



The Whitehorse Practice

Person(s) responsible for review of this protocol: Dr. N. Arjun (Senior Partner) Milaine Borthwick-Ezekiel (Manager)		
CHAPERONE POLICY		
Date of last review 02/02/16		Date of next review 02/02/17

INTRODUCTION

This policy is designed to protect both patients and staff from abuse or allegations of abuse and to assist patients to make an informed choice about their examinations and consultations.

The Whitehorse Practice currently uses clinically staff ie. Practice Nurses

BEST PRACTICE

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").

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, and must be recognised as part of a package of respectful behaviour which includes an explanation, informed consent and privacy.

- The clinician should give the patient a clear explanation of what the examination will involve.
- Always adopt a professional and considerate manner beware of using humor as it could be misinterpreted.
- Always ensure that the patient is provided with adequate privacy to undress and dress.
- Ensure that a suitable sign is clearly on display in each consulting or treatment room offering the chaperone service if required.
- Patients who request a chaperone should never be examined without a chaperone being present.
- If necessary, where a chaperone is not available, the consultation / examination should be rearranged for a mutually convenient time when a chaperone can be present.
- Consideration should also be given to the possibility of a malicious accusation by a patient.
- There may be rare occasions when a chaperone is needed for a home visit. The following procedure should still be followed.

CONSENT

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.

For further information and guidance about consent :
www.doh.gov.uk/consent

WHAT IS A CHAPERONE?

A chaperone is present as a safeguard for all parties (patients 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 Intra Uterine Contraceptive Device (IUCD) insertion
- Assisting with undressing, dressing and positioning patients
- 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. Where such concerns arise, The Procedure of Care for Patients who are violent and abusive must be followed.

WHO CAN ACT AS A CHAPERONE?

Chaperones can be termed as Formal or Informal.

Although a variety of people can act as a chaperone in the practice. Where possible, it is strongly recommended that chaperones should be clinical staff familiar with procedural aspects of personal examination.

Where suitable clinical staff members are not available the examination should be deferred.

Informal chaperones

Often during a procedure or examination the presence of a familiar person is reassuring to patients, this request in almost all cases should be accepted.

Informal chaperones 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 nonclinical staff member specifically trained in the role of the chaperone.

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 and the patient would be offered a choice wherever possible.

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 reason.

DBS CLEARANCE / RISK ASSESSMENT

Practice staff that may be used as formal chaperones must be risk assessed to ensure appropriate DBS checks are carried out and staff are certified as trained before they undertake any chaperone duties.

Training should be updated annually and recorded in the staff training record.

TRAINING FOR CHAPERONES

Non-clinical 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
- Specific workplace induction of new staff should include training on the appropriate conduct of intimate examinations and care where appropriate.
- All staff should have an understanding of the role of the chaperone and the procedures for raising concerns.

OFFERING A CHAPERONE

The relationship between a patient and healthcare professionals is based on trust. It is good practice to offer all patients a chaperone of the same sex during a consultation, examination or procedure wherever possible.

This does not mean that every consultation or procedure needs to be interrupted to ask if the patient wants a third party present.

It is not always clear ahead of the event that an intimate or close proximity examination or procedure is required. GP's are advised 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 irrespective of the gender of the examiner.

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.

WHERE A CHAPERONE IS REQUESTED 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' medical 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' medical record.

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 an under 16 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).

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 Croydon CCG's Child Protection Policy and seek specialist advice from the Safeguarding Children's Team as necessary.

ISSUES SPECIFIC TO RELIGION, ETHNICITY, CULTURE AND SEXUAL ORIENTATION

These considerations should be taken into account and discussed, not presumed.

All staff must recognise that each individual has very different needs and procedures should be performed by a mutually agreed healthcare professional.

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 when a patient requires a physical examination. It is also advised that a chaperone is present at the time of 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 Community Services Clinical Quality Team. GP's advised to also refer to the Mental Capacity Act Guidelines, (www.dca.gov.uk/legal-policy/mental-capacity/guidance.htm)

SUSPICION OF ABUSIVE RELATIONSHIPS

The patient has a right to express any concerns and/or potential abuse as well as an examination in a non-controlling atmosphere.

