**BILSTON FAMILY BPRACTICE**

**BILSTON HEALTH CENTRE, PROUDS LANE,**

**BILSTON, WEST MIDLANDS WV14 6HY**

# CHAPERONE POLICY

Implementation Date: August 2006

Reviewed: May 2022

Next Review: May 2025

Responsibility: Practice Manager

**POLICY STATEMENT**

The Practice is committed to providing a safe, comfortable environments where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

Wherever a clinician is required to perform an intimate examination of a patient the patient should be offered the opportunity to have a chaperone present. A chaperone should always be made available in accordance with this policy.

This policy provides guidance on procedures and standards for best practice for all health care professionals working within the practice.

This policy will be clearly advertised through the practice website and on the notice board.

Patients are encouraged to ask for a chaperone if required at the time of booking appointment wherever possible.

All healthcare professionals are aware of, and have received appropriate information in relation to, this chaperoning policy.

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

**This Policy Relates to:**

The general principles of best practice relating to providing a chaperone, the role of the chaperone, types of chaperone, training, specific circumstances, consent, documentation and data recording.

**INTRODUCTION**

The chaperone policy is for the benefit of both patients and healthcare professionals.

It provides guidelines for the appropriate use of chaperones in different care settings.

It also provides practical advice to healthcare professionals working in a variety of locations where the availability of a chaperone may not always be possible. This policy is based on guidance from the National NHS Clinical Governance Support Team from a document entitled “Guidance on the role and Effective Use of Chaperones in Primary and Community Settings.” June 2005.

All medical consultations, examination and investigations are potentially distressing. Patient can find examinations or investigations involving the breast, genitalia or rectum particularly intrusive (these examinations are collectively referred to as “intimate examinations”). In addition, consultations involving dimmed lights, the need for patients to undress or for intensive periods of being touched may make a 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.**

**SCOPE OF GUIDANCE**

The policy applies to all healthcare professionals working within the practice, including all medical staff, doctors, nurses, health care assistants, allied health professionals, medical students, radiographers, GP’s, pharmacists, general dental practitioners, optometrists, and complementary therapists working with individual patients in surgeries, clinic situations, wards, departments, out-patients and in the patient’s home. It includes all care settings. This policy also covers any non-medical personnel who may be involved in providing care. In this guidance all staff groups covered will be referred to as the “healthcare professional”.

**GENERAL PRINCIPLES**

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.

It is not always clear ahead of the consultation that an intimate 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 examination.

Adequate information and explanation as to why the examination or procedure is required should be provided and where necessary, easily understood literature and diagrams can support this verbal information. 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 whey they may complain of a lump only in one, or why the vaginal examination maybe necessary if a woman complains of abdominal pain or why the testes may be examined in a child with abdominal pain.

**Attention must be given to the environment ensuring adequate privacy is afforded to maintain dignity.**

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.

**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. The role of the chaperone is to protect the patient. The chaperone should observe the full examination, inside the privacy curtain. They should assist or reassure the patient where necessary and ensure that consent is continuing throughout the procedure. The chaperone has a duty to speak up should they have any concerns regarding behavior or consent during the procedure.

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

**TYPE OF CHAPERONE**

The designation of the chaperone will depend on the role expected of them and on the wishes of the patient. It is useful to consider whether the chaperone is required to carry out an active role – such as participation in the examination or procedure or have a passive role such as providing support to the patient during the procedure.

Many patients feel reassured by the presence of a familiar person and this request in almost all cases should be accepted. However, this should not be classed as a chaperone and they should not take an active part in the examination or to witness the procedure directly.

Formal Chaperone

A formal chaperone implies a clinical health professional, such as a nurse, allied healthcare professional 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 consultations 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.

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. The chaperone should be impartial to both the clinician and the patient.

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 after the examination.

**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 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 responsibilities
* Policy and mechanism for raising concerns

Induction of new staff should include training on the appropriate conduct of intimate examination. Trainees should be observed and given feedback on their technique and communication skills in this aspect of care.

**All staff should have an understanding of the role of the chaperone and the procedures for raising concerns. All staff should feel supported in raising any concerns and feel confident to come forward.**

**OFFERING A CHAPERONE**

All patients should be routinely offered a chaperone during any consultation or procedure. This does not mean that every consultation needs to be interrupted in order to ask if the patient wants a third party present. The offer of chaperone should be made clear to the patient prior to any procedure, ideally at the time of booking the appointment.

If the patient is offered and does not want a chaperone it is important to record in the patient’s notes that the offer was made but declined. If a chaperone is refused a healthcare professional cannot usually insist that one is present and many will examine the patient without one.

