

SPRING HOUSE MEDICAL CENTRE

CHAPERONE POLICY

1 Introduction and background

The nature of clinical examinations can predispose patients/service users to feelings of vulnerability or distress, particularly where they involve the breasts, genitalia or rectum ('intimate examinations'), dimmed lights, states of undress or long periods of being touched. Each patient will respond differently to these situations, depending on their individual beliefs, views, religion, culture and past experiences.

The presence of a chaperone can fulfil a number of needs for both patient and practitioner.

Safeguard against unnecessary discomfort, pain, humiliation or intimidations during examination

- Provide reassurance to an anxious patient
- Maintain communication and eye-contact (particularly if the practitioner is focused on performing procedures)
- Assist infirm or disabled patient while dressing and undressing
- Protect staff against false allegations of sexual abuse
- Protection against sexual abuse is a useful but exceptionally rare necessity; protection against other forms of real or perceived abuse is more important:

However, chaperones should be used with caution, as their presence can potentially reduce the likelihood of patients/service users confiding sensitive information to their practitioner (such as sexual abuse, previous termination of pregnancy or domestic violence). Some patients/service users also find their distress increases with the number of people present during the examination.

Respect, explanation, consent and privacy are more important than the need for a chaperone for the majority of patients/service users. Adequate explanation and courtesy should be used in all cases.

This policy sets out the approach to the use of chaperones within Spring House Medical Centre

2 Scope

This policy applies to all staff working within the Practice. This includes healthcare and non- healthcare staff, registered and non-registered, medical and non-medical staff. This policy applies to the care of adults and children. For the purpose of this policy anyone under 18 is considered to be a child, as defined in the Children Act (1989).

3 Responsibilities

Each staff member with responsibility for Governance has overall accountability to ensure this policy is implemented within the Practice. The Practice Manager has the responsibility for ensuring there are processes for offering and providing chaperones, in line with this policy, for their service.

The Practice Manager must ensure operating procedures are in place during scheduling to identify mandatory requirements of chaperone and instances where there is a high possibility for the requirement of a chaperone, i.e. when specific intermit examination/procedures are to be undertaken. These specific requests are then factored into staff scheduling to ensure sufficient staffs of the appropriate gender are present to accommodate this requirement.

Each frontline staff member has a responsibility to ensure they implement this policy. The named chaperone is responsible for providing comfort and support for patients/service users/service users. In addition to this, both patients/service users and clinical staff are protected from the potential danger of

being accused of inappropriate behaviour and/or unprofessional conduct during a medical examination of an intimate nature

4 Education and training

The chaperone should have knowledge and understanding of the following:

- What is meant by the term chaperone
- What is an 'intimate examination'
- Why chaperones need to be present?
- The rights of the patients/service users
- Their role and responsibility
- Policy and mechanism for raising concerns
- Communicating with children and young people (if applicable)

5 Definitions

There is no common definition of a chaperone. The needs of the patient, the healthcare professional (or student) and the examination will dictate the role of the chaperone. Broadly speaking their role can be considered in any of the following areas:

Providing emotional comfort and reassurance to patients/service users in a sensitive manner

- To assist in the examination during a procedure (e.g. handing instruments)
- To assist undressing patients/service users
- To provide protection to healthcare professionals against unfounded allegations of improper behaviour
- In very rare circumstances to be able to summon help if there are concerns about violent behaviour

The role expected of the chaperone for each situation must be made clear to both the patient and the chaperone. This includes whether they will take an active part in the examination, procedure or intervention. The Practice Manager will ensure that all reception staff have appropriate and up to date Chaperone training. It is not appropriate, for non-clinical members of staff to comment on the appropriateness of the examination

6 Procedure

6.1 When to use a chaperone

These principles apply irrespective of the gender of the practitioner or the patient. The use of a chaperone falls into two categories:

- where a chaperone is strongly recommended and
- where a chaperone should be offered to the patient.

A Chaperone must be considered for the following situations irrespective of the patients/service user's ability to request a chaperone. A chaperone is strongly recommended in the following situations:

- Difficult psychiatric interviews
- Where there may be a risk of the patient becoming violent or difficult to control
- Where a minor (under 12 years) presents for examination in the absence of a parent or
- During the care of a prisoner (prison officer may act as chaperone)
- Patient intoxicated with alcohol, is under the effect of hallucinogenic drugs or is unconscious
- A chaperone should be offered to the patient in the following situations:
 - All intimate examinations

- Whenever requested by the patient.
- Whenever requested by the clinician.

6.2 Patient Information

Patients/service users should ideally be aware that they can either request or be offered a chaperone prior to the examination. Information on chaperones should be made available via a number of methods:

- Verbally by the clinician/ carer
- Patient leaflet
- Procedure-specific information leaflets
- Information posters in relevant areas (every consultation room and treatment room)

Consideration must be made of the needs of patients/service users who may not be able to consent to the examination (e.g. they lack capacity, are confused or unconscious) and that where possible consent is gained from next of kin / carer as per the Practice Consent Policy.

