Surrey & Sussex Healthcare NHS Trust

Chaperone Policy

Version	2
Status	Approved
Date Ratified	13 March 2013
Name of Owner	Lynda Filby Matron for Surgery
Name of Sponsor Group	Documentation Group
Name of Ratifying Group	Management Board-Strategy
Type of Procedural document	Policy
Policy Reference	0525
Date issued	27 March 2013
Review date	12 March 2016
Target audience	All Trust Staff
Human Rights Statement	The Trust incorporates and supports the human rights of the individual, as set out by the European Convention on Human Rights and the Human Rights Act 1998
EIA Status	Completed (04/02/2013)
This policy is available on request in different formats and languages from the Policy Coordinator / PALS.	
The latest approved version of this document supercedes all other versions. Upon receipt of the latest approved versions all other version should be destroyed, unless specifically stated that the previous version(s) are to remain extant. If in any doubt please contact the document owner or Policy Coordinator.	

Contents **Page Number**

Change history			
Version	**Date**	**Author/Procedure Lead**	**Details of change**
1	December 2008	Lynda Filby Matron for Gynaecology Services and Kim Jedrzejewska Specialist Nurse	New policy
2	January 2013	Lynda Filby Matron for Surgery	Policy updated

1. Introduction

The Care Quality Commission state in Core Standard C20:

"Healthcare services are provided in environments which promote effective care and optimise health outcomes by being:

- a safe and secure environment which protects patients, staff, visitors and their property and the physical assets of the organisation;
- Supportive of patient privacy and confidentiality."

This policy helps meet this standard and associated outcome by providing guidance on the use of chaperones in the Surrey & Sussex Healthcare Trust.

2. Purpose

The guidelines in this policy covers chaperone requirements in relation to all intimate examinations, consultations and procedures involving the genitalia, breasts or rectum. The policy also includes the chaperone requirements for examinations involving the complete removal of outer clothing to underwear or less.

All medical consultations, examinations and investigations are potentially distressing and could be deemed intimate by some patients. Clinicians need to be aware of and sensitive to an individuals needs and what they perceive as an intimate examination.

This policy also applies to Chaperoning a Celebrity / Member of Public who has received authorisation for an official visit to the Trust.

Chaperone guidance is for the protection of patients and staff.

3. Definitions

A chaperone is a person who is present during a physical examination as a safeguard for all parties (patient and practitioners) and is a witness to the continuing consent of the procedure.

The word 'nurse' is used to encompass registered Nurse, Midwife or Health Visitor.

The use of the feminine gender equally implies the male and similarly the use of the male gender equally implies the female

4. Duties

This policy applies to all Registered Nurses, Operating Department Practitioners (ODPS), Healthcare Assistants, Allied Health Professionals, Medical Students, Post Graduate Doctors, Senior Medical Staff, Consultants and Radiographers, working with individual patients in wards, departments, out-patient and clinic situations.

It also applies to any member of Trust Staff responsible for chaperoning a celebrity /member of the public on an official visit to the Trust.

All staff have a responsibility to work in line with their professional code of conduct.

5. Chaperone Policy-Key Considerations

A chaperone should be offered to **ALL** patients undergoing intimate examinations/procedures, irrespective of gender of either the patient or doctor/nurse. All patients should also have the opportunity of having a chaperone during any consultation or procedure.

Detailed 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 should be used and given prior to the procedure being carried out.

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.

A practitioner should not proceed with any examination if they feel unsure whether the patient fully understands the procedure owing to a language barrier. If an interpreter is available, the interpreter should be used as an informal chaperone. Every attempt should be made secure the services of an interpreter.

Attention must be given to the environment; ensuring adequate privacy is afforded to maintain dignity.

If the patient prefers to be examined without a chaperone this request should be recorded in the patient’s medical notes.

It is acceptable for a doctor (or other appropriate member of the healthcare team) to perform intimate examination without a chaperone if the situation is life threatening or speed is essential in the care of the patient. This should be recorded in the patients' medical records.

5.1 ROLE OF THE CHAPERONE

- To provide emotional comfort and reassurance to the patient.
- To act as the patients' advocate
- As witness to conversations / actions of practitioners
- To identify unusual or unacceptable behaviour on the part of the health care professional

- To provide protection to healthcare professionals against unfounded allegations of improper behaviour

The Chaperone may also

- Assist the patient to undress
- Assist in the examination, for example handing instruments during a procedure
- Act as an interpreter
- Help the clinician to manage aggressive behaviour

5.2 TYPE OF CHAPERONE

The designation of the chaperone will depend on the type of examination being carried out and the wishes of the patient.

