CHAPERONE POLICY

POLICY STATEMENT
The purpose of this policy is to present the principles and outlines the procedures that should be in place for appropriately chaperoning patients during examinations, investigations and care. It is largely based on the Model chaperone Framework published by the NHS clinical Governance Support Team in June 2005.

All LL Medical care Ltd employees and others working on our behalf have a duty to consider chaperoning issues as they relate to their work and to work in accordance with the following principles.

SCOPE OF THE POLICY
This policy applies to all health services provided by LL Medical care ltd. The surgery recognises that aspects of this policy will be more or less applicable to different healthcare professionals, depending upon the type of service they provide, and that the principles and recommendations of the policy need to be considered in context and relates to the chaperoning of adults, children and young people.

ROLES AND RESPONSIBILITIES / ACCOUNTABILITY
SENIOR PARTNERS
The Senior Partner has overall responsibility for all policies for LL Medical Care Ltd.

SENIOR MANAGERS
Senior staff (Practice Manager, Lead Nurse) must ensure that all staff are aware and adhere to this policy. They are also responsible for ensuring that any deviation or errors arising are dealt with in the correct manner, according to the Incident Reporting/Significant Event Policy.

ALL STAFF
All clinical staff, including temporary or Agency staff, contractors and students are responsible for co-operating with the policies and identified process documents, as part of their normal duties and responsibilities.

All other personnel will be expected to comply with the requirements of all relevant policies applicable to their area of operations.

PRINCIPLES OF GOOD PRACTICE
Patients may find any examination, investigation or care distressing, particularly if these involve the breasts, genitalia or rectum (examinations of these areas are collectively referred to as "intimate examinations"). Also consultations involving dimmed lights, close proximity to patients, the need for patients to undress or for intensive periods of being touched may make a patient feel vulnerable.

Chaperoning may help reduce distress, but must be recognised as part of a package of respectful behaviour which includes explanation, informed consent and privacy.

CONSENT
Implicit in attending a consultation it is assumed that a patient is seeking treatment and therefore consenting to necessary examinations. However, before proceeding with an examination, healthcare professionals should 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.

WHAT IS A CHAPERONE?
A chaperone is present as a safeguard for all parties (patient and health professionals) and is a witness to the conduct and the continuing consent of the procedure.
The precise role of the chaperone varies depending on the circumstances. It invariably includes providing a degree of emotional support and reassurance to patients, but may also incorporate:

- Assisting in the examination or procedure, for example handing instruments during Intra Uterine Contraceptive Device (IUCD) insertion
- Assisting with undressing, dressing and positioning patients
- Providing protection to healthcare professionals against unfounded allegations of improper behaviour.

Under no circumstances should a chaperone be used to reduce the risk of attack on a health professional. Where such concerns arise, Community Services Procedure of Care for Patients who are violent and abusive must be followed.

WHO MAY CHAPERONE?
Chaperones may be termed 'formal' or Informal'.

INFORMAL CHAPERONES
Many patients feel reassured by the presence of a familiar person and this request in almost all cases should be accepted. This informal chaperone may not necessarily be relied upon to act as a witness to the conduct or continuing consent of the procedure. Under no circumstances should a child be expected to act as a chaperone. However, if the child is providing comfort to the parent and will not be exposed to unpleasant experiences it may be acceptable for them to stay. It is inappropriate to expect an informal chaperone to take an active part in the examination or to witness the procedure directly.

FORMAL CHAPERONES
A 'formal' chaperone implies a clinical health professional, such as a nurse, or a non-clinical staff member specifically trained in the role of the chaperone. This individual will have a specific role to play in terms of the consultation and this role should be made clear to both the patient and the person undertaking the chaperone role. It is important that chaperones have had sufficient training to understand the role expected of them and that they are not expected to undertake a role for which they have not been trained.

Protecting the patient from vulnerability and embarrassment means that the chaperone would usually be of the same sex as the patient and the patient would be offered a choice wherever possible. Although there will be occasions when this is difficult to achieve, the use of a male chaperone for the examination of a female patient or of a female chaperone when a male patient was being examined could be considered inappropriate; this should be carefully considered before proceeding. The patient should always have the opportunity to decline a particular person as chaperone if that person is not acceptable to them for any reason.

TRAINING FOR CHAPERONES

Non-clinical members of staff who undertake a formal chaperone role should undergo training such that they develop the competencies required for this role.

These include 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
- Policy and mechanism for raising concerns

Specific workplace induction of new staff should include training on the appropriate conduct of intimate examinations and care where appropriate. All staff should have an understanding of the role of the chaperone and the procedures for raising concerns.

OFFERING A CHAPERONE

The relationship between a patient and healthcare professionals is based on trust.
It is good practice to offer all patients a chaperone of the same sex as the patient for any consultation, examination or procedure wherever possible. This does not mean that every consultation or procedure needs to be interrupted to ask if the patient wants a third party present. It is not always clear ahead of the event that an intimate or close proximity examination or procedure is required.

- It may be wise, especially where a male clinician examines a female patient, to repeat the offer of a chaperone at the time of the examination. Staff should be aware that intimate examinations or care might cause anxiety for both male and female patients and whether or not the examiner is of the same gender as the patient.
- If the patient is offered and does not want a chaperone it is important to record that the offer was made and declined.
- If a chaperone is refused, a healthcare professional cannot usually insist that one is present. However, there may be cases where the practitioner may feel unhappy to proceed, for example where there is a significant risk of the patient displaying unpredictable behaviour, or making false accusations. In this case, the practitioner must make his/her own decision and carefully document this with the rationale and details of any procedure undertaken. This may include refusing to meet with the patient alone.

