

Chaperoning Policy

Aim

Provide guidance for all staff members at Ruth Cooil Physiotherapy and Healthcare services (RCPHS) on the use of chaperones in clinical practice.

Objectives

- To ensure that patients' safety, privacy and dignity is protected at all times and especially during intimate and/or close examinations by clinicians.
- To minimise the risk of a clinicians professional actions being misinterpreted or misunderstood as inappropriate.
- To provide clear professional guidance to clinicians on good practice with use of chaperones

What is a chaperone?

A chaperone is an impartial adult who is present during a patient examination and/or treatment. The role of a chaperone is to observe and to protect the patient's dignity and confidentiality and provide reassurance and emotional support. Chaperones may also play a role in safeguarding. For clinicians, a chaperone may safeguard against potential misunderstanding or unfounded allegations of improper behaviour.

For the patient, chaperones act as an advocate, ensuring that any examinations and procedures are conducted appropriately. If they identify unusual or unacceptable behaviour from the clinician, the chaperone is responsible for immediately reporting this behaviour using the relevant reporting structures.

When is a chaperone required?

Not every patient will want or require a chaperone. Services should make it clear that patients can request a chaperone if they want one. This is stated in the patients confirmation email for their appointment.

Created Nov 24 by Ruth Cooil Review date Nov 26 All patients should be provided with a chaperone if they ask for one.

A chaperone may be required when undertaking a range of examinations and treatments with patients:-

An 'Intimate' Examination is defined as - > any examination of the vaginal and/or ano-rectal areas, genitalia and breasts > It is important to consider the types of examinations that could also be deemed intimate by some patients. Clinicians need to be aware of the cultural and/or religious requirements of patients and what may constitute an intimate and/or close examination to any individual patient.

• A 'Close' Examinations is defined as - > Examinations and/or interventions that may involve close bodily contact between patient and clinician, especially where the patient may be partially undressed. > Examinations and/or interventions that may involve therapist handling of the patient close to intimate areas, the lumbo-sacral areas, and thoracic areas of female patients, especially where the patient may be partially undressed. > Examinations involving complete removal of a patient's outer clothing down to underwear. > Examinations involving the partial undoing or total removal of a patient's underwear e.g., bras.

What if a chaperone isn't available?

In a patient's home setting when a chaperone is unavailable, you should first consider whether the intimate and/or close examination is urgent and could better be performed at a later date with a chaperone present, or in a clinic setting. • the patient's care may need to be transferred to another practitioner. • the patient's care may need to be transferred to another suitable venue. • make arrangement for two professionals to attend the patient. • it may not be appropriate to treat the patient, and their care should be transferred to another provider.

What if a patient refuses a chaperone?

Even if a patient declines or refuses a chaperone, in some circumstances you may prefer that a chaperone is present for your own benefit. An example may be an intimate examination on a patient of the opposite sex to the clinician. In this case, you should explain the role of a chaperone, and explore the reasons why the patient does not want a chaperone present. If the patient still refuses a chaperone, you should consider whether you wish to continue with the appointment, and weight up clinical need against any risk of allegations of unconsented examination and/or improper conduct.

Patients under the age of 18

Children aged 16 or over can consent to their own treatment and so do not require a parent to attend treatment. If a child aged 16-18 years requests or requires a chaperone, then one should be provided the same as with the provision of adult services. If a child under 16 years of age attends for treatment unaccompanied, they must be able to consent to their own treatment. Similarly, children under 16 years of age do not necessarily require a chaperone, but the younger the child the greater to need to have someone else present.

Lone working

Lone Workers / Isolated working can occur in many professional contexts and include, community, domiciliary and/or clinic-based clinicians. Isolated working can occur in when working in a clinic room at the end of a corridor, a room with a closed door, or a room with no receptionist within sight or earshot. Clinicians may be at an increased risk of their actions being misunderstood if they conduct intimate and/or close examinations where no other person is present. Where it is appropriate, alternative treatment options may need to be provided when a chaperone cannot immediately be provided.

Religious / cultural differences

The religious and cultural identity of some patients means that they may either require a chaperone to be present at all times during any treatment, or they will be unable to be treated by a physiotherapist of the opposite sex, even when a chaperone is present.

Procedure

- All patients will be advised on their appointment confirmation email that they are entitled to a chaperone should they wish to have one. The patient is to advise the clinician prior to the appointment so a suitable chaperone can be made available (This will require those who work for RCPHS to chaperone for each other)
- All clinicians will ask their clients before treatment commences if they wish to have a chaperone present. If a chaperone is not available the clinician will rebook the client at no charge.
- Chaperones will be provided either by the clinic (speak to clinic lead) or the patient. Note a chaperone needs to be impartial, cannot be a family member / friend or under the age of 18 and will ideally be the same sex as the patient
- Chaperones at RCPHS will be qualified professionals who understand the role of a chaperone. They will have the following skills:- Equality, diversity and cultural awareness Communication skills including active listening and advocacy. Observational skills, including noting verbal and non-verbal signals, from both patient and/or therapist that may require action.
- Clinicians will gain informed consent from the patient before any examination or procedure. Touching a person without their consent may be a criminal offence.
- Prior to any examination the nature and purpose of any proposed examination and treatment is explained, and the level of undress that may be required discussed and why.
- The clinic at RCPHS allows for patients to undress in private and undisturbed. There will be no undue delay prior to examination once the patient has removed any clothing. Intimate examination should take place in a closed room or well screened area that cannot be overheard and/or entered while the examination is in progress. During an intimate examination the patient should be offered a gown or other cover for themselves. During close examinations towels and/or blankets should be available for the patient to cover themselves.
- Clinicians will record any discussion about chaperones and the outcome in the patient's medical record. If a chaperone is present, they will record that fact and make a note of their identity. If the patient does not want a chaperone, clinicians will record

that the offer was made and declined. If the patient expresses any doubts, reservations and/or concerns then these should be clearly documented in addition to any action taken by the clinician to address those concerns. Any situation where a clinical incident and/or complaint is made should be dealt with according to the relevant complaints policy.

• The chaperone should immediately report any incidence of 'sexualised behaviour' using the relevant reporting structure

References

- 1) Using chaperone (Chartered society of physiotherapy) csp.org.uk
- 2) PD104 Chaperoning and related issues 2023. Csp.org.uk