Aneurin Bevan Health Board

Guidelines for Chaperoning or Escorting

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.
Contents:

1 EXECUTIVE SUMMARY .............................................................. 2
1.1 Chaperone ............................................................................. 2

2 THE WISHES/BELIEFS OF THE PATIENT/CLIENT ................. 3

3 AIMS............................................................................................. 3

4 STATEMENT OF INTENT ............................................................. 3

5 WHEN TO REQUEST A CHAPERONE ........................................... 3
5.1 Additionally for Interventions Involving Children ............... 5
5.2 Availability of a chaperone ...................................................... 5
5.3 Patients with Mental Illness or Learning Difficulties ......... 5

6 GUIDELINES FOR BEST PRACTICE .............................................. 6

7 RESPONSIBILITIES ........................................................................ 7
7.1 Risk assessment ........................................................................ 7

8 CONSENT ....................................................................................... 7
8.1 Anaesthetised patient............................................................... 8
8.2 Medical Students ...................................................................... 8
8.3 Recovery Staff ........................................................................... 8

9 FURTHER READING ...................................................................... 8

10 REFERENCES ................................................................................ 8
1 Executive Summary

This best practice guideline is intended to safeguard patients and employees and in doing so minimise the risk of misinterpretation of the actions of staff engaging in consultation, examination, treatment and care.

The best practice guideline applies to all healthcare employees, including those who may be asked to act as chaperone, and those who as part of their role undertake:

- consultation
- examination
- treatment, or
- care

of a patient/client where the use of a chaperone is advised or required.

It is hoped that the implementation of this best practice guideline will reduce complaints and the repercussions associated with them for both the patient/client and the healthcare professional.

1.1 Chaperone

A chaperone is a third person who is present throughout a procedure:

- The role of a chaperone is to ensure that the patient’s privacy and both the patient’s and healthcare employee’s dignity and interests are protected at all times throughout consultation, examination, treatment and care.

- A chaperone does not have to be clinically qualified but will ideally be:
  - sensitive, and respectful of the patient’s dignity, privacy and confidentiality
  - prepared to reassure the patient if they show signs of distress or discomfort
  - familiar with the procedures involved in a routine intimate examination
  - prepared to raise concerns if misconduct is recognised or perceived
2 The wishes/beliefs of the patient/client

The issue to be considered in all cases is whether the situation is acceptable to the patient/client, and in some situations those close to them (this may be in accordance with the values, culture or religious beliefs of the patient).

A sensitive and professional approach by the individual healthcare employee is of paramount importance. S/he has a duty to try and understand the needs of individual patients and professionally judge what may be an appropriate response.

Intimate examinations can be embarrassing or distressing for patients and whenever a patient is examined there is a need for utmost sensitivity.

This may also be the case when examinations, care or treatment are provided in a darkened environment, for example ophthalmology.

3 Aims

- To protect and safeguard patients/clients
- To protect and safeguard healthcare employees
- To provide clarity around the situations that may require the presence of a chaperone
- To promote good practice, in line with appropriate professional guidance (e.g. GMC, HPW, NMC)
- To avoid complaints/incidents relating to accusations of improper conduct.

4 Statement of Intent

Aneurin Bevan Health Board recognises that patients/clients and staff may at times become vulnerable during consultation, examination, treatment or care.

The process of chaperoning is aimed to protect the safety, dignity and privacy of patients/clients and allow healthcare employees to safeguard themselves from any accusation of improper conduct.

5 When to Request a Chaperone

- Staff must be sensitive to the patient’s needs and wishes in relation to their values, culture or faith, and be prepared to provide a chaperone, particularly but not exclusively during
intimate examinations. If this is not possible, this should be explained to the patient and realistic options given to enable the patient to make an informed choice. Whilst using their clinical judgement staff must always consider being accompanied by a chaperone.

- If either the patient or staff member does not wish the examination to proceed without a chaperone present, or if either party is uncomfortable with the choice of chaperone, the examination may be delayed to a later date when a chaperone (or an alternative chaperone) is available, if this is compatible with the patients’ best interests.

- Examples of situations when a chaperone may be required are when a patient:
  - is semi conscious
  - is unconscious
  - is confused
  - is suspected of being intoxicated or under the influence of drugs (prescribed or other)
  - presents with challenging behaviour
  - is unable to communicate verbally e.g. through disability or language difference
  - has been given parenteral drugs known to have an hallucinogenic effect
  - is having an intimate procedure (requiring internal/external examination or exposure of – rectum/genitalia/breast) this may include a procedure such as ECG or massage for lymphodema
  - is having a procedure undertaken in a darkened room

- If after an explanation of the reasons why a chaperone should be present the patient/client declines to have a chaperone present this must be clearly documented in the patient’s record.

- Consideration must be given to the environment in which the consultation, examination or treatment of care is to take place. For example:
  - Is the room suitable i.e. is there sufficient space/is the room private (i.e. curtains on windows, not a thoroughfare where other staff are likely to enter)
  - Could the patient/client or the healthcare employee feel isolated or vulnerable
  - Is the practitioner on their own
5.1 Additionally for Interventions Involving Children

Although all guidance within this document applies equally to children and adults there are additional guidelines that relate to children which need to be considered.

