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**BOLEYN MEDICAL CENTRE**

**Chaperone Policy**

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**Chaperone Policy**

**Introduction**

The Boleyn Medical Centre is committed to providing a safe, comfortable environment where the safety of patients and staff member is of paramount importance. Patients experiencing consultations, examinations and investigations need to feel and be safe and to experience as little discomfort and distress as possible. Equally health professionals are at a potential risk of their actions being misconstrued or misrepresented if they conduct examinations where no third party is present. Clinicians have a professional responsibility to minimise the risk of false accusations of inappropriate behaviour.

This policy sets out guidance for the use of chaperones and procedures that should be in place for consultations, examinations and investigations and applies to all healthcare professionals working at this practice, including medical staff, nurses, healthcare assistants, attached staff and Locums.

**Responsibilities**

Guidance on chaperoning is for the assistance and protection of both patients and healthcare professionals. All clinicians have a responsibility to consider chaperoning issues and to work in accordance with the following principles.

**Principles of Good Practice**

Patients may find any examination distressing, particularly if these involve the breast, genitalia and the rectum also known as “intimate examinations”.

Patients may also be distressed by consultations involving dimmed lights or close proximity of the clinician to the patient. Some individuals for personal or cultural reasons may feel uncomfortable if the clinical examination requires them to undress and / or be touched and may feel vulnerable. Chaperoning may help to reduce distress, but must be used in conjunction with respectful behaviour, explanation, informed consent and privacy.

**Details**

The presence of a chaperone during a clinical examination and treatment must be the clearly expressed choice of a patient. Patients can decline if they wish to do so. Clinicians (male and female) should consider whether an intimate or personal examination of the patient (either male or female) is justified, or whether the nature of the consultation poses a risk of misunderstanding and therefore, the clinician should give the patient a clear explanation of what the examination will involve. This should remove the potential for misunderstanding. However, there will still be times when either the clinician, or the patient, feels uncomfortable, and it would be appropriate to consider using a chaperone.

There should be a suitable sign on display in waiting areas and in clinical rooms offering the chaperone service if required.

Patients who request a chaperone should never be examined without a chaperone being present. If necessary, where a chaperone is not available, the consultation/examination should be rearranged for a mutually convenient time when a chaperone can be present (see below for more detailed information; ‘if a chaperone is not available’).

A professional and considerate manner should always be adopted when conducting examinations - be careful with humour as a way of relaxing a nervous situation as it can easily be misinterpreted. Always ensure that the patient is provided with adequate privacy to undress and dress.

**Role of Chaperone**

A chaperone is present as a safeguard for both parties (patient and healthcare professionals) and is a witness to the conduct and the patients continuing consent to the examination or procedure.

When a chaperone is present the clinician must make it clear who is acting as chaperone i.e. name and job role, as it may be assumed that they are another clinician. The chaperone should be positioned in the best way to witness the examination/consultation but not to hinder the clinician in any way. Chaperones and their roles vary considerably depending on the needs of the patient. Their role can be considered in any of the following areas:

* Providing emotional comfort and reassurance to patients
* To assist in the examination, for example handling instruments during IUCD insertion, Minor surgery etc.
* To assist with undressing, dressing and positioning the patients
* To act as an interpreter
* To provide protection to healthcare professionals against unfounded allegations of improper behaviour.
* To protect patients towards any harm or improper behaviour by a clinician.

**Informal Chaperones**

Informal Chaperones are family, friends or supporters of the patient invited by the patient to accompany them in the consultation. Many patients feel reassured by the presence of a familiar person. Clinicians will accept the patients wish for an informal chaperone in almost all cases. However, the shortcomings of utilising informal chaperone include:

* They may not understand the boundaries between appropriate and inappropriate clinician behaviour within an examination or procedure
* They may not necessarily be relied upon to act as an independent 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 assist in or take part in the examination or to witness the procedure directly.

## Formal Chaperones

A ‘formal’ chaperone implies a health care professional (clinical or non-clinical), trained as a chaperone with relevant checks in place (see below). 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 chaperone. Chaperones must have sufficient training to understand the role expected of them and they must not be expected to undertake a role for which they have not been trained.

Protecting the patient from vulnerability and embarrassment means that the chaperone will usually be of the same gender as the patient. There may be occasions when no staff member of the same gender as the patient is available. On any such occasion, provided it is clinically appropriate to delay the examination / procedure, the patient will be offered the option to rebook for the examination / procedure at a time when an appropriate clinician/chaperone is available.

