CHAPERONE POLICY

Policy Lead: Practice Manager

Policy Aim: This policy has been developed with the aim of producing a co-ordinated approach to the presence of chaperones during consultations, examinations or procedures carried out at the practice.

It should be used in conjunction with existing guidance from professional bodies and with particular reference to:

- Consent to Treatment Policy
- Clinical Recording Keeping Guidelines
- Whistle Blowing Policy and
- The Mental Capacity Act 2005.

Introduction

All healthcare professionals must exercise their own professional judgement when using guidelines. However any decision to vary from the guideline should be documented in the patient records to include the reason for variance and the subsequent action taken.

Patients may find some consultations, examinations, investigations or procedures distressing and may prefer to have a chaperone (or impartial observer) present in order to support them. Any consultations or procedures involving the need for patients to undress may make a patient feel vulnerable, particularly those procedures of an intimate or sensitive nature. In these circumstances a chaperone can act as a safeguard for both patient and clinician.

For most patients, respect, explanation, consent and privacy take precedence over the need for a chaperone. Ther 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.

In some instances a clinician might prefer a chaperone to be present during consultations in order to act as a safeguard against misunderstandings, formal complaints, or in extreme cases, legal action. Health care professionals should note that they are at an increased risk of their actions being misconstrued or misrepresented if they conduct sensitive/intimate examinations where a chaperone has been requested and this request has not been met.

This policy applies to all staff working within the practice who may be involved in chaperoning patients.

For the purpose of this document all staff groups covered will be referred to as “healthcare professionals”.

Supporting Data

This policy is based on recommendations from the General Medical Council, the Nursing and Midwifery Council, NHS guidance and the findings of the Clifford Ayling Enquiry (2004).

There is no suitable common definition of a chaperone and the role of the chaperone may vary considerably depending on the needs of the patient, the needs of the healthcare professional and the examination or procedure being carried out.

The Ayling Report described the following roles of the chaperone:

- To provide physical and emotional comfort and reassurance to a patient during sensitive examinations or treatment.
- To provide a safeguard for a patient against humiliation, pain or distress during an examination and to protect against verbal, physical, sexual or other abuse.
- To identify unusual or unacceptable behaviour on the part of the health care professional.
- To provide protection for the health care professional from potentially abusive patients.

Chaperone Training

Members of staff who may be required to undertake a chaperone role must have undergone training such that they can evidence the competencies required for this role. The practice uses Blue Stream Academy as the training medium in this capacity and the training module covers the following:

- What is meant by the term chaperone
- Sensitivity, Confidentiality and respecting the patient's dignity,
- What is 'sensitive' examination
- Why chaperones need to be present
- The rights of the patient
- The chaperone's role and responsibility
- An understanding of the diverse needs of patients
- A working knowledge of the incident reporting procedures

Competencies

All staff should be able to demonstrate an understanding of the role of the chaperone and the procedures for reporting concerns (Significant Event Audit (SEA) and/or Serious Untoward Incident Reporting (SUI) – as applicable)

The designation of the chaperone will depend on the role expected of them and on the wishes of the patient. 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 less involved role such as providing support to the patient during the procedure.

A chaperone may be a clinical health professional such as a nurse, however, specifically trained non-registered members of staff, such as Health Care Assistants and receptionists can act as chaperones.

Non registered chaperones should undertake annual chaperone training and be deemed by a registered practitioner to be competent to carry out this role.

They must also have undergone an Enhanced Disclosure and Barring Criminal Records Check (DBR Check)

General Guidelines

A checklist provided in Appendix 1

Guidelines issued by the NMC state that *'all patients should have the right, if they wish, to have a chaperone present during an examination or procedure, treatment or any care irrespective of organisational constraints or settings in which they are carried out.'*

A Chaperone information notice is displayed in the reception waiting area and Chaperone notices are displayed above the clinical couches in consultation rooms.

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, followed by a check to ensure that the patient has understood the information and the reasons for undertaking the procedure.

The patient should then be informed of the job title or professional status of the potential chaperone in order that the patient is able to make an informed decision regarding whether they would like that person present.

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. If the seriousness of the condition would dictate that a delay may be detrimental to the patient's health then this should be explained to the patient and recorded in their notes. A decision to continue or otherwise should be jointly reached with the patient. A record of action/decisions must be recorded in the patient's notes.

