East London NHS
NHS Foundation Trust

Chaperone Policy

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Ratified by:	Community Health Newham Policy Directorate Sign Group
Date ratified:	31.03.2016
Name of originator/author:	Peterborough Community Services have kindly given permission for the Community Health Newham Directorate of ELFT to use their policy.
Name of responsible committee/individual:	Cynthia Tomu, Millicent Safo and Michele Olphonce
Circulated to:	All Community Health Newham Services
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Target audience:	All clinicians who perform patient examinations.

Version Control Summary

Version	Date	Author	Status	Comment
1.0	September 2011	Peterborough Community Services have kindly given permission for the Community Health Newham Directorate of ELFT to use their policy / Pamela Njawe	Final	Initial Policy
2.0	11/03/2016	Cynthia Tomu, Millicent Safo and Michele Olphonce	Final	Reviewed and updated with local and national policies including ELFT Policies and Procedures

Contents

1. Introduction

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

2. Scope and Objectives of this Policy

2.1 This policy applies to all clinicians directly employed by East London NHS Foundation Trust (ELFT) and contractors whose contract specifies adherence to this policy. It is offered as guidance to good practice for all other clinical contractors.

2.2 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 aware of cultural differences and what may constitute an intimate examination. See Frequently Asked Questions at Appendix 2.

2.3 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

3. Background

3.1 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.

3.2 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.

4. The Policy

4.1. Patient information

4.1.1 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).

4.2. Explanation and obtaining consent for the examination

4.2.1 The nature of the examination and the reasons for conducting it should be explained to the patient. This may include:

- Establishing that there is a genuine need for an intimate examination and discussing this with the patient
- Explaining exactly what the purpose of the examination is and what it will entail
- Stating that a chaperone will be offered, and if a suitable chaperone is not available that it may be necessary for the patient to return at another time. The patient may elect to specify which gender the chaperone should be and this wish should be respected.

4.2.2 The issue of consent is all-important. Before any examination takes place, informed consent must be obtained from the patient and documented on their records. Clarification should be sought in the Trust's Consent to Treatment Policy.

4.2.3 Young people of 16 years or over can give their own consent.

4.2.4 Young people and children under 16 yrs can also give their own consent to examination or treatment if they are considered to be 'Gillick competent' (Gillick vs West Norfolk and Wisbech, 1986). 'If the child is Gillick competent and is able to give voluntary consent after receiving appropriate information, that consent will be valid and additional consent by a person with parental responsibility will not be required. It is, however, good practice to involve the child's family in the decision-making process, if the child consents to their information being shared. (Department of Health, 2009). Services providing contraception and sexual health advice should also adhere to Fraser Guidelines (1985) see appendix. Children and Young people also have the same rights to confidentiality as adults (0–18 years, Guidance for all Doctors, GMC) and so should be seen without their family members in the first instance. This is essential to build trust between Young people seeking healthcare and their doctor or other healthcare professional, without confidentiality young people may not seek healthcare or may not provide complete information (see guidelines in appendix 5)

4.2.4 See Frequently Asked Questions at Appendix 2 for guidance on examinations of people with a learning disability, mental illness or if the patient does not speak English.
The clinician must accurately document how consent was given, and by whom, if the patient is unable to give consent due to physical or mental disabilities (ie deaf/blind).
See also DoH Mental Capacity Act 2005.

4.3. Offer of a chaperone

4.3.1 A verbal offer of a chaperone to be present during the examination should be made.

4.3.2 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.

4.3.3 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.

4.3.4 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.

4.4. Premises

4.4.1 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.

4.4.2 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. See Frequently Asked Questions at Appendix 2 for more guidance on home visits.

4.5. Conducting the examination

4.5.1 During the examination:

- Be courteous, offer reassurance, avoid personal comments
- Explain to the patient what is happening at each stage of the examination and explain what will happen next
- Keep the amount of the patient's body exposed to a minimum
- Remain alert to verbal and non verbal signs of distress
- Requests that the examination stops should be respected
- Gloves should be worn for all examinations of rectum and genitalia

4.6. After the examination

4.6.1 Allow patient to dress in private before continuing the consultation. Do not assist with dressing/undressing unless the patient needs help and requests it.
Chaperone can leave after the examination to allow the consultation to continue.

4.7. Documentation

4.7.1 The patient's record should clearly note that informed consent was received for the examination.

4.7.2 Patients' records should indicate that a chaperone was offered and if accepted or declined. If a chaperone was present during the examination the name of the chaperone must be recorded as follows:

9NP1- Chaperone present + (*name of chaperone)*

9NP2- Chaperone refused

4.8. Exceptions to this policy

4.8.1 There are circumstances when strict adherence to this policy may not be appropriate:

4.8.2 Examinations under sedation - a chaperone should be present during all examinations in these circumstances.

4.8.3 Emergencies - it may be appropriate to conduct an examination without a chaperone in circumstances when the clinician feels that a delay in the examination may be detrimental to the patient's well-being.