The patient always has the opportunity to decline a particular person as a chaperone if that person is not acceptable to them for any justifiable reason.

## Training for chaperones

It is important that staff who undertake a chaperone role are DBS checked, have undergone chaperone training and understand what is required for this role. These include an understanding of:

* What is meant by the term chaperone
* What is an “intimate examination” and the specific details of the different types of intimate examinations.
* Why they need to be present
* The rights of the patient
* Their role and responsibility
* What to do if they are concerned

All staff who acts as Chaperones at Boleyn Medical Centre has received appropriate training to carry out the role and have been DBS checked.

**Confidentiality**

* The chaperone should only be present for the examination itself, and most discussion with the patient should take place while the chaperone is not present.
* Patients should be reassured that all practice staff understand their responsibility not to divulge confidential information.

Click here to link to the latest GMC guidelines for intimate examinations: <http://www.gmc-uk.org/guidance/ethical_guidance/21170.asp>

## Offering a chaperone

The relationship between a patient and healthcare professionals is based on trust. A practitioner may have known a patient for a long time but a chaperone should be offered in all circumstances that meet the criteria outlined in this policy regardless of how long the patient is known to the practitioner. Therefore all patients have equity of access to chaperones in identical clinical situations. Any patient is entitled to a chaperone if they feel one is required.

Staff 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.

It is good practice to offer all patients a choice of the gender of their chaperone for their examination or procedure. 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 makes a professional judgement that they cannot conduct the examination of procedure without a chaperone present and may decline to proceed without a chaperone. Examples include where the healthcare professional considers here is a significant risk of the patient experiencing distress, displaying unpredictable behaviour, or making false accusations. In any such case, the practitioner must make his/her own decision and carefully document their decision and rationale in the notes along with the details of any procedure undertaken.

**Consent**

In attending a consultation it is assumed that a patient is seeking appropriate clinical assessment, diagnosis and treatment and therefore is granting implied consent to the necessary physical examinations. However before proceeding with a physical examination, healthcare professionals should always seek to obtain, some explicit indication that the patient understands the need for examination and agrees for it to take place.

Consent is a patient’s agreement for a health professional to provide care. Before you examine, treat or care consent must be obtained. There is a basic assumption that every adult has the capacity to decide whether to consent to, or refuse, proposed medical intervention, unless it is shown that they cannot understand information presented in a clear way. By attending a consultation it is assumed by implied consent that a patient is seeking treatment. However, before proceeding with an examination it is vital that the patient’s informed consent is obtained. This means that the patient must; be competent to make the decision; have received sufficient information to take it and not be acting under pressure. When patients are not able to consent for themselves they should be treated in their best interests. Children over 16 can consent for themselves without their decision being referred to their parents or guardians, however it is good practice to involve the parents, but this must be decided by the young person. A person with parental responsibility can consent for a child under 16 unless the child is deemed to be ‘Gillick competent’.

**Checklist for the management of a consultation:**

* Establish there is a need for an intimate examination and discuss this with the patient.
* Explain why an examination is necessary and give the opportunity to ask questions; obtain and record the patient’s consent.
* Offer a chaperone to all patients for intimate examinations (or examinations that may be construed as such). If the patient does not want a chaperone, record this in the notes.
* If the patient declines a chaperone and as a doctor you would prefer to have one, explain to the patient that you would prefer to have a chaperone present and, with the patient’s agreement, arrange for a chaperone.
* Be aware and respect cultural differences. Religious beliefs may also have a bearing on the patient’s decision over whether to have a chaperone present.  
  Give the patient privacy to undress and dress. Use paper drapes where possible to maintain dignity.
* Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next. Keep the discussion relevant and avoid personal comments.
* Record the identity of the chaperone in the patient’s notes.
* Record any other relevant issues or concerns immediately after the consultation.
* In addition, keep the presence of the chaperone to the minimum necessary period. There is no need for them to be present for any subsequent discussion of the patient’s condition or treatment.
* Written information detailing the policy should be provided for patients, either on the practice website or in the form of a leaflet.

**During an examination:**

* Offer reassurance
* Be courteous
* Keep discussion relevant
* Keep patient informed of the procedure.

