

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Use of Chaperones Policy

Effective: September 2009

Review: September 2012

1. Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust 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.

All medical consultations, examinations and investigations are potentially distressing. Many patients find examinations, investigations or photography involving the rectum, genitalia and breasts, particularly intrusive (these examinations are collectively referred to in this guideline as “intimate examinations”). The basic principles of respect, explanation, consent and privacy apply to all patients undergoing any examination but are particularly important in respect to intimate examinations and imaging of intimate areas.

Any consultation, examination procedure, treatment or care that is of an intimate nature must be practised in a sensitive and respectful manner and take into account personal preferences, cultural and religious wishes. The healthcare professional should be aware of the risks, take steps to minimise them and provide a full explanation to the patient in advance of the examination. The General Medical Council advises that patients should ideally be offered a chaperone when intimate examinations are performed, further information can be found at: <http://www.gmc-uk.org/guidance/index.asp>

The use of a chaperone is not only for the protection of the patient but also for the protection of health care staff. It is important that health care professionals are sensitive to these issues and alert to the potential for allegations of abuse.

This policy is aimed at supporting safe practice and does not constrain clinical autonomy, clinical judgement is to be exercised at all times. Therefore, clinical need or emergency situations may over ride this policy. In exercising professional judgement, any deviation from this policy must be noted in the patient’s clinical notes and, if considered necessary reported through the Trust’s incident reporting process

2. Purpose and Scope

This policy applies to all healthcare staff working within the organisation, including: NMC registered nurses, midwives, health visitors, health care assistants, allied health professionals, medical students, junior and senior medical staff, consultants and radiographers working with individual patients in surgeries, wards, departments, out-patient clinic situations and in the patients home.

This policy covers patient consent and chaperone requirements in relation to all examinations. Wherever possible the gender of the chaperone should be the same as the gender of the patient.

The purpose of this policy is to:

- ensure that all staff have the required understanding of their role in relation to providing care of an intimate nature

- safeguard the dignity, rights, safety and well being of patients and staff throughout consultations, examinations, treatment and care
- provide policies for good practice in relation to the use of chaperones
- provide guidance on difficult situations which may require a chaperone

3. 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.

All staff must be able to identify and raise concerns in relation to “sexualised behaviour” including either excessively familiar behaviour in a clinical setting or the performance of sensitive or intimate examinations in a fashion which is unprofessional or which causes distress either to the examinee or to an impartial observer. The term “sexualised behaviour” arose from the Ayling Report (2004)¹.

All chaperones are expected to have an understanding of the role being requested of them and their responsibilities. Broadly speaking, their role can be considered in any of the following areas:

- providing emotional comfort and reassurance to patients
- assisting in the examination
- assisting with undressing the patient
- acting as an interpreter
- providing protection to healthcare professionals against unfounded allegations of improper behaviour
- protecting the patient from inappropriate “sexualised behaviour”

A chaperone is present as a safeguard for all parties (patient and practitioner) and is a witness to continuing consent to the procedure; however a chaperone cannot be a guarantee of protection for either the examiner or examinee.

4. Consent

Implied consent that a patient is seeking treatment is indicated by their participation in a consultation. However, before proceeding with an examination it is vital that the patient’s informed consent is obtained. For further guidance on the taking of consent please refer to the Trust policies on consent to examination and treatment which can be found at:

<http://intranet/Policies/Launchit.asp?launchit=70> .

If the patient is unable to give informed consent but the practitioner deems that an intimate examination is urgently required, the examination must be performed with a chaperone present and fully documented in the medical records.

If the seriousness of the condition means that a delay is inappropriate but no chaperone is available then this should be explained to the patient and recorded in their notes. A decision to continue or otherwise should be jointly reached, between the clinician and the patient. If the patient is offered a chaperone but declines, record that the offer was made and declined in the medical notes.

When examining unconscious patients all staff should treat the patient with the same dignity and respect as if they were conscious. A chaperone should always be present, during intimate examinations on unconscious patients.