Informal Chaperone

Many patients feel reassured by the presence of a familiar person such as a relative or a friend and in almost all cases this should be accepted. It is however, inappropriate to expect an informal chaperone to take an active part in the examination or to witness the procedure directly.

Formal Chaperone

This implies a clinical health professional e.g. a nurse, or a specifically trained non-clinical member of staff.

It is advisable that members of staff who undertake a formal chaperone role undergo appropriate training so that they develop the competencies required for the role.

Induction of new clinical staff should include training on appropriate conduct during intimate examinations. Trainees should be observed and given feedback on their technique and communication skills in relation to this aspect of care.

See appendix 2 and 3

Protecting the patient from vulnerability and embarrassment means that the chaperone would usually be of the same sex 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.

5.3 OFFERING A CHAPERONE

All patients should be made aware that a chaperone is available for any consultation or procedure involving a healthcare professional.

If the patient is offered and does not want a chaperone, it is important to record in their medical notes that the offer was made and declined.

If a patient has requested a chaperone and none is available at that time, the patient must be given the opportunity to reschedule their appointment.

The patient should always be able to decline a particular person as a chaperone, if that person is not acceptable to them for any reason.

If the seriousness of the condition means that a delay is inappropriate, this should be explained to the patient and recorded in their medical notes. A decision to continue or otherwise should be jointly reached.

It is also acceptable for a healthcare professional to perform an intimate examination without a chaperone if the situation is life threatening or speed is essential in the care or treatment of the patient. This should then be recorded in the patient’s notes.

5.4 CONSENT TO AN EXAMINATION

Before proceeding with an examination, healthcare professionals should always be sure that the patient understands the need for the examination and obtains the patient’s informed consent.

Details of the examination including presence/absence of chaperone, name and designation of chaperone, consent and information given must be documented in patient’s medical notes. The Chaperone must sign the notes.

5.5 ISSUES SPECIFIC TO CHILDREN

In the case of children a chaperone will normally be a parent or carer or alternatively someone known and trusted or chosen by the child. For competent young adults the guidance relating to adults is applicable.

Consideration should always be given to the age of the child and the type of examination when a parent/carer is present is a chaperone. For example a teenager girl/boy may feel very uncomfortable having a parent observe an intimate examination. In these situations it would be best practice to always have a formal chaperone present.

In situations where abuse is suspected great care and sensitivity must be used to allay fears of repeat abuse.

Healthcare professionals should refer to the Child Protection Policy for any specific issues. The advice of the Named Nurses for Child Protection can also be obtained.

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.

5.6 ISSUES SPECIFIC TO RELIGION/ ETHNICITY OR CULTURE

The ethnic, religious and cultural background of some women can make intimate examinations difficult. The patient should be allowed to limit the degree of nudity and where ever possible a female Healthcare Professional should perform the procedure.

It is unwise to proceed with any examination if the Healthcare Professional is unsure whether the patient understands due to a language barrier. If an interpreter is available the interpreter should be used as an informal chaperone if patient consents and interpreter agrees.

It is best practice that where an interpreter is required, the interpreter is a paid interpreter and is not a member of the patients family or community.

5.7 ISSUES SPECIFIC TO LEARNING DIFFICULTIES/DISABILITY/MENTAL HEALTH PROBLEMS

We have a responsibility to ensure that all mainstream health services are accessible to people with a learning difficulties/disability/mental health problem.

For patients with mental health problems or learning difficulties/disabilities that may affect their capacity, a familiar individual to the patient may be considered the best chaperone. Simple and sensitive explanations need to be given to the patient and consideration of other options.

Where the person with a learning disability lacks the mental capacity to make a decision about having a chaperone it is best practice for a formal chaperone to always be present. This should be documented.

By checking the persons Health Action Plan and/or hospital passport information the person with learning disability's preferred communication method and choice of carer can be established. There will also be reference to any consent issues which may help with assessing the person's mental capacity.

5.8 LONE WORKING

The same principles for offering a chaperone apply to the healthcare professional working in a situation away from other colleagues. It may be appropriate for family members/friends to take on the role of informal chaperone.

Where a formal chaperone would be appropriate, the healthcare professional should advise the patient and reschedule the examination.

In cases where this is not an option, for example due to the urgency of the situation or because the patient is unable to travel, then decisions as to what should be done are made with the patient. Where the patient lacks mental capacity then all decisions are made in the patient's best interests. Decisions should be communicated to relevant parties and documented.

5.9 DURING THE EXAMINATION, CONSULTATION OR PROCEDURE

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.

Intimate examinations should take place in a closed room or well screened bay that cannot be entered while the examination is in progress. Examinations and procedures should not be interrupted by phone calls and messages. Any requests that the examination/procedure be discontinued must be respected.

