Tower Hamlets GP Care Group CIC

Chaperone and Intimate Care Policy

Title	Chaperone and Intimate Care Policy
Supersedes	All previous Policies
This policy will impact on	All staff
Related Documents	
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1. Introduction/Purpose of the Policy

1.1. Introduction

This policy applies to all clinicians and gives guidance on the use of chaperones for intimate examinations in the primary and community care setting.

This policy applies to all clinicians directly employed by THGPCG and contractors whose contract specifies adherence to this policy. It is offered as guidance to good practice for all other clinical contractors.

This policy specifically applies to intimate examinations; these are defined as any examination or procedure involving the rectum, genitalia or breasts. It also includes examinations involving the complete removal of outer clothing down to underwear or less. Other examinations could also be deemed intimate by some patients and clinicians need to be sensitive to cultural differences and what may constitute an intimate examination.

The objectives of this policy are:

- To ensure that patients' safety, privacy and dignity is protected during intimate examinations
- To minimise the risk of clinicians' actions being misinterpreted
- To ensure the clinician's safety whilst carrying out intimate clinical examinations

This guidance is designed to avoid misunderstanding and limit embarrassment during intimate examinations. This Policy is not intended to cover only the above-mentioned procedures or examinations. It should be applied in all circumstances where there is a requirement of intimate or intrusive examination and in cases where the patient feels vulnerable, for example, when patients are required to undress to their underwear. Elements of guidance will also apply to other situations where the patient may have difficulty understanding the need for particular procedures. In particular **a chaperone must be present for any examinations carried out under sedation.**

Exceptions to this policy may be made under some circumstances such as in circumstances when the clinician feels that a delay in the examination may be detrimental to the patient's well-being. It is important that the clinician clearly records the rationale in the patient's notes for this decision.

1.2. Background

For clinicians the two main considerations here are informed consent and an assessment of risk. The presence of a chaperone is helpful not only in reassuring the patient, but also in minimising the risk of the clinician's actions being misinterpreted by the patient. It is vitally important that the clinician has obtained informed consent from the patient and that this is documented in their records.

There may be exceptional circumstances when a chaperone is not available to be present during an examination, or when it is totally impractical. This guidance will help clinicians determine when and how chaperones should be used.

2. Alignment with THIPP Partners

This policy on Chaperoning has been developed in line with similar policies in place at all partners in the Tower Hamlets Integrated Provider Partnership (THIPP). For services under the direct management of East London Foundation Trust (ELFT), Barts Health NHS Trust (Barts Health), or in Social Care, the chaperoning policies from ELFT, Barts Health, and the London Borough of Tower Hamlets should be sought respectively for the most relevant guidance pertaining to these organisations. Guidance for chaperoning in GP Practices should be sought from the Practice Chaperoning Policy.

3. Respect and Dignity

- All staff need to introduce themselves and wear their identity badge.
- Patients will at all times be treated with respect and dignity, regardless of age, gender, ethnic background, culture, sexual orientation, or mental status.
- Communication between staff and clients will always be of a respectful nature – that is use of full title unless otherwise requested or agreed by the patient/client.
- Services will be delivered based on the needs of the patient/client and not as a requirement of the routine practices of staff and client.
- The patient/client will be considered in all aspects of their care planning and his or her carer when appropriate.
- Staff will encourage patients/clients to be self-caring wherever possible.
- Staff will provide care to patients that meet with their personal, emotional and cultural values as well as physical needs.
- Adequate facilities should be provided to ensure the privacy of the patient without interruption whilst undressing and during the examination, either in a dedicated

examination room or behind a screen. Sheets or gowns should be available to use during the examination to minimise the extent of nudity.

- **Intimate examinations in patients' homes are to be discouraged and should ideally take place at premises where adequate arrangements for the examination can be made along with the chaperone requirements.**

4. Chaperoning Procedure

4.1. Consent

Before conducting an intimate examination it is essential to explain to the patient why an examination is necessary and give them an opportunity to ask questions:

- Explain what the examination will include, in a way the patient can understand, so the patient has a clear idea of what to expect including any potential pain or discomfort. Time should be allowed for the patient to consider the implications, followed by a check to ensure that the information has been understood.
- Obtain patient's permission before the examination and discontinue the examination if the patient asks you to.

