

## Emergency Medicine Standard Operating Procedures

### WRH Emergency Department Standard Operating Procedures for Chaperones

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<b>Approved by</b>	
<b>Date of Approval</b>	
<b>Date of next review</b> This is the most current document and is to be used until a revised version is available	

#### Aim and scope of Standard Operating Procedure

#### Target Staff Categories

This policy applies equally to male and female patients.

A chaperone should:

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

In the absence of specially trained chaperones then members of the ED nursing team are able to perform the chaperone role, including Health Care Assistants. Student nurses and doctors may also act as chaperones as long as they are familiar with the examination / procedure being undertaken.

The choice of sex of the chaperone should be one that the patient is comfortable with.

A chaperone cannot be a member of the patient's family, unless a child. In the case of a child a chaperone should be a parent or carer or alternatively someone already known and trusted by the child. For young adults, who are deemed to have mental capacity, the guidance that relates to adults is applicable.

A chaperone should be offered before every intimate examination (breast, genitalia and rectum) as well as any examination that takes place between the clavicle and knees. In patients who are especially vulnerable (eg. previously been the subject of abuse) then consideration should be given to offering a chaperone for any examination. The closeness of a fundoscopic ophthalmic examination should not only prompt a prior explanation of the procedure but also the offer of a chaperone.

All patients attending the ED should be given a leaflet informing of their right to request a chaperone should they wish one.

A patient's wish to have a chaperone should be respected and every effort should be made to find one unless delay will adversely affect their care, in which case the patient should be informed of this and clinical judgement used as to whether to proceed or not with the examination depending on the threat to life or limb and the patient's mental state (in practise these patients are likely to have a nurse with them).

A patient's wish to decline a chaperone should be respected, however if this is for an intimate examination then the clinician may feel it is their own interests to have a chaperone present, in which case this should be discussed with the patient.

A senior member of the ED team should be consulted if the assessing clinician is unhappy to proceed with an examination without a chaperone despite the patient's stated desire not to have a chaperone.

The offer of a chaperone should be recorded in the ED notes as well as the patient's response. Where appropriate, the name of the chaperone should similarly be recorded and

the patient should be informed. If a chaperone was present for only part of the examination (eg.rectal) then this should be recorded.

**CAS CARD:**

<b>Chaperone:</b>	<input type="checkbox"/> Declined	<input type="checkbox"/> Not Offered	<input type="checkbox"/> Accepted		
I <u>insert name of chaperone</u>	chaperoned	<u>insert clinician's name</u>	during the following examination (s):		
<input type="checkbox"/> Breast	<input type="checkbox"/> Genitalia	<input type="checkbox"/> Rectum	<input type="checkbox"/> Chest	<input type="checkbox"/> Heart	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Groin	<input type="checkbox"/> Axilla	<input type="checkbox"/> Other....			