

306 Medical Centre

Chaperone Policy

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INTRODUCTION

This organisation 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 safety of everyone is of paramount importance.

This policy is designed to protect both patients and staff from abuse or allegations of abuse and to assist patients to make an informed choice about their examinations and consultations.

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they feel one is required. This chaperone may be a friend or family member.

On occasions patients' may prefer a formal chaperone to be present (i.e a trained member of staff). Where this is the case we would usually expect the patient to make the request at the time of booking the appointment so that arrangements can be made, so the appointment is not delayed in any way. Where this is not possible the practice will usually endeavour to provide a formal chaperone at the time of request.

GUIDELINES

Clinicians (male and female) should consider whether an intimate or personal examination of the patient (either male or female) is justified, and whether the nature of the consultation poses a risk of misunderstanding.

All patients should be offered a chaperone for such examinations.

- The clinician should give the patient a clear explanation of what the examination will involve.
- Always adopt a professional and considerate manner - be careful with humour as a way of relaxing a nervous situation as it can easily be misinterpreted.
- Always ensure that the patient is provided with adequate privacy to undress and dress.
- If a patient does not want a chaperone it is good practice to record 'chaperone declined' in the medical record.

Patients who request a chaperone should never be examined without a chaperone being present. If necessary, where a chaperone is not available, the consultation/examination should be re-arranged for a mutually convenient time when a chaperone can be present.

There may be rare occasions when a chaperone is needed for a home visit. The following procedure should still be followed.

WHO CAN ACT AS A CHAPERONE?

In this practice chaperones will usually be provided by the Practice Nursing team. In exceptional cases trained administration staff usually of the same sex as the patient may be considered or other trained staff as necessary. Usually staff considered to act as chaperones should be DBS checked as necessary. Where suitable clinical staff members are not available a GP colleague should be sought or the examination should be postponed.

CONFIDENTIALITY

- The chaperone should only be present for the examination itself, and most discussion with the patient should take place while the chaperone is not present.

- The chaperone should be sensitive and respect the patient's dignity and confidentiality at all times

PROCEDURE

- The clinician will contact the practice nurse (or in exceptional cases trained and DBS checked admin staff member) to request a chaperone.
- The clinician will record in the notes that the chaperone is present, and identify the chaperone.
- Where a patient has requested a chaperone and no chaperone is available the examination should not take place until one is available. The patient should not be permitted to dispense with the chaperone once a desire to have one present has been expressed.
- The chaperone will be able to witness the examination process and not be obscured by the couch curtain.
- The patient can refuse the offer of a chaperone, and this should be recorded in the patient's medical record.
- The following terms can be used and Read coded, Chaperone offered, Chaperone present, Chaperone refused, Chaperone not available.

TRAINING

Clinical (includes nursing) staff who act as a chaperones, usually have a professional understanding of this role or may undergo relevant training as provided by their regulatory body (NMC, GMC etc)/CCG/ Practice, as necessary.

Administration staff may undergo chaperone training as necessary.

FURTHER GUIDANCE

- Chaperone – A brief guide for staff (page 4)
- Intimate Examinations – A brief guide for clinicians (page 6)

Chaperone – A brief guide for staff

A chaperone should usually be a health professional.

However in exceptional cases trained administration staff usually of the same sex as the patient may be considered or other trained staff as necessary to carry out a passive chaperone role such as providing support to the patient and clinician during a procedure/examination or for any other reason as necessary.

Usually staff considered to act as chaperone should have a valid DBS check in place.

Protecting the patient from vulnerability and embarrassment means that the chaperone would usually be of the same sex as the patient. Therefore the use of a male chaperone for the examination of a female patient or of a female chaperone when a male patient was being examined could be considered inappropriate.

Role of the chaperone

There is no common definition of a chaperone and the role varies considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out.

The role will depend on whether the chaperone is expected to carry out an active role, such as participation in the examination or procedure (i.e a nurse during IUCD procedures) or a passive role such as providing support to the patient and clinician during a procedure.

