CAMROSE PRIMARY CARE NETWORK
ADMINISTRATION POLICIES

Policy #:	Title:	Effective Date:
35.1	**CHAPERONE**	**01/12/2011**

INTRODUCTION

The Camrose Primary Care Network (PCN) is committed to providing a safe working environment for all team members.

This policy sets out guidance for the use of chaperones and procedures that should be in place for medical consultations, examinations and investigations within PCN Clinics. This also provides practical advice to PCN healthcare professionals working in a variety of locations where availability of a chaperone may not always be possible.

PURPOSE

All medical consultations, examinations and investigations are potentially distressing. Patients can find intimate examinations particularly intrusive. Also consultations involving dimmed lights, the need for patients to undress or for intensive periods of being touched may make a patient feel vulnerable.

Chaperoning is the process of having a third person present during such medical consultations to:

- provide support, both emotional and sometimes physical to the patient;
- protect the physician against allegations of improper behaviour during such consultations; and
- sometimes to provide practical support

POLICY

Definition

Chaperone

A chaperone, in this clinical instance, is a third party present at a consultation that involves an intimate examination, as a safeguard for all parties and is a witness to continuing consent for the intervention.

Scope

This policy applies to all healthcare professionals working within the organization, including but not limited to medical staff, nurses, medical office assistants (MOA), allied health professionals, and medical students, working with individual patients in the clinical setting. This guidance also covers any non-medical personnel who may be involved in providing care (i.e. volunteers, administrative personnel).

When, and How, Should a Chaperone be Offered?

Information concerning the availability of chaperones is made to patient by:

- Clearly displaying posters in the clinic waiting area and consulting and treatment rooms
- Chaperoning information on the PCN website and can be read at the PCN clinic upon request

It may only be apparent that a chaperone will be necessary once the consultation is started. The triggers that make the offer of a chaperone necessary include:

- when an intimate examination is deemed necessary. This offer should be accompanied by an explanation as to why the examination is required.
- when an examination which is not intimate, but involves close proximity, physical contact or dim lighting is necessary and the clinician is concerned that a chaperone is necessary; this may be to protect him/herself, or if the patient is particularly vulnerable or at risk.
- whether the patient and clinician are the same sex or not is not relevant; an offer of a chaperone should be made regardless. However, if the sex of both parties is the same it is likely that the clinician will less frequently consider themselves to need a chaperone present to proceed as the risk of allegation is reduced, though they must be aware that the risk of allegation is by no means absent.

During the Consultation in which a Chaperone is Required

It is important to provide an environment in which the patient feels relaxed, and is given privacy to undress in preparation for the examination.

Prior to examination, the patient must be given a full explanation of the reason for the examination and what will be done and if possible how it will feel.

There should be no undue delay prior to examination once the patient has removed any clothing.

During an intimate examination:

- Offer reassurance;
- Be courteous;
- Keep discussion relevant;
- Avoid unnecessary personal comments;

- Encourage questions and discussion; and
- Remain alert to verbal and non-verbal indications of distress from the patient

Intimate examination should take place in a closed room or well-screened bay that cannot be entered while the examination is in progress.

Where appropriate, a choice of position for the examination should be offered. This may reduce the sense of vulnerability and powerlessness expressed of by some patients.

Once the patient is dressed following an examination or investigation the findings, when available, must be communicated to the patient.

Any requests that the examination be discontinued should be respected.

Who can be a Chaperone?

A friend or relative of the patient is an inadequate chaperone – they are neither trained nor independent; however in reality the clinician may well appropriately feel that their presence will reduce the risk of allegations, and may therefore allow an examination to proceed even if a chaperone is offered and declined; but a chaperone should still be 'offered'.

An appropriate chaperone is otherwise any member of the PCN clinic team; all are trained appropriately to be a chaperone.

The chaperone should be the same sex as the patient; otherwise the patient's anxiety and risk of allegation may increase.

Role of the Chaperone

The Chaperone's role can be considered in any of the following areas:

- Providing emotional comfort and reassurance to patients;
- To act as an observer of the examination to protect the clinician from false allegation; and
- Empowered to alert the clinical or executive director should they feel any improper behavior has occurred

If the physician requires practice assistance during the examination, they should request a MOA or nurse to support them, and that person would then provide both practical and physical support as well as implicitly acting as a chaperone. In this case, they may be a differing sex from the client, but as they are providing a clinical function this is acceptable – a full explanation needs to be given to the patient and their consent obtained.

The chaperone should introduce their self to the patient giving their name and explaining that they are a member of the PCN clinic team who has received training to act as a chaperone. The two parties should have a short conversation between themselves to ensure there is clear understanding of the role and expectations.

Recording of Chaperone Offers

Whenever the healthcare provider or physician feels a chaperone may be necessary, it should be offered. Whenever the offer is made, that fact should be recorded in the patient's electronic medical record (EMR), together with either the fact that it was declined, or the name of the person performing the role of chaperone be included.

