BrisDoc Patient care by people who care

NHS

Patient Dignity, Respect and Chaperone Policy

Version:	Owner:	Created:
V1.2	Sarah Pearce (Governance Manager)	01/04/2022
Published:	**Approving Director:**	**Next Review**
09/12/2024	Rhys Hancock (Director of Nursing, AHPs and Governance)	09/12/2026

Contents

Patient, Dignity, Respect and Chaperone Policy

Introduction

This policy sets out BrisDoc's expectations for providing support and improving well-being of all patients at any service provided by BrisDoc. All staff members, including agency workers, are expected to comply with this policy.

BrisDoc's Dignity, Respect and Chaperone Policy is based on the principles of excellent staff and patient management, and ethical behaviour. This underpins the organisation's values in providing patients with an environment centred upon self-respect, tolerance and support, and in enabling clinicians to carry out their work in a safe and supportive environment.

Providing the option of a chaperone is part of showing dignity and respect to all our patients. Patients may request a chaperone to be present during any examination, treatment or procedure.

There also may be occasions where a clinician feels that a chaperone is warranted and we recognise the right of clinicians to themselves feel safe and supported.

Principles of Good Practice

This policy is based on the following standards:

- Ensure that all patients and colleagues are treated with dignity and respect at all times
- Promote good relations to the benefit of all
- Respect and value diversity and contrasting opinions
- Enable a culture which encourages the asking of questions and the quest for learning and improvement
- Facilitate a culture whereby anyone feels confident to report suspected breaches of this policy, and to believe appropriate action will be taken

General Approach

- Assistance dogs are welcome and permitted in all areas
- Support for sensory impairments e.g., hearing loops, or text messaging, will be made available, and staff members trained in their use
- Patients will be addressed by their preferred title and pronouns
- Patients will be referred to with respect and the subject matter discussed confidentially, regardless of where the discussion takes place
- Colleagues will not stereotype patients based on pre-formed perceived opinions

Chaperones

- Patients will be made aware that they may ask for a chaperone via notices in clinical rooms and reception areas, or via a BrisDoc banner
- Clinicians will ensure the patient's understanding of the proposed examination, assessment or intervention. The proposed examination will be outlined and sense-checked both before and during the examination
- Clinicians and chaperones will maintain professional behaviour throughout

- Colleagues will seek to understand and, where needed, act appropriately in the context of a patient's potential vulnerabilities, and show respect for their concerns, culture, experiences and beliefs

Groups requiring a chaperone

Intimate Examinations

It should be borne in mind that an intimate examination can be routine for some patients and highly stressful for others. Stress in these situations may be caused by past experiences (in personal or professional settings); lack of familiarity with the process; language barriers; being unwell or in pain, and so on. In part the role of the chaperone should be one of reassurance and support.

A chaperone must be offered for all patients undergoing an examination or procedure of an intimate nature, irrespective of the clinician's gender, described as an examination involving an area of the body that would be covered by a bikini or swimming trunks. This specifically includes breasts, genital (any sex) or (peri-)anal examination.

It can include close physical contact for instance, an examination of the chest, or fundi using an ophthalmoscope in a darkened room.

Generally, we strongly caution against remote consultations for viewing intimate areas. However, there may be exceptional circumstances where this cannot be avoided, or where, for example, the patient prefers to offer a photograph of, say, a skin lesion on a part of her breast where most of the breast is not visible. In such cases, please refer to the document: "Key_principles_for_intimate_clinical_assessments_undertaken_remotely_in_response_to_COVID19_v1.pdf (clinicaltoolkit.co.uk)", to minimise risk.

Children

If the examination is to be carried out on a child, a parent or other appropriate adult should normally be present, although there may be exceptions. A chaperone should also be offered as an impartial observer.

Chaperone Declined

If the examining clinician feels that a chaperone should be present and the offer of a chaperone is declined by the patient, the clinician may decline to continue with the examination. A full explanation should be given and if possible, an alternative clinician sought. This must be accurately documented in the patient's clinical notes.

It should be noted that many patients do not wish to have a chaperone present, even with intimate examinations. Indeed, some patients express disquiet at the prospect of having another person present.