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 the use of chaperones should apply. Where appropriate and if deemed necessary, family members/friends may take on the role of chaperone, but this should not be expected of them.

Patients who are seen by a lone worker, either in the patient's home or in a community setting, should also be made aware by the worker of their right to request the presence of a chaperone. Please refer to point 7.1.3

Patients who are seen regularly in their own home should be reminded at regular intervals that they may request the presence of a chaperone and this reminder should be documented in the patient's records.

Refusal

If the patient has stated their preference to undergo a procedure without the presence of a chaperone, the patient's decision should be documented in the patient's records.

The practitioner may feel that they would like a chaperone present for their own protection. If the patient refuses this request the procedure should be postponed until, through communication with the patient, a satisfactory solution is found. This process should be clearly documented in the patient's notes.

If the patient has not requested, or has refused the offer of the presence of a chaperone in the past, it should not be assumed that they do not require a chaperone for consequent consultations/procedures/ visits. Clinicians should check at regular intervals, as identified within the patients care plan if applicable, whether the patient would prefer a chaperone. This offer and the outcome should then be recorded in the patients' notes.

Issues specific to children

In the case of children a chaperone should be a parent or carer or alternatively someone already known and trusted by the child. The practitioner should be aware however that very occasionally there may be issues around coercion/grooming/abuse involving a 'trusted adult'. This may apply to sexual health clinics in particular. For young adults who are deemed to have mental capacity the guidance that relates to adults is applicable.

GMC guidance (2007) states that practitioners should: *'avoid giving the impression that they (young people) cannot access services without a parent. You should think carefully about the effect a chaperone can have. Their presence can deter young people from being frank and from asking for help'.*

Further information about confidentiality, data protection and consent can be found in Working Together to Safeguard Children (Department of Health 1999)

Issues specific to vulnerable adults

Staff should be aware of the implications of the Mental Capacity Act and 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 procedures to assess mental capacity should be carried out in line with the Act and be fully documented in the patient's notes.

Diversity

Practitioners should ensure that they are aware of any cultural, religious beliefs or restrictions the patient may have. Any preferences or objections to care management should be identified as early as possible to eliminate the potential of causing any unnecessary offence. The individual requirements of the patient regarding choice of chaperone should be respected and the preference documented in the patient's notes.

Documentation and Record Keeping

It is important that the name and role of the chaperone present is documented in the patient's notes. If the patient is offered a chaperone and declines the offer, it is also important to document that the offer was made and declined.

In any situation where concerns are raised or an incident has occurred and a report is required this should be completed immediately after the consultation

In addition the chaperone should make their own addition to the patient's medical record using the Read code **9b04 –** ***Comment note*** to confirm that they acted as chaperone and to record whether they were present in or outside the curtain.

Any issues raised with them by the patient regarding the behaviour of the clinician should also be noted. Where necessary, issues raised should be advised to the practice manager or another GP.

APPENDIX 1

CHECKLIST FOR CONSULTATIONS INVOLVING SENSITIVE EXAMINATIONS

1. Establish there is a genuine need for an examination and discuss this with the patient.

2. Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.

3. Offer a chaperone and explain who the chaperone would be, whether they are a qualified person, and what their role would be. If the patient does not want a chaperone, record that the offer was made and declined in the patients notes.

4. If the patient would like a chaperone but no one is available, or the patient is not happy with the available chaperone, rearrange the appointment for a time when a suitable chaperone is available.

5. If the practitioner would like a chaperone present but the patient does not agree, postpone the appointment until a suitable solution can be found.

6. Obtain the patients consent before the examination and be prepared to discontinue the examination at any stage at the patient's request.

7. Record that consent has been obtained in the patients notes.

8. Once chaperone has entered the room give the patient privacy if he/she needs to undress. Use drapes/screens to maximise patient's privacy and dignity.

9. 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 discussion relevant and avoid personal comments.

10. If a chaperone has been present record that fact and the identity of the chaperone in the patients notes.

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

12. The Chaperone should record independently in the patient's medical record the time and date they chaperoned, whether they were present inside or outside the curtain and they any concerns raised by the patient should be noted. Where there is a concern regarding the behaviour of the clinician this should be advised to the practice manager or a partner.