**When are patients asked to be chaperoned**

* During medical examinations
* Minor surgery (if intimate areas are involved)
* Language barrier
* Coil fitting, etc.

The above are examples of when patients are asked to be chaperoned, this is not an exhaustive list. There are times when patients inform staff that they have a male or female problem whilst booking appointments or in reception. Staffs are to book female patients with a female doctor and male patients with a male doctor unless otherwise specified by patients. If the appointments are full, then offer the next available appointment. If the patient is offered and does not want a chaperone it is important to record that the offer was made and declined in care history in Emis Webb or in consultation. If a chaperone is refused a healthcare professional cannot usually insist that one is present and many will examine the patient without one, but written consent should be obtained from the patient in this instance. There are some cases where the (usually male) doctor may feel unhappy to proceed without a chaperone. It is important that patients’ wishes are respected and offer alternative if patient refuses a chaperone, i.e. vaginal examination should be booked with a female doctor. Patients decline the offer of a chaperone for a number of reasons: because they trust the clinician, think it unnecessary, require privacy, are too embarrassed or have a family member/friend present. For the latter, it is not advisable to rely on a family member to be a chaperone as they are not aware of what an examination entails, advise the patient that it will be better for a member of staff to also be present.

**If a Chaperone is not available**

If the patient has requested a chaperone and none are available at that time the patient 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 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 record and be able to justify this course of action. It is acceptable for a doctor (or other appropriate member of the healthcare 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. In most cases and colleague would be able to chaperone in urgent cases.

**Religion, Ethnicity or Culture believes**

The ethnic, religious and cultural background of some women can make intimate examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others. 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. Wherever possible, particularly in these circumstances, a female healthcare practitioner should perform the procedure. It would be unwise to proceed with any examination if the healthcare professional is unsure that the patient understands due to a language barrier. An interpreter should be booked to chaperone. In life saving situations every effort should be made to communicate with the patient by whatever means available before proceeding with the examination.

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. Patients in acute settings, for further advice contact the Mental Health Team. A careful simple and sensitive explanation of the technique is vital. Adult patients with learning difficulties or mental health problems who resist any intimate examination or procedure must be interpreted, as refusing to give consent and the procedure must be abandoned. In life threatening situations the healthcare professional should use professional judgement and where possible discuss with a member of the Mental Health Care Team and colleagues within the practice.

Parents will be used as chaperones except in child protection concerns, in which case an independent chaperone is also necessary.

**Home visits/working alone**

When a Clinician is working alone away from his/her colleagues, which is usually during home visits, it is appropriate for family members/friends to take on the role of chaperone.

**Privacy**

Clinical rooms are available for patients to undress in private. There should be no undue delay prior to examination once the patient has removed any clothing. All clinical rooms can be locked for privacy and to avoid disturbances. Intimate examination should take place in a closed room or behind the screen; it should be made clear that no one must enter without consent while the examination is in progress. Examination should not be interrupted by phone calls or messages where possible. If the patient decides after or during getting undressed that they do not want to be examined, this should be respected and if preferred offer alternative, i.e. an appointment with a colleague or a referral. The patient should be given a preference to have the chaperone in the same room but behind the curtain, separate from the examination, or present with the clinician during the examination.

**Communication and Record Keeping**

It is essential that the healthcare professional explains the nature of the examination to the patient and offers them a choice whether to proceed with that examination at that time. The patient will then be able to give an informed consent to continue with the consultation. If patient decides not to proceed then this should be respected and detailed consultation must be recorded.

Details of the examination including presence/absence of chaperone and information given must be documented in the patient’s medical records. Appropriate read codes must be used.

9NP0 Chaperone Offered

9NP1 Chaperone Present

9NP2 Chaperone Refused

9NP3 Nurse Chaperone

9NP4 Chaperone not present

The relationship between a patient and the clinician is based on trust. This policy is for the protection of patients, staff, clinicians and attached staff to follow. By following this policy,

* There will be clear record keeping,
* Safeguarding patients and clinicians
* Will ensure patients understand the procedure
* Will obtain clear consent
* Will safeguard against formal complaints
* Patient’s wishes will be respected.

**How to raise a concern?**

Chaperones understand how to raise a concern with the freedom to speak up guardian or the NHS whistle blowing helpline. For more details of the process please see the BMC Whistle blowing policy.

For patients wishing to raise a concern they should follow the normal complaint route please see more details of the process in the BMC complaints policy.