Park House Surgery

Chaperone Policy

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3 SUMMARY 7

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1 Introduction

1.1 POLICY STATEMENT

- All patients are to be routinely offered a chaperone, ideally when booking their appointment. A chaperone must be provided when necessary to safeguard both patients and clinicians during intimate examinations or procedures.

- All staff must complete chaperone awareness training and those staff nominated to act as chaperones must have completed the appropriate training to enable them to undertake this role.

- Intimate examinations of children or young people under 18 must be conducted in the presence of a chaperone; a parent or carer may also be present to provide reassurance.

- When the child or young person is unable to give consent, parents or carers must be given an appropriate explanation to enable them to provide informed consent.

- The use of chaperones must be annotated in the individual's healthcare record and the appropriate SNOMEDCT ID used.

At Park House Surgery, all patients will routinely be offered a chaperone. It is a requirement that, where necessary, chaperones are provided to protect and safeguard both patients and clinicians during intimate examinations and or procedures.

1.2 STATUS

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have with regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

2 Policy

2.1 Raising patient awareness

Patients are to be advised that a chaperone is 'an independent person, appropriately trained, whose role is to observe independently the examination/procedure undertaken by the doctor/health professional to assist the appropriate doctor-patient relationship'[1].

At the practice, a chaperone poster is clearly displayed in the waiting area and in all clinical rooms.

2.2 Personnel authorised to act as chaperones

Any member of the team can be asked to act as a chaperone at the practice, however they must have undertaken chaperone training. Therefore, it is essential that personnel are fully trained and aware of their individual responsibilities when performing chaperone duties.

The GMC advises that a relative or friend of the patient is not considered to be an impartial observer and therefore would not be considered a suitable chaperone. The importance of a chaperone should not be underestimated. Children and young people, their parents, relatives, and carers should be made aware of the policy and why this is important.

It is policy that any member of the organisation team can act as a chaperone only if they have undertaken appropriate chaperone training.

2.3 General guidance

All clinicians should consider using a chaperone for some or all of the consultation and not solely for the purpose of intimate examinations or procedures. This applies whether the clinician is of the same gender as the patient or not.

Before conducting any intimate examination, the clinician should follow this checklist:[2]

- Explain to the patient why the particular examination is necessary and what it entails so they can give fully informed consent.
- Record the consent discussion in the notes, along with the identity of the chaperone or if a chaperone was offered but declined.
- If possible, use a chaperone of the same gender as the patient.

[1] GMC Ethical Guidance Intimate examination and chaperones

[2] MDU Chaperones

- Allow the chaperone to hear the explanation of the examination and the patient's consent.

During the examination, the clinician should:[2]

- Ensure the patient's privacy during the examination when they are dressing and undressing, for example by using screens and gowns/sheets.
- Position the chaperone where they can see the patient and how the examination is being conducted.
- Explain what they are going to do before they do it and seek consent again (if the examination is going to differ from what the patient was previously advised)
- Avoid personal remarks.
- Invite the patient to advise if the examination becomes uncomfortable.
- Watch the patient for any signs of pain or discomfort and check the patient is happy for the examination to continue.

Ensuring that the patient fully understands the why, what, and how of the examination process should mitigate the potential for confusion.

2.4 EXPECTATIONS OF A CHAPERONE

All staff who undertake a formal chaperone role must have been trained so they develop the competencies required. Training can be delivered externally or provided in-house by an experienced member of staff so that all formal chaperones understand the competencies required for this role.

At Park House Surgery chaperone training is delivered using the Agilo Clarity CPD training platform module "Chaperoning" which includes:

- What is meant by the term chaperone.
- What an intimate examination is.
- Why chaperones need to be present.
- The rights of the patient.
- The role and responsibilities of the chaperone. Chaperones must place themselves inside the screened off area rather than outside of the curtains/screen.
- The policy and mechanism for raising concerns.

Additionally, at the practice chaperones will adhere to the GMC guidance which states chaperones should:

- Be sensitive and respect the patient's dignity and confidentiality.
- Reassure the patient if they show signs of distress or discomfort.
- Be familiar with the procedures involved in a routine intimate examination.
- Stay for the whole examination and be able to see what the doctor is doing, if practical.

- Be prepared to raise concerns if they are concerned about the doctor's behaviour or actions.

For most patients and procedures, respect, explanation, consent, and privacy are all that is needed. These take precedence over the need for a chaperone. A chaperone does not remove the need for adequate explanation and courtesy. Neither can a chaperone provide full assurance that the procedure or examination is conducted appropriately.