For most examinations, verbal consent will be sufficient, but if a proposed procedure carries significant risk, it will be appropriate to seek written consent. During the examination, avoid comments of a personal nature. Questions should be restricted to those relating to the examination.

4.2. Chaperoning

- Offer a chaperone or invite the patient (in advance if possible) to have a relative or friend present. If the patient does not want a chaperone, you should record that the offer was made or declined.
- If the clinician requires a chaperone and the patient does not, the examination needs to be deferred and alternative arrangements made. All discussions need to be clearly documented.
- Give the patient privacy to undress and use drapes to maintain the patient's dignity. Do not assist the patient to remove clothing unless you have clarified with them that your assistance is required.

The exact procedure followed for inviting a chaperone into a consultation will vary depending on location. In general the following procedure can be followed:

- The clinician will contact Reception to request a chaperone.
- The clinician will record in the notes that the chaperone is present, and identify the chaperone.
- Where no chaperone is available, the examination will not take place – the patient should not normally be permitted to dispense with the chaperone once a desire to have one present has been expressed.
- The chaperone will enter the room discreetly and remain in room until the clinician has finished the examination.
- The chaperone will normally attend inside the curtain at the head of the examination couch and watch the procedure.

- To prevent embarrassment, the chaperone should not enter into conversation with the patient or clinician unless requested to do so, or make any mention of the consultation afterwards.

4.3. Recording

It is important that the presence of a chaperone is recorded clearly and unambiguously. Please follow the following procedure to ensure this happens:

- The clinician should record the fact that permission for the examination has been obtained from the patient.
- The clinician should record the fact that a chaperone has been offered and whether that offer has been accepted or declined. On EMIS Web this should be recorded using the following read codes:
  - 9NP1- Chaperone present + (name of chaperone) **OR**
  - 9NP2- Chaperone refused
- The clinician should record the presence and identity of the chaperone.
- The clinician should record any delay incurred in waiting for a chaperone to be available or if the consultation has needed to be rearranged due to the unavailability of a suitable chaperone.
- The chaperone should also make a record in the patient's notes after the examination. The record will state either that there were no problems or give details of any concerns or incidents that occurred.

5. Patient Information

Adequate publicity of the chaperone policy/availability of chaperones should be made available to patients. Examples of this would be incorporation into patient information leaflets or letters and notices displayed in waiting rooms/examination areas. (See Appendix 1 for sample wording).

6. Training

Chaperones should be suitably qualified, eg: fellow clinicians or staff who have undergone special training for this role. They must also be acceptable to the patient.

It is not recommended that family members or friends undertake a chaperoning role. However there may be situations where this is unavoidable. This also applies for children and young people but a parent/guardian may be present in addition to a chaperone in some instances.

If an acceptable chaperone is not available, the patient should be offered a separate appointment to attend when a chaperone is available. A patient may not wish a chaperone to be present and their wishes should be respected.

7. Confidentiality

The chaperone is responsible for safeguarding and protecting all confidential information overheard in the consultation. For further information on confidentiality please consult the Confidentiality Policy.

Appendix One: Sample Wording for Posters

Intimate Examinations

During your care, a clinician may need to examine you. Occasionally this may involve an examination of intimate areas. We understand that this can be stressful and embarrassing. If this sort of examination is necessary:

- We will explain to you why the examination is necessary and give you the opportunity to ask questions
- We will explain what the examination will involve
- We will obtain your permission before we carry out the examination
- You will be offered a chaperone to be present during the examination
- At all times we will respect your privacy during the examination and while dressing and undressing

Your clinician will be happy to discuss any concerns you have about this.

Appendix Two: Frequently Asked Questions

What if a relative or friend offers to act as a chaperone?

Patients may be accompanied by relatives or friends. In the event of an intimate examination being necessary, the clinician should consider the appropriateness or otherwise of having a relative or friend act as a chaperone as distinct from a member of staff. The clinician should still offer a practice chaperone and if declined this should be recorded in the notes.

