

STUDHOLME MEDICAL CENTRE CHAPERONE POLICY

To be read in conjunction with Consent Policy

Original: September 2012 Jo Thompson
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Introduction

This policy sets out guidance for the use of chaperones and procedures that should be in place for clinical consultations, examinations and investigations

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

Recommendations

A relative or friend of the patient would not be a suitable chaperone, however we would comply with a reasonable request to have a friend or relative present in addition to a chaperone. The presence of a chaperone must be the clearly expressed choice of a patient (however the default position should be that all intimate examinations are chaperoned). Chaperoning should only be undertaken by chaperone-trained staff and not untrained administrative staff.

Chaperones are ideally a fellow GP, Nurse Practitioner, Nurse or one of our Pharmacists. If these are not available then it may be necessary to re-book the appointment. The patient has the right to decline any chaperone offered if they so wish

Chaperone service is made known to patients on our website and via notices in each consulting room.

After the consultation if the Chaperone has any concerns these should be notified in writing to the Partners. Reported breaches of the chaperoning policy will be investigated by the Partners and if determined as deliberate, as a disciplinary matter.

Scope of Policy

This policy applies to all healthcare professionals, including medical staff, nurses, midwives, healthcare assistants, allied health professionals, medical students, and in the patient's home. This guidance 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'. The use of the feminine gender equally implies the male and similarly the use of the male gender equally implies the female

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 procedure being carried out. Broadly speaking their role can be considered in any of the following areas:

- Providing emotional comfort and reassurance to patients
- To assist in the examination, for example handling instruments during IUCD insertion
- To assist with undressing the patients
- To provide protection to healthcare professionals against unfounded allegations of improper behaviour
- To identify unusual or unacceptable behaviour on the part of the healthcare professional

Training for Chaperone

Training includes 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 eg. advocate
- Policy and mechanism for raising concerns

Only trained staff will be used for chaperoning. Our policy is not to use receptionists or administration staff for chaperone duties only trained staff can be used. A list of trained staff is on the shared drive. Please ask the staff member if they are trained prior to using them if you are unsure.

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 a 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.

The patient can decline a particular person if that person is not acceptable to them for any reason. The patient will not be asked to give a reason in these cases, their decision must be respected and reported in their notes. The patient will be notified by the Health Care Professional that this may delay or mean the procedure is cancelled until another suitable Chaperone is allocated. The implications for this must be communicated and documented in the patient's notes.

However, there are some cases where the doctor may feel unhappy to proceed. This may be where a male doctor is carrying out an intimate examination, such as cervical smear or breast examination. Other situations are when there is a history of violent or unpredictable patient behaviour.

Where a Chaperone is needed and not available

If the patient has requested a chaperone and none are available at that 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 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.

It is acceptable for a doctor (or other appropriate member of the healthcare 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.

Consent

Consent is a patient's agreement for a health professional to provide care. Before your examination, treatment or care for any person you must obtain their consent.

There is a basic assumption that every adult has the capacity to decide whether to consent to, or refuse, proposed medical intervention, unless it is shown that they cannot understand information present in a clear way.

By attending a consultation, it is assumed by implied consent that a patient is seeking treatment. However, before proceeding with an examination the patient's informed consent is obtained. This

means that the patient must be competent to make the decision; have received sufficient information to take it and not be acting under duress

When patients are not able to consent for themselves they should be treated in their best interests

Children over 16 can consent for themselves without their decision being referred to their parents or guardians, however it is good practice to involve the parents, but this must be decided by the young person

A person with parental responsibility can consent for a child under 16 unless the child is deemed to be 'Gillick competent'

Also refer to consent policy and MCA guidelines.

Issues specific to Children

Parents will not be automatically used as chaperones for their children as a Registered Nurse/Nursery Nurse should be present. However, in the event a child does not wish for the nurse to be present a parent can be present as a chaperone for their child. In this event the role should be clearly explained to the parent and their consent sought

Lone Working

When a healthcare professional is working in a situation away from the other colleagues eg. home visit, the same principles for offering the 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 visit for when a chaperone can be present.

Healthcare professionals should note that they are an increased risk of their actions being misconstrued if they conduct 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 to examination once the patient has removed any clothing

Intimate examination should take place in a closed room or in ward settings screened bays must not be entered without consent while the examination is in progress. Examination should not be interrupted by phone calls or messages

Once the patient is dressed following an examination the findings must be communicated to the patient. If appropriate this can be used as an educational opportunity for the patient. The professional must consider (asking the patient if necessary) if it is appropriate for the chaperone to remain at this stage

Any requests that the examination be discontinued should be respected

During an intimate examination:

- Offer reassurance
- Be courteous
- Keep discussion relevant
- Avoid unnecessary personal comments
- Encourage question and discussion
- Remain alert to verbal and non verbal indications of distress from the patient

Communication and Record Keeping

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 including presence/absence of chaperone and information given must be documented in the patient's medical records.

For GP records appropriate READ coding is available

9NP0 Chaperone offered
9NP1 Chaperone Present
9NP2 Chaperone Refused
9NP3 Nurse Chaperone

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

Summary

The relationship between a patient and their practitioner is based on trust. A practitioner may have no doubts about a patient they have known for a long time and feel it is not necessary to offer a formal chaperone. Similarly, studies have shown that many patients are not 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.

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

APPENDIX 1

Checklist for consultations involving intimate examinations

- Establish there is a genuine need for an intimate examination and discuss this with the patient
- Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions
- Offer a chaperone and/or invite the patient to have a family member/ friend present. If the patient does not want a chaperone, record that the offer was made and declined in the patients' notes
- Children should be given the opportunity to have parents present if they wish. If a child does not want a nurse to be present during an intimate examination then the parents can act as chaperones, ensuring that the role is fully explained and consent sought
- 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 patient's notes
- Once 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 discussion relevant and avoid personal comments
- If a chaperone has been present record that fact and the identity of the chaperone in the patients notes
- Record any other relevant issues or concerns immediately following the consultation