HORTON BANK PRACTICE

CHAPERONE POLICY

1. Horton Bank Practice is committed to providing a safe, comfortable environment where the safety of patients and staff is of paramount importance. A key issue to be addressed is the need for patients experiencing consultations, examinations and investigations to be safe, and to experience as little discomfort and distress as possible. Equally, health professionals are at an increased risk of their actions being misconstrued or misrepresented if they conduct examinations where no other person is present and must minimise the risk of false accusations of inappropriate behaviour.

2. Patients may find any examination, investigation or care distressing, particularly if these involve the breasts, genitalia or rectum (examinations of these areas are collectively referred to as “intimate examinations”). Also consultations involving dimmed lights, close proximity to patients, the need for patients to undress or for intensive periods of being touched may make a patient feel vulnerable.
Chaperoning may help reduce distress, but must be recognised as part of a package of respectful behaviour which includes explanation, informed consent and privacy.

3. Implicit in attending a consultation it is assumed that a patient is seeking treatment and therefore consenting to necessary examinations. However, before proceeding with an examination healthcare professionals should always seek to obtain, by word or gesture, some explicit indication that the patient understands the need for examination and agrees to it being carried out.

4. What is a chaperone?
A chaperone is present as a safeguard for all parties (patient and health professionals) and is a witness to the conduct and the continuing consent of the procedure.
The precise role of the chaperone varies depending on the circumstances. It invariably includes providing a degree of emotional support and reassurance to patients, but may also incorporate:

- assisting in the examination or procedure, for example handing instruments during IUCD insertion
- assisting with undressing, dressing and positioning patients
- acting as an interpreter
- providing protection to healthcare professionals against unfounded allegations of improper behaviour.

Under no circumstances should a chaperone be used to reduce the risk of attack on a health professional.

5. Who may chaperone?

Chaperones may be termed ‘formal’ or ‘informal’.

Informal chaperones

Many patients feel reassured by the presence of a familiar person and this request in almost all cases should be accepted. This informal chaperone may not necessarily be relied upon to act as a witness to the conduct or continuing consent of the procedure. Under no circumstances should a child be expected to act as a chaperone. 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 stay. It is inappropriate to expect an informal chaperone to take an active part in the examination or to witness the procedure directly.

Formal chaperones

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. It is important that chaperones have had sufficient training to understand the role expected of them and that they are not expected to undertake a role for which they have not been trained.
Protecting the patient from vulnerability and embarrassment means that the chaperone would usually be of the same sex as the patient. Although there will be occasions when this is difficult to achieve, 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; this should be carefully considered before proceeding.
The patient should always have the opportunity to decline a particular person as chaperone if that person is not acceptable to them for any justifiable reason.

6. 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
- Policy and mechanism for raising concerns

Induction of new clinical staff should include training on the appropriate conduct of intimate examinations and care. All staff should have an understanding of the role of the chaperone and the procedures for raising concerns.

7. Offering a chaperone

The relationship between a patient and healthcare professionals 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 any patient is entitled to a chaperone if they feel one is required.

It is good practice to offer all patients a chaperone of the same sex as the patient for any consultation, examination or procedure. This does not mean that every consultation or procedure needs to be interrupted to ask if the patient wants a third party present.

The offer can be made through a number of routes including prominently placed posters, practice leaflets and verbal information prior to the event; it may be particularly useful to raise the issue at the time of booking an appointment.

It is not always clear ahead of the event that an intimate or close proximity examination or procedure is required. It may be wise, especially where a male clinician examines a female patient, to repeat the offer of a chaperone at the time of the examination.

Staff should be aware that intimate examinations or care might cause anxiety for both male and female patients and whether or not the examiner is of the same gender as the patient.

8. 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. However, there may be cases where the practitioner may feel unhappy to proceed, for example where there is a significant risk of the patient displaying unpredictable behaviour, or making false accusations. In this case, the practitioner must make his/her own decision and carefully document this with the rationale and details of any procedure undertaken. This may include refusing to meet with the patient alone.

9. Where a chaperone is needed but not available

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 (this may include simply waiting in the clinic or practice until a member of staff arrives on duty). 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 be able to justify this course of action. The decision and rationale should then be documented in the patients' clinical record.

It is acceptable for a doctor (or other appropriate 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' clinical record.

10. Issues specific to children

Children and their parents or guardians must receive an appropriate explanation of the procedure in order 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. (For further advice see the Department of Health publication, seeking consent: working with children).
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007005
In these cases it is advisable for a formal chaperone to be present for any intimate examinations.
In situations where abuse is suspected great care and sensitivity must be used to allay fears of repeat abuse. In these situations healthcare professionals should refer to the local child protection policies and seek specialist advice from the Child Protection Team as necessary.

