



2.16 Chaperone Policy

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B. Document Details

Organisation:	Personal Health Service Ltd
Current Version Number:	1.3
Date Approved:	November 2020
Review Date	November 2023 (or before if required)

C. Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
1.0	Nov 2013		CQC Registered Manager	
1.1	Nov 2016			
1.2	Nov 2019		Louise Miller	
1.3	November 2020	Guy Mayou	Bryan Mayou	Re chaperone's declined by patients

INTRODUCTION

Patients can find some consultations, examinations, investigations or procedures distressing and may prefer to have a chaperone present in order to support them. It is good practice to offer all patients a chaperone for any consultation, examination or procedure, or where the patient feels one is required.

Examples of consultations or procedures which **may** make the patient feel particularly vulnerable include the need to undress, the use of dimmed light or intimate examinations involving the breasts, genitalia or rectum.

All patients have the right, if they wish, to have a chaperone present during an examination, procedure or treatment. Staff should be sensitive to differing expectations with regard to race, culture, ethnicity, age, gender and sexual orientation, and whenever possible, the chaperone should be of the same gender as the patient.

1. PURPOSE

To produce a coordinated approach to the use of chaperones during consultations, examinations and procedures carried out within the Clinic.

2. SCOPE

This policy applies to all employees including bank and agency staff working on behalf of the clinic and involved in the direct care of patients, and any others who may be asked to chaperone patients.

It sets out guidance on the use of chaperones within the Clinic and is based on recommendations from the General Medical Council, Royal College of Nursing, NHS Guidance and the findings of the Ayling Inquiry (2004) and recommendations of the Verita Report (2015).

3. DEFINITIONS

Chaperone: There is no common definition of a 'chaperone' and the role varies according to the needs of the patient, the healthcare professional and the examination or procedure being carried out. It is acceptable for a friend, relative or carer to be present during a procedure if that is the wish of the patient: this should be documented. For this policy the following definitions are used:

A formal chaperone: A healthcare professional, with appropriate chaperone training:

- Medical and registered staff and healthcare support workers, who have undertaken the clinic orientation training.

A relative or friend of the patient is not usually an impartial observer and would not be a suitable formal chaperone, but you should comply with any request to have such a person present, as well as a chaperone.

An informal chaperone: Family member, friend, legal guardian, non-clinical staff member, medical or junior healthcare assistant.

It is mandatory within the clinic that a formal chaperone is present for all intimate examinations and the treating practitioner must insist on this

Intimate examinations: these include examinations of breasts, genitalia and rectum. Cultural and diversity influences may affect what is deemed 'intimate' to a patient.

(For a checklist of measures to undertake prior to examination, please see *Appendix 1*)

4. DUTIES AND RESPONSIBILITIES

All Healthcare Professionals

All healthcare professionals should be aware of, and comply with, the chaperone policy. Staff are also responsible for reporting any incidents or complaints relating to the use of chaperones.

Managers

Managers are responsible for the implementation of the chaperoning policy.

The role of the Chaperone

The role of the chaperone may vary according to the clinical situation and can include:

- Providing the patient with physical and emotional support and reassurance
- Ensuring the environment supports privacy and dignity
- Providing practical assistance with the examination
- Safeguarding patients from humiliation, pain distress or abuse
- Providing protection to healthcare professionals against unfounded allegations of improper behaviour
- Identifying unusual or unacceptable behaviour on the part of the healthcare professional
- Providing protection for the healthcare professional from potentially abusive patients

Chaperones should:

- Be sensitive and respectful of the patient's dignity and confidentiality
- Be familiar with the procedures involved in routine intimate examinations
- Be prepared to ask the examiner to abandon the procedure if the patient expresses a wish for the examination to end
- Ensure their presence at the examination is documented by the examining professional in the patient's notes or electronic record
- Be prepared to raise concerns if misconduct occurs and immediately report any concerns to a senior colleague.

5. PROCESS

6.1. Good practice

It is good practice to offer all patients a chaperone for any consultation, examination or procedure where a patient feels one is required.

If a patient prefers to undergo an examination/procedure without the presence of a chaperone this should be respected and their decision documented in their clinical record, **unless the examination is an intimate examination or procedure, when a chaperone is mandatory.**

An intimate examination is defined as an examination of the breast, genitalia or rectum and applies to both female and male patients. (An exception to this may be made for the examination of male breast tissue, decided on a case-by-case basis).

In order for patients to exercise their right to request the presence of a chaperone, a full explanation of the examination, procedure or treatment to be carried out should be given to the patient. This should be followed by a check to ensure that the patient has understood the information and gives consent.

To protect the patient from vulnerability and embarrassment, consideration should be given to the chaperone being of the same sex as the patient wherever possible.

Facilities should be available for patients to undress in a private, undisturbed area. There should be no undue delay prior to examination once the patient has removed any clothing.

Examinations should take place in a closed room or well screened bay that cannot be entered without consent while the examination is in progress. During the examination the examiner should:

- Be courteous at all times
- Offer reassurance
- Keep all discussion relevant to the examination and avoid personal comments
- Remain alert to any verbal and non-verbal signs of distress from the patient
- Respect any requests for the examination to be discontinued
- Document the name and presence of the chaperone in the patient's notes or electronic record.

6.2. Documentation

The name and role of the chaperone present, and whether 'formal' or 'informal' must be documented in the patient's notes or electronic record. If the patient is offered a chaperone and declines the offer, this must also be documented.