WHERE A CHAPERONE IS REQUESTED BUT NOT AVAILABLE

If the patient has requested a chaperone and none is available at that time the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe (this may include simply waiting in the clinic or practice until a member of staff arrives on duty). If 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 be able to justify this course of action. The decision and rationale should then be documented in the patients' clinical record.

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' clinical record.

ISSUES SPECIFIC TO CHILDREN

Children and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their co-operation and understanding. If an under 16 presents in the absence of a parent or guardian the healthcare professional must ascertain if they are capable of understanding the need for examination. (For further advice see the Department of Health publication; seeking consent: working with children). In these cases it is advisable for a formal chaperone to be present for any intimate examinations.

In situations where abuse is suspected great care and sensitivity must be used to allay fears of repeat abuse. In these situations healthcare professionals should refer to the local child protection policies and seek specialist advice from the Safeguarding Children Team as necessary.

ISSUES SPECIFIC TO RELIGION, ETHNICITY, CULTURE AND SEXUAL ORIENTATION

These considerations should be taken into account and discussed, not presumed. We must all recognise that each individual has very different needs and procedures should be performed by a mutually agreed healthcare professional.

ISSUES SPECIFIC TO PEOPLE WITH LEARNING DIFFICULTIES AND MENTAL HEALTH PROBLEMS

For patients with learning difficulties or mental health problems that affect 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. This patient group is a vulnerable one and issues may arise in initial physical examination, "touch" as part of therapy, verbal and other "boundary-breaking" in one to one "confidential" settings and indeed home visits.

Adult patients with learning difficulties or mental health problems who resist an examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned. In life-saving situations the healthcare professional should use professional judgement. Where possible the matter should be discussed with a member of the Mental Health Care Team. Advice can be obtained from Community Services Clinical Quality Team. Please also refer to the Mental Capacity Act Guidelines,

SUSPICION OF ABUSIVE RELATIONSHIPS
The patient has a right to have freedom and space to express worries, concerns and potential abuse as well as an examination in a non controlling atmosphere. The onus is on the professional to use tact and diplomacy to exclude the oppressor from the room and to use an independent chaperone.

a visual record is made the patients must be made aware of the nature and purpose of the recording and have the opportunity to decline to give consent.

Any department or practice wishing to offer virtual chaperone technology as a solution, either in part or in full, should ensure that they have explored all risks associated with such technology and put in place safeguards to address these.

LONE WORKING
Where a health care professional is working in a situation away from other colleagues, for example in a patient's home or out-of-hours premises, the same principles for offering and use of chaperones should apply. The healthcare professional may be required to risk assess the need for a formal chaperone and should not be deterred by the inconvenience or complexity of making the necessary arrangements. In all instances the outcome must be documented.

PATIENT CONFIDENTIALITY
In all cases where the presence of a chaperone may intrude in a confiding clinician-patient relationship their presence should be confined to the physical examination. Communication between the health professional and the patient should take place before and after the examination or procedure

COMMUNICATION AND RECORD KEEPING
The key principles of communication and record keeping will ensure that the healthcare professional and patient relationship is maintained and act as a safeguard against formal complaints, or in extreme cases, legal action. The most common cause of patient complaints is due to misunderstanding or communication problems. It is essential that the healthcare professional explains the nature of the examination to the patient and offers them a choice whether to continue. Chaperoning in no way removes or reduces this responsibility.

RECORD KEEPING
DETAILS OF THE EXAMINATION INCLUDING PRESENCE/ABSENCE OF CHAPERONE AND INFORMATION GIVEN MUST BE DOCUMENTED IN THE PATIENT'S CLINICAL RECORD BY THE HEALTHCARE PROFESSIONAL.
The data entry should show the most appropriate read code .The healthcare professional should also make any relevant notes and record the name of the chaperone on the clinical system at the time of the consultation.

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 is good practice to also 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 this should be dealt with immediately in accordance with Community Services Incident Reporting, Investigation and Review Procedure.

EQUALITY AND DIVERSITY

In developing this policy, an equalities impact assessment has been undertaken. An adverse impact is unlikely, and on the contrary the policy has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist. For example, the ethnic, religious and cultural background of some women can make intimate examinations particularly difficult; Muslim and Hindu women have a strong cultural aversion to being touched by men other than their husbands.

By having a chaperone of the same sex as the patient present the examination may be made more acceptable. Also, alternatives would be sought i.e. appointment at a later date when chaperone available or at alternative site if correct gender of chaperone not available.
If, at any time, this policy is considered to be discriminatory in any way, the author of the policy should be contacted immediately to discuss these concerns.

We understand how important it is to keep your personal information safe and secure and we take this very seriously. We have taken steps to make sure your personal information is looked after in the best possible way and we review this regularly.

Please read our GDPR Privacy Policy carefully, as it contains important information about how we use the personal and healthcare information we collect on your behalf.

STATEMENT UPDATED ON FRIDAY 25TH OCTOBER 2020, NEXT REVIEW DATE ON MONDAY 26TH OCTOBER 2020