Southern Ultrasound Ltd.

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Chaperone policy.

Contents

Version Control

Version 1	18/09/18	Policy created

Introduction

An Ultrasound examination can be a challenge to both the Sonographer and patient. The need for more detailed discussions with patients, along with their increasing autonomy and right to make choices in relation to their clinical care and treatment, has affected the traditional role of the Sonographer-Patient relationship.

This has made maintaining appropriate professional boundaries in the consultation more challenging, however, the guidance from national and regulatory bodies is clear that it is always the health professional's responsibility to do so.

Chaperones and the role of an accompanying person in the consultation, and in the clinical examination, is a part of this responsibility to achieve a good standard of clinical practice.

This policy aims to ensure an appropriate use of Chaperones, for the protection of both staff and service users.

Background

In 2004 the Committee of Inquiry looked at the role and use of chaperones, following its report into the conduct of Dr Clifford Ayling (see further information). It made the following recommendations:

- Each NHS Trust/Practice should have its own chaperone policy, and this should be made available to patients.
- Each NHS Trust/Practice should have an identified managerial lead (with appropriate training).
- The presence of a chaperone must be the clear expressed choice of the patient; patients also have the right to decline a chaperone when offered.
- Chaperones must receive appropriate training.
- Family members or friends should NOT undertake the chaperoning role.

As a responsible healthcare provider, **Southern Ultrasound** looks to abide by similar rules.

Definition of a Chaperone

A chaperone is an independent person, appropriately trained, whose role is to independently observe the examination/procedure undertaken by the health professional to assist the appropriate practitioner-patient relationship.

The GMC guidance in Good Medical Practice 2013 indicates that a chaperone should usually be a health professional and will:

- be sensitive and respect the patient's dignity and confidentiality
- reassure the patient if they show signs of distress or discomfort
- be familiar with the procedures involved in a routine intimate examination
- stay for the whole examination and be able to see what the clinician is doing, if practical
- be prepared to raise concerns, if they are concerned about the doctor's behaviour or actions.

Why use a chaperone?

The chaperones' role is to act as an advocate for the patient, and a 3rd-party witness should any complaint be made later. Their presence adds a layer of protection for the Practitioner as well as for the patient; it is very rare for an allegation of assault to be made if a chaperone is present.

To acknowledge a patient's vulnerability and to ensure a patient's dignity is preserved at all times.

May assist the health professional in the examination (for example – may assist with undressing/dressing patients as required

Provides emotional comfort and reassurance.

In what circumstances should a chaperone be offered?

The most obvious example is with intimate examinations, and in these situations a chaperone MUST be offered. However, it is important to remember that what can be classed as an intimate examination may depend on the individual patient (see below for more detail on this point). Guidance on this has been given by a number of national and regulatory bodies/organisations (see further information).

For the protection of the service user and the Practitioner, a chaperone should always be present for intimate examinations.

A chaperone is just as important where the Practitioner is the same gender as the patient.

There are no upper or lower age limits; children are not immune from feelings of embarrassment and nor are elderly people.

Some examples of situations where a chaperone may be beneficial include:

- Vulnerable or anxious patients.
- Patients with whom there may have been a difficulty, misunderstanding or difference of recollection in the past.
- Patients who are being seen by students.
- Patients where religious/cultural approach to a physical examination is different.

What is an intimate examination?

Intimate examinations may be embarrassing or distressing for patients and should be carried out with sensitivity to the patient's perception as to what they may think of as embarrassing/intimate. This is likely to include examinations of breasts, genitalia and rectum, but it may extend to any other examination since ultrasound necessitates touching the patient, usually in dimmed lighting.

It is an important part of the examination to explain clearly to the patient beforehand the purpose and method of the examination and during the examination what is being done, as well as to explain the finding after the examination is complete. This detailed communication is likely to avert misunderstanding by the patient.

What if a chaperone is not available?

There may be occasions when a chaperone is unavailable. In such circumstances, the Practitioner should first consider whether or not on a clinical basis the examination is urgent.

If the examination is not urgent, then it would be appropriate to rearrange the appointment for a mutually convenient time when a chaperone and the patient will be available.

If the examination is urgent, any delay must not adversely affect the patient's health, so there may be occasions when a practitioner goes ahead in the absence of a chaperone. In such circumstances, the patient's written consent should be obtained. In addition, the fact that the patient was examined in the absence of a chaperone should be recorded, together with the rationale for this.

Should chaperones be trained?

Yes – Untrained staff should not be used to fulfil the role of a chaperone. They need to be trained so they understand what a legitimate examination entails and if it may become inappropriate.

Although a chaperone does not have to be medically qualified they should be:

- Sensitive to the patient's confidentiality & prepared to reassure the patient.
- Familiar with the procedures involved in the relevant examination.
- Prepared to raise concerns about a Practitioner if misconduct occurs.

It is important to note that family members cannot fulfil the role of chaperone.

Southern Ultrasound only uses Chaperones trained by the client NHS Trust or ourselves.

Approaching the topic of chaperones with a patient

Written information detailing the chaperone policy should be freely available to patients – for example this policy is available to all patients, and is displayed on the Company website. This empowers patients to address the topic themselves if they would feel more comfortable with a chaperone present.

