



# Chaperone Policy

## **Introduction**

This policy sets out guidance for the use of chaperones and procedures that should be in place for consultations, examinations and investigations.

AC Medical Services Ltd. are 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

## **Recommendations**

No family member or friend of a patient should be routinely expected to undertake any formal chaperoning role in normal circumstances. The presence of a chaperone during a clinical examination and treatment must be the clearly expressed choice of a patient (however the default position should be that all intimate examinations are chaperoned). Chaperoning should not be undertaken by any other than chaperone-trained staff. However, the patient must have the right to decline any chaperone offered if they so wish.

## **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 procedure being carried out. Broadly speaking their role can be considered in any of the following area:

- Providing emotional comfort and reassurance to patients
- To assist in the examination, for example handling instruments
- To assist with undressing the patients

- To act as interpreter
- To provide protection to healthcare professionals against unfounded allegations of improper behaviour.

An experienced chaperone will identify unusual or unacceptable behaviour on the part of the healthcare professional.

It is wise to gain an understanding from the chaperone as to what they see their role as.

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

### **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:

[www.gmc-uk.org/guidance/ethical\\_guidance/21170.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21170.asp)

### **Offering a Chaperone**

All patients should be routinely 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. Most patients will not take up the offer of a chaperone, especially where a relationship of trust has been built up or where the examiner is the same gender as them.

If the patient is offered and does not want a chaperone it will be recorded that the offer was made and declined. If a chaperone is refused a healthcare professional cannot usually insist that one is present and many will examine the patient without one.

### **Where a Chaperone is needed and not Available**

If the patient has requested a chaperone and none are available at the 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 informal decision then the healthcare professional must use their own clinical judgement and record and be able to justify this course of action.

## **Consent**

Consent is a patient's agreement for a health professional to provide care. Before you examine, treat or care for any person you must obtain their consent.

There is 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 duress.

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'.

## **Issues Specific to Religion, Ethnicity or Culture**

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 part of the anatomy that requires investigation or imaging. Wherever possible, particularly in these circumstances, a female healthcare practitioner should perform the procedure.

AC Medical services Ltd. will not proceed with any examination if the healthcare professional is unsure that the patient 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 patient by whatever means available before proceeding with the examination.

## **Issues Specific to Learning Difficulties/Mental Health Problems**

For patients with learning difficulties or mental health problems that effect capacity, a familiar individual such as a family member or carer may be best chaperone. A careful simple and sensitive explanation of the technique is vital. This patient group is a vulnerable one and issues may arise in initial physical examination, “touch” as part of therapy, verbal and other “boundary-breaking” in one to one “confidential” settings and indeed home visits.

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.

**If you require any more information or advice regarding chaperoning, please don't hesitate to get in touch with a member of the team at AC Medical Services Ltd.**