

Acklam Medical Centre

CHAPERONE POLICY

Last review date	Next review date*	Author	Changes since last review
29.3.21	29.3.23	Catherine Thomas	
21.2.23	21.2.25	Catherine Thomas	No change

*(or sooner if there is an incident, complaint or a change in legislation or guidance).

1. Introduction

This policy is based upon the Model Chaperone Framework for the Role and Effective Use of Chaperones in Primary and Community Settings.

This Policy sets out guidance for the use of chaperones and procedures that should be in place for consultations, examinations and investigations. This policy is also intended to provide practical advice to healthcare professionals working in a variety of locations where availability of a chaperone may not always be possible.

All medical consultations, examinations and investigations are potentially distressing. Patients can find examinations involving breasts, genitalia or rectum particularly intrusive (these examinations are collectively referred to as 'intimate examinations'). Also consultations involving dimmed light (clinical examination of fundi) or the need for patients to undress may make the patient feel vulnerable.

For most patients respect, explanation, consent and privacy 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.

2. Purpose

The aim of this policy is to provide guidance in order to:

- Safeguard patients and staff during episodes of care.
- Prevent misinterpretation of action during consultation examination and treatment, particularly when there is a lack of understanding of the cultural backgrounds of patients.
- Provide a guide to good practice.

This policy applies to all healthcare professionals working with patients in clinical situations within Acklam Medical Centre and in the patients' homes. This policy also covers any non-medical staff who may be involved in providing care.

Within this policy all staff groups will be referred to as the 'healthcare professional'.

3. General Issues

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. 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. However, it is good practice to offer all patients a chaperone for any consultation, examination or procedure where **the patient** feels one is required. This offer can be made through a number of routes including prominently placed posters, practice leaflets and verbal information prior to the actual consultation. Where it is not always clear ahead of the consultation that an intimate examination or procedure is required, it is advisable, especially where a male clinician examines a female patient to repeat the offer of a chaperone at the time of the examination.

Adequate information and explanation as to why the examination or procedure is required should be provided. In addition, careful and sympathetic explanation of the examination technique to be used should be given throughout the procedure being carried out. It is unwise to assume that the patient understands why certain examinations are being conducted or why they are done in a certain manner. For example, patients need to be told why both breasts are examined when they may complain of a lump in only one, or why a vaginal examination maybe necessary if a women complains of abdominal pain or why the testes may be examined in a child with abdominal pain.

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

4. Role of the Chaperone

It is acknowledged that 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.

Broadly speaking the practice considers the role to:

- Providing emotional comfort and reassurance to patients.
- To assist in the examination, for example handing instruments during a procedure.
- To assist with undressing patients.
- To act as an interpreter.
- To provide protection to healthcare professionals against unfounded allegations of improper behavior.
- In very rare circumstances to protect the clinician against an attack.

- An experienced chaperone will identify unusual or unacceptable behavior on the part of the health care professional with all patients in all circumstances.

A chaperone is present as a safeguard for all parties (patient and Practitioners) and is a witness to continuing consent of the procedure.

5. Informal chaperone

Many patients feel reassured by the presence of a familiar person and this request in almost all cases should be accepted. It is accepted that this may be a family member or an individual requested by the patient. 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.

6. 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 healthcare assistant. 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. Common sense would dictate that, in most cases, it is not appropriate for a non-clinical member of staff to comment on the appropriateness of the procedure or examination, nor would they feel able to do so.

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.

The patient should always have the opportunity to decline a particular person as chaperone if that person is not acceptable to them for any reason. 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.

7. Training for Chaperones

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 must 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

8. Practice

8.1 Offering a Chaperone

All patients should be routinely offered a chaperone during any consultation or procedure. This offer should be recorded in the patient notes (Read Code XaZem Chaperone Offered). The offer of chaperone should be made clear to the patient prior to any procedure. 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.

Clinical staff should consider being accompanied by a Chaperone if the patient:

- Requires intimate examination or care
- Is intoxicated with alcohol or is under the effect of hallucinogenic drugs.
- Is mentally impaired or suffers from mental illness.
- Is a child undergoing child protection examination.
- Is a child requiring perineal examination for sexual genito-urinary and elimination disorders
- Is a child who is not accompanied by a person acting in loco parentis and/or where that person is thought to be ineffectual or unreliable.