2.5 Disclosure and Barring Service (DBS) check

Clinical staff who undertake a chaperone role at the practice will already have a DBS check. Non-clinical staff who carry out chaperone duties will already have a DBS check. This is due to the nature of chaperoning duties and the level of patient contact. Should the practice decide not to carry out a DBS check for any non-clinical staff, then a clear rationale for this decision must be given, including an appropriate risk assessment.

2.6 Children & young People Under 18 Years

NHS England guidance states that any intimate examination on children and young people under 18 years should be carried out in the presence of a formal chaperone. A parent, carer or someone known and trusted by the child may also be present during the examination or procedure to provide reassurance. Parents or guardians must receive an appropriate explanation of the procedure to provide informed consent when the young person is unable to do so themselves.

2.7 When a patient refuses a chaperone

If the clinician does not want to proceed with the examination without a chaperone but the patient has refused a chaperone, the clinician must clearly explain why they want a chaperone to be present. The GMC states that ultimately the patient's clinical needs must take precedence. The clinician may wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone providing a delay would not adversely affect the patient's health.

Any discussion about chaperones and the outcome should be recorded in the patient's medical record, and in particular:

- Who the chaperone was
- Their title
- That the offer was made and declined

2.8 When a chaperone is unavailable

The GMC further advises that if either the clinician or the patient does not want the examination to go ahead without a chaperone present, or if either is uncomfortable with the choice of chaperone, the clinician may offer to delay the examination until a later date when a suitable chaperone will be available providing the delay would not adversely affect the patient's health.

2.9 Using chaperones during a video consultation

Many intimate examinations will not be suitable for a video consultation. When online, video or telephone consultations take place, GMC guidance explains how to protect patients when images are needed to support clinical decision making. This includes the appropriate use of photographs and video consultations as part of patient care.

Where intimate examinations are performed, it is important that a chaperone is offered. Documentation should clearly reflect this. It is important to document who provided the chaperoning and this should also state what part of the consultation they were present for.

2.10 Practice procedure

If a chaperone was not requested at the time of booking the appointment, the clinician will offer the patient a chaperone explaining the requirements:

- Send "All Practice" message on teams to request a chaperone or speak to reception to see who is available.
- Record in the individual's healthcare record that a chaperone is present and identify them.
- The chaperone should be introduced to the patient.
- The chaperone should assist as required but maintain a position so that they are able to witness the procedure/examination (usually at the head end)
- The chaperone should adhere to their role at all times.
- The clinician will annotate in the individual's healthcare record the full details of the procedure as per current medical records policy.

2.11 Escorting of visitors and guests (including VIPs)

There may be, on occasion, a need to ensure that appropriate measures are in place to escort visitors and guests including Very Important People (VIPs). The practice will follow the recommendations outlined in the Lampard Report (2015)[3]:

a. Ensure that any visitors are escorted by a permanent member of staff at all times throughout the duration of their visit.

b. The individual organising the visit must arrange for a suitable member of staff to act as an escort. Furthermore, the reason for the visit must be documented, giving details of the areas to be visited and if patients are to be contacted during the visit.

c. The escort is to ensure that no visitors enter clinical areas where there may be intimate examinations or procedures taking place. This protects and promotes the privacy, dignity, and respect of patients.

d. The person arranging the visit must ensure that there is sufficient time for the practice team to advise patients of the visit and offer patients the opportunity to decline to interact with the visitor(s).

e. Given the diverse nature of the patient population, some patients may not understand or may become confused as to why visitors or guests (including VIPs) are present. To minimise any confusion or distress, such patients as well as the visitor(s) are to be offered an escort.

f. The person arranging the visit must ensure that the visitor(s) has produced photographic ID prior to the visit taking place.

g. The escort is to accept responsibility for the visitor(s) at all times. They must also be prepared to challenge any unacceptable or inappropriate behaviour, reporting such incidences to the practice manager immediately.

h. The escort must ensure that no patient records or other patient-identifiable information are disclosed to the visitor(s). Escorts are to ensure that the visitor(s) is aware of the need to retain confidentiality should they overhear clinical information being discussed. Any breaches of confidentiality are to be reported immediately to the practice manager.

i. If media interest is likely, the practice manager is to inform Surrey Heath ICB, requesting that the communication team provides guidance.

j. Under no circumstances is the escort to leave the visitor(s) alone with any patient or patient-identifiable information. This is to ensure that both the patient and visitor(s) are appropriately protected.

3 Summary

[3] Lampard Report (2015)

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The relationship between the clinician and patient is based on trust and chaperones are a safeguard for both parties at the practice.

The role of a chaperone is vital in maintaining a good standard of practice during consultations and examinations. Regular training for staff and raising patient awareness will ensure that this policy is maintained.