6.3. Where a chaperone is declined by the patient

If the patient has declined a chaperone for an intimate examination, the practitioner must explain clearly to the patient why a chaperone is necessary. In this case, the patient may wish to consider requesting referral to an alternative care provider. The examination should not proceed without a chaperone. Exceptions to this are specified in this policy.

Any discussion about chaperones and the outcome should be recorded in the patient's notes or electronic record. That the offer of a chaperone was made and declined should always be recorded.

6.4. Where a suitable chaperone is not available

Every effort should be made to provide a chaperone. If either the practitioner or the patient does not want the examination to go ahead without a chaperone present, or if either is uncomfortable with the choice of chaperone, the examination may be delayed to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health

6.5. Patients with individual needs

Patients with communications needs or learning disabilities must have formal chaperone support from healthcare professionals.

Family or friends who understand their communication needs and are able to minimise any distress caused by the procedure could also be invited to be present throughout any examination.

Staff must be aware of the implications of the Mental Capacity Act (2005) and cognitive impairment. If a patient's capacity to understand the implications of consent to a procedure, with or without the presence

of a chaperone, is in doubt, the procedure to assess mental capacity must be undertaken. This should be fully documented in the patient's notes or electronic record, along with a rationale for the decision.

6.6. Issues specific to children and young people under the age of 18 years

It is mandatory for **all** children and young people under the legal age of consent (16 years) to be seen in the presence of another adult.

This may be a parent, acting as an informal chaperone. A parent **or** informal **or** formal chaperone must be present for any physical examination; the child should not be examined unaccompanied. Any intimate examination **must** be carried out in the presence of a formal chaperone.

Parents or guardians must receive an appropriate explanation of the procedure in order to obtain their informed consent to examination.

A parent or carer or someone already known and Cliniced by the child may also be present for reassurance.

For young adults, who are deemed to have mental capacity, the guidance that relates to adults is applicable.

6.7. Cultural and religious issues

The cultural values and religious beliefs of patients can make intimate examinations and procedures difficult and stressful for themselves and healthcare professionals. Clinicians must be sensitive to the needs of patients and their specific requirements understood (through the use of interpreters if appropriate) and whenever possible complied with.

6.8. Anaesthetised patients

Prior to intimate examination on an anaesthetised patient, the patient should be appropriately consulted and written, signed consent obtained in advance.

6.9. Intimate personal care

'Intimate personal care' is defined as the care associated with bodily functions and personal hygiene, which require direct or indirect contact with, or exposure of, the sexual parts of the body. It is recognised that much medical and nursing day-to-day care is delivered without a chaperone as part of the unique and trusting relationship between patients and practitioners.

However, staff must consider the need for a chaperone on a case-by-case basis, mindful of the special circumstances outline in this policy, and patients should always be offered the opportunity to have a chaperone if they wish. Staff must be aware that patients of diverse cultures may interpret other parts of the body as intimate.

It is not necessary to request a chaperone for assisting infants and young children with care, such as nappy changing.

6.10. Other circumstances

A formal chaperone must be used when examining or treating patients:

- who are unconscious

- for whom English is not their first language, causing communication difficulties
- Who are vulnerable for other reasons not specified in this policy?

6. TRAINING REQUIREMENTS

All staff members who act as formal chaperones must have sufficient understanding of the requirements of the role and requisite skills to act as a chaperone. It is the line manager's responsibility to provide local training via guidance and shadowing opportunities to ensure that staff acting as a chaperone is fully aware of their responsibilities as outlined in this document.

7. PATIENT AWARENESS

Patient should be aware of their right to request a chaperone both in Clinic and in communications before they arrive for their appointment

8. REFERENCES.

GMC (2013), Intimate Examinations and Chaperones; http://www.gmcuk.org/guidance/ethical_guidance/21168.asp

NMC: The code. Professional standards of practice and behaviour for nurses and midwives. (2015). <https://www.nmc.org.uk/standards/code/>

Independent investigation into governance arrangements in the paediatric Haematology and oncology service at Cambridge University Hospital NHS foundation Clinic following Myles Bradbury case. A report for Cambridge University Hospital Foundation Clinic October (2015)

9. EQUALITY IMPACT STATEMENT

The Clinic is committed to ensuring that, as far as is reasonably practicable, the way we provide services and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

APPENDIX 1: Checklist for chaperones

1. Establish there is a genuine need for an 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 chaperone and explain who the chaperone would be and what their role would be.
4. If the patient would like a chaperone but no one is available, or the patient is not happy with the available chaperone, rearrange the appointment for a time when a suitable chaperone is available.
5. If the practitioner would like a chaperone present but the patient does not agree, postpone the appointment until a suitable solution can be found, or refer the patient back to the GP if suitable (unless it is an emergency situation).
6. Obtain the patient's consent before the examination and be prepared to discontinue the examination at any stage at the patient's request.
7. Record that consent has been obtained in the patient's notes.
8. Once the chaperone has entered the room give the patient privacy if he/she needs to undress. Use drapes/screens to maximise the patient's privacy and dignity.
9. 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 discussions relevant and avoid personal comments.
10. Record the identity of the chaperone, relationship to the patient, and whether a 'formal' or 'informal' chaperone, in the patient's notes.
11. Record any other relevant issues or concerns immediately following the consultation.