Consent

In attending any consultation, it is assumed that a patient is seeking treatment and therefore is consenting to necessary examinations. However, before proceeding with an examination a healthcare professional should always obtain, by word or gesture, some explicit indication that the patient understands the need for examination and agrees for it to take place.

Consultations

- Patients may request to see a male or female clinician, where available. Where their first choice is not readily available, they may wait until their chosen gender of clinician becomes available. For urgent cases, patients will be encouraged to see the next available clinician to ensure that prompt care is undertaken
- Patients whose first language is not English may be permitted to have a family member, friend or interpreter present to interpret or assist, according to the patient's wishes
    - Where possible, please prioritise an external translator to avoid any risks of breaching confidentiality, coercion or community/domestic abuse.
- Patients who have difficulty in undressing will be offered assistance
- Patients will only be requested to remove the minimum amount of clothing necessary for the examination
- A screen will be provided in all consulting rooms for the purpose of undressing
- The clinician will remain outside the curtain whilst the patient is undressing and only enter when under the sheet/cover
- The clinician will step outside the curtain as soon as the examination is complete to allow the patient to redress in privacy
- Information about the examination will be given once the patient has redressed and is seated
- A clean, single-use sheet, covering or gown will be available and used for each examination and changed after each patient
- Washing facilities will be offered to any patient, if required
- Staff are not to enter a closed consultation room or treatment room without knocking and receiving permission
- Patients will be given as much time and privacy as is required to take on-board any 'bad news' (or other news) given by a clinician. Where possible, clinical staff will anticipate this need and leave sufficient time between appointments

Chaperones

- A chaperone will be available and offered where an intimate examination is to take place should the patient request it
- Where an intimate examination is necessary for a patient with difficulty in understanding, for example learning disability or English not being their first language, it is recommended that additional care is taken to ensure patient understanding, which includes their choice regarding a chaperone
- Chaperoning is intended to provide reassurance and support, reduce distress, and should be used in conjunction with respectful behaviour which includes explanation, informed consent and privacy

Who can be a chaperone?

The role of a chaperone should be provided by a member of staff who has received appropriate training.

Children (<18 years) and family members should not generally act as chaperones and should not be in a position to witness an examination of an intimate area (excluding where the examination is of a baby and young child). This is to ensure all children are safeguarded from witnessing potentially distressing examinations.

In accordance with the Disclosure and Barring Service policy, it should be noted that Hosts in the Integrated Urgent Care (IUC) Service and Receptionists in Practice Services are only eligible to have a standard DBS check. The Host/Receptionist will be under the supervision of a clinician with an enhanced check if undertaking chaperone duties. If the clinician has any concerns about the suitability of the Host/Receptionist to chaperone they should discuss this with the senior manager on duty.

In situations where a patient presents acutely following an episode where abuse is suspected, the patient should not be examined. Full other support should be provided and an immediate onward referral should be made to the appropriate authorities, services, and agencies.

All patients undergoing examinations should be allowed the opportunity to limit the degree of nudity, for example uncovering only that part of the anatomy that requires investigation and for the minimum length of time needed.

It must be recognised that each individual has very different needs and before any procedure these should be mutually agreed with the clinician.

Consider that it may also be difficult or inappropriate for a family member of the opposite sex to be present during some intimate examinations due to cultural or religious differences.

Issues specific to people with learning difficulties and mental health difficulties

For patients with learning difficulties or mental health difficulties that affect capacity, a familiar individual such as a family member or carer may be the best chaperone. This must be agreed and documented with the patient and the family member/ carer as part of the overall best interest decision making process.

A careful, simple and sensitive explanation of the technique is vital. This patient group is more vulnerable and may experience heightened levels of anxiety, distress and misinterpretation. This could potentially lead to a risk of concerns that may arise in initial physical examination such as “touch”, one to one “confidential” setting in line with their existing or previous treatment plans history of therapy, verbal and other “boundary-breaking” circumstances.

Adult patients with learning difficulties or mental health difficulties who refuse or resist any intimate examination or procedure may be interpreted as refusing to give consent and the procedure must not proceed. However, if the patient lacks the capacity to grant consent, any resistance or objections made must be managed in accordance with best interests. In situations of high clinical risk, the healthcare professional should use professional judgment and where possible discuss and engage with members of the relevant specialist teams within mental health and learning disabilities, and a senior BrisDoc clinician. In all circumstances, the named mental health team members and learning disability nurse should be contacted wherever possible in advance to provide advice and specialist input regarding the planning of intimate procedures and the support individuals will require. Almost all examinations can be deferred if needed.

