CHAPERONING POLICY CONTENT

Section	Title
1	Statement
2	Introduction
3	Purpose
4	Scope of Policy
5	Objectives
6	Definitions
	• Chaperone
7	Duties and Responsibilities
	• Practice Manager
	• Health Care Professional
	• Record Keeping
	• Concerns
	• Training
8	Implementation, Monitoring and Review

APPENDICIES

1	Type of Chaperone
2	Specific Issues
3	Equality Impact Assessment Tool

1. Statement

The Five Oaks Family Practice is committed to creating an environment that promotes equality and embraces diversity, both within our workforce and in service delivery.

Five Oaks Family Practice will ensure that patients are offered a chaperone for all intimate examinations. Where a chaperone is unavailable, a patient may be asked to return at a clinically appropriate time. The Five Oaks Family Practice accepts that patients may also request a friend or relative to accompany them at these times. Patients may request a chaperone from the clinician they see or a member of staff at the clinic or surgery.

This document seeks to uphold the duties and principles contained within the Human Rights Act. All staff with the Five Oaks Family Practice should be aware of its implications.

This policy is due for review by November 2021. After this date, the policy and associated process documents may become invalid. All users should ensure that they are consulting the current version of this document.

2. Introduction

It is the policy of Five Oaks Family Practice to require Health Care Professionals to offer chaperones if patients or clinical staff require them to be present. Chaperones are most often required or requested for consultations, examinations and investigations.

It is good practice for a Health Care Professionals to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required. This offer can be made through a number of routes including prominently placed posters, practice leaflets and verbal information prior to the actual consultation.

It is not always clear ahead of the consultation that an intimate examination or procedure is required. It would be wise, at the time of all consultations, examinations and investigations to repeat the offer of a chaperone at the time. Adequate information and explanation as to why the examination or procedure is required should be provided, and where necessary, easily understood literature and diagrams can support this verbal information. In addition, careful and sympathetic explanation of the examination technique to be used should be given throughout the procedure being carried out. It is unwise to assume that the patient understands why certain examinations are being conducted or why they are done in a certain manner. For example, patients need to be told why both breast are examined when they may complain of a

lump in only one, or why a vaginal examination maybe necessary if a woman complains of abdominal pain or why the testes may be examined in a child with abdominal pain.

Respect, explanation, consent and privacy take precedence over the need for a chaperone. The 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.

3. Purpose

The Chaperoning Policy aims to guarantee patients:-

- To provide support and protection of both patients and staff during episodes of care within the community
- Prevent misinterpretations of actions during consultations, examinations and investigations

4. Scope

This policy is intended for Health Care Professionals working within the Five Oaks Family Practice**.**

5. Objectives

Enhance and support the standard and quality of patient care provided by Five Oaks Family Practice**.**

6. Definitions

- **Chaperone**
  There is no common definition of a chaperone and the role varies depending on the need of the patient, the Healthcare Professional and the treatment, examination or investigation. The Five Oaks Family Practice considers the role to:

  - Provide support and reassurance to the patient
  - To provide protection for the health care professional against unfounded allegations of improper behaviour

  A chaperone is present to safeguard for all parties (patients and Health Care Professionals) and to witness to continuing consent of the procedure

- Types of Chaperone
  The designation of the chaperone will depend upon the role expected of them and, on the wishes of the patient definitions. There are two defined types:-

    - Informal Chaperone
    - Formal Chaperone

  Definition of types 'Types' can be found in Appendix A.

- **Special Issues**
  Account should be taken of Special Issues, which may arise in relation to examining certain patient groups. Such as:

    - Issues Specific to Children
    - Issues Specific to Ethnicity, Religion and Culture
    - Issues Specific to Patients with Mental Health Problems and Learning Difficulties

  Guidance around this can be found in Appendix 2

7. Duties and Responsibilities

- **Practice Manager**
  The Practice Manager has responsibility for the strategic and operational management of Five Oaks Family Practice, including ensuring that of Five Oaks Family Practice policies comply with all legal, statutory and good practice guidance requirements.

- **Health Care Professionals**
  It is advisable that even if a friend or relative is present with a patient, the professional should offer a staff chaperone for all intimate examinations. This should also be considered for more routine consultations (where a clinician feels that there may be an 'at risk' situation – such as with vulnerable patients, patients of the opposite sex, patients with significant mental health problems or learning difficulties, patients with a history or aggressive, violent or inappropriate behaviour) where normal clinical actions may be misconstrued.

- **Record Keeping**
  The key areas to record are:-

    - That a chaperone was offered, offer accepted/declined
    - If chaperone present, the details of the chaperone
    - The nature of the examination/procedure
    - The reason if it is an intimate examination (clinical indication)
    - Explanation given to patient
    - The findings

- Five Oaks Family Practice will support this policy and make the public aware of it. Five Oaks Family Practice will raise awareness by placing relevant posters in all waiting rooms and examination areas.

