

# Market Street Medical Practice

## Chaperone Procedures

In this Practice it is essential that all possible measures are taken to establish a culture of security and safety within which patients can access services with confidence and staff can go about their jobs free from risk.

1. Any patient can have a chaperone to accompany them for any consultation or procedure if they wish to do so.
2. Every consultation does not need to be interrupted in order to ask if the patient wants a chaperone — the offer of a chaperone will be made clear to the patient prior to any procedure.
3. The presence of a chaperone during a clinical examination or treatment must be the clearly expressed choice of a patient — if a chaperone is refused, the healthcare professional will respect the patient's wishes unless there are unusual circumstances where the professional feels that a third party should be present. If the patient is offered and does not want a chaperone, a record should be made to that effect. There are some cases where a doctor or other clinician may feel unhappy to proceed, e.g. where a male doctor is carrying out an intimate examination such as a breast examination, or where there is a history of violent or unpredictable behaviour on behalf of the patient. These are very unusual circumstances as we operate procedures to avoid these circumstances arising.
4. Healthcare professionals will recognise that patients may decline the offer of a chaperone for a number of reasons, usually because they trust the clinician, think it unnecessary, require privacy, or are too embarrassed.
5. The patient will always have the opportunity to decline a particular person as a chaperone if that person is not acceptable to them for any reason.
6. Chaperoning will not be undertaken by any other than chaperone-trained staff — the use of untrained staff as a chaperone is not acceptable. Most of our administrative/reception have had chaperone training. NVQ placements will not be involved in chaperoning duties.
7. Protecting the patient from vulnerability and embarrassment means that the chaperone would usually be of the same sex as the patient. Where this is difficult to achieve due to the gender of staff on duty then the appointment can be rebooked.
8. No family member or friend of a patient will be routinely expected to undertake any formal chaperoning role in normal circumstances; however, friends and family may undertake the role if desired by the patient as a clearly expressed choice. Many patients feel reassured by the presence of a familiar person and this request in almost all cases should be accepted, however, an "informal" chaperone such as a family member may not necessarily be relied upon to act as a witness to the conduct or continuing consent of a procedure.
9. Under no circumstances will a child be expected to act as a chaperone. However, if a child is providing comfort to the parent and will not be exposed to inappropriate experiences it may be jointly agreed it is acceptable for them to stay.
10. If the patient has requested a chaperone and none is available at that time the patient will be given the opportunity to reschedule their appointment. If the seriousness of the condition would dictate that a delay is inappropriate then this will be explained to the patient and recorded in their notes and an agreed course of action taken. This is a very unlikely event and would be subject later to a significant event analysis.

11. It is acceptable for a doctor (or other 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.
12. When patients are not able to give consent to a chaperone for themselves they should be treated in their best interests according to the principles in the Mental Capacity Act 2005.
13. Children over 16 can consent for themselves without their decision being referred to their parents or guardians. It is good practice to involve the parents, but this must be decided by the young person.
14. The practice understands that the religious and cultural background of some women can make intimate examinations particularly difficult, eg some patients may have strong cultural or religious beliefs that restrict being touched by others, especially men. Wherever possible, particularly in these circumstances, a female healthcare practitioner will be able to perform the procedure but a further appointment may be required.
15. Should a patient require sedation for a particular procedure it is mandatory that a chaperone be present throughout, and until they have fully recovered from the effects of the sedation. It is extremely unlikely such procedures would be conducted in a General Practice setting.
16. In all cases where the presence of a chaperone might intrude on a confiding clinician–patient relationship their presence should be confined to the physical examination. Communication between the healthcare professional and the patient can take place before and after the examination or procedure.
17. It would be unwise to proceed with any examination if the healthcare professional is unsure that the patient understands due to a language barrier. Every effort will therefore be made to obtain language translation.
18. 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. As in paragraph 9 many patients feel reassured by the presence of a familiar person and this request in almost all cases should be accepted, however, an “informal” chaperone such as a family member may not necessarily be relied upon to act as a witness to the conduct or continuing consent of a procedure.
19. Where a healthcare professional is working in a situation away from other colleagues, eg home visit, out-of-hours centres, the same principles for offering and use of chaperones will apply.
  - a. Where it is appropriate family members/friends may take on the role of informal chaperone.
  - b. In cases where a formal chaperone would be appropriate, ie intimate examinations, the healthcare professional may reschedule the examination to a more convenient location.
20. Details of the examination, including presence/absence of chaperone and information given, will be fully documented in the patient’s medical records. If the patient expresses any doubts or reservations about the procedure and the healthcare professional feels the need to reassure them before continuing, it will be good practice to record this in the patient’s notes as well.
21. Breaches of this chaperoning policy will be reported to the practice manager and fully investigated. If determined as deliberate, a breach may be considered a disciplinary matter

The practice recognises that chaperoning may help reduce distress and increase security but must always be used in conjunction with respectful behaviour which includes explanation, informed consent and privacy. When things go wrong we understand that the most common cause of problems is a difficulty understanding what the practitioner was doing in the process of treating them. It is essential therefore that the highest standards of communication and procedure are practised at all times and that every healthcare professional fully explains the nature of each examination to the patient and offers them a choice whether to proceed with that examination at that time and a choice of chaperone. The patient will then be able to give an informed consent to continue with the consultation and to consent to a chaperone if they wish. It is worth remembering also that consultations are two or even three way processes. Consequently it is also really important for patients to express views if they have them so we are all clear about what is expected of each other.

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