Chaperone Policy

Oct | 2019

Responsible Committee: Clinical Governance

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Supersedes: New Policy

Next Review Due: October 2023

Version: 1.0

1 Introduction

SELDOC Healthcare, in keeping with its organisational ethos, is committed to the provision of safe, high quality services, where both patients and workforce can be confident that best practice is being followed and the safety of patients and workforce is of utmost importance.

1.1 This policy is for the protection of both patients and staff and aimed at providing practical advice to health professionals working in a variety of locations where availability of a chaperone may not always be possible. This guidance should always be followed.

1.2 The policy is based on the key principles of communication and record keeping. Comprehensive patient records will ensure that the health professional /patient relationship is maintained and act as a safeguard against formal complaints, or in extreme cases, legal action.

1.3 This policy should not be seen to replace any other professional guidance or organisational polices.

1.4 For many patients, respect, explanation, consent and privacy takes precedence over the need for a chaperone. The presence of a chaperone does not negate the need for adequate explanation and courtesy and does not provide full assurance that the procedure or examination is conducted appropriately.

1.5 However, SELDOC Healthcare recognises that all medical consultations, examinations and investigations may be potentially distressing for patients, particularly where examinations require the patient to undress or where the examination is of an intrusive or intimate nature.

1.6 To help avoid misunderstandings and to minimise embarrassment for all concerned during intimate examinations or procedures, this guidance has been devised.

1.7 This policy is therefore in place for the benefit of both patients, staff and health professionals and adheres to local and national guidance.

2 Background

Outcomes following the recent Public Inquiries, such as the Richard Neale Inquiry (Department of Health 2004), and Clifford Ayling Inquiry (Department of Health 2004), Veritas Report 2015, and recent made a number of recommendations regarding the use of

chaperones in primary or community care settings. These do however need to be considered, in the light of practicality and suitability within the primary / community setting, especially for Out of hours and in hours visiting GPs and clinicians.

2.1 Chaperones are most often required or requested where a male examiner is carrying out an intimate examination or procedure on a female patient. Whilst SELDOC Healthcare acknowledges a chaperone should be offered to all patients for intimate examination, and where possible this will be done, there may be times when a chaperone may not be available. This policy describes the options available to clinicians in these circumstances.

2.2 Intimate examinations are not a part of the regular activities and the usual degree of contact or the extent of any examination of the patient will be very low. Nonetheless, patients should be given adequate information and explanation as to why any examination or procedure is required.

2.3 The Clinician should not assume that the patient understands why certain examinations are being conducted or why they are done in a certain manner.

Examples

Patients need to be told why both breasts are examined when they may complain of a lump in only one,

or

Why a vaginal examination may be necessary if a woman complains of abdominal pain,

or

Why the testes may be examined in a child with abdominal pain.

2.4 Health Care Professionals should be aware that intimate examinations might cause anxiety for both male and female patients whether or not the examiner is of the same gender as the patient.

2.5 Healthcare professionals should remember that they are at an increased risk of their actions being misconstrued or misinterpreted if they conduct intimate examinations where no other person is present. High quality contemporaneous record keeping i.e. taking a history and recording such should justify the need for any subsequent examination.

A checklist to follow is attached at Appendix 1

3 Scope

This policy applies to all healthcare professionals working for SELDOC Healthcare who undertake patient consultations, examinations or procedures, and applies to any /all care environments that SELDOC Healthcare is commissioned for provision of services. This policy will be circulated to all clinical staff to raise awareness.

3.1 Whether a health professional is carrying out home visits or working alone in a surgery or Urgent Care Centre, the offer of chaperones should still apply. In cases where a chaperone is required but not available i.e. for intimate examinations, it is advisable to reschedule the examination to enable the presence of another colleague either at the home visit or at the clinic base. Where this is not an option, i.e. where the situation is urgent, then communication and record keeping are paramount. Patient safety must remain the priority at all times.

4 Respect and Dignity

- All Health professionals and staff need to introduce themselves and at all times wear their identity badge which includes name status and designation
- Patients will at all times be treated with respect and dignity, regardless of age, gender, religion, sexual orientation, disability or race
- Communication between staff and clients will always be of a respectful nature – that is use of full title until otherwise requested or agreed by the patient/client
- Services will be delivered based on the needs of the patient/client and not as a requirement of the routine practice of staff

- The patient/client will be considered in all aspects of their care planning and his or her carer when appropriate
- Staff will encourage patients/clients to be self-caring wherever possible
- Patients undergoing examinations should be allowed the opportunity to limit the degree of nudity by uncovering for example only that part of the anatomy that requires investigation by use of a drape or sheet where possible.