- **Concerns**
  Any concerns raised by a Health Care Professional, patient or carer following an episode of care must be documented in the patient's record and an incident report form must be completed as per the of Five Oaks Family Practice incident policy

- **Training**
  Five Oaks Family Practice will ensure that all members of staff receive the level of training necessary for them to fulfil their individual responsibilities.

Any member of staff who does not wish to be a chaperone at the surgery or accompany a doctor or nurse on any, or a particular, home visit has a right to decline, without prejudice, and alternative arrangements will be made.

The training will include:

- What is meant to be a chaperone
- What is an 'intimate examination'
- Why chaperones need to be present
- The rights of patients
- Role and responsibility of chaperone
- Policy and mechanism for raising concerns.



8. Implementation, Monitoring and Review

- The Lead GP and Practice Manager are responsible for implementing this policy in conjunction with relevant staff.

- The Practice Manager is responsible for ensuring that this policy is reviewed at 24 monthly intervals, and if required, revised in the light of legislative or organisational change.
  This policy is due for review by July 23. After this date, the policy and associated process documents may become invalid.
  Audit of the policy will be undertaken as required.

APPENDIX 1

Type of Chaperone

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 passive role such as providing support to the patient during the procedure.

Informal Chaperone: Many patients feel reassured by the presence of a familiar person and this request in almost all cases should be accepted. A situation where this may not be appropriate is when a child is asked to act as a chaperone for a parent undergoing an intimate examination. They may not necessarily be relied upon to act as a witness to the conduct or continuing consent of the procedure. 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 be present. It is inappropriate to expect an informal chaperone to take an active part in the examination or to witness the procedure directly.

Formal Chaperone: a formal chaperone implies a clinical health professional, such as a nurse, or a specifically trained non-clinical staff member, such as a receptionist. 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 person undertaking the chaperone role. This may include assisting with undressing or assisting in the procedure being carried out. In these situations, staff should have had sufficient training to understand the role expected of them. Common sense would dictate that, in most cases, it is not appropriate for a non-clinical member of staff to comment often appropriateness of the procedure or examination, nor would they feel able to do so.

Protecting the patient from vulnerability and embarrassment means that the chaperone would usually be of the same gender as the patient. Therefore, the use of a male chaperone for the examination of a female patient or of a female chaperone when a male patient was being examined could be considered inappropriate.

The patient should always have the opportunity to decline a particular person as chaperone if that person is not acceptable to them for any reason. In all cases where the presence of a chaperone may intrude in a confiding clinician – patient relationship their presence should be confined to the physical examination. One-to-one communication should take place after the examination.

APPENDIX 2

Special Issues

Issues Specific to Children

In the case of children, a chaperone would normally be a parent or carer or alternatively someone known and trusted or chosen by the child. Patients may be accompanied by another minor of the same age. For competent young adults the guidance relating to adults is applicable.

The age of consent is 16 years, but young people have the right to confidential advice on contraception, pregnancy and abortion and it has been made clear that the law is not intended to prosecute mutually agreed sexual activity between young people of a similar age, unless it involves abuse or exploitation. However, the younger the person, the greater the concern about abuse or exploitation. Children under 13 years old are considered of insufficient age to consent to sexual activity, and the Sexual Offence Act 2003 makes clear that sexual activity with a child under 13 is always an offence. In situations where abuse is suspected, great care and sensitivity must be used to allay fears of repeat abuse.

Health Care Professionals should refer to their local Child Protection policies for any specific issues. Children and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their co-operation and understanding. If a minor presents in the absence of a parent or guardian the healthcare professional must ascertain if they are capable of understanding the need for examination. In these cases, it would be advisable for consent to be secured and a formal chaperone to be present for any intimate examinations.

Issues Specific to Ethnicity and 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 examination should be allowed the opportunity to limit the degree of nudity before 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. 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 Patients With Mental Health Problems and Learning Difficulties

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. 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, "tough" 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 an intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned, unless the patient has been sectioned. In life-saving situations the healthcare professional should use professional judgement and where possible discuss with a member of the Mental health Care team.

APPENDIX 3

Equality Impact Assessment Tool
To be completed with the policy document when submitted to the appropriate committee for consideration, approval and ratification

		Yes/No	Comments
1	**Does the policy/guidance affect one group less or more favourable than another on the basis of:**	No	
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender reassignment (including trans status and gender identity)	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation (including heterosexual, lesbian, gay, bisexual people etc.)	No	
	• Age	No	
	• Disability (including learning disabilities, physical disability, sensory impairment and mental health problems)	No	
2	**Is there any evidence that some groups are**	No	

	affected differently?		
3	**If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?**	n/a	
4	**Is the impact of the policy/guidance likely to be negative?**	No	
5	**If so, can the impact be avoided?**	n/a	
6	**What alternative are there to achieving the policy/guidance without the impact?**	n/a	
7	**Can we reduce the impact by taking different action?**	n/a	