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Introduction

Certain investigations and treatments require a health professional to undertake intimate examinations of a patient; failure to do so could be deemed negligent. The role of the chaperone is to protect the interests of the patient and also the examining professional, maintaining a climate of trust and honesty.

Scope of the Guidelines

These guidelines apply to all healthcare professionals working for BADGER. The guidelines also cover any non-medical personnel who may be involved in providing care. The use of the feminine gender equally implies the male and similarly the use of the male gender equally implies the female.

Rationale

Intimate examinations or procedures and situations where the patient or professional may be vulnerable (i.e. for physical, cultural or psychological reasons), can understandably be stressful and embarrassing for patients. Health professionals must endeavour to ensure the patient's comfort, dignity and privacy. The role of the chaperone is both to protect the interests of the patient and also those of the examining professional.

The role of Chaperone is as an advocate for the patient, helping with explanations during the examination or procedure. The GMC (2006) states that arrangements should be made for a chaperone to be present if intimate examinations or procedures are carried out in situations that may be open to misinterpretation. DOH (2000) suggests doctors, nurses and other health care professionals should consider being accompanied by a chaperone when undertaking intimate examinations and procedures to avoid misunderstandings and, in rare cases, accusations of abuse. The RCN (2002) suggest the chaperones should be able to assess the patient's understanding and be a reassuring presence, safeguarding against any unnecessary discomfort, pain, humiliation or intimidation.

Intimate Examinations

For the purpose of this guidance intimate examination should always be viewed from the patient's perspective and sensitivity to individual beliefs and views are always important, particularly where religious or cultural influences may be at play. An intimate examination is one in which the patient could reasonably be expected to experience discomfort or embarrassment at exposing one or more parts of their body for clinical examination. This will usually include examinations of the breasts, male and female external genitalia, the female pelvis (via vaginal examination) and the anus, anal canal and rectum in both men and women. However, some patients may experience discomfort or embarrassment at the thought of other forms of physical examination due to religious or cultural reasons.

Sexualised Behaviour

Medical examinations **MUST** be carried out within a professional context. It is highly important that the language and behaviour of the practitioner reflects their role in the interaction and is designed to avoid causing the patient any potential misunderstanding or distress. Any touching of the patient that is not absolutely necessary in the context of the examination is inappropriate. An unusually protracted intimate examination or inappropriate questioning of a sexual theme may be interpreted as a form of sexualised behaviour. The health professional must keep in mind that the touch involved in intimate investigations and procedures would be a violation in any other context and consider carefully if he or she should proceed with an intimate examination even when the patient has refused a chaperone. Any practice that falls outside these parameters either in cases of intimate examinations or in other clinical situations may give rise to suspicions of sexualised behaviour.

Best Practice Guidelines

Prior to undertaking any clinical examination the health professional should:

- Explain why the examination is needed, giving the patient opportunity to ask questions and discuss concerns.
- Explain what the examination will involve, reassuring the patient if they are likely to experience pain or discomfort.
- Ensure the patient's consent is obtained before the examination; this may be verbal or written dependent on the procedure or intervention. Consent should be documented in the patient record.
- Offer a chaperone. The health professional should record that the offer was made and whether it was accepted or declined. If a chaperone is present the health professional should record that fact and make a note of the chaperone's identity.

If for justifiable reasons a chaperone cannot be offered the health professional should explain that to the patient, offer to delay the examination or procedure to a later time; the

health professional should record the discussion and its outcome. Where it is appropriate, family member or friends may take on the role of informal chaperone. This applies particularly to parents of young children. However where it is felt the examination could be misinterpreted by the patient it is always recommended to use an independent chaperone.

Where 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 record and be able to justify this course of action.

Health professionals should also be aware of and consider cultural and learning difficulty issues that may require a chaperone or a same sex doctor or nurse. Remarks of a personal nature must be avoided. Familiar terms such as pet, love and darling must not be used. It is recommended that the patient is addressed formally during their examination.

During the examination:

- The patient must be provided with privacy to undress and dress to maintain dignity.
- The health professional or chaperone should not assist the patient in removing clothing, unless confirmation has been given by the patient that assistance is required.
- Professionals must be prepared to stop if the patient so requests.
- Attention must be given to the environment ensuring adequate privacy is afforded to maintain dignity.
- Uncover only that part of the patient's anatomy that requires investigation. Intimate examinations may, for some patients, evoke memories of a personal adverse event such as rape or sexual abuse. The health professional undertaking the examination and the chaperone, if required, should be aware of increases in anxiety and distress and offer to stop the procedure immediately. Continuation of the examination should only occur when the patient feels happy to do so. Any such event must be documented in the patient's notes.

The Chaperone - Appropriateness

It is important for all healthcare professionals working in BADGER to be aware that in the case of intimate examinations or procedures:

- They should consider requesting a chaperone if they feel at risk, and the patient should be given the opportunity to request a chaperone.
- They should ensure that a record is made regarding the offer of a chaperone, and, whether this was declined, or a chaperone was in fact present.

If patients refuse to have a chaperone present, and the healthcare professional feels that they may be at risk, the healthcare professional should not carry out the procedure and

explain to the patient that it will only be carried out in the presence of a chaperone. Attempts should be made to agree an acceptable chaperone with the patient.

Duties (Role and Responsibilities)

The chaperone role might be undertaken by a Registered Nurse, a healthcare assistant or other healthcare support staff. The role of the chaperone is not that of clinical assistant for the procedure. The chaperone role is to act as advocate for the patient, helping to explain what will happen during the procedure and the reason why. An experienced chaperone will identify unusual or unacceptable behaviour on the part of the health care professional. They will be a reassuring presence during the examination, safeguarding against any unnecessary discomfort, pain, humiliation or intimidation; being present with the healthcare professional and the patient at all times during the examination thus witnessing the procedure and safeguarding the position of the health professional.

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. Children and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their co-operation and understanding.

Issues Specific to Religion/Ethnicity or Culture

The ethnic, religious and cultural background of some women can make intimate examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others. 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 may be able to double as an informal chaperone.

Issues Specific to Vulnerable Adults

For patients with learning disabilities or mental health problems that affect their mental 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 patients with learning disabilities or mental health problems who resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned.

Home Visiting

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. In some cases appropriate family members or friends can take on the role of informal chaperone,

particularly when the patient is a child. In cases where a formal chaperone would be appropriate, i.e. more intimate examinations, the healthcare professional would be advised to reschedule the examination to a more convenient location if possible. Where it is felt the examination could be misinterpreted by the patient it is always recommended you ensure an independent chaperone is available. However in cases where this is not an option, for example due to the urgency of the situation, then good communication skills, explicit consent and record keeping are paramount.

Any patient requesting a chaperone should be encouraged to attend the local treatment centre. Where this is not possible the Team Leader should explore alternative support from the treatment centre to support the home visiting doctor. If in doubt please contact the Medical Director on call.