BrisDoc Patient care by people who care

NHS

Patient Dignity, Respect and Chaperone Policy

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Patient, Dignity, Respect and Chaperone Policy

Introduction

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

BrisDoc's Dignity, Respect and Chaperone Policy is based on the principles of excellent staff and patient management, and ethical behaviour which underpins the organisation's values in providing patients with an environment centred upon self-respect, tolerance and support. Providing a chaperone is part of the dignity and respect for our patients and all patients may request one be present during any examination, treatment or procedure.

Principles of Good Practice

This policy is intended to provide a framework to promote dignity and respect within BrisDoc based on the following standards:

- Ensure that patients are treated with dignity and respect at all times;
- Support a working environment based on principles of self-respect, tolerance and support;
- Continuously promote good relations to the benefit of all;
- Respect and value diversity and contrasting opinion;
- Facilitate a culture whereby patients feel confident to report suspected breaches of this policy, and to believe appropriate action will be taken against staff who fail to adhere to BrisDoc's standards, where appropriate.

General

- Patients will be made aware that they may ask for a private discussion with a receptionist/host or have a chaperone if required, through either notices or a BrisDoc banner.
- BrisDoc colleagues will protect patients' dignity and respect, enhance their understanding of the proposed intervention, and ensure that there is no inappropriate behaviour on the part of the professional(s) carrying out the intervention.
- Assistance dogs are welcome and permitted in all areas.
- Support for sensory impairments e.g., hearing loops, text messaging, faxing will be made available, and staff members trained in their use.
- Patients will be addressed by their preferred title and pronouns.
- During staff work-related conversations, patients will be referred to with respect and the subject matter discussed confidentially, regardless of where the discussion takes place.
- The service will not under any circumstances, stereotype patients based on pre-formed, perceived opinions.
- Conversations about patients must not take place with others outside the service at any time.
- BrisDoc colleagues will give reassurance to patients with regard to the professional nature of the intimate examination or intervention.

- BrisDoc colleagues will demonstrate an understanding of a patient's vulnerability and show respect for their concerns/culture/beliefs.
- BrisDoc will provide a degree of legal protection for the clinician in the event of any misunderstanding or false allegation by the patient.

Consent

In attending a 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 seek to obtain, by word or gesture, some explicit indication that the patient understands the need for examination and agrees for it to take place.

During Consultations

- Patients will be offered a choice as to whether they 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 a clinician appropriate to ensure that 'best and prompt care' is undertaken.
- A chaperone will be available and offered where an intimate examination is to take place should the patient request it.
- Patients whose first language is not English may be permitted to have a family member, friend or interpreter present to interpret or assist.
- Where an intimate examination is considered necessary for a patient with difficulty in understanding due to issues such as English not being their first language, consent or cultural issues, it is recommended that a chaperone, family member, or carer should be present.
- Patients who have difficulty in undressing will be offered the services of a same gender staff member to assist if available.
- 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. Patients using this facility will be requested to advise the clinician when they are ready to be seen.
- 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.
- Under no circumstances are staff to enter a closed consultation room or treatment room without knocking and receiving permission to enter from the clinician conducting the consultation.
- Patients will be given as much time and privacy as is required to take on-board any 'bad news' given by a clinician. Where possible, clinical staff will anticipate this need and leave sufficient time between appointments, as necessary.
- Chaperoning is intended to help reduce distress, but must be used in conjunction with respectful behaviour which includes explanation, informed consent and privacy.

Post-Consultations

- Clinicians and staff will respect the dignity of patients and will not discuss issues arising from the above procedures unless in a confidential clinical setting appropriate to the care of the patient.
- Clinicians and staff will continue to be respectful of the patient, even when the patient is not there.

Which groups of patients would require a chaperone?

A chaperone must be offered for all patients undergoing an examination or procedure of an intimate nature described as:

- all gynaecological, breast, testicular or rectal examinations, procedures and investigations.

If the examination is to be carried out on a child, a chaperone should be present at all times. A parent or carer must also be present although there may be some circumstances where this is not appropriate.

Any patient or clinician may request a chaperone, regardless of the nature of the examination or procedure.

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 not wish to continue with the examination. 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.

Who can be a Chaperone?

The role of chaperone may be provided by a member of staff or by people accompanying the patient such as:

- Husband
- Wife
- Partner
- Carer
- Parent
- Friend.

Children cannot be chaperones and should not be in a position to witness an examination of an intimate area (excluding babies). This is to ensure all children are safeguarded from witnessing potentially distressing examinations and from providing emotional support to the adult who is being examined.

Where the chaperone is a husband, wife, partner, relative or friend consent must be obtained from the patient for that person to be present during the examination and acting as the chaperone.

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 has no role in direct patient care. 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 abuse is suspected the patient should not be examined. An onward referral should be made.

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.

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.

Issues specific to people with learning difficulties and 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 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” settings 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 problems who refuse or resist any intimate examination or procedure maybe 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 always 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 where ever 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. 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
- 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 behaviour or actions.

Guidance for the Chaperone

- The Clinician should introduce the chaperone to the patient, if they don't a chaperone should introduce his/herself.
- 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

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01/04/2022	V1	Sarah Pearce & Linda Meekhums	Merger of 2 policies; Patient Dignity and Respect and Chaperone Policy