As a general starting point, the following list sets out the most important points to for the Practitioner to address when offering a chaperone to a patient:

- Establish there is a need for an examination, and explain how it will be carried out, giving the patient an opportunity to ask questions.
- They should be told approximately how long the examination is likely to take and the identities of any other persons who will be in the examination room. This explanation should be given in a private location (most likely the Ultrasound examination room) and as close in time to the examination as possible. It is not acceptable for the Practitioner to assume the patient is aware of the procedure as a result of previous attendances or their discussion with other members of staff.
- Obtain and record the patient's consent for the examination.
- If the examination will be intimate, or if otherwise appropriate, explain to the patient that you would like a chaperone to be present.
- If the patient does not want a chaperone, record this in the notes.
- If the patient declines a chaperone and as a practitioner you would prefer to have one, explain to the patient that you would prefer to have a chaperone present and, with the patient's agreement, arrange for a chaperone.
- If the patient still refuses, you will need to decide whether to proceed with the examination in the absence of a chaperone (see below for more information). Guidance for intimate examinations is that a chaperone must be present.
- Be aware and respect cultural differences. Religious beliefs may also have a bearing on the patient's decision as to whether to have a chaperone present.
- Give the patient privacy to undress and dress. Use paper drapes/sheet where possible to maintain the patient's dignity before during and after the examination.
- In line with usual expected practice, ensure that you explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next. Keep the discussion relevant and avoid personal comments.
- Record the identity of the chaperone in the patient's notes.
- Record any other relevant issues or concerns immediately after the consultation.
- Ensure the chaperone remains for the entire duration of the examination

What if a patient declines a chaperone?

Even if a patient declines the offer of a chaperone, the practitioner may feel that in certain circumstances (for example, an intimate examination on a young adult of the opposite gender), it would be wise to have a chaperone present for their own comfort/protection.

The Practitioner should explain that they would prefer to have a chaperone, explain that the role of the chaperone is in part to assist with the procedure and provide reassurance. It is important to explore the reasons why the patient does not wish to have a chaperone and to address any concerns they may have.

If the patient still declines, the Practitioner will need to decide whether or not they are happy to proceed in the absence of a chaperone. This will be a decision based on both clinical need and the requirement for protection against any potential allegations of an unconsented examination/improper conduct.

Another option to consider is whether or not it would be appropriate to ask a colleague to undertake the examination (although the chaperone issue may still prevail).

The Practitioner should always document that a chaperone was offered and declined, together with the rationale for proceeding in the absence of a chaperone. If a chaperone is present then it is important to record their identity and to inform the patient of this.

Where should the chaperone stand?

A chaperone must be in a position to be able to properly observe the procedure so as to be an independent witness as to how the examination procedure was carried out and, where necessary, to any variations in the examination which should also be recorded.

They should also therefore be present for the whole of that examination.

Key points to remember

- Inform your patients of the Company's chaperone policy.
- Record the use, offer and declining of a chaperone in the patient's notes.
- Ensure chaperones used are trained for the role
- You do not have to undertake an examination if a chaperone is declined.
- Be sensitive to a patient's ethnic/religious and cultural background. The patient may have a cultural dislike to being touched by a person of another sex or undressing.
- Do not proceed with an examination if you feel the patient has not understood due to a language barrier or any other reason.

Further information:

- GMC (2013), Intimate Examinations and Chaperones
- GMC (2013), Maintaining a Professional Boundary Between You and Your Patient
- NHS Clinical Governance Support Team (2015), Guidance on the Role and Effective Use of Chaperones in Primary Continuity Care
- CQC (2016), Nigel's surgery 15: Chaperones
- Medical Protection factsheet, Chaperones FAQs
- RCN (2006), Chaperoning: The Role of the Nurse and the Rights of Patients
- RCOG (2002), Clinical Standards, Advice on Planning the Service in Obstetrics and Gynaecology
- RCR (2015), Intimate Examinations and the Use of Chaperones
- Department of Heath Committee of Inquiry report (2004), Independent Investigation into how the NHS handled allegations about the conduct of Clifford Ayling

Monitoring processes

Chaperone issues are managed under the Company's Safeguarding & Clinical Governance processes. The Director(s) monitor Clinical Governance issues, via reports from the Clinical Leads.

Monitoring of this policy, together with its implementation, shall be performed by the CG Lead.

Training Requirements

Our Clinical Governance Lead has received training suitable for role.

The requirement for Chaperones forms part of induction and annual training for all Sonographer staff

Distribution and Awareness Plan

All staff are made aware of the policy as part of their induction training. If there are any significant changes to the policies that affect the way in which staff initiate or respond, these are communicated to them via team briefs and staff meetings.

A copy of the policy is available to all staff via the Policy sub-folder of the Company's on-line Governance Framework folder. A hard copy version is retained at all sites of operation and is available to view or download on the company website.

Equality Impact Assessment

An Equality Impact Assessment has been performed on this policy and procedure. The EIA demonstrates the policy is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	Yes/No	Comments
	▪ Race	No	
	▪ Ethnic origins (inc. gypsies and travellers)	No	
	▪ Nationality	No	
	▪ Gender	No	
	▪ Culture	No	
	▪ Religion or belief	No	
	▪ Sexual orientation including lesbian, gay and bisexual people	No	
	▪ Age	No	
	▪ Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the policy/guidance likely to be negative?	NA	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	

Approval & Review

This policy has been approved by the undersigned and will be reviewed annually and any time there is a change in the Law, Guidance or Best Practice Recommendations

Policy Created: 18/09/18 Policy Last Reviewed (Annually) 15/03/19

Kevin Rendell  Director