For some patients, the level of embarrassment increases in proportion to the number of individuals present. If the patient is offered and **does not want a chaperone it is important to record that the offer was made and declined. (Read Code XaEis Chaperone refused)** If a chaperone is refused a healthcare professional cannot usually insist that one is present and many will examine the patient without one.

Patients decline the offer of a chaperone for a number of reasons: because they trust the clinician, think it unnecessary, require privacy,

or are too embarrassed. However, there are some cases where the (usually male) doctor may feel unhappy to proceed. This may be where a male doctor is carrying out an intimate examination, such as cervical smear or breast examination. Other situations are where there is a history of violent or unpredictable behavior on behalf of the patient or their family member/friend.

In these situations it may be possible to arrange for the patient to see another doctor or health professional.

8.2 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. 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 judgment and record and be able to justify this course of action. 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' medical records. Chaperone not available Read Code XaMe5.

8.3 Consent

Implicit in attending a consultation it is assumed that 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. Consent should always be appropriate to the treatment or investigation being carried out.

8.4 Issues specific to children

In the case of children a 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. The age of Consent is 16 years, but young people have the right to confidential advice on contraception, pregnancy and abortion.

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. In these cases it would be advisable for consent to be secured and a formal chaperone to be present for any intimate examinations.

8.5 Issues specific to religion / ethnicity

The ethnic, religious and cultural background of some women can make intimate examinations particularly difficult, for example, Muslim and Hindu women have a strong cultural aversion to being touched by men other than their husbands. 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. 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.

8.6 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. 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 any intimate examination or procedure, must be interpreted as refusing to give consent and the procedure should be abandoned and an assessment should be made of whether the patient can be considered competent or not. If the patient is competent, despite learning difficulties or mental health problems, the investigation or treatment cannot proceed, If on the other hand, the patient is incompetent, the patient should be treated according to his or her own best interests.

9. Lone Working

Where a health care professional is working in a situation away from other colleagues e.g. home visit the same principles for offering and use of chaperones should apply. Where it is appropriate family members/friends may take on the role of informal chaperone. 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.

Health care 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.

10. Procedure

Facilities should be available for patients to undress in a private, undisturbed area. There should be no undue delay prior to examination once the patient has removed any clothing.

- Explanations must be given to the patient regarding the examination/procedure and should include potential risks pain or discomfort
- Details of the explanation and patient responses should be documented in patient's notes.
- Explanation regarding the role of the chaperone should be given to the patient.
- **If the patient declines the offer of a chaperone this must be clearly documented in the patient's notes. Read Code XaEis**
- If for any reason a chaperone is unavailable the reason must be clearly documented in the patient's notes.
- A relative or friend of the patient may be considered suitable but if not it may be necessary to postpone or discontinue the consultation until an appropriate person is available. This should be documented in the patient's notes.
- If necessary an interpreter should be provided.

During an intimate examination both the chaperone and healthcare professional must:

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

Intimate examination should take place in a closed room or well-screened bay that cannot be entered while the examination is in progress. Examination should not be interrupted by phone calls or

messages. 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. 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.

Any requests that the examination be discontinued should be respected.

NB The chaperone must stand inside the curtains and at the head of the bed (if appropriate) at all times during the examination.

11. Intervention

In **extreme cases** it may be necessary for a chaperone to intervene for example:

- Lack of patient dignity/inappropriate contact.
- Compromised safety either environmental or violence and aggression by staff or patient.
- Lack of informed patient consent.
- Insufficient explanation to the patient prior to obtaining consent
- When treatment continues after patient withdraws consent.
- Lack of confidentiality
- Where communication is compromised e.g. language hearing visual or speech impairment or learning disability.

12. Concerns

Any concerns raised by staff/ patient/ relative(s) or carer(s) following the episode of care must be documented in the patients' record and an incident report form must be completed as per the Practice Significant Event Reporting Policy.

13. Communication and Record Keeping

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 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 proceed with that examination at that time. The patient will then be able to give an informed consent to continue with the consultation. Details of the examination including

presence/absence of chaperone and information given must be documented in the patient's medical records.

Chaperone Offered	Read Code XaZem
Chaperone Refused	Read Code XaEis
Chaperone Not Available	Read Code XaMe5
Chaperone Present	Read Code XaEir
Nurse Chaperone	Read Code XaF0C

The chaperone must record their name and presence at the examination in the patient's medical record.

14. 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 any patient is entitled to a chaperone if they feel one is required.

This policy 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.

Acknowledgement:

The Chaperone Policy for James Cook University Hospital

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