6.3 Who can act as a chaperone

The chaperone is ideally a clinical health professional, or a specifically trained non-clinical staff member, who meets the following criteria:

- Sensitive and respectful of the patients/service users dignity and confidentiality
- Prepared to reassure the patient if they show signs of distress or discomfort
- Familiar with the procedures involved in the procedure or examination
- Prepared to raise concerns about the health care professional if misconduct occurs
- Ideally be the same sex as the patient
- Ideally be able to liaise with the patient in a common language

The decision about who is capable of chaperoning the patient rests with the clinician responsible for the patient's care at the time of the examination, with consideration of the nature of the situation and the function required of the chaperone at that time. The patient has the right to decline a particular person as chaperone.

The patient may request that a family member or friend be present during the examination, procedure or intervention. This request should almost always be accepted in order to provide support and comfort for the patient.

Situations where this may not be appropriate include where a child is asked to accompany their parent during intimate examination. A family member or friend cannot act as the chaperone, formally witness or take part in the procedure.

The only exception to the above is for radiological procedures during the direct exposure to radiation.

6.4 Offering a Chaperone

All patients/service users should be offered a chaperone during any consultation or procedure

The offer of a chaperone is best made prior to any procedure, ideally at booking, but should always be repeated prior to the procedure.

The majority of patients/service users will not accept a chaperone, usually for a variety of reasons including:

- because they trust the clinician
- think it unnecessary
- require privacy
- are too embarrassed.

The offer of a chaperone and the patient/service users response (accept or decline) must be documented in the case notes.

However, if the clinician is unhappy to proceed it may be possible to arrange for the patient to see another clinician.

The name of the chaperone must be documented in the case notes. Notes must be made by the chaperone and the clinician within the clinical notes

6.5 Where a chaperone is needed but not available

Give the patient the opportunity to reschedule their appointment within a reasonable time frame. If the clinician deems a delay inappropriate this should be discussed with the patient and a joint decision made to continue or not and fully documented in the patient's case notes.

It is acceptable for the clinician to perform an examination or procedure without a chaperone present if the situation is life threatening or speed is essential in the care or treatment of the patient. This must be recorded in the patient's case notes.

6.6 Consent

The Practice consent policy must be followed in all case. Key consideration must be given to

- Consent on behalf of a child
- Adult Patients/service users who are unconscious
- Adult patients/service users with capacity issues
- Adult patients/service users with communication difficulties

6.7 During the examination or procedure

Sensitivity to the patient's privacy and dignity should be displayed by allowing undressing in private and providing suitable coverings. Limit unnecessary delay once the patient has removed any clothing. Only the part of the patient's body that requires examination should be exposed for the shortest time possible. It is seldom the case that an individual should be completely stripped. The patient should be asked to redress and sit up before their condition is discussed to minimise feelings of vulnerability or distress.

During each examination:

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

Wherever possible the examination should be in a closed room, well screened bay and should not be interrupted by phone calls or messages. Offer choice of position for examination if possible. This may help to reduce the sense of vulnerability and powerlessness some patients/service users experience.

Surgical gloves should be worn for intimate examinations. The glove provides a physical barrier separate to hygiene / infection control purposes and helps to keep the examination on a clinical basis. This principle may be extended to other situations. The examination must be stopped if the patient requests it.

In order to minimise disruption of the patient-practitioner relationship the chaperone should only be present for the examination, procedure or intervention.

6.8 Communication and record keeping

The purpose and nature of the examination should be clearly and sensitively explained in terms that the patient can understand and patients/service users should be given an opportunity to ask questions.

Details of the examination, including the presence / absence / availability of the chaperone and information given must be documented in the patient's case notes.

The chaperone should also make a note within SystmOne to confirm that they did attend as a chaperone for that patient.

The chaperone should also wear their named chaperone badge when they are with the patient.

6.9 Children

Children are normally chaperoned by parents, carers or someone known and trusted by the child. The full name of accompanying adult and their relationship to the child should be recoded in the clinical records. Children and their parents or guardians must receive appropriate explanation of the procedure in order to obtain their co-operation and understanding. If a minor presents without a parent or guardian, the healthcare professional must ascertain if they are capable of understanding the need for examination. In these cases consent should be secured and a formal chaperone present for intimate examination. For competent young adults the guidance relating to adults is applicable.

If situations where abuse is suspected healthcare professionals should refer to the local Safeguarding Children Policies regarding any specific issues or concerns.

7 Notifying concerns about staff conduct

Any patient / staff / relative / carer(s) with concerns following the episode of care must be documented in the case notes and addressed where possible.

Information about the Practice complaints process should also be made available. An incident form should also be completed.

8 Implementation

Should any difficulties or delays in implementing this policy be identified they should be reviewed by the Practice Manager.

9 Policy review and monitoring process for review and audit

The Policy will be reviewed once every year or in the event of publication of updated guidance or best practice.

An up to date list of all our trained chaperones will be kept on the notice board within the staff area to inform locums etc.