BECCLES MEDICAL CENTRE

CHAPERONE POLICY

INTRODUCTION

Beccles Medical Centre is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance. This policy is designed to protect both patients and staff from abuse, or allegations of abuse, and to assist patients and clinicians to make an informed choice about their examinations and consultations.

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

The intimate nature of many nursing, midwifery and medical interventions, if not practised in a sensitive and respectful manner, can lead to misinterpretation and the potential for allegations of sexual assault or inappropriate examinations. In these circumstances a chaperone will act as a safeguard for both patient and clinician.

All patients have the right, if they wish, to have a chaperone present during an examination, procedure, treatment or any care irrespective of organisational constraints or settings in which they are carried out.

Staff should be sensitive to differing expectations with regard to race, culture, ethnicity, age, gender and sexual identification and orientation, and wherever possible, the chaperone should be of the gender the patient requests.

This policy has been compiled in accordance with GMC recommendations, CQC requirements and MDDUS training.

DEFINITIONS

For this policy, the following definitions are used:

A *formal chaperone*: a healthcare professional, or care navigator with appropriate chaperone training. A relative or friend of the patient is not usually an impartial observer and would not be a suitable formal chaperone, but clinicians should comply with any request to have such a person present, as well as a formal chaperone.

An *informal chaperone*: a family member, friend, parent, legal guardian, untrained staff member, healthcare student.

Intimate examinations **include:**

- genital and rectal examinations in all patients, male or female over the age of 1 year old
- breast examinations in all pubertal or post pubertal girls and women. The examination of male breast tissue can be decided on a case-by-case basis.

It could also include any examination where it is necessary to touch or even be close to the patient. Cultural and diversity influences may affect what is deemed 'intimate' to a patient.

The role of the formal 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 and will be able to identify any unusual or unacceptable behaviour on the part of the health care professional
- a chaperone will also provide protection to healthcare professionals against unfounded allegations of improper behaviour made by the patient.
- 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

The Chaperone Process

All staff must be aware that chaperones are to protect both patients and staff, and our Chaperone Policy should be clearly available for all patients to see and read. All patients should be routinely offered a chaperone for <u>any</u> examination, treatment or procedure.

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 gender requested by 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. ‘Do not enter’ or ‘Examination in progress’ signs must be used when possible, and the chaperone must be present during the examination. The chaperone must stand discreetly (but in a position to observe the correctness of the examination technique) and confirm with the patient where they would prefer for them to stand.

Staff will ensure curtains/doors are closed during all examinations and procedures. Where curtains/doors are closed staff will gain permission before entering to ensure privacy.

Staff will ensure patients do not feel vulnerable to intrusion and that curtains, which do not remain tightly closed, do not compromise privacy and dignity

The patient will not be asked to take off more clothing than is necessary and will be provided with a paper sheet in order to protect their modesty.

Patients will be given privacy to dress and undress. Patients should not be assisted in removing clothing unless it has been clarified that assistance is needed. Staff should be aware and sensitive to religious customs and beliefs.

Following any physical examination, patients will have an opportunity to re-dress before the consultation continues.

The chaperone should be present from consent to re-dressed.

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.

Where a Chaperone is declined by a patient
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.

If the patient has declined a chaperone for an intimate examination but the clinician remains of the opinion a chaperone is required, the practitioner must explain clearly to the patient why a chaperone is necessary. In this case, the clinician should consider referring to a colleague or alternative provider. The examination should not proceed without a chaperone.

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.

Where a Suitable Chaperone is not available
Every effort should be made to provide a chaperone and where possible a chaperone of the gender requested by the patient should be offered.

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.

On occasions where it is not possible to provide a chaperone of the gender requested by the patient the following considerations will be taken into account:

- The wishes of the person requiring the examination
- The consequences if the person does not receive the care
- The consequences for the person's health
- Whether the urgency of the care needed makes it an immediate necessity e.g. resulting from an episode of incontinence
- The length of time before the appropriate gender member of staff can be present.

Patients with individual needs
Patients with communications needs or learning disabilities should have a formal chaperone for all examinations/procedures. Family or friends who understand their communications 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) ('MCA') and Fraser competency. 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 the rationale for the decision.

