

## **ORCHARD FAMILY PRACTICE CHAPERONE POLICY**

This policy sets out the guidance for the use of chaperones and procedures that should be in place for consultations and examinations. It is intended to safeguard both patients and health professionals from misinterpretation of actions as part of consultation, examination, treatment and care.

Patients, with some exceptions (for example, patients detained under The Mental Health (Northern Ireland) Order 1986) have the right to give or withhold their consent to any intervention. They also have the right to request that a chaperone is present whilst any consultations, examination, care and treatment takes place. In the case of patients who are under the age of 16, this is usually an adult with parental responsibility.

### **Role of the Chaperone**

There is no common definition of a chaperone and their roles vary considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out. Broadly speaking the role can be considered to:

- Provide emotional comfort and reassurance to patients;
- Assist in the examination, for example handing instruments during a procedure;
- Act as an interpreter;
- Provide protection to the healthcare professional against unfounded allegations of improper behaviour;
- In very rare circumstances to protect the clinician against an attack.

A chaperone is present as a safeguard for all parties (patients and practitioners) and is a witness to continuing the consent of the procedure.

### **Practice Procedure for Offering a Chaperone**

- The purpose of any examination and what is entailed should be explained to patients and verbal consent obtained.
- Chaperones should be offered for any examination deemed by the patient or clinician to be intimate – e.g: breast, genitalia or rectal.
- Either the clinician and/or patient can specify that they wish a chaperone to be present during any examination.
- If no suitable chaperone is available, the examination can be deferred to another suitable time.
- The chaperone should be a trained health professional that has experience in the examination being undertaken.
- Family or friends may be present at the patient's request but should not be considered as a suitable chaperone.
- Give the patient privacy 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.
- Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next.
- An appropriate read code should be entered in the patient's records to document if a chaperone has been present, offered or refused.
- Record any other relevant issues or concerns immediately following consultation.

### **Issues specific to religion/ethnicity or culture**

The ethnic, religious and cultural background of some patients can make intimate examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others.

Patients undergoing examinations should be allowed the opportunity to limit the degree of nudity by, for example, uncovering only that part of the body that requires examination or treatment. It would be unwise to proceed with any examination if the clinician is unsure that the patient understands due to a language barrier. If an interpreter is available, they may be able to act as a chaperone.

### **Issues specific to learning difficulties/mental health problems**

For patients with learning difficulties or mental health problems that affect capacity, a familiar individual such as a family member or carer may need to be present along with a chaperone.

Adult patients with learning difficulties or mental health problems who resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned, unless supported under the Mental Health (Northern Ireland) Order 1986.

### **Lone Working**

Where a clinician is working in a situation away from other colleagues e.g: a home visit, the same principles for offering and use of chaperones should apply.

In cases where a formal chaperone would be appropriate i.e: intimate examinations, the clinician would be advised to reschedule the examination to a more convenient location or be accompanied by a professional colleague by prior arrangement.

### **References**

GMC guidelines [www.gm-uk.org](http://www.gm-uk.org)

Haynes, K, Thomas, M, Clinical Risk Management in Primary Care,  
Radcliffe Publishing, 2005