

MANN COTTAGE SURGERY

Chaperone Policy

Mann Cottage Surgery 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.

Recent public inquiries, such as the 'Clifford Ayling Inquiry', have made a number of recommendations into the use of chaperones in primary and community care settings, specifically around who should undertake the role of chaperone and the training for the role. These recommendations have been discussed in the light of practicality and suitability for primary and community care and with a wide range of stakeholders and these guidelines reflects those discussions.

The purpose of this document is to ensure that Mann Cottage Surgery meets statutory requirements and minimises risks to service users, professional staff and the organisation, by ensuring that a systematic and planned approach for the provision of chaperones is in place.

The Chaperone Policy is clearly advertised through our website and can be read at the Practice upon request. A poster is also displayed in the Practice waiting area and notices are in each consultation room.

Mann Cottage Surgery aims to take all reasonable steps to ensure the safety and independence of its service users to make their own decisions about their care and treatment.

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they consider one is required. The chaperone may be a family member or friend but they would not be considered an impartial observer so may not be suitable, on some occasions a formal chaperone may be preferred.

All staff are aware of and have received appropriate information in relation to this Chaperone Policy.

All trained chaperones understand their role and responsibilities and are competent to perform that role.

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 being carried out.

Intimate examinations can be embarrassing or distressing for patients, the clinician should consider which examinations a chaperone may be needed for such as examinations of breasts, genitalia and rectum but could include any examination where it is necessary to touch or even be close to a patient.

Their role can also be considered in any of the following areas:

- Emotional comfort and reassurance to patients
- Assist in examination (e.g. during IUCD insertion)
- Assist in undressing
- Act as interpreter
- Protection to the healthcare professional against allegations / attack)

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 or procedure being carried out. Broadly speaking use of a chaperone should always be considered when a service user:

- Requires intimate examination, treatment or care
- Is semi-conscious or unconscious
- Is intoxicated with alcohol, or has taken any drug or substance known to have hallucinogenic effect.
- Is confused and / or disorientated.
- Does not use English as the first language. Intimate examinations should never be carried out for non-English speaking patients (except in an emergency) without an interpreter being present.
- Has a hearing, visual or speech difficulty.
- Is an adult at risk e.g. an older person or a service user with learning disabilities or other cognitive impairment. For these individuals a familiar individual such as a family member or carer may be the best chaperone.
- Has a history of abuse or where abuse is suspected.
- their role can be considered in any of the following areas:

Staff should remember when acting as chaperone they need to be in view and ear shot of the patient and clinician. It is not sufficient to be the other side of the curtain.

Type of Chaperone

The designation of the chaperone will depend on the role expected of them and on the wishes of the service user. It is useful to consider whether the chaperone is required to carry out an active role – such as participation in the examination or procedure or have a passive role such as providing support during the procedure.

Informal chaperone

Many individuals feel reassured by the presence of a familiar person, such as a family member or close friend, and this request in almost all cases should be accepted. A situation where this may not be appropriate is where a child is asked to act as a chaperone for a parent undergoing an intimate examination.

They may not necessarily be relied upon to act as a witness to the conduct or continuing consent of the procedure. 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 be present.

It is inappropriate to expect an informal chaperone to take an active part in the examination or to witness the procedure directly.

Formal chaperone

A formal chaperone implies a clinical health professional, such as a nurse, or a specifically trained non-clinical staff member, such as a receptionist. This individual will have a specific role to play in terms of the consultation and this role should be made clear to both the service user and the person undertaking the chaperone role. This may include assisting with undressing or assisting in the procedure being carried out. In these situations staff should have had sufficient

training to understand the role expected of them. In cases where a member of staff is to act as a chaperone for a child, then this person should have been DBS checked.

Common sense would dictate that, in most cases, it is not appropriate for a non-clinical member of staff to comment on the appropriateness of the procedure or examination, nor would they feel able to do so.

Protecting the service user from vulnerability and embarrassment means that the chaperone would usually be of the same sex as the patient.

The service user should always have the opportunity to decline a particular person as a chaperone if that person is not acceptable to them for any reason. They should be made aware that in order to locate a replacement chaperone the procedure may be delayed or necessitate the appointment to be rescheduled.

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. One-to-one communication should take place separately.