During an intimate examination the patient should be:

- Offered a gown and modesty sheet / covering.
- Offered reassurance
- Treated in a polite and courteous manner at all times
-

During an intimate examination the health professional should:

- Keep discussion relevant to the examination.
- Avoid unnecessary personal comments
- Encourage questions and discussion
- Remain alert to verbal and non-verbal indications of distress

Once the patient is dressed following an examination, investigation or procedure, the findings must be communicated to the patient. It may be appropriate for the chaperone to stay for this stage.

5.10 COMMUNICATION AND RECORD KEEPING

It is essential that the healthcare professional explains the nature of the examination to the patient. The patient will then be able to give informed consent (or not) to continue with the examination.

Details of the examination, including the presence or absence of a chaperone, name of chaperone and information given, must be documented in the patient's medical health records.

If the patient expresses any doubts or reservations about the procedure and the healthcare professional feels the need to reassure the patient before continuing, it would be good practice to record this in the patient's notes. In any situation where concerns are raised or an incident has occurred, a report should be completed immediately after the consultation.

5.11CHAPERONING A CELEBRITY/MEMBER OF PUBLIC

If a celebrity /member of public has received authorisation for an official visit to the Trust the following procedure must be followed.

- A senior member of Trust Staff must take responsibility for the visitor at all times and must accompany them during all contact with patients or in areas where patients are being treated. This will usually be a member of the Communications Team and an executive or very senior nurse.

- Consent must be obtained from the patients prior to the celebrity / member of the public being allowed access to them on the ward areas.

- The senior member of Trust Staff must give their name to the Communications Department if a member of that team is not present so that this can be stored centrally. In the event of a complaint by a patient the Communications Department will be able to identify the senior member of Trust Staff who took responsibility for the Celebrity / Member of the Public for a statement.

The senior member of Trust Staff must have completed level 3 child protection training and the equivalent vulnerable adults training

6. Consultation and Communication with Stakeholders

This policy has been developed as part of quality assurance procedures.

This policy was circulated for consultation purposes to representatives from nursing, medical and administrative staff groups and the feedback received was incorporated into the final document.

7. Approval and Ratification

This policy and action plan has been approved and ratified by the Management Board - Strategy.

8. Review and Revision

This policy will be reviewed in line with the Trust Policy on Management and Development of Procedural Documents; the standard length of time for review is three years.

However, changes within the organisation affecting this process, together with any changes in legislation or the requirements of external regulators /accreditation organisations may prompt the need for revision before the 3 year natural expiry date.

9. Dissemination and Implementation

The Trust process for dissemination of policies will be followed as described in the Organisation Wide Policy for the Management and Development of Procedural Documents.

This includes:

- Posting on the dedicated Policies and Procedures page of the Intranet
- Notification to all staff of the new policy on the next available E-Bulletin
- Division implementation plans by specialty

10. Archiving

The policy will be held in the Trust database, known as the library and archived in line with the arrangements in the Organisation wide Policy for the Management and Development of Procedural Documents.

Working copies will be available on request from the Policy Co-coordinator by contacting the dedicated mailbox trustpolicies@sash.nhs.uk

11. Monitoring compliance

The overall effectiveness of the policy will be monitored through Complaints, PALS, Claims and incident reporting.

Where deficiencies are identified changes will be suggested, and an action plan developed and the policy reviewed accordingly.

12. References

Model Chaperone Framework - Guidance on the Role and Effective Use of Chaperones in Primary and Continuity Care 2005 NHS Clinical Governance Support Team.

GMC: Maintaining Boundaries 2006
http://www.gmc-k.org/standards/intimate.htm

Reference guide to consent for examination or treatment, Dept of Health 2009
www.dh.gov.uk/en/Publicationsandstatistics/.../DH_103643

Royal College of Nursing: The role of the nurse and the rights of patients, Guidance for nursing staff, July 2002, Publication code 001 446. Reprinted 2006
www.rcn.org.uk

Chaperones for intimate examinations: cross sectional survey of attitudes and practices of general practitioners, 3/12/04

Offering Chaperones – Medical Defence Union, 2004 –
www.the-du.com/gp/advice

Chaperones – Good practice guidelines. Shropshire County Primary Care Trust. Dr Anthony Rathbone. October 2005 – www.shropshirepct.nhs.uk

Standards of Conduct, performance and ethics for Nurses and Midwifes- Nursing and Midwifery Council. April 2008-www.nmc-uk.org

Department of Health, Independent investigation into how the NHS handled allegations about the conduct of Clifford Ayling 15 July 2004

Mental Capacity Act, 2005

Mental Capacity Act, Code of Practice

Mental Health Act, 1983

13. Associated Documents

An Organisation-wide Policy for Patient Privacy and Dignity

An Organisation-wide Policy for Safeguarding and Promoting the Welfare of Children

An Organisation-wide Policy for Consent to Examination or Treatment

An Organisation-wide Policy for Intimate Care

An Organisation-wide Policy for Patient Privacy and Dignity

An Organisation-wide Policy for Lone Working

Appendix 1

CHAPERONE POLICY

Surrey and Sussex Healthcare NHS Trust is 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.