If the offer is declined, but the healthcare provider or physician feels they are at risk without a chaperone being present, it is appropriate and correct for them to:

- further explain why a chaperone is necessary and re-offer one
- refuse to proceed with the examination and ask the patient to rebook with a physician of the same sex; this is the best possible scenario for the examination to be safely performed, but even then it may be that a same sex physician will also feel a chaperone is necessary and again decline to proceed; these cases must be dealt with individually, but the physician has no obligation to proceed with an action which they are uncomfortable in doing. The patient insisting it is done is not a sufficient justification to put healthcare providers at risk. All these decision processes and explanations must be recorded in the patient's EMR

The only exception to this is if there is an urgent medical need for the examination to proceed – in this scenario patient safety may and should override the physician's assessment of their own risk.

Where a Chaperone is Needed but not Available

If the patient requests a chaperone, but an appropriate one is not available, the appointment should be re-booked at a time when one is available. The only exception is when there is urgent clinical need – this should be explained to the patient and alternate actions taken.

If the physician requests that a chaperone to be present, but one is not available, the appointment should be re-scheduled unless there is overriding medical need when each case should be taken individually, or the clinician may consider the clinical need overrides their own risk to exposure.

Careful recording of all decision making processes must be entered into the patient's EMR.

Issues of Consent

Consent may be implicit in attending a consultation – for example, a patient attending with a breast lump may reasonably be assumed to expect a breast examination. However, it is always prudent to obtain consent after explanation before all intimate examinations.

Verbal consent is sufficient.

The physician may assume that the patient is seeking treatment and therefore consenting to necessary examinations. However before proceeding with an examination, the physician should always seek to obtain, by word or gesture, some explicit indication that the patient understands the need for examination and agrees to it being carried out.

Consent should always be appropriate to the treatment or investigation being carried out.

The physician must however be aware that:

- an assessment of capacity may occasionally be necessary to ensure consent is valid
- if consent is given, either actual or implied, one must still provide an offer for a chaperone to be present during an intimate examination, prior to that examination occurring

Special Circumstances

If there are medical-legal reasons for the examination, for example after alleged assault, or perhaps because of abuse, the physician should make a referral (i.e. to the local emergency department or sexual assault centre) for the patient to be cared for appropriately.

Issues Specific to Children under the Age of 18

In the case of children a chaperone would normally be a parent or carer or alternatively someone known and trusted or chosen by the child. Patients may be accompanied by another minor of the same age. For the emancipated minor, guidance relating to adults is applicable.

The age of consent is 16 years, but young people have the right to confidential advice on contraception, pregnancy and abortion and it has been made clear that the law is not intended to prosecute mutually agreed sexual activity between young people of a similar age, unless it involves abuse or exploitation. However, the younger the person, the greater the concern about abuse or exploitation. In situations where abuse is suspected great care and sensitivity must be used to ally fears of repeat abuse. Healthcare professionals should refer to their local Child Protection policies for any specific issues. Alberta legislation can be found at the following link:
http://www.humanservices.alberta.ca/abuse-bullying/14861.html

Children and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their co-operation and understanding. If a minor presents in the absence of a parent or guardian the healthcare professional must ascertain if they are capable of understanding the need for examination. In these cases it would be advisable to secure consent and a formal chaperone to be present for any intimate examinations.

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 anatomy that requires investigation or imaging. Wherever possible,

particularly in these circumstances, a same sex healthcare practitioner should perform the procedure.

It would be unwise to proceed with any examination if the healthcare professional is unsure that the patient understands due to a language barrier. If an interpreter is available, they may be able to also act as an informal chaperone. In life saving situations every effort should be made to communicate with the patient by whatever means available before proceeding with the examination.

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 be the best chaperone. A careful simple and sensitive explanation of the examination is vital. This patient group is a vulnerable one and issues may arise in initial physical examination, “touch” as part of therapy, verbal and other “boundary-breaking” in one to one “confidential” settings and indeed home visits.

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 stopped. In life-saving situations the healthcare professional should use professional judgement and consult other mental health professionals if available.

Communication & Record Keeping

Details of the examination including presence/absence of chaperone and information/offer given must be documented in the patient’s medical records. If the patient expresses any doubts or reservations about the procedure and the healthcare professional feels the need to reassure them before continuing then it would be good practice to record this in the patient’s notes. The records should make clear from the history that an examination was necessary.

References
https://www.fromemedicalpractice.co.uk/information/practice-policies/chaperones-policy/
http://www.cpsa.ca/physician-health-monitoring-program-phmp/phmp-policies/chaperone-requirement-2/
http://www.elmgroupsurgeries.com/wp-content/uploads/2016/06/Chaperone-Policy.pdf

RESPONSIBLE ADMINISTRATOR

Camrose Primary Care Network Executive Director

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