5. Policy Guidance

- Explain to the patient why an examination is required.
- Explain what the examination will involve, including any potential pain or discomfort and allow the opportunity for questions, confirm the patient has understood.
- Obtain and record the patient's permission before the examination and record verbal consent in the notes. Be prepared to discontinue the examination if the patient asks you.
- In the case of non-intimate examinations a chaperone may be offered if clinically appropriate.
- All patients have the right if they wish to have a chaperone present regardless of the nature of the examination.
- If the patient has requested a chaperone and none is available at that time the patient must be given the opportunity to reschedule their examination. This should be recorded in the patient's notes.
- Respect the patient's privacy and dignity at all times.
- Do not assist the patient in removing clothing unless you have clarified assistance is required.
- Keep discussion relevant and do not make any unnecessary personal comments.
- Details of examination, grade, status and examiner's signature along with the name and designation of the chaperone should be recorded in the patient's clinical record.
- The health professional should be able to demonstrate, if challenged, that they have taken all necessary steps to protect themselves and the patient from any allegation of improper behaviour.

6. Dignity and Respect

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 any clothing. Intimate examination should take place in a closed room or, in ward settings, in screened bays which must not be entered without consent while the examination is in progress. Examination should not be interrupted by telephone calls or messages, other than in a clinical emergency.

Once a patient is dressed following an examination or investigation the findings and future actions must be communicated to the patient. If appropriate this can be used as an educational opportunity for the patient. The professional must consider (asking the patient as necessary) if it is appropriate for the chaperone to remain at this stage.

7. Specific Considerations/Sensitive Situations

- Some patients may feel a degree of embarrassment at being examined by a member of the opposite sex.
- The ethnic, religious and cultural background of some patients can make intimate examinations particularly difficult. Requests for examination by a practitioner of the same gender should be accommodated where possible when requested, but in an emergency this may not be possible.
- Pelvic examinations should not be carried out on non-English speaking patients without an interpreter/advocate being present, except in life threatening situations. Healthcare professionals should not proceed with any examination if they are unsure as to whether the patient understands due to language/communication barriers. An interpreter should be available.

- Healthcare professionals should be aware that whilst they may not be performing an intimate examination they should be wary of examining entirely alone when the patient may be compromised, e.g. intoxicated.
- Patients who have previously had a traumatic intimate examination or who have been sexually assaulted.
- In life threatening situations every effort should be made to communicate with the patient or next of kin by whatever means available before proceeding with the examination.
- For patients with learning disabilities or mental illness a familiar individual may be present. A staff member must also be present to act as chaperone. Adult patients with learning disabilities or mental illness who cannot give consent and consequently resist intimate examination or procedure must be interpreted as refusing to give consent and the procedure therefore abandoned (Mental Capacity Act 2005²).
- Children often have a parent or carer present at consultations. A staff member must also be present to act as chaperone. It is mandatory for staff to have a chaperone for all intimate examinations.

All of the above applies equally to both male and female adults, children and young people and for both male and female examiners. It may be appropriate to seek advice from a senior colleague prior to examination in particularly sensitive situations.

8. Monitoring

Compliance with the policy will be monitored by the Head of Nursing RVI, who will request that a designated senior person e.g. Matron undertake an annual review of documentation by unannounced visit to clinical areas. The review will also examine facilities and environment on the service delivered in relation to chaperones. In addition, breaches of this policy should be recorded on an incident form and formally investigated by the Directorate Manager, and notified to the relevant Head of Nursing

References

1. Cm 6298 Committee of Inquiry-Independent investigation into how the NHS handled allegations about the conduct of Clifford Ayling. Department of Health. July 2004.
2. Mental Capacity Act 2005
http://www.opsi.gov.uk/acts/acts2005/pdf/ukpga_20050009_en.pdf

Policy Author:

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RVI/NGH

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING (FORM A)**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title: <u>Use of Chaperones Policy</u>		Policy Author	Elizabeth Harris
		Yes/No	What evidence can you provide to support your response
1.	Does the Policy/guidance affect one group less or more favourably than another on the basis of:	No	This guideline is equally applicable to all with no discrimination between age, gender, race or sexual orientation.
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the guideline/guidance likely to be negative?	No	
5.	If so can the impact be avoided?		
6.	What alternatives are there to achieving the guideline/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for full consultation with relevant stakeholders to complete Form B and to develop an Action Plan. Screening has identified the need for Full Impact Assessment (Appendix 2) This must be forwarded to Rachel Wappat, (Personal Secretary, Ext. 24316 or Rachel.Wappat@nuth.nhs.uk) within 2 months of this response, together with your plans as to the action required to avoid/reduce this impact.

Name of Person responsible for completion of this form: Elizabeth Harris

Date of Completion: 01/09/09 Action Plan due: N/A