5 Roles and Responsibilities

It is the responsibility of the Clinician to be aware of this policy. The clinician also has a responsibility to ensure accurate records are kept of the clinical contact, which also include records regarding the refusal of a chaperone where appropriate.

Misunderstandings may occur during the following:

- gynaecological / intimate examinations or procedures.
- When examining the upper torso of a female patient.
- For patients with a history of difficult or unpredictable behaviour.
- For unaccompanied children.
- For adults who lack capacity please see Appendix 2 -Mental Capacity Act Quick reference guide.

5.1 A chaperone should usually be a health professional. If not available then a non-clinician who has completed their chaperone training may be an acceptable alternative; but this must be explained to and accepted by the patient. The clinician must also themselves be satisfied that the chaperone will:

a. be sensitive and respect the patient's dignity and confidentiality
b. reassure the patient if they show signs of distress or discomfort
c. be familiar with the procedures involved in a routine intimate examination
d. stay for the whole examination and be able to see what the clinician is doing, if practical
e. be prepared to raise concerns if they are concerned about the doctor's behaviour or actions.

A relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone, but you should comply with a reasonable request to have such a person present as well as a chaperone. (General Medical Council 2013).

5.2 If the patient requests a chaperone and there is no one immediately available, they should be offered the choice of re-booking with their family GP or waiting until a chaperone can be found, or if at UCC or walk-in clinic, re-booking for another day when arrangements for a chaperone can be put in place.

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 records

5.3 If the clinician feels that the examination cannot proceed without a chaperone and the patient declines one then it is acceptable for the clinician not to proceed with the examination providing that this does compromise patient safety. Alternatives in this situation include:

- asking a colleague of the same gender as the patient to review the patient
- onward referral of the patient to secondary care
- deferring the examination until the patient can see their own GP

At all times patient safety must be the priority and any actions must not compromise this.

6 Communication and Record Keeping

The most common cause of patient complaints is a failure on the patient's part to understand what the health professional was doing in the process of treating them. The GMC receives many complaints from patients who feel doctors have behaved improperly or roughly during intimate examinations

6.1 It is essential that an explanation is given to the patient on the nature of any intimate examination and offers them a choice whether to proceed with that examination at that time. This will enable the patient to raise any concerns or objections or give an informed consent to continue with the examination.

6.2 If the patient expresses any doubts or reservations about the procedure and the health 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.

6.3 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.

7 Children

A chaperone would normally be a parent or carer, or someone trusted and chosen by the child. The age of consent is 16 years, but for a minor who is considered to be Fraser competent, the guidance relating to adults applies.

In situations where Child Protection issues are a concern, the SELDOC Healthcare Safeguarding Policy should be followed.

8 Special Circumstances, Learning Difficulties/Mental Health Problems

Special circumstances may present where more explicit consent is required prior to intimate examinations or procedures, such as where the individual concerned is a minor, has special educational needs or does not have the capacity to consent.

8.1 In these circumstances health professionals should refer to the SELDOC Healthcare Consent Policy for specific details relevant to their working environment and discuss with the Medical Director, Mental Health Leads and Line Manager for advice and guidance.

8.2 Where capacity is affected a familiar individual such as a family member or carer may be the best chaperone. A careful, simple and sensitive explanation of the technique for the examination/procedure is vital.

8.3 Adult patients with learning difficulties or mental health problems who resist any intimate examination or procedure must be interpreted as refusing to give consent.

8.4 In such circumstances the procedure must be abandoned (unless the patient has been sectioned).

9 Religion, Ethnicity or Culture

Intimate examinations may compromise patient's cultural or religious beliefs. Communication is therefore vital in establishing any patient concerns or reservations. Health professionals should seek to reassure patients and limit the degree of nudity and uncover only the part of the anatomy that is to be examined.

Language barriers may also be an issue if the healthcare professional is unsure of the patient's understanding. An interpreter, if available, could act as an informal chaperone.

10 Consent

When a patient allows a health professional into their home, it is taken for granted that they are seeking or accepting treatment, and this implies that the consent to the recommended treatment by the health professional is given.

10.1 However, it is wise before proceeding with an examination, to 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. Consent should always be appropriate to the treatment or investigation being carried out.