Broadly speaking the role can be considered in any of the following areas:

- Providing emotional comfort and reassurance to patients
- To assist in the examination, for example handing 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
- In very rare circumstances to protect the clinician against an attack
- To witness a consultation, examination/procedure
- An experienced chaperone will identify unusual or unacceptable behaviour on the part of the health care professional.

If you are asked to act as a chaperone you will be an impartial observer and you do not have to be medically qualified. You should however

- Remember you are there as a safeguard for all parties (patient and clinicians) and as a witness to continuing consent of the procedure
- Be sensitive and respect the patient's dignity and confidentiality
- Always introduce yourself when you are invited to enter the room (Name, practice position followed by 'I am here to act as a chaperone')

- Be prepared to reassure the patient if they show signs of distress or discomfort but do not make an unnecessary comments (You can ask if they are ok).
- Be familiar with any procedures involved in routine intimate examination (usually the clinician will talk through the procedure as they perform it)
- Stay for the whole examination
- Be prepared to raise any concerns if any misconduct occurs or any other concerns, with the practice manager.

Training for chaperones

Clinical (includes nursing) staff who act as a chaperone, usually have a professional understanding of this role or may undergo relevant training as provided by the CCG/Practice if necessary.

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 role and responsibility
- Policy and mechanism for raising concerns

Induction of new clinical (nursing etc) staff, to include an overview of their understanding on the appropriate conduct of intimate examination/ procedures.

Induction of new admin staff, to include awareness of chaperone policy and any planned chaperone training as necessary.

Intimate Examinations – A brief guide for clinicians

Intimate examinations can be embarrassing or distressing for patients and whenever you examine a patient you should be sensitive to what they may think of as intimate. This is likely to include examinations of breasts, genitalia and rectum, but could also include any examination where it is necessary to touch or even be close to the patient.

1. Before conducting an intimate examination, you should:

- a. Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.
- b. Explain what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any pain or discomfort
- c. Offer the patient a chaperone and give the patient an opportunity to decline a particular person as chaperone if that person is not suitable to them for any reason.
- d. Get the patient's permission before the examination and record that the patient has given it.
- e. If dealing with a child or young person
 - you must assess their capacity to consent to the examination
 - if they lack the capacity to consent, you should seek their parent's consent
- f. Give the patient privacy to undress and dress, and keep them covered as much as possible to maintain their dignity; do not help the patient to remove clothing unless they have asked you to, or you have checked with them that they want you to help.

2. During the examination, you must follow the guidance 'Maintaining Boundaries' (GMC 2006). In particular you should:

- a. Explain what you are going to do before you do it and, if this differs from what you have told the patient before, explain why and seek the patient's permission
- b. Stop the examination if the patient asks you to.
- c. Keep discussion relevant
- d. Offer reassurance and be courteous
- e. Encourage questions and discussion
- f. Remain alert to verbal and non-verbal indications of distress from the patient
- g. 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.
- h. Any requests that the examination be discontinued at any stage should be respected.
- i. Once the patient is dressed following an examination or investigation, the findings must be communicated to the patient. The professional must consider (asking the patient as necessary) if it is appropriate for the chaperone to remain at this stage.

3. Recording in Patients' notes

- a. Details of the examination including presence/absence of chaperone and information given must be documented in the patient's medical records.

b. For GP records appropriate READ coding is available as follows:

- 9NP0 Chaperone Offered.
- 9NP1 Chaperone Present
- 9NP2 Chaperone Refused
- 9NP3 Nurse Chaperone

For further reading and reference:

- GMC Guidance – ‘Maintaining Boundaries’ (2006) gives information on intimate examinations
- Guidance on the Role and Effective Use of Chaperones in Primary and Community Care settings:
(http://www.lmc.org.uk/visageimages/guidance/2007/Chaperone_model%20framework.pdf)