Mental Capacity

There is a basic assumption every adult has the capacity to decide whether to consent to or refuse a proposed medical intervention, before proceeding with an examination it is vital the patient's informed consent is gained. This means that the patient must:

- Have capacity to make the decision
- Have received sufficient information
- Not be acting under duress.

Under the Mental Capacity Act 2005 there is legal protection for people who care for or treat someone who lacks capacity but any action taken must be in a patient's best interests and the least restrictive course of action.

Staff should refer to the Patient Consent Policy in all situations relating to any adult who does not have capacity.

Issues specific to religion, ethnicity or culture

The ethnic, religious, sexuality and cultural background of patients can make the needs of intimate examinations unique. 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 their body, which requires investigation or imaging. Wherever possible, particularly in these circumstances, a same faith or gender healthcare practitioner should perform the procedure.

The examination cannot proceed if the healthcare professional is unsure that the patient understands due to a communication barrier. Where a barrier in communication is anticipated, every effort should be made to have an interpreter available. If the interpreter is also acting as chaperone, they must be aware of this and in full agreement but this may not always be appropriate.

Lone working

Where a healthcare professional is working in a situation away from other colleagues, for example during a home visit, the same principles for offering and use of chaperones should apply. The healthcare professional may be required to risk assess the need for a formal chaperone. In all instances the outcome must be documented. Overall, the patient's best interests should prevail.

Patient confidentiality

In all cases where the presence of a chaperone may intrude in a confiding clinician-patient relationship their presence should be confined to the physical examination. Communication between the healthcare professional and the patient should take place before and after the examination or procedure.

Communication and record keeping

The key principles of communication and record keeping will ensure that the healthcare professional and patient relationship is maintained, and act as a safeguard against formal complaints, or in extreme cases, legal action. The most common cause of patient complaints is

the failure in communication between both parties, either in the practitioner's explanation or the patient's understanding of the process of examination or treatment. It is essential that the healthcare professional explains the nature of the examination and offers them a choice whether to continue. Where appropriate, continued checking should occur as the examination proceeds. Chaperoning in no way removes or reduces this responsibility.

Receipt of consent will be recorded in the clinical record. Details of the examination including the presence or absence of a chaperone and the information given must be documented in the patient's clinical record. The records should make clear from the history that the examination was necessary.

In any situation where concerns are raised or an incident has occurred this should be dealt with immediately in accordance with the Learning Event Reporting Procedure.

Expectations of the Chaperone

Training for chaperones on the expectations and standards of the role is available to BrisDoc staff as e-learning via radar. Training will be undertaken three yearly by non-clinical staff. Awareness raising about chaperoning will be undertaken at induction, via team meetings and in newsletters. Chaperones are expected to:

- be sensitive and respect the patient's dignity and confidentiality
- support the patient through the process
- 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
- be prepared to raise concerns if there are concerns about the clinician's behavior or actions

Guidance for the Chaperone

- The Clinician should introduce the chaperone to the patient, if they don't a chaperone should introduce their-self
- Ensure the Clinician has the chaperone's correct name and spelling as this will be documented in the patient's clinical notes
- Allow the patient to undress on their own, ensuring they have something available to cover themselves with, e.g., a sheet or couch roll paper, to allow for dignity
- Position him/herself at the head end of the couch for gynaecological examinations and near the patient for breast examinations for example
- Offer support to the patient, they may wish to hold a hand, or offer verbal reassurance
- Once the exam has completed, offer assistance
- Check with the clinician and patient that they are happy for the chaperone to leave
- Raise any concerns professionally and confidently to the appropriate person

Further guidance is available at:
https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/intimate-examinations-and-chaperones

Change Register

Date	Version	Author	Change Details

01/04/2022	V1	Sarah Pearce & Linda Meekhums	Merger of 2 policies; Patient Dignity and Respect and Chaperone Policy
01/12/2024	V1.2	Multiple	Full review following patient complaint with CKMP colleagues