

Staines Road Surgery

CHAPERONE POLICY

Purpose

To ensure that Staines Road Surgery provides an environment where the safety of patients is of paramount importance. In this regard, the Practice will take steps to ensure that any patient undergoing an examination or investigation is confident that they are able to do so with a minimum of discomfort, by having a chaperone with them. This policy is also necessary in order to protect health professionals conducting such examinations within their premises, by having another person present, in addition to the patient, in such circumstances.

Policy

This policy outlines the principles that are required to be in place for appropriately chaperoning patients whilst they are undergoing examinations, investigations and care. It is based on the Model Chaperone Framework published by the NHS Clinical Governance Support Team, in June 2005. Its aim is to protect both patients and healthcare professionals and should be adhered to by all clinicians and others working on their behalf, in accordance with the principles listed below.

Patients may find any examination distressing, particularly if these involve the breasts, genitalia or rectum (known as "intimate examinations"). Also consultations involving dimmed lights, close proximity to patients, the need for patients to undress and being touched may make a patient feel vulnerable. In these circumstances, chaperoning may help to alleviate any possible distress alongside a respectful attitude on behalf of the person conducting the consultation.

Before proceeding with any examinations, the relevant healthcare professional should always ensure that they have made attempts to obtain some indication from the patient that they understand why the examination is necessary and that they have given their consent that this should take place.

The presence of a chaperone safeguards both the patient and healthcare professional and is a witness to the conduct and the continuing consent of the procedure.

In addition to providing emotional support and reassurance to the patient, the chaperone may also assist by:

- Providing protection to healthcare professionals against unfounded allegations of improper behaviour.
- Assisting in the examination or procedure, for example handing instruments during IUCD insertion
- Assisting with undressing, dressing and positioning patients

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

Chaperones may be termed 'formal' and 'informal'.

- Informal Chaperones

Patients may feel reassured by the presence of a familiar person and this request in almost all cases should be accepted. However, a child should not be expected to act as a chaperone in any circumstances, though it may be appropriate for them to stay with a parent as long as they will not be exposed to unpleasant experiences. An informal chaperone should not be expected to take part in the examination or to directly witness the procedure; nor should they necessarily be relied upon to act as a witness to the conduct or continuing consent of the procedure.

- Formal Chaperones

A 'formal' chaperone would normally be a clinical health care professional, such as a nurse or a healthcare assistant. This person 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 chaperone. They should have received sufficient training for them to be able to understand the role expected of them and should not be expected to undertake a role for which they have not been trained for.

In order to protect the patient from vulnerability and embarrassment the chaperone would normally be of the same sex as the patient. If this is difficult to achieve i.e. where the patient is requesting a male chaperone, then a male GP could be called upon to act as the chaperone or the patient could be offered a further appointment with a male GP.

The patient has the right to decline having a particular person as a chaperone, if there are justifiable reasons as to why that person is unacceptable.

Any member of staff undertaking a formal chaperone role should undergo training to inform them of their roles and responsibilities in such circumstances. Any training of new clinical staff should include the above training.

Where a practitioner has known a patient for a long time and has the complete trust of the patient, it may be deemed unnecessary for that patient to have a formal chaperone. However, it should always be understood that the patient has a right to a chaperone should they feel that they require one and it is good practice to offer all patients a chaperone of the same sex for any examination or procedure. If this offer is declined, then this should be formally recorded.

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

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 details of any procedure undertaken.

If a suitable chaperone is unavailable at the time of the appointment then the patient should be given the opportunity to re-schedule this within a reasonable timeframe. If such a delay is inappropriate, because of the seriousness of the patient's condition, then this should be explained to the patient and a decision agreed between the practitioner and the patient. In such cases where the patient is not competent to make an informed decision then the healthcare professional must use his or her own clinical judgement and be able to justify this course of action. The decision and rationale should be formally documented in the patient's notes.

In a situation where an intimate examination is required because it is life threatening or where speed is essential in the care or treatment of the patient, then it is acceptable for a healthcare professional to proceed without a chaperone. However, this should also be recorded in the patient's notes.

Issues specific to children

An explanation of any procedure should be given to children and their parents or guardians beforehand, in order to obtain their co-operation and understanding. If a minor presents without a parent or guardian then the healthcare professional must assess their capability to understand the need for an examination. In such 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 advice from the Child Protection Lead/Team as necessary.

Issues specific to religion, ethnicity, culture and sexual orientation

The differing needs of patients should be taken into account, particularly where any of the above issues could make the individual particularly sensitive to any intimate examination. Any procedure should be fully discussed and agreed with the healthcare professional. Any patients undergoing an examination should be given the opportunity to limit the degree of nudity by, for example, uncovering only that part of the anatomy that requires investigation. Where a patient's ethnic, religious, cultural background or sexual orientation could make intimate examinations particularly difficult, these considerations should be taken into account and fully discussed and mutually agreed with the healthcare professional before any procedure is undertaken.

Issues specific to people with learning difficulties and mental health problems

In cases of patients with learning difficulties or mental health problems that affect capacity, then it is likely that the best chaperone will be someone familiar to them, such as a family member or carer. A simple and sensitive explanation of the technique is vital. This patient group is a vulnerable one and issues may arise with physical examination.

In cases of adult patients with learning difficulties or mental health problems who resist an examination or procedure, then this must be interpreted as refusing to give consent and the procedure must be abandoned. In life-saving situations the healthcare professional should use their clinical judgement. Where possible the matter should be discussed with a member of the Mental Health Care Team.

Non English speaking patients

In the case of the examination of a non-English speaking patient, an independent interpreter should be brought in. It may also be appropriate to have a formal chaperone present, alongside the interpreter. In such circumstances, a family member or interpreter should not be used as a formal chaperone.

Sedation

If circumstances require the sedation of a patient for a particular procedure, then a chaperone must be present throughout the procedure and during the recovery period. This is to protect the vulnerability of the patient, but also to have an independent person present to recall the events as they occurred, in the case of a patient whose recollection or understanding is impaired.

Lone Working

Healthcare professionals working in a situation where they are alone, such as during a home visit, should follow the same guidelines in offering a chaperone where necessary. They should bear in mind that they could be required to risk assess the need for a formal chaperone in any given situation and should ensure that this is put in place despite any difficulties with arrangements for doing so. It should also be fully documented.

Patient confidentiality

The presence of a chaperone should be confined to the physical examination so that patient confidentiality is maintained and their presence does not intrude on the confiding clinician-patient relationship. In this regard, communication between the healthcare professional and the patient should take place before and after the examination or procedure.

Communication and Record Keeping

It is important that the key principles of communication and record are maintained to ensure that the healthcare professional and patient relationship is maintained and to act as a safeguard against formal complaints, or in extreme cases, legal action. The majority of patient complaints arises from a failure in communication between both parties, either in the practitioner's explanation or the patients understanding in the process of examination or treatment. It is the healthcare professional's responsibility to explain the nature of the examination and offers them a choice as to whether or not they wish to continue. Chaperoning in no way removes or reduces this responsibility. Details of the examination including the presence or absence of a chaperone and the information given must be formally documented in the patient's clinical record. The records should make clear from the history that the 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 Incident Reporting Procedure.

