



# CHAPERONE POLICY

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## Approval

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## Glossary

Term	Description

## 1 INTRODUCTION

This policy is aimed at providing 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, investigations involving the breasts, genitalia or rectum particularly intrusive (these examinations are collectively referred to as "intimate examinations") Also consultations involving dimmed lights, the need for patients to undress or for intensive periods of being touched may make a patient feel vulnerable.

## 2 GUIDANCE

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.

## 3 BACKGROUND

Recent public inquiries, such as the Clifford Ayling Inquiry, have made a number of recommendations into the use of chaperones in primary and community care settings, specifically around who should undertake the role of chaperone and the training for the role. The recommendations have been discussed in the light of practicality and suitability for primary and community care and with wide range of stakeholders, this guidance reflects those discussions.

The most commonly identified issues that restrict the offer and use of chaperones were availability of chaperones and the time constraints when one is required.

## 4 GENERAL ISSUES

Chaperones are most often required or requested where a male clinician is carrying out an intimate examination or procedure on a female patient.

Complaints involving allegations of improper examination by a clinician are very rare. Where allegations of indecent assault during a clinical examination do occur almost all are against a male clinician and a small but significant minority of cases involve a male clinician and a male patient. However, it is good practice for a health organisation 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 the 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 when they may

complain of a lump in only one, or why a vaginal examinations maybe necessary if a woman complaints of abdominal pain or why the testes may be examined in a child with abdominal pain.

## 5 ROLE OF 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. Their role can be considered in any of the following areas:

- Providing emotional comfort and reassurance to patients
- To assist with undressing patients
- To act as an interpreter
- To provide protection to healthcare professional against unfounded allegations of improper behaviour

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

## 6 TYPE OF CHAPERONE

The designation of the chaperone will depend on the role expected of them and on the wishes of the patient.

### 6.1 Informal chaperone

Many patients feel reassured by the presence of a familiar person and this request in almost all cases should be accepted. 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.

### 6.2 Formal chaperone

A formal chaperone implies a clinical health professional, such as a nurse, or a 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 understanding 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.

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 clinical-patient relationship their presence should be confined to the physical examination. One-to-one communication should take place after the examination.

## 7 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.

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.

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 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.

## 8 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 or be referred to another service. For example, within a Badger Primary Care Centre the options would be to use a trained receptionist as a chaperone. If, in very rare situations, where the seriousness of the condition would dictate that a delay is inappropriate, this should be explained to the patient and recorded in their notes.

A decision to continue or otherwise should be jointly reached. In the Badger working environment, where it is unlikely that the clinician will have prior knowledge of the patient, there is likely to be a higher risk of complaint than in day time general practice. It is therefore generally advisable **not** to undertake intimate examinations without a chaperone unless this is essential and the reasons for any decision, and explanation to the patient, must be documented. In cases where the patient is not competent to make an informed decision then the healthcare professional must use their own clinical judgement and record and be able to justify this course of action.

It is acceptable for a clinician 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' records.

## 9 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 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.

### 9.1 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.

### 9.2 Issue 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.

Healthcare professionals should refer to local Safeguarding Board Policy for any specific issues.

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.

### 9.3 Issues Specific to Religion/Ethnicity or Culture

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

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.

### 9.4 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.

Adult patient 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 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. In life saving situations the healthcare professional should use professional judgement and wherever possible discuss with a member of the Mental Health Care Team.

## 10 LONE WORKING

Where a healthcare 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 member/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. In the Badger situation of home visiting, this will normally mean arranging for the patient to be seen in hospital for the examination if this cannot wait until normal working hours. However, in **very rare** cases where this is not an option, due to the urgency of the situation (such as severe PV bleeding from a miscarriage) then good communication and record keeping is paramount.

## 11 COMMUNICATION AND RECORD KEEPING

The most common cause of patient complaints is a failure on the patient's part to understand what the healthcare professional was doing in the process of treating them. It is essential the healthcare professional explains the nature of the examination to the patient and offers them a choice of whether to proceed with the 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 records.



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 would be good practice to 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 and a report is required this should be completed immediately after the consultation.

## 12 WEARING OF GLOVES

During an intimate internal examination, it is strongly recommended that surgical gloves be worn. The glove acts as a physical barrier, keeping the examination on a clinical basis, limiting the possibility of sexual connotations.

## 13 SUMMARY

Patients are not normally 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.

In the particular working environment of Badger clinicians, where prior knowledge of the patient is unlikely, and a long term trusting relationship between patient and clinician will not exist, the risks are higher and the default position should be **not** to undertake intimate examinations without a formal chaperone.

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 healthcare professional relationship is maintained and act as a safeguard against formal complaints, or in extreme cases, legal action.

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**CHECKLIST FOR CONSULTATIONS INVOLVING INTIMATE EXAMINATIONS**

1. Establish there is a genuine need for an intimate examination and discuss this with the patient.
2. Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.
3. Offer a formal chaperone. If the patient does not want a chaperone, record that the offer was made and declined in the patients notes. Consider deferring examination, if not essential, or referring the patient to another service for examination and further management. In the Badger working environment, intimate examination without a formal chaperone is unwise and informal chaperones, such as family members, cannot be considered to offer the clinician adequate protection against complaint.
4. Obtain the patients consent before the examination and be prepared to discontinue the examination at any stage at the patient's request.
5. Record that permission has been obtained in the patients notes.
6. Once chaperone has entered the room give the patient privacy to undress and dress. Use drapes where possible to maintain dignity.
7. 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.
8. If a chaperone has been present record that fact and the identity of the chaperone in the patients notes.
9. Record any other relevant issues or concerns immediately following the consultation.