Matlock and Ashover Practice

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Name of Policy: CHAPERONE POLICY			
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POLICY CONTENT:

Appendices:

1.0 Introduction

Matlock and Ashover Practice (the Surgery) is committed to providing a safe and 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.

For most patients - respect, explanation, consent and privacy take precedence over the need for a chaperone. The presence of a third party does not negate the need for adequate explanation and courtesy and cannot provide full assurance that the procedure or examination is conducted appropriately. However, the CCG 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. This policy is therefore in place for the benefit of both patient and staff and adheres to local and national guidance.

2.0 Background

Outcomes following public inquiries, such as the Richard Neale Inquiry (Department of Health 2004) and the Lampard recommendations 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 practically and suitability within the primary/community setting.

Chaperones are most often required or requested where a male examiner is carrying out an intimate examination or procedure on a female patient. However, the CCG considers it good practice to offer all patients a chaperone for any examination or procedure where the patient feels one is required, regardless of the gender of the examiner or patient. A checklist for staff to follow is attached at Appendix 1.

3.0 Scope

This policy applies to all healthcare professionals working across both locations, who undertake patient consultations, examinations and procedures. It will be disseminated to all clinical staff to raise awareness of the roles and responsibilities of a formal chaperone. Information for patients in the form of a poster / guide is displayed on all consulting room doors and in the waiting room.

4.0 Roles and Responsibilities

The manager’s role is to ensure clinicians are aware of this policy and the relevance to everyday practice in safeguarding the patient and the clinician. It is the responsibility of the clinician to provide chaperones, and be aware of this policy and the types of individuals which can be identified as suitable chaperones. The clinician also has a responsibility to ensure accurate

records are kept of the clinical contact which also includes records regarding to the acceptance or refusal of a chaperone.

5.0 The Chaperone

A chaperone is present as a safeguard for all parties (patients and practitioners), and is a witness to continuing consent of the procedure. In order to protect the patient (male/female) from vulnerability and embarrassment, a chaperone should be of the same sex as the patient where possible. An opportunity should always be given to the patient to decline a particular person if that person is not acceptable to them for any reason. The designation of the chaperone will depend on the role expected and the wishes of the patient i.e. either a passive/ informal role or an active / formal role.

5.1 Informal Chaperone

An informal chaperone would not be expected to take an active part in the examination or witness the procedure directly. An example is a family member or friend i.e a familiar person who may be sufficient to give reassurance and emotional comfort to the patient; who may assist with undressing the patient and who may act as an interpreter.

5.2 Formal Chaperone

This implies a health professional such as a nurse or a specifically trained non-medial staff member e.g receptionist. Where appropriate, they may assist in the procedure being carried out and/or hand instruments to the examiner during the procedure. Assistance may also be given to the patient when undressing/dressing.

An experienced chaperone will be able to identify any unusual or unacceptable behaviour on the part of the health care professional, and should report any incidence of “sexualised behaviour” to the CCG, via the Adverse Incident Reporting Policy or the Public Interest Disclosure (Whistle Blowing) Policy. Similarly they will also provide protection to healthcare professionals against unfounded allegations of improper behaviour.

In all cases the presence of the chaperone should be confined to the physical examination part of the consultation. Confidential clinician/patient communication should take place on a one to one basis after the examination.

6.0 Offering a Chaperone

All patients may routinely be offered a chaperone during any consultation or procedure. This does not mean that every consultation needs to be interrupted in order to ask if the patient wants a third party present. The offer of a chaperone should be made clear to the patient prior to any procedure – ideally at the time of booking the appointment.

The CCG advises that use of a chaperone is considered particularly:-

- During 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 (for further information refer to Mental Capacity Act Policy and Guidance)

If the patient requests a chaperone and there is no one immediately available, they should be offered the choice of waiting until a chaperone can be found, or rebooking for another day when arrangements for a chaperone can be put in place. If no chaperones are available, this should be recorded in the medical records using read code 9NP4.

Where an intimate examination needs to be carried out in a situation which is life threatening, or where speed is essential in the care of the patient, this may be done without a chaperone. It should, however, be recorded.

7.0 Communication and Record Keeping

Poor communication between a health professional and a patient is often the root of complaints and incidents. It is therefore essential that an explanation is given to the patient on the nature of any intimate examination i.e. what examination is proposed and the reasons why it is necessary. This will enable the patient to raise any concerns or objectives or give an informed consent to continue with the examination.

Details of the examination, including the presence or absence of a chaperone (name to be recorded if present) must be documented on the patients' medical records. The notes should also record if a chaperone has been offered but declined by the patient using the read code 9NP2

7.1 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 competent, the guidance relating to adults applies.

In situations where Child Protection issues are a concern, health professionals should refer to the Child Protection Policy & Guidelines.

7.2 Learning Difficulties/Mental Health Problems

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. Any resistance to an intimate examination by an adult with learning disabilities or mental health problems (that affect capacity) should be interpreted as a refusal to give

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

7.3 Religion, Ethnicity or Culture

Intimate examinations may compromise a 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.

8.0 Consent

When a patient attends a clinic, surgery or allows a health professional into their home, it is taken for granted that they are seeking or accepting treatment, and thus implies that the consent to the recommended treatment by the health professional is given. However, informed consent should be obtained by word or gesture before any examination takes place.

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, you should refer to the "Consent for Examination or Treatment 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.

9.0 Lone Working

Where a health professional is carrying out home visits or working alone in a clinic, the offer of a chaperone should still apply. Where appropriate a family member may adopt the role of an informal chaperone. In cases where a formal chaperone is required 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.

10.0 During the Examination / Procedure

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 clothing.

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

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.

Any request that the examination be discontinued should be respected.

11.0 Monitoring and Evaluation

Monitoring of the implementation of this policy would be established through the undertaking of audits on record keeping, and also by asking clinicians about their practice in the offering and usage of chaperones.

12.0 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.

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

STAFF CHECKLIST FOR CONSULTATIONS

1. Establish the genuine need for an intimate examination and discuss 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 or invite patient to have a family member or friend present.

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

5. Obtain the 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

6. Allow patients privacy to undress and dress (i.e. behind curtains or screens) particularly if the chaperone is present in the room. Provide a sheet/blanket to maintain a patient's dignity during the examination.

7. Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next. Avoid unnecessary personal comments ensuring the discussion is relevant.

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

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