In order that the routine examination/treatment of a child is separated from intimate examination or treatment within the context of these guidelines Healthcare Professionals should use their clinical judgement based on the environment and individual circumstances as to the need/appropriateness of a chaperone – paying heed to the following guidance:

- If a child is to be medically interviewed or examined a responsible adult should be present
- Where circumstances allow and the child/young person is undergoing intimate examination they should be given a choice of gender of the chaperone
- Where a child is to undergo specialised detailed examination of the genitals it is mandatory that a member of the medical or nursing staff is present

5.2 Availability of a chaperone

- For clinical areas where it is predicted by the nature of the clinical specialty that a chaperone will be required, as a principle a chaperone must be available, or available to be booked - if this is not possible the reasons must be explained to the patient/client and be clearly documented.

- Provided that the patient/client is asked and agrees a trusted relative or friend of the patient/client could be considered in preference to no chaperone at all, however all parties must feel comfortable with this option.

- Any member of staff who undertakes consultation, examination, treatment or care without a chaperone who begins to feel vulnerable must withdraw immediately, taking care to ensure the patient/clients dignity and safety is preserved.

5.3 Patients with Mental Illness or Learning Disabilities

For patients with learning disabilities or mental illness:

- a familiar individual such as a family member or carer may be the best chaperone
– a careful, appropriate and sensitive explanation of the technique must be provided.
– Adult patients with learning disabilities or mental illness who cannot give consent and consequently resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned.
– In life-saving situations further advice should be sought from a senior member of the Mental Health Care Team.

6 Guidelines for best practice

Always:

- Explain to the patient why an examination is considered to be necessary. Give the patient/client the opportunity to consider the explanation and to ask questions.

- The patients’ capacity to consent must be assessed.

- Explain what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any potential pain or discomfort. Clarify the patient/clients understanding by asking them to feed back what they have been told.

- Remember the reasons why an intimate examination is necessary might not be apparent to a relative or carer. Always explain the purpose of the examination and if appropriate what you are looking for.

- Document any discussions in the patient’s medical record.

- Obtain the patient’s verbal/written consent as appropriate before the examination. You should formally record that permission has been obtained.

- Give the patient privacy and time to undress and dress and use drapes to maintain the patient’s dignity. Do not assist the patient in removing clothing unless you have clarified with them that your assistance is required.

- Be prepared to halt or discontinue the examination if the patient asks you to. **DO NOT CONTINUE UNTIL YOU ARE SURE THE PATIENT/CLIENT HAS AGREED.** Document as appropriate.
• Keep discussion relevant and avoid unnecessary personal comments.

• In elective situations offer a chaperone or invite the patient to have a relative or friend present. If the patient does not want a chaperone, you should record that the offer was made and declined. If a chaperone is present, you should record the fact and make a formal note of the chaperone’s identity (name and designation) in the Medical Record.

• If for justifiable, practical reasons a chaperone cannot be offered, this should be explained to the patient and, if possible and not contrary to the patients best interests, offer to delay the examination to a later date. This must be recorded with the reason why a chaperone was unavailable, what efforts were made to find one and the outcome.

7 Responsibilities

All healthcare employees carrying out chaperoning duties or performing intimate examinations have a responsibility to:

- act in best interests of the patient
- use professional judgement to establish when the use of a chaperone should be considered
- act in accordance with the codes of conduct of their professional bodies
- work within the scope of this best practice guideline

7.1 Risk assessment

When a healthcare professional makes a decision to transport a patient or undertake an examination of a patient they will have a duty to assess the risk involved and to make a decision whether or not a chaperone is required.

8 Consent

Any interaction with the patient that requires handling/contact must be clearly and fully explained to the patient (including the presence of a chaperone) in an appropriate manner in order to obtain consent for the consultation, examination, treatment or care.

Consent will be required to carry out intimate examinations (Intimate examinations include genital, vaginal, scrotal, rectal or breast examinations). Whether consent is written or verbal is to be decided
by individual divisions/directorates, in accordance with the Health Board consent policy.

8.1 Anaesthetised patient

Of particular relevance in the case of an anaesthetised patient consent must be obtained prior to anaesthesia, usually in writing, for any intimate examination. Where the examination is part of the procedure consented for additional consent is not required as long as the patient is fully informed and understands what the procedure involves – this will include the use of rectal or vaginal suppositories.

8.2 Medical Students

- Medical students must obtain valid consent before carrying out any examination intimate or otherwise, the medical student should never carry out an intimate examination without a chaperone and the patient's consent.

8.3 Recovery Staff

- Recovery staff will be covered by the initial consent to carry out procedures whilst caring for the patient post operatively.

In all cases the examination or care provided must be justifiable as part of the procedure.

9 Further Reading

Aneurin Bevan Health Board Dignity Action Plan
Aneurin Bevan Health Board Dignity and Respect in Care Policy
Aneurin Bevan Health Board Consent Policy
Aneurin Bevan Health Board Whistle Blowing Policy
Aneurin Bevan Health Board Risk Management Policy

10 References

- GMC: Consent: patients and doctors making decisions together (June 2008)
- GMC: Maintaining Boundaries: Chaperones and Intimate Examinations (May 2013)
- NMC: Chaperoning (May 2012)
- Lord Laming: (January 2003) The Victoria Climbie Inquiry
- GMC: Maintaining a professional boundary between you and your patient (2013)