Chaperones policy

1. **Policy statement.**

1.1 Refreshedwithin is committed to providing a safe, comfortable healthcare environment where the safety of patients and staff is of paramount importance.

1.2 A key consideration is the need for patients having consultations, examinations, investigations and treatments to be safe and to experience a little discomfort and distress as possible.

1.3 Equally, Refreshedwithin healthcare professionals are at risk of their actions being misconstrued, or misrepresented, if they conduct healthcare examinations or treatments of an intimate nature, where no other person is present and must minimise the risk of false accusations of inappropriate behaviour.

1.4 This policy is designed to protect patients and healthcare staff. The policy outlines principles to be considered and sets out the procedures that should be followed for appropriately chaperoning patients during consultations, examinations, investigations and treatments.

2. **Principles of good practice**

2.1 Consultations involving dimmed lights, close proximity to patients, personal questions and being touched may make a patient feel vulnerable.

2.2 Chaperoning may help reduce distress but must be used in conjunction with respectful behaviour which includes explanation, informed consent and privacy.

3. **The rights of patients.**

3.1 All patients are entitled to have a chaperone present for any consultation, physical examination or procedure where they feel one is required. Patients also have the right to decline the offer of a chaperone

However, a Refreshedwithin healthcare practitioner may feel that it would be wise to have a chaperone present for their mutual protection, for example, a consultation on a young adult of the opposite gender.

3.2 If the patient still declines the chaperone, the healthcare practitioner will need to decide whether or not they are happy to proceed in the absence of a chaperone. This will be a decision based on both clinical need and the requirement for protection against any potential allegations of improper conduct.

4. What is a chaperone?.

4.1 In healthcare, a chaperone is a person who serves as a witness for both a patient and a healthcare practitioner as a safeguard for both parties during a medical examination or procedure and is a witness to continuing consent of the procedure.

4.2 The precise role of the chaperone varies depending on the circumstances of the patient's appointment, and examination or treatment procedure. It may include providing a degree of emotional support and reassurance to patients but more commonly incorporates:

- *providing protection to healthcare professionals against unfounded allegations of improper behaviour, and*
- *assisting with undressing, dressing and positioning of patients.*

5. Who can act as a chaperone?

5.1 Different people can act as a chaperone. However, where possible, it is recommended that chaperones should be Refreshedwithin healthcare staff familiar with procedural aspects.

5.2 Where suitable healthcare staff members are not available at the time of the patient's appointment, the consultation or treatment may have to be deferred and a new appointment made.

5.3 Where members of non-clinical staff are being considered to act as a chaperone, the patient must agree to the presence of a non-clinical person during the consultation or treatment and be comfortable with this.

5.4 The non-clinical member of staff should be trained in the procedural aspects comfortable in acting in the role of chaperone, and be confident in the scope and extent of their role. They should receive instruction on where to stand and what to watch, and instructions to that effect will be given by the healthcare practitioner involved in the patient’s examination or treatment.

6. Training for non-clinical staff acting as chaperones.

6.1 Non-clinical members of staff, who undertake a formal chaperone role, should undergo training. Training should include:

- an understanding of what is meant by the term chaperone
- the specific details of different types of consultations
- the rights of the patient
- the chaperone's role and responsibility, and
- the policy and mechanism for raising concerns.

All newly appointed non-clinical staff should attend chaperone training.

7. Formal chaperones.

7.1 A 'formal' chaperone implies a clinical health care professional such as a registered nurse, or a healthcare assistant. This individual will have a specific role to play in terms of the consultation, examination or procedure and this role should be made clear to both the patient and the chaperone.

7.2 It is important that chaperones have had sufficient training, knowledge and experience to understand the role expected of them and that they are not expected to undertake a role for which they have not been trained.

7.3 Protecting the patient from vulnerability and embarrassment means that the chaperone would usually be of the same sex as the patient. However, there may be occasions when this is difficult to achieve. If the patient is requesting a male chaperone then a male doctor or healthcare professional may be called upon to act as the chaperone, or the patient can be offered to rebook their appointment with a male doctor.

7.4 The patient should always have the opportunity to decline a particular person as a chaperone if that person is not acceptable to them for any reason.

8. Informal chaperones.

8.1 Many patients can feel reassured by the presence of a familiar person in a consulting room, and such a request in almost all cases should be accepted.