11. Issues specific to religion, ethnicity, culture and sexual orientation

A fundamental value of Horton Bank Practice is equity of access to its services. The practice's aim is that everybody, irrespective of their gender, age, disability, race, colour, nationality, ethnicity, religion or sexuality will have equal access to services. Furthermore our services will, as far as possible, be sensitive to their individual needs.
Communication and open discussion is the key to obtaining fully informed consent. The healthcare professional and patient should make a judgement together following a discussion that considers the patient's options, needs and concerns. It is most important that the patient is given adequate time to make their decision.
All 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. Some people's ethnic, religious, cultural background and sexual orientation can make intimate examinations particularly difficult. These considerations should be taken into account and discussed, not presumed. We must all recognise that each individual has very different needs and procedures should be performed by a mutually agreed healthcare professional.

12. Issues specific to people with learning difficulties and 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, "touch" as part of therapy, verbal and other "boundary-breaking" in one to one "confidential" settings and indeed home visits.
Adult patients with learning difficulties or mental health problems who resist an examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned. In life-saving situations the healthcare professional should use professional judgement. Where possible the matter should be discussed with a member of the Mental Health Care Team. Advice can be obtained from the PCT's Clinical Quality Team. Please also refer to the Mental Capacity Act Guidelines -
http://nww.bradfordairedale-pct.nhs.uk/NR/rdonlyres/3787FD81-EF33-4DAF-B8BD-66531E773EAD/61379/_MENTALCAPACITYACT2005GUIDELINESFORPRACTICETOCOMP.pdf

13. Suspicion of Abusive Relationships

The patient has a right to have freedom and space to express worries, concerns and potential abuse as well as an examination in a non controlling atmosphere. The onus is on the professional to use an independent chaperone. It is important to have a chaperone in such cases as the documented case notes may be called on at a later date. In the event of the examination of a potentially abused child any extensive examination should only be undertaken by an expert in this field.

In the situation of a non English speaking person being examined the use of an independent interpreter should be enlisted; on no account should family members be used.

14. Lone working

Where a health care professional is working in a situation away from other colleagues, for example in a patient's home or out-of-hours premises, the same principles for offering and use of chaperones should apply. The healthcare professional may be required to risk assess the need for a formal chaperone and should not be deterred by the inconvenience or complexity of making the necessary arrangements. In all instances the outcome must be documented.

15. Patient confidentiality

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. Communication between the health professional and the patient should take place before and after the examination or procedure.

16. Communication and record keeping

The key principles of communication and record keeping will ensure that the healthcare professional and patient relationship is maintained and act as a safeguard against formal complaints, or in extreme cases, legal action.

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 examining or treating them. It is essential that the healthcare professional explains the nature of the examination to the patient and offers them a choice whether to continue. Chaperoning in no way removes or reduces this responsibility.

Details of the examination including presence/absence of chaperone and information given must be documented in the patient's clinical record by the healthcare professional.

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 is good practice to also 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 this should be dealt with immediately in accordance with the practice's Incident Reporting Procedure.

18. Procedure Guidelines

- Gloves should be worn for intimate examinations where there is a risk of contact with body fluids.
- Equipment should be ready for use.
- Examinations should take place in a closed room that should not be entered whilst the examination is in progress.
- Do not ask the patient to undress unless a chaperone is present.
- Give the patient privacy to undress and dress and use a clean drape or paper towelling to maintain the patients' dignity. Do not assist the patient in removing clothing unless you have clarified with them that your assistance is required.
- The chaperone should stand within the curtain surrounding the couch whilst the examination is in progress.
- After undressing there should be no undue delay prior to examination.
- The chaperone should not leave the room until the patient is dressed
- Keep discussion relevant and avoid unnecessary personal comments.
- Health and Safety standards should be maintained at all times.

Appendix A

Checklists

• The chaperone policy is clearly advertised through patient information leaflets, website, and on notice boards.

• All staff are aware of, and have received appropriate information in relation to, the chaperone policy.

• All formal chaperones understand their role and responsibilities and are competent to perform that role.

The following checklist may be helpful for health professionals who undertake intimate examinations or care.

• Establish there is a genuine need for an intimate examination or care.

• Explain to the patient why the examination or care is necessary and give the patient an opportunity to ask questions.

• Offer a chaperone. If the patient does not want a chaperone, record in the patient's clinical record that the offer was made and declined.

• Obtain the patients consent before the procedure and be prepared to discontinue it at any stage if the patient requests so.

• Record in the patient's clinical record that permission has been obtained.

• Once the chaperone has entered the room give the patient privacy to undress and dress. Use screens where possible to maintain dignity.

• 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.

• If a chaperone has been present record that fact and the identity of the chaperone in the patient's notes.

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

Appendix B

Wording for patient leaflet, posters etc

CHAPERONE POLICY

Horton Bank Practice 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 most important.

All patients may have a chaperone present for any consultation, examination or procedure where they feel one is required. This chaperone may be a family member or friend. On occasions you may prefer a trained member of staff to be your chaperone. Wherever possible we ask you to make this request when you make your appointment so that arrangements can be made and your appointment is not delayed in any way. Where this is not possible we will try to provide a formal chaperone at the time of your request. However occasionally it may be necessary for you to wait or to reschedule your appointment.

Your healthcare professional may also require a chaperone to be present for certain consultations in accordance with our chaperone policy.

If you would like to see a copy of our Chaperone Policy or have any questions or comments regarding this please inform reception who will arrange for this to be available.