Clinicians' should exercise extreme caution when either patient or their chaperone has a history of violent or unpredictable behaviour, or are apt to make unjustifiable complaints. In such circumstances it would be advisable for a member of the practice team to be present in addition.

What if you need to examine a patient on a home visit?

If the visit or course of visits are pre-planned and are likely to involve an intimate examination, it is advisable to ask the patient in advance if a chaperone would be needed and if so, to arrange for one to be present.

If the examination is not planned, it may be acceptable to proceed if a family member is present, but bear in mind any concerns about past behaviour of family members. However, unless the clinical circumstances dictate an examination is immediately necessary, it would be better to advise the patient to attend the surgery for the purposes of the examination.

Clinicians should be aware they are at increased risk of their actions being misinterpreted if they conduct an intimate examination in the patients' home where no other person is present.

What if the patient does not speak English, or has poor understanding of it?

It would be unwise to proceed with any examination unless the clinician is satisfied that the patient understands and can give informed consent.

If an interpreter is available, they may be willing to act as a chaperone together with a member of the practice team. However it would be unacceptable not to have explained to the interpreter the situation and to ascertain that they have understood what is being asked of them before suggesting such to a patient.

If the examination is urgent, every effort should be made to communicate with the patient, by whatever means are available, before proceeding with the examination.

What if the patient has a learning disability or dementia?

A patient with a severe disability is unlikely to attend surgery unaccompanied. As with the previous heading, the clinician should endeavour to communicate with the patient with the assistance of the carer. Particular care should be made to ensure that the patient's views and wishes are respected: refer to the Dept of Health Mental Capacity Act (2005) for further information.

What if the clinician has doubts about the patients' motives in requesting an examination?

Clinicians should be on the look out for danger signs in such situations, for example, evidence suggesting an infatuation with the clinician, irregular behaviour or a history of mental illness should encourage clinicians to be wary of putting themselves in a position where their actions may be misinterpreted.

Appendix Three: Human Rights Act 1998

Convention Rights

Right to life
Right not to be tortured or treated in an inhuman or degrading treatment
Right to be free from slavery or forced labour
Right to no punishment without law
Right to Liberty
Right to fair trial
Right to respect for private and family life, home and correspondence
Right to freedom of thought, conscience and religion
Right to freedom of expression
Right to freedom of assembly and association
Right to marry and found a family
Right not to be discriminated against
Right to peaceful enjoyment of possessions
Right to education
Right to free elections

Types of rights

Absolute rights such as the right to protection from torture, inhuman and degrading treatment and punishment, the prohibition of slavery and enforced labour and protection from retrospective criminal penalties – can never be interfered with.

Limited rights such as the right to liberty which are limited under explicit and finite circumstances set out European Commission for Human Rights (ECHR) itself, which provides exceptions to the general right – can be restricted in some tightly defined circumstances.

Qualified rights which include the right to respect for private and family life, religion and belief, freedom of expression, assembly and association, the right to peaceful enjoyment of property and to some extent the right to education. Interference with them is permissible only if what is done:

1. has its basis in law, and
2. is done to secure a permissible aim set out in the relevant Article, for example for the prevention of crime, or for the protection of public order or health, and
3. is necessary in a democratic society, which means it must fulfil a pressing social need, pursue a legitimate aim and be proportionate to the aims being pursued.

Appendix Four: Fraser Guidelines

This refers to the provision of contraception to young people under the age of 16 years.

This means that the doctor or health care professional may carry out the treatment or examination provided that:

1. that the young person understands the advice, the possible alternatives and the consequences or accepting or not accepting that advice;

2. that the health care professional cannot persuade him/her to inform his/her legal guardian or to allow him to inform them that she is seeking contraceptive advice;

3. that he or she is very likely to continue having sexual intercourse with or without contraceptive treatment;

4. that unless he or she receives contraceptive advice or treatment his/her physical or mental health or both are likely to suffer;

5. that it is in the best interests of the young person to receive the advice or treatment without parental (legal guardian) consent.

Gillick Competency and Fraser Guidelines NSPCC Fact sheet. December 2009.
http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html

Reference Guide to consent for examination or treatment. (2nd edition.) Department of Health (July 2009)
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103653.pdf