The onus is on the clinician to use tact and diplomacy to exclude the oppressor from the room and to use an independent chaperone.

Al record is made the patients notes and an explanation given as to the nature and purpose of the recording, patients MUST have the opportunity to decline to give consent.

The Whitehorse Practice currently does not use Virtual Chaperone Technology. Should this be implement in the future the practice will ensure that all risks associated with such technology are explored safeguards to address these put in place.

LONE WORKING

Where a clinician is working in a situation away from other colleagues, for example in a patient's home the same principles for offering and use of chaperones apply.

The clinician 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 in the patients' notes.

PATIENT CONFIDENTIALITY

The chaperone should only be present for the examination itself, and most discussion with the patient should take place while the chaperone is not present.

Patients should be reassured that all practice staff understand their responsibility not to divulge confidential information.

See GMC guidelines.

COMMUNICATION AND RECORD KEEPING

The key principles of communication and record keeping will ensure that the clinician - 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 due to misunderstanding or communication problems.

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.

RECORD KEEPING

Details of the examination including presence/absence of chaperone and any information given must be documented in the patient's medical record by the clinician.

The data entry should show the most appropriate read code

The healthcare professional should also make any relevant notes and record the name of the chaperone on the clinical system at the time of the consultation.

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 Croydon Community Services Incident Reporting, Investigation and Review Procedure.

PATIENT INFORMATION SHEETS/CHAPERONE POSTERS

The patient Information Sheet/Chaperone poster summarises key points of the chaperone policy and is visible to patients in the reception/patient waiting areas.

Information sheets are available on the shared drive of the clinical system to hand to patients when requested or required.

EQUALITY AND DIVERSITY

This policy has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist.

For example, the ethnic, religious and cultural background of some women can make intimate examinations particularly difficult.

Muslim and Hindu women have a strong cultural aversion to being touched by men other than their husbands.

By having a chaperone of the same sex as the patient present the examination may be made more acceptable.

Where a chaperone is unavailable an alternative will be sought like rebooking the appointment for a later date when a chaperone is available or at an alternative site if correct gender of chaperone not available.

TRAINING

Any training requirements will be identified within an individual's Personal Development Plan and training will be arranged via Croydon CCG.

Appendix1

PROCEDURE TO REQUEST AND DOCUMENT WHEN A CHAPERONE IS PRESENT/ CHAPERON DECLINED/CHAPERONE NOT AVAILABLE APPROPRIATE CHAPERONE BEHAVIOR DURING A PROCEDURE OR EXAMINATION

- The clinician will contact Reception to request a chaperone.
- Staff will record in the patients notes that a chaperone was offered (usually at the time of booking the appointment).

- Clinicians will record before the examination or procedure that a chaperone was present, and identify the chaperone.
- Clinicians will also document when a patients declines a Chaperone.

The Read Codes required are:

- **Z1821 - Chaperone offered**
 - **Z1824 - Nurse Chaperone**
 - **Z1822 - Chaperone present**
 - **Z1823 - Chaperone refused**
 - **9NP4 - Chaperone not available**
- Where no chaperone is available the examination will not take place – the patient **should not normally be permitted to dispense with the chaperone once a desire to have one present has been expressed.**
 - The chaperone will enter the room discreetly and remain in room until the clinician has finished the examination.
 - **The chaperone will normally attend inside the curtain at the head of the examination couch and watch the procedure.**
 - To prevent embarrassment, the chaperone should not enter into conversation with the patient or GP unless requested to do so, or make any mention of the consultation afterwards.
 - **The chaperone will make a record in the patient's notes after examination.** The record will state that there were no problems, or give details of any concerns or incidents that occurred.
 - The patient can refuse a chaperone, and if so this **must** be documented in the patient's medical record.