



Tudor Medical
Matters

Chaperone Policy

For review: January 2020

Introduction:

All clinical consultations, examinations and investigations are potentially distressing. Patients may find some examinations, collectively referred to as intimate examinations particularly intrusive. These can be examinations, investigations or photography involving the breasts, genitalia or anus (including vaginal & rectal examinations). Also, consultations involving dimmed lights, the need for patients to undress or for intensive periods of being touched, may make a patient feel vulnerable. At Tudor Medical Matters, we are committed to providing a safe, comfortable environment where both patients and staff can be protected from abuse or allegations of abuse and to assist patients to make an informed choice about their examinations and consultations. This policy applies to all members of Tudor Medical Matters (and associated staff working at the practice) and will be stored electronically on Atlas and as a hard-copy in the 'Policies' file.

Aims of this policy:

- To set out guidance for the use of chaperones and procedures that should be in place for consultations, examinations and investigations.
- To ensure clear record keeping
- To safeguard patients and clinicians
- To ensure that during consultations, patients understand the chaperone procedure to obtain clear consent
- To safeguard against formal complaints
- To ensure the patient's wishes are respected and they receive safe, effective, dignified care from all staff at Tudor Medical Matters

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 is 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 it is good practice to offer all patients a chaperone if they feel one is required. Chaperone guidance 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.

Definition:

The purpose of this document is to ensure that Tudor Medical Matters meets statutory requirements and minimises risks to patients, professional staff and the organisation, by ensuring that a systematic and planned approach for the provision of chaperones is in place.

A chaperone, in this clinical instance, is a **third-party individual present at a consultation that involves an intimate examination, as a safeguard for all parties and is a witness to continuing consent for the intervention**. A chaperone protects both staff and patients.

Policy Details

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 or 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 in the examination, for example providing patient support & handing instruments during IUD insertion
- To assist with undressing patients (only if the patient consents and wishes for this)
- To provide protection to healthcare professionals against unfounded allegations of improper behaviour
- In very rare circumstances to protect the clinician against an attack
- An experienced chaperone will identify unusual or unacceptable behaviour on the part of the health care professional

Research shows that chaperones are most often required or requested where a male examiner is carrying out an intimate examination or procedure on a female patient. Complaints involving allegations of improper examination by a doctor are very rare, but where allegations of indecent assault during a clinical examination do occur almost all are against a male doctor and a small but significant minority of cases involve a male doctor and a male patient.

It is good practice to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required. Staff should be aware that intimate examinations might cause anxiety for both male and female patients regardless of whether the examiner is of the same gender as the patient. Where possible, it is strongly recommended that chaperones should be clinical staff familiar with procedural aspects of personal examination

Staff should also remember when acting as a chaperone they need to be in view and ear shot of the patient and clinician, otherwise they are technically not chaperoning.

Clarity of Role:

The role of a chaperone should be made clear to both the patient and the person who is undertaking the role.

Non-clinical chaperones should be told if assistance will be needed, such as assisting with undressing, helping on and off the examination bed. The chaperone can decline the role if not comfortable and an alternative offered. The chaperone should ask whether the patient requires assistance with undressing if appropriate and should not assist with this activity if not wanted by the patient.

Type of Chaperone:

The designation of the chaperone will depend on the role expected of them and on the wishes of the patient.

1) Clinical Chaperone -

If the chaperone is to ensure appropriateness of clinical actions i.e. is expected to observe an intimate examination to ensure appropriateness or is to participate in the examination or procedure.

2) Non-clinical chaperone -

If the chaperone is to have a passive role such as providing support to the patient during the procedure, then a non-clinical chaperone would suffice.

3) Informal chaperone -

Many patients feel reassured by the presence of a familiar person, such as a family member or close friend, and this request in almost all cases should be accepted. A situation where this may not be appropriate is where a child is asked to act as a chaperone for a parent undergoing an intimate examination. They may not necessarily be relied upon to act as a witness to the conduct or continuing consent of the procedure. However, if the child is providing comfort to the parent and will not be exposed to unpleasant experiences it may be acceptable for them to be present.

It is inappropriate to expect an informal chaperone to take an active part in the examination or to witness the procedure directly. **Clinicians should be wary of accepting the patient's choice of chaperone, best practice would be to provide a chaperone from the surgery as well**

4) Formal chaperone -

A formal chaperone implies a clinical health professional, such as a nurse, or a specifically trained non-clinical staff member, such as a receptionist. This individual will have a specific role to play in terms of the consultation and this role should be made clear to both the patient and the person undertaking the chaperone role. This may include assisting with undressing or assisting in the procedure being carried out. In these situations, staff should have had sufficient training to understand the role expected of them.

The patient should always be able to decline a chaperone if that person is not acceptable to them for any reason. They should be made aware that to locate a replacement chaperone the procedure may be delayed or necessitate the appointment to be rescheduled. In all cases where the presence of a chaperone may intrude in a confiding clinician-patient relationship their presence should be confined to the physical examination. One-to-one communication should take place separately to ensure confidentiality of information.

