



CC_CG06 Chaperone Policy

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Introduction

Patients can find some consultations, examinations, investigations or procedures distressing and may prefer to have a chaperone present in order to support them. It is good practice to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required.

Any consultation or procedures involving the need to undress, the use of dimmed light or intimate examinations involving the breasts, genitalia or rectum may make the patient feel particularly vulnerable.

The intimate nature of many nursing, midwifery and medical interventions, if not practised in a sensitive and respectful manner, can lead to misinterpretation and occasionally allegations of sexual assault or inappropriate examinations.

In these circumstances a chaperone can act as a safeguard for both patient and clinician.

All patients have the right, if they wish, to have a chaperone present during an examination, procedure, treatment or any care irrespective of organisational constraints or settings in which they are carried out.

Scope of this document

This policy sets out guidance on the use of chaperones within Communitas Clinics Ltd and is based on recommendations from the General Medical Council, The Nursing and Midwifery Council, NHS Guidance and the findings of the Ayling Inquiry (2004).

This policy has been developed with the aim of producing a co-ordinated approach to the use of chaperones during consultations, examinations or procedures carried out within Communitas Clinics intermediate services.

It should be used in conjunction with existing guidance from Professional Bodies and with reference to:

- Clinical Record and note keeping Policy
- Whistle Blowing Policy
- Consent Policy

This policy applies to all staff working in Communitas Clinics Ltd who may be involved in examining or undertaking clinical procedures as well as those who may be asked to chaperone patients.

Definitions

There is no common definition of a chaperone and the role varies according to the needs of the patient, the healthcare professional, and the examination or procedure being carried out. It is acceptable for a friend, relative or carer to be present during a procedure if that is the wish of the patient but it is recommended that staff make use of a formal chaperone for all intimate examinations.

The role of the chaperone may vary according to the clinical situation and can include:

- * Providing the patient with physical and emotional support and reassurance.
- * Ensuring the environment supports privacy and dignity
- * Providing practical assistance with the examination
- * Safeguarding patients from humiliation, pain, distress or abuse
- * Providing protection to healthcare professionals against unfounded allegations of improper behaviour
- * Identifying unusual or unacceptable behaviour on the part of the healthcare professional
- * Providing protection for the healthcare professional from potentially abusive patients

Chaperones should be:

- * Sensitive and respectful of the patient's dignity and confidentiality
- * Be familiar with the procedures involved in routine intimate examinations
- * Be prepared to ask the examiner to abandon the procedure if the patient expresses a wish for the examination to end
- * Be prepared to raise concerns if misconduct occurs

Responsibilities & Duties

All Communitas Clinics professionals should be aware of and comply with the chaperone policy. Staffs also are responsible for reporting any incidents or complaints related to the use of chaperones.

Clinicians and Service Managers are responsible for:

- Implementing this policy within individual clinical areas.
- Ensuring that staff who require training on the role of the chaperone receive appropriate workplace instruction
- Investigating any incidents related to the use of chaperones.

Chaperoning

The Ayling Inquiry (2004) stated that there was a need for each NHS organisation to determine its chaperoning policy, make this explicit to patients and to resource it accordingly.

Guidance from the NMC states that 'all patients should have the right, if they wish, to have a chaperone present during an examination or procedure, treatment or care irrespective of organisational constraints or settings in which they are carried out'

The General Medical Council (GMC) recommends that whenever possible medical practitioners should offer the patient the security of having an impartial observer (a chaperone) present during an intimate examination even if you are the same gender as the patient.

Process

It is good practice to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required.

If a patient prefers to undergo an examination/procedure without the presence of a chaperone this should be respected and their decision documented in their clinical record. The only exclusion to this is when intimate examinations or procedures are performed (see below):

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. This should be followed by a check to ensure that the patient has understood the information and gives consent.

Clinicians are advised to request a healthcare professional to act as a chaperone when undertaking any intimate examinations or procedures.

An intimate examination is defined as an examination of the breast, genitalia or rectum and applies to both female and male patients.

To protect the patient from vulnerability and embarrassment consideration should be given to the chaperone being of the same sex as the patient wherever possible.

It is acceptable for clinicians to perform intimate examinations without a chaperone if the situation is life threatening and speed is essential in the care or treatment of the patient. This should be recorded in the patient's notes.

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.

Examinations should take place in a closed room or well screened bay that cannot be entered without consent while the examination is in progress. Do not enter or Examination in Progress signs must be used when possible.

During the examination the examiner should:

- * Be courteous at all times
- * Offer reassurance
- * Keep all discussion relevant to the examination and avoid unnecessary personal comments
- * Remain alert to any verbal and non verbal signs of distress from the patient
- * Respect any requests for the examination to be discontinued.

Documentation

The name and role of the chaperone present must be documented in the patient's notes. If the patient is offered a chaperone and declines the offer, this also must be documented.

Patients with individual needs

Patients with communication needs or learning disabilities must have support from healthcare professionals. Family or friends who understand their communication needs are able to minimise any distress caused by the procedure could also be invited to be present throughout any examination. Staff must 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 procedure to assess mental capacity should be carried out in line with the Act and be fully documented in the patient's notes.

Issues specific to children

For children under the legal age of consent (16 years) they and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their informed consent.

In the case of a child a chaperone should be a parent or carer or alternatively someone already known and trusted by the child. For young adults, who are deemed to have mental capacity, the guidance that relates to adults is applicable.

Cultural and Religious issues

The cultural values and religious beliefs of patients can make intimate examinations and procedures difficult and stressful for themselves and healthcare professionals. Clinicians must be sensitive to the needs of patients and their specific requirements understood (through the use of interpreters if appropriate) and whenever possible complied with.

Implementation of the policy

Plan for implementation

Chaperoning is already widely conducted but this policy brings together guidance on responsibilities and process for healthcare professionals. The Board will oversee the effective communication of the approved policy to all relevant staff.

Dissemination

Staff may print key documents at need but must be aware of these are only valid on the day of printing and must refer to the Service Managers for the latest version (or find policy from their shortcut on their PC Desktop).

Individual members of staff have a responsibility to ensure they are familiar with all key documents that impinge on their work and will ensure that they are working with the current version of key policies and documentation.

Training and Awareness

While individual professionals have a responsibility to ensure that they are aware of the contents of this policy and apply them, it is the responsibility of lead clinicians and Service Managers to identify any training needs and to organise appropriate workplace instruction. Workplace instruction should involve discussion and demonstration of an understanding of the following:

- * What is meant by the term chaperone.
- * Confidentiality
- * What is an intimate 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

Instruction on the role of the chaperone should be included in clinical induction programmes for new members of staff.

Monitoring and Compliance

Lead Clinicians and Service Managers are responsible for ensuring that their staff comply with this policy and for auditing practice against policy standards.

Individual staff members must be aware of the policy and ensure that their clinical practice is in line with guidance.

All incidents related to the policy should be reported to the Clinical Director and Service Manager. Incidents will be investigated and changes made to policy and practice where appropriate.