Where the patient's first language is not English
An interpreter should be used when a service user does not understand any English; or

- When a service user may be able to speak some English but whilst under distress, their understanding becomes impaired; or
- When a service user has an impairment, which requires specialist support; or
- When important clinical information is to be given or consent obtained, and the service user would not be able to understand this in English.

Clinical information, medical terminology or decision making about clinical care should always be through the authorised interpreting services except in an emergency situation when staff may have to act in a patient's best interest and not have time to arrange an interpreter.

Relatives, carers and friends should not interpret for service users
Consideration will be given within reason on gender of the interpreter and permission from the service user will be sought.

Chaperoning children and young people under 16 years
Whilst it is accepted that a child or young person should be seen in the presence of a parent/ legal guardian/appropriate adult it is recognised that in some circumstances it may be necessary to see a child or young person without a parent, legal guardian present. This may be the case in sexual health settings, or where there are safeguarding concerns or in an Emergency. When a young person's is transitioning from Children to Adult services the young person may wish to or be encouraged to attend part of the appointment unaccompanied by a parent/legal guardian/ appropriate adult to encourage independence.

However, an informal or formal chaperone should be present for any physical examination. Any intimate examination should be carried out in the presence of a formal chaperone, an informal chaperone parent / carer or someone already known and trusted by the child/ young person may also be present for reassurance and to minimise any distress caused by the procedure. Children should be given the opportunity to have parents present if they wish during the whole procedure.

If a child does not wish a chaperone to be present during an intimate examination then the parents can act as informal chaperones, if this is deemed in their best interest, ensuring that the role is fully explained, and consent sought and recorded.

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

When assessing a young person's capacity to consent you should bear in mind that:

- At 16 a young person can be presumed to have the capacity to consent
- A young person under 16 may have the capacity to consent, depending on their maturity and ability to understand what is involved.

Children and young adults who are deemed to have mental capacity or are for example being prepared for 'transition' to adult services" may be seen without their parents/ carer at their request but must be examined in the presence of a chaperone. If they specifically request examination without a chaperone, this must be discussed with them and their carer and documented in the notes or electronic record.

Further reading Protecting children and young people: The responsibilities of all doctors

Maternity

Antenatal and postnatal care, by definition, may involve intimate contact with women. Whilst the Nursing and Midwifery Council, in its position statement, acknowledges the right of patients in the care of nurses and midwives to request a chaperone, it is often neither practical nor feasible for a formal chaperone to be present for all vaginal examinations.

Consent should be obtained, and documented, for all intimate examinations on pregnant or post-partum women by clinicians (e.g. vaginal examinations, examination of the perineum, perineal suturing, assisting with breastfeeding). In gaining consent there should be acknowledgment of the intimate nature of the procedure and the potential for women to request a chaperone. In most cases an informal chaperone (e.g. partner) is present. Equally, some women may not want their partner present for such an examination and this request should also be respected.

Where women request a formal chaperone for an examination, this should be provided, where feasible, with an explanation that the need to provide appropriate clinical care in an emergency may require intimate procedures to be performed in the absence of a chaperone. However, clinicians should not proceed with an intimate examination if consent is withheld.

Emergency care

It is acceptable for clinicians to perform intimate examinations without a chaperone if the situation is life threatening and speed is essential in the care or treatment of the patient, and the patient's condition means they are unable to be consulted for consent. This should be recorded in the patient's notes or electronic record.[4]

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. Staff must be aware that patients of diverse cultures may interpret other parts of the body as intimate.

Training and assessment

Formal chaperones at BMC will be trained in-house using MDDUS training materials[3] and assessed by the clinical lead (using the checklist "chaperone essential knowledge"[5]) annually, before being signed off as competent to undertake the role and in order to remain on the approved list of BMC formal chaperones. If non-clinical staff act as chaperones, they will require a DBS check.

Training will include:

- What is meant by the term chaperone?
- What is an 'intimate examination'
- Why chaperones need to be present
- The rights of the patient
- Their roles and responsibilities.
- Policy and mechanism for raising concerns.

Audit

BMC will conduct a yearly audit of chaperoning based on adherence to the MDDUS practice checklist[6] using the Ardens template records.