5. Monitoring of the Implementation of this Policy

Describe how the implementation of this policy will be monitored. Will there be audits – to which committee will the monitoring be reported?

6. References

RCN (2007) *Chaperoning – the role of the nurse and the rights of patients: guidance for nurses.* London: Royal College of Nursing.

GMC (2006) *Maintaining Boundaries*. www.gmc-uk.org

DOH (2005) *Mental Capacity Act.* London: Dept of Health.

DOH (2009) Reference Guide to consent for examination or treatment. (2nd edition.)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103653.pdf

NHS Clinical Governance Support Team (2005) *Guidance on the Role and Effective Use of Chaperones in Primary and Community Care Settings: Model Chaperone Framework*. London: Dept of Health.

East London NHS Foundation Trust (2016) Consent to Treatment Policy

7. Appendices

Appendix 1

Sample wording for posters / leaflets

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
This information can be produced in different formats and different languages. Please contact the Equality and Diversity Manager at East London NHS Foundation Trust for further information.

Appendix 2

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 specific cultural or religious issues?

What constitutes an 'intimate examination' will be different for people of different cultures. Advice can be obtained from the Equality and Diversity Manager at East London NHS Foundation Trust.

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.

For patients with a learning disability or a mental illness, a familiar individual such as a family member or carer may be the most appropriate chaperone. A careful, simple and sensitive explanation of the technique is vital. Adult patients with learning difficulties 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.

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

Clinicians should be on the lookout 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 3

Impact Assessment Tool

Incorporating: Equality and Diversity; Human Rights and Environmental Issues

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

			Comments
1	**Briefly describe the procedure/decision?**		Guidance on the use of chaperones for clinicians
1.1	**Briefly describe the purpose or objective of the procedure/decision?**		The protection of patients and clinicians during intimate clinical examinations
1.2	**Does the procedure/decision have a legitimate aim?**	**Yes**	The protection of patients and clinicians during intimate clinical examinations
1.3	**Is the procedure/decision necessary, proportionate and lawful?**	**Yes**	
2	**Will the procedure/decision affect one group or a combination of groups less or more favourably than others on the basis of:** Race, Colour, Nationality, Gender, Age, Sexual orientation, Disability, Religion, Language (Disability includes: learning disabilities, physical disability, sensory impairment and mental illness)	**No**	The policy strives to eliminate this discrimination by advising clinicians to offer chaperones in every case, regardless of any of the factors listed opposite.
2.1	**List or describe the evidence that some groups will be affected differently?**		Not applicable
3	**Will the procedure/decision affect or restrict anyone's human rights? (see attached list)**	**No**	

			Comments
3.1	**If the answer to Q3 is yes, which rights will be affected or restricted?** **a) absolute right** e.g. the right to protection from inhuman & degrading treatment **b) limited right** e.g. the right to liberty **c) qualified right** e.g. the right to respect for private and family life; freedom of expression; peaceful enjoyment of property etc;	**Yes/No** **Yes/No** **Yes/No**	Not applicable
3.2	**Can the procedure/decision be achieved without the infringement of human rights?**	**Yes**	
4	**Will this procedure/decision:** **Reduce or increase waste** **reduce or increase use of energy** **Have an impact on the use of transport** **Create community employment opportunities**	**No** **No** **No** **No**	None of these apply
5	**What action is to be taken to minimise the impact that the procedure/decision will have on equality and diversity and human rights.**		Not applicable
5.1	**What action is to be taken to minimise**		Not applicable

			Comments
	the impact that the procedure/decision will have on the environment		
6	**Have you consulted with relevant groups around this procedure/decision?** **Staff members** **Service Users** **Carers** **Other agencies**	 **Yes** **No** **No** **No**	This policy has been reviewed and ratified by the ELFT Nurse Development Steering Group
6.1	**Do you have further plans to consult with the relevant groups**	**No**	
7	**Will the procedure/decision be monitored?**	**Yes**	Explain your answer
7.1	**Will the procedure/decision be reviewed?** **If yes, when? 31.03.2019**	**Yes**	Explain your answer
7.2	**Will this procedure/decision and this Impact assessment be published?** **If yes, list when and where this information will be available.**	**Yes**	On ELFT Trust's Intranet (electronic)

This Impact Assessment Form must accompany the procedure to the relevant committee and copied to: Clementine Femiola, Associate Director of Equality and Diversity,9 Alie Street, London E1 8DE

HUMAN RIGHTS ACT 1998

Convention Rights

Right to life

Right not to be tortured or treated in a 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:

has its basis in law, and

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

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 4

Implementation Plan Template

Procedure title: **Lead Director:**

Procedure lead: **Sponsor Group:**

Objective	Action	Lead	Timescale	Progress/Outcome	Evaluation/Evidence
1. The procedure is properly disseminated throughout the Trust.					
2. Appropriate training is provided to staff.					

Appendix 5

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