10.2 Where more explicit consent is required prior to intimate examinations or procedures, such as an individual who is a minor or has special educational needs, staff should refer to the Consent Policy.

In the case of any victim of an alleged sexual attack, valid written consent must be obtained for the examination and collection of forensic evidence. In situations where abuse is suspected, great care and sensitivity must be used to allay fears of repeat abuse.

11 During the Examination/Procedure

During an intimate examination surgical gloves must be worn. The glove is a physical barrier, keeping the examination on a clinical basis and reducing the possibility of sexual connotations. It also prevents cross infection between health professional and patient.

11.1 Only in life-saving situations, where gloves are not available, would it be deemed reasonable not to wear them. However, health professionals should always carry gloves when on call.

11.2 Do not assist the patient in removing clothing unless you have clarified with them that your assistance is required. (This should also be documented)

11.3 Any request that the examination be discontinued should be respected.

12 Summary

The health professional / patient relationship is based on trust and most patients are not concerned whether a chaperone is present or not. However, regardless of the length of time the patient is known to the health professional, they are still entitled to a chaperone if they feel one is required.

Health professionals should note that they are at an increased risk of their actions being misconstrued or misinterpreted, if they conduct intimate examinations where no other person is present.

However, accurate contemporaneous record keeping i.e. taking a history and recording such should justify the need for any subsequent examination.

Appendix 1: CHECKLIST FOR CONSULTATIONS

1. Establish the need for an intimate examination and discuss this with the patient

2. Explain why the examination is necessary and give the patient the opportunity to ask questions or raise concerns. Be courteous and offer reassurance

3. Offer a chaperone

4. If the patient does not want a chaperone, record that the offer was made and declined in the patient notes

5. If the clinician feels uncomfortable performing the examination without a chaperone but the patient declines, defer the examination, arrange for a colleague to review the patient or arrange onward referral

6. Obtain patient consent before the examination and be prepared to discontinue at any stage if the patient so requests – remain alert to any verbal or non-verbal indications of distress

7. Allow patients privacy to undress and dress, particularly if there is a chaperone in the room. When undertaking such examinations, provide appropriate cover - sheet/blanket to maintain a patient's dignity during the examination

8. Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next

9. Avoid unnecessary personal comments ensuring the discussion is relevant to medical need

10. If a chaperone has been present, record that fact along with the identity of the chaperone in the patient's notes

11. Record any other relevant issues or concerns immediately following the consultation.

Appendix 2- MENTAL CAPACITY ACT 2005 – QUICK REFERENCE

KEY POINTS:

1. Assess the person's capacity
2. Presumption of capacity
3. Capacity is decision specific
4. Encourage assist and support
5. Make a record of assessment
6. An unwise decision does not imply incapacity
7. If a person lacks capacity consult with others
8. Any act must be in person's best interest
9. Act applies to age 16+
10. Consider less restrictive options.

Principles[1] ü Assumption of capacity ü Help and encourage people to have capacity ü People are entitled to make unwise decisions ü Decisions for person without capacity: best interests ü Least restrictive option ü Any decisions must be made in person's best interests ü Any decisions must be recorded.

Definition and test of incapacity

Is there an impairment of, or disturbance in, the functioning of the person's mind or brain? Does the impairment make the person unable to make the decision? Can the person:

- ✓ Understand the information relevant to that decision? ü Retain that information?
- ✓ Use or weigh that information as part of that process of ü making the decision?
- ✓ Communicate their decision?

[1] Devon Partnership NHS Trust
Mental Capacity Act Quick ref 123/10/07

Try different ways of communicating and consider using professionals with specialist skills in verbal and non-verbal communication. Standard is whether it is more likely than not that the person lacks capacity.

Assessing capacity ü Assess the person's capacity to

make a decision ü Make a record of assessment ü

Don't rush

- ✓ Capacity is decision specific
- ✓ Don't push through decisions when capacity is lowest ü An unwise decision does not necessarily mean lack of Capacity

Lack of capacity

If a person does not have capacity, consider:

- ✓ Does the decision need to be made without delay?
- ✓ Will the person regain capacity?
- ✓ Is it possible to wait until the person does have capacity?

Consulting others

Talk to other people, particularly those who know them best, for example:

- ✓ Carers, close relatives, friends

Attorney under LPA ü Any deputy appointed by

Court of Protection ü *Should an independent Mental*

Capacity Advocate be instructed?