8.2 This informal chaperone may not necessarily be relied upon to act as a witness to the conduct or continuing consent of the procedure. Therefore, it would be inappropriate to expect an informal chaperone to take part in a examination or to witness a procedure directly.

8.3 A family member or friend of the patient may be present during the appointment, but they cannot act as a formal chaperone.

8.4 Under no circumstances should a child be expected to act as a chaperone.

9. Patient expectations

9.1 Patients can expect a Refreshedwithin chaperone to be:

- available if requested
- pleasant, approachable and professional in manner and able to put them at ease
- competent and safe
- clean and presentable, and
- confidential

10. Where will the chaperone stand?

10.1 The positioning of the chaperone in a consulting or treatment room will depend on several factors. For example, the nature of the consultation and/or treatment, and whether or not the chaperone has to assist the nurse or practitioner during the procedure..

10.2 The practitioner should explain to a patient what the chaperone will be doing and where they shall be in the room.

11. Issues specific to religion, ethnicity, culture and sexual orientation

11.1 All patients undergoing consultations should be allowed the opportunity to limit the degree of nudity by, for example, uncovering only that part of the body that requires examination or treatment.

11.2 Some patients' ethnic, religious, and cultural backgrounds and sexual orientation may make treatments challenging. These considerations should always be taken into account, discussed, and never presumed.

11.3 Refreshedwithin recognises that each patient is an individual and has very different needs and preferences. Before an consultation or treatment is carried out, such preferences should be mutually agreed..

12. Issues specific to people with learning difficulties and mental health problems.

12.1 For patients with learning difficulties or mental health issues that affect capacity, a familiar individual such as a family member or carer may be the best chaperone. A simple and sensitive explanation of the examination and/or treatment technique to be carried out is vital. This patient group is a vulnerable one and issues may arise with physical examinations.

12.2 Adult patients with learning difficulties or mental health issues who resist an consultation should be interpreted as refusing to give consent and the treatment must be abandoned.

Where possible the matter should be discussed with a member of a Mental Health Care Team. This may require contact with a named healthcare professional outside of the Refreshedwithin healthcare service.

13. Non English speaking patients.

1431 In the situation of a non English speaking patient being examined, the use of an independent interpreter should be considered and sourced. The use of a formal chaperone may still be appropriate with the interpreter in the room.

13.2 A family member or interpreter should not be used as a formal chaperone.

14. Communication and record keeping.

14.1 The key principles of communication and record keeping will ensure that the Refreshedwithin healthcare professional and patient relationship is maintained and also act as a safeguard against formal complaints, or in extreme cases, legal action.

14.2 On many occasions, the cause of patient complaints is the failure in communication between both parties, either in the practitioner's explanation or the patient's understanding about the process of examination or treatment in question. It is essential that the healthcare professional explains the nature of the examination and offers the patient a choice in terms of whether to continue. Chaperoning in no way removes or reduces this responsibility.

14.3 Details of the consultation, including the presence or absence of a chaperone and the information given, must be documented in the patient's healthcare record. The records should make clear from the history that the consultation was necessary.

14.4 In any situation where concerns are raised, or an incident has occurred, this should be dealt with immediately in accordance with the DATI Medical Limited incident reporting procedure.

15. Confidentiality.

15.1 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.

15.2 Patients should be reassured that all staff understand their responsibility not to divulge confidential information.

16. Policy review.

16.1 This policy will be reviewed on an annual basis.

16.2 Patients should be reassured that all staff understand their responsibility not to divulge confidential information.

20. Guidance and further reading.

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Care Quality Commission (Registration) Regulations 2009

- Equality Act 2010

- GMC: Intimate examinations and chaperones (2013)

- Guidance for restrictive physical interventions: How to provide safe services for
people with learning disabilities and autistic spectrum disorder (DH, 2002).
- Human Rights Act 1998

- Mental Health Act 2007

- Mental Health Act Code of Practice (2007).

- Mental Capacity Act 2005 and associated code of practice

- No secrets: Guidance on developing and implementing multi-agency policies and
procedures to protect vulnerable adults from abuse (DH and Home Office, 2000).

- Safeguarding Vulnerable Groups Act 2006

- Services for people with learning disabilities and challenging behaviour or mental
health needs – Mansell report: revised edition (DH, 2007).