Offering a chaperone

Although it is good practice for all patients to be routinely offered a chaperone during any consultation or procedure, it does not mean that every consultant needs to be interrupted in order to ask if the patient wants a third party present. Patients are advised to ask for a chaperone if required, at the time of booking an appointment, if possible, so that arrangements can be made and the appointment is not delayed in any way.

If not known at the time of booking and the doctor or patient do not wish to proceed without a chaperone or the choice of chaperone is not suitable, the appointment may be postponed to a later date when a chaperone will be available as long as a delay does not adversely affect the patient's health. The Healthcare Professional may also require a chaperone to be present for certain consultations.

If the service user has requested a chaperone and none is available at that time and they are unable to bring along a familiar person, such as a family member or close friend, the service user 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 then this should be explained and recorded in the clinical record. A decision to continue or otherwise should be jointly reached. In cases where the service user is not competent to make an informed decision then the healthcare professional must use their own clinical judgement, record their decision and be able to justify this course of action.

It is acceptable for a doctor (or another 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 service user. This should be recorded in the service users' clinical records.

Consent

It is assumed that in attending a consultation a service user is seeking treatment. However, before proceeding with an examination, healthcare professionals should always provide sufficient information for the individual to be able to make an informed decision to give

consent. This may be by word or gesture, or 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, and in some cases written consent should be sought.

Issues Specific to Children

In the case of children, a chaperone would normally be a parent or carer or alternatively someone known and trusted or chosen by the child. Patients may be accompanied by another minor of the same age. For competent young adults the guidance relating to adults is applicable.

Children and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their co-operation and understanding. If a minor presents in the absence of a parent or guardian the healthcare professional must ascertain if they are capable of understanding the need for examination. In these cases it would be advisable for consent to be secured and a formal chaperone to be present for any intimate examinations.

Issues Specific to Religion/Ethnicity or Culture

The ethnic, religious and cultural background of some women can make intimate examinations particularly difficult. Some women have a strong cultural aversion to being touched by men other than their husbands, so in these cases patients undergoing examinations should be allowed the opportunity to limit the degree of nudity by, for example, uncovering only that part of the anatomy that requires investigation or imaging.

It would be unwise to proceed with any examination if the healthcare professional is unsure that the service user understands due to a language barrier.

If an interpreter is available, they may be able to double as an informal chaperone. In life saving situations every effort should be made to communicate with the service user by whatever means available before proceeding with the examination.

Issues Specific to Learning Difficulties/Mental Health Problems

For service users with learning difficulties, mental health problems or verbal communication limitations, 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.

Lone Working

Where a health care professional is working in a situation away from other colleagues e.g. home visit, the same principles for offering and 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 examination to a more convenient location. However in cases where this is not an option, for example due to the urgency of the situation or because the practitioner is community based, then procedures should be in place to ensure that communication and record keeping are treated as paramount.

Healthcare Professionals should note that they are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present.

During the Examination/Procedure

Chaperones will stay within their described role and restrict their participation in the procedure as agreed in advance with the healthcare professional. On completion of the procedure, it may

be appropriate for the chaperone to leave the service user to continue the consultation and discuss findings in private.

Communication and Record Keeping

Details of the examination including presence/absence of chaperone and information given must be documented in the service users clinical records. This must include name of the chaperone and their relationship to the service user.

There is currently no formal requirement to monitor the offer and use of Chaperones, however it may be helpful as a measure of good practice. The Guidelines for staff in appendix C could be used to design an audit.

Summary

The relationship between a service user 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 service users are not concerned whether a chaperone is present or not. However this should not detract from the fact that it is good practice to offer all service users a chaperone if they feel one is required.

Chaperone guidance is for the protection of both service users 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.

Chaperones

- Chaperones should be sensitive and respect the patient's dignity and confidentiality.
- Reassure the patient if they show signs of distress or discomfort.
- Be familiar with the procedures involved in a routine intimate examination.
- Stay for the whole examination and be able to see what the clinician is doing if practical.
- The chaperone should leave the room if the clinician does.
- Be prepared to raise concerns about the clinician's behaviour or actions.

Chaperones

If you feel you would like a Chaperone present at your Consultation, please inform your Doctor / Nurse, who will be more than happy to arrange this for you.

