.

- The patient may have a cultural dislike of being touched by a person of another sex or undressing in front of.

Do not proceed with an examination if you feel the patient has not understood due to a language barrier/ mental health/ learning disability.

PELC Policies to consider:

- Safeguarding Adults and Children Policy
- Whistleblowing Policy
- Being open Policy
- Incident Management policy
- Serious Incident Policy
- Chaperone Policy
- Information Sharing Policy
- Lone Working Policy