Offering a Chaperone:

Although it is good practice for all patients to be routinely offered a chaperone during any consultation or procedure, it does not mean that every consultation needs to be interrupted to ask if the patient wants a third-party present. Ideally the offer of a chaperone should be made prior to the actual consultation via prominently placed posters and verbal information when checking in or booking appointments, although it is recognised that it is not always clear ahead of the consultation that an intimate examination or procedure is required.

A patient notification poster can be found both in the waiting room and the clinical room. 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.

Patients decline the offer of a chaperone for several reasons; because they trust the clinician and therefore think one is unnecessary, require privacy or would find the situation too embarrassing with a third-party present. For some patients, the level of embarrassment increases in proportion to the number of individuals present.

However, there are some cases where the clinician may feel unhappy to proceed unless a chaperone is present e.g. where there is a history of violent or unpredictable behaviour on behalf of the patient or their family member/friend.

If a chaperone is refused by the patient, a healthcare professional cannot usually insist that one is present, but where reasonably practicable in these situations it may be necessary to reschedule the appointment to enable the health professional to seek advice. **If the patient is offered and declines a chaperone, it is important that this is recorded.**

Where a chaperone is needed but not available:

If the patient has requested a chaperone, then 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, record their decision and be able to justify this course of action.

It is acceptable for a doctor (or another member of the health care 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 patients' electronic medical records on Jelly Zone.

Consent:

It is assumed that in attending a consultation a patient is seeking treatment. However, before proceeding with an examination, healthcare professionals should always provide sufficient information for the individual to be able to make an informed decision to give consent. This may be by word or gesture, or some explicit indication that the patient understands the need for examination and agrees to it being carried out. Consent should always be appropriate to the treatment or investigation being carried out, and in some cases written consent should be sought.

Issues Specific to Children:

In the case of children, a informal chaperone would normally be a parent or carer or alternatively someone known and trusted or chosen by the child. For competent young adults the guidance relating to adults is applicable. Ideally a third-party chaperone should also be present in addition to family members.

Children and their parents or guardians must receive an appropriate explanation of the procedure to obtain their co-operation and understanding. If a minor presents in the absence of a parent or guardian the healthcare professional must ascertain if they are capable of understanding the need for examination. In these cases it would be advisable for consent to be secured and a formal chaperone to be present for any intimate examinations.

Tudor Medical Matters staff should refer to the '**Safeguarding: Children Policy**' for further guidance or contact the named GP (Dr Tudor). This policy can be found online (through Atlas) or as a hard-copy in the 'Policies' folder.

Issues Specific to Religion/Ethnicity or Culture:

The ethnic, religious and cultural background of some women can make intimate examinations particularly difficult. Some women have a strong cultural aversion to being touched by men other than their husbands, so in these cases 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.

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, however a careful, simple and sensitive explanation of the technique is vital. Using a family member or friend as the sole chaperone in this instance is not ideal, and an additional chaperone should be present for the examination also.

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. 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, and family members/friends may take on the role of chaperone.

During the Examination/Procedure:

Chaperones will stay within their described role and restrict their participation in the procedure as agreed in advance with the healthcare professional. The chaperone should only be present for the examination itself, and most discussions with the patient should take place while the chaperone is not present to ensure privacy. Details of the examination including presence/absence of chaperone and information given must be documented in the patient's medical records on JellyZone.

During the examination, the chaperone and healthcare professional should:

- Offer reassurance
- Be courteous
- Keep discussion relevant
- Keep patient informed of the procedure

Privacy:

Clinical rooms can be vacated so that patients may undress in private. There should be no undue delay prior to examination once the patient has removed any clothing. All clinical rooms can be locked for privacy and to avoid disturbances. Intimate examination should take place in a closed room and it should be made clear that no one must enter without consent while the examination is in progress. Examination should not be interrupted by phone calls or messages where possible. If the patient decides after or during getting undressed that they do not want to be examined, this should be respected and if preferred offer alternative, i.e. a referral. It is important that chaperones should place themselves inside the screened-off area as opposed to outside of the curtains/screen (as they are then not technically chaperoning).

Training:

It is advisable that members of staff who undertake a formal chaperone role have undergone in-house training such that they develop the competencies required for this role.

Using this policy, these include an understanding of: -

- What is meant by the term chaperone
- What is an “intimate examination”
- Why chaperones need to be offered/present
- The rights of the patient and staff
- Their role and responsibility
- Policy and mechanism for raising concerns

Local induction of new clinical staff should include training on the appropriate conduct of intimate examination.

Additional Chaperone Posters x 2:



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CHAPERONES AVAILABLE

Please ask Dr Tudor or our reception staff if you would like a chaperone during an examination - we are more than happy to arrange this for you.



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