However, there are some cases where the doctor may feel unhappy to proceed. In these situations it may be possible to arrange for the patient to see another doctor or health professional.

**WHERE A CHAPERONE IS NEEDED BUT NOT AVAILABLE**

If the patient has requested a chaperone and none is available at the 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 recorded 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 of treatment of the patient. This should be recorded in the patients’ medical records.

**CONSENT**

Implicit in attending a consultation it is assumed that the patient is seeking treatment and therefore consenting to necessary examinations. However before proceeding with an examination, healthcare professionals should always seek to obtain, by work 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.

**Special Circumstances**

There may be special situations where more explicit consent is required prior to intimate examinations or procedures, such as where the individual concerned is a minor or has special educational needs. In these circumstances individuals should refer to the practice policy for consent to examination or treatment.

**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. Patients may be accompanied by another minor of the same age. 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 and it has been made clear that the law is not intended to prosecute mutually agreed sexual activity between young people of a similar age, unless it involves abuse or exploitation. However, the younger the person, the greater the concern about abuse or exploitation. Children under 13years old are considered of insufficient age to consent to sexual activity, and the Sexual Offences Act 2003 makes clear that sexual activity with a child under 13 is always an offence.

In situations where abuse is suspected great care and sensitivity must be used to allay fears of repeat abuse.

**Healthcare professionals should refer to the local Child Protection policy for any specific issues which is available within the practice.**

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

**ISSUES SPECIFIC TO RELIGION/ETHNICITY OR CULTURE**

The ethnic, religious and cultural background of some patients can make intimate examinations particularly difficult for them, 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 or imaging. Wherever possible, particularly in these circumstances, a female healthcare practitioner should perform the procedure.

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 should be used to ensure full understanding of the procedure to be undertaken. 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. A careful simple and sensitive explanation of the technique is vital. The patient group is a vulnerable one and issues may arise in initial physical examination, “touch” as part of the 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. Assessing best interests must take into account the potential for physical and psychological harm but in some situations it may be necessary (to secure the patients best interests) to proceed in an appropriate manner which, in some cases, may mean examination under anaesthetic. In life-saving situations the healthcare professional should use professional judgement and wherever possible discuss with the member of the Mental Health Care Team.

**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 it is important to ensure that examinations and procedures are carefully and clearly explained to patients and that they have the opportunity to give informed consent. It is important to record this information and that a chaperone was not available in the patients’ medical records.

**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.**

**DURING THE EXAMINATION / 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.

**During an intimate examination**

* Offer reassurance
* Be courteous
* Keep discussion relevant
* Avoid unnecessary personal comments
* Encourage questions and discussion
* 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 at any stage during the examination. If the nature of the examination changes due to findings – clinician should explain the reason for the change and gain consent again.

**WEARING OF GLOVES**

During an intimate internal examinations surgical gloves must be worn. The glove acts as a physical barrier, keeping the examination on a clinical basis, limiting the possibility of sexual connotations. Situations where a healthcare professional may reasonably not wear gloves would be in a life-saving situation where gloves are not available. Healthcare professional should always seek to carry gloves when on call.

**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.

Recording in Patients’ notes

Details of the examination should be recorded, including that the patient was offered a chaperone, whether or not they requested one, if a chaperone was present or absent and if absent when one was requested the reasons for not providing a chaperone must be recorded. This information must be documented in the clinical record.

If a chaperone is present their name and job title should be documented in the records to help if there are any queries around the consultation/examination.

If the patient expresses any doubts or reservations about the procedure and the healthcare professional feels the need to reassure them before continuing. 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 and a report is required this should be completed immediately after the consultation. Incidents should be reported to the Practice Manager who will make a record through a Significant Event and a full investigation will follow.

**SUMMARY**

Chaperone guidance is for the protection of both patients and staff and this guidance should always be followed. The key principles of communication and record keeping will ensure that the practice/patient relationship is maintained and act as a safeguard against formal complaints, or in extreme cases, legal action.

**CHECKLIST FOR IMTIMATE EXAMINATIONS**

* **Establish there is a genuine need for an intimate examination and discuss with the patient.**
* **Explain to the patient why an examination is necessary and give the patient the opportunity to ask questions.**
* **Offer a chaperone. If the patient does not want a chaperone, record that the offer was made and declined in the patient records.**
* **Obtain the patients consent before the examination and be prepared to discontinue the examination at any stage at the patient’s request.**
* **Record that permission has been obtained in the patients notes.**
* **Once the chaperone has entered the room, give the patient privacy to undress and dress. Use drapes 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 discussions relevant and avoid personal comments.**
* **If a chaperone has been present record that fact and the identity of the chaperone in the patient’s records.**
* **Record any other relevant issues or concerns immediately following the consultation.**