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they feel one is required. This chaperone may be a family member or friend. On occasions you may prefer a formal chaperone to be present, i.e. a trained member of staff.

Wherever possible we would ask you to make this request at the time of booking appointment so that arrangements can be made and your appointment is not delayed in any way. Where this is not possible we will endeavour to provide a formal chaperone at the time of request. However occasionally it may be necessary to reschedule your appointment.

Your healthcare professional may also require a chaperone to be present for certain consultations in accordance with our chaperone policy.

If you would like to see a copy of our Chaperone Policy or have any questions please ask a member of staff.

Appendix 2

Checklist for consultations involving intimate examinations

1. Establish there is a genuine need for an intimate examination and discuss with the patient.

2. Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.

3. Offer a chaperone or invite the patient to have a family member or friend present. If the patient does not want a chaperone, write a comment in the patient's notes that the offer was made and decline.

4. Obtain the patient's consent before the examination and be prepared to discontinue the examination at any stage at their request.

5. Record that permission has been obtained in the patient records.

6. Ensure the patient has the opportunity to talk with the chaperone in private prior to beginning the examination.

7. Once the chaperone has entered the room give the patient privacy to dress and undress. Use drapes where possible to maintain dignity.

8. Explain what you are doing at each stage of the examination, the outcome (when it is complete) and what you propose to do next. Keep discussion relevant and avoid personal comments.

9. If a chaperone has been present record that fact and the identity of the chaperone in the patient's records. **The chaperone must sign the notes.**

10. Record any other relevant issues or concerns immediately following the consultation.

Surrey and Sussex NHS Healthcare NHS Trust

Appendix 3

Competencies required for the role of a formal chaperone

This assessment is to be used as a guide for staff.

This assessment can be carried out by a Senior Nurse/ Practitioner in the designated area.

A completed copy of this document must be maintained by the Chaperone and their line Manager.

Name: ……

Chaperone Competencies

Criteria	Achieved – sign and date	Not yet competent - comments / plan of action
• What is meant by the term chaperone • What is an intimate examination • Why a chaperone may need to be present • The rights of the patient • Confidentiality • Their role and responsibility • Familiarity of equipment which may be used • Policy and mechanism for raising concern		

Appendix 4:

Equality Impact Assessment Tool

Name of Person carrying out Equality Impact Assessment	Lynda Filby Matron for Surgery	Department of assessor	Surgery
1. Name of the strategy / policy / clinical practice	Chaperone Policy	Date last reviewed or created	December 2008
2. What is the aim, objective or purpose of the strategy / policy / clinical practice	Guidance on the use of chaperones in the Surrey & Sussex Healthcare Trust.		
3. Who implements the strategy / policy / clinical practice	All Trust staff		
4. Who is intended to benefit from this strategy / policy / clinical practice and in what way?	Patients, carers/relatives, Trust and Staff		
5. Is the strategy/ policy / clinical procedure applied uniformly throughout the Trust?	Yes		
6. Who are the main stakeholders in relation to the strategy / policy / clinical procedure (for example certain groups of staff, patients, visitors etc)?	Patients, carers/relatives, Trust and Staff		
7. What data are available to facilitate the screening of this strategy / policy / clinical procedure	Complaints, PALS, Claims and Incident reporting.		

	8. Is there any evidence of higher or lower participation, uptake or exclusion by the following characteristics?
Race (Evidence)	No
Gender (Evidence)	No
Disability (Evidence)	No
Sexual Orientation (Evidence)	No
Age (Evidence)	No
Religious Belief (Evidence)	No
Carers or those with dependants (Evidence)	No
9. In the context of the preceding sections are there any groups which you believe should be consulted?	No
10. What data are required in the future to ensure effective monitoring?	Complaints, PALS, Claims and incident reporting.
11. Considering all information please indicate areas where a	N/A

differential impact occurs or has the potential to occur. Please specify and give reasons.			
Potential for differential impact?	No		Recommended for full impact assessment? No
Signed L Filby	Date of assessment 04/02/2013		