



# CHAPERONE GUIDELINES POLICY

(VERSION 1.3)

Location(s): 5 Conqueror Court	
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**1. AIM:** The aim of this policy is to clearly outline the procedures for chaperoning intimate/invasive scans and general scans. And identify the purpose and benefits of having a chaperone present to the patient and clinician.

**2. INTRODUCTION:** This policy and procedural guidance is to establish the role of a chaperone in an ultrasound clinic, their responsibility to the patient and clinician and the general standards expected from our employees and persons working on behalf of *HEM Ultrasound* when undertaking examinations that may be considered intimate. We also press the point that an 'intimate examination' is subjective to the patient and various exams could be considered intimate depending on the patient's sensitivity, religious beliefs, ethnicity, age or sexual orientation. We want to ensure that our clinicians and support staff deal with patients needs and preferences in a caring manner when offering and undertaking examinations.

The clinician and chaperone must always adhere to the wishes of the patient, for example if a female or male patient requests that the chaperone and or clinician be of a certain sex then we must do our best to meet their wishes, even if this may mean re appointing their scan to ensure their wishes are met

**3. ROLES AND RESPONSIBILITIES:** Registered Manager – Heather Moores and the senior team to ensure that staff undertaking chaperone duties have the correct training and have read and understood this policy. It is furthermore the responsibility the staff, in the examination room with the patient, to be aware of their accountability to HEM Clinical Ultrasound Service Limited as an ambassador for the company, in addition to ensuring the wellbeing of the patient. Also it is of utmost importance that both the clinician and the chaperone exercise use of professional boundary guidance.

**4. EQUIPMENT:** Equipment used to undertake intimate/invasive examinations should be chosen specifically to ensure the patients comfort and the needs of the examination are met. Equipment such as:

- Pelvic wedges should be used for female pelvic examinations to assist the patient's posture and comfort during the procedure.
- A modesty screen should be used, if a patient is needed to undress, to enable the patient to undress privately and with dignity.
- A modesty sheet (large section of couch roll) should be used for transvaginal and scrotal scans to add to patients comfort and assurances that dignity is upheld.
- Any probes used in the examination have the correct cleaning procedures carried out. After examinations probes should be cleaned as per company protocol.

**5. HAZARDS and SAFETY:** Potential hazards of undertaking intimate examinations and chaperoning are:

- Patients uncomfortable with procedure and unable to undertake examination for personal reasons.
- Patients uncomfortable with the gender of the clinician or chaperone, could request

another clinician or chaperone.

- Patient's examination being delayed due to aforementioned reasons, and significant pathologies missed.
- Patient could decline a chaperone, leaving clinician without an advocate should a complaint be made, likewise the patient would be without an advocate should a complaint be made about them.
- Patients not told of the full extent of the examination and decline as emotionally underprepared.

To ensure patients and clinicians are safe *HEM Clinical Ultrasound Service Limited* must ensure the following:

- A chaperone is present in the scan room at ***all times for all examinations***, intimate or otherwise.
- Chaperones have a clear idea of what the examination entails, so they can identify inappropriate behaviour or malpractice and are able to inform the relevant manager of any concerns.
- No patient should be coerced into having any scan intimate or otherwise
- Patients are well informed of the procedure prior to preparing or undressing for the examination
- If at any time the patient decides to end the examination their wishes are respected.
- If the patient declines a chaperone for any reason it is down to the discretion of the clinician if they wish to continue with the examination without an advocate.
- If a patient is not happy to commence or continue with an examination, the patient is informed of any potential harm to their health or wellbeing in delaying the examination and diagnosis and this is documented on their file, however this must be done in a sympathetic way and the clinician should never make the patient feel challenged by their decision
- If a patient has declined an examination for any rectifiable reason the patient will be appointed at another date/time to suit them with another clinician or chaperone, or they will be referred back to their GP for onward referral elsewhere.

## **6. PROCEDURE / Guidelines:**

Clinicians and chaperones employed by or working on behalf of HEM Clinical Ultrasound Limited must follow the following guidelines for intimate and general examinations:

### **Initially prior to any examination:**

Clinicians and chaperones must first mentally assess for any potential issues. Taking into account the following variables:

- Type of examination. (if it can be considered intimate)
- Age of patient (Elderly or young patients may be more likely find it embarrassing)
- Gender of patient.
- Ethnicity.
- Religious belief
- Sexual orientation.

This quick assessment will enable them to make an overall decision on the best way to proceed in their countenance. However, company guidelines on professional boundaries must be used in their approach at all times.

- It is also the responsibility of the appointing member of staff to ensure the patient has received all the information needed to understand what their scan entails when being booked.
- In addition it must be advertised in the waiting room that chaperones are always in attendance during scans.

### **During the scan:**

The following guidelines should be applied during each patient's scan:

- Clinicians and chaperones must ensure that they always introduce themselves to the patient and state their role i.e: 'Hello, my name is Emma and I am a support worker and this is Heather and she will be scanning you today'. This goes a long way toward easing any worries or embarrassment the patient may already feel
- Even though the patient would have already completed a consent form prior to the scan always obtain verbal consent if the scan proceeds to a more intimate scan such as a pelvic scan having to be performed via TV route, consent confirmation must be documented on the report.
- All Chaperones present during non-intimate or Intimate scans must be documented on the patients report.
- The clinician or chaperone must check the patients full name, date of birth and first line of their address.
- The chaperone must always ask the patient to lay down on the bed, lift their top etc..
- The clinician must always explain what they are going to do, and endeavour to put the patient at ease
- The chaperone must be sure to observe the patient and the clinician during the scan, they must have a ready knowledge of what the scan entails and what could be considered inappropriate conversation, behaviour from the patient or clinician or events that could be considered malpractice.
- If the course of the scan changes and another examination is needed the clinician needs to explain fully to the patient why the exam has changed, why a further examination is needed and what it entails.
- Should the patient be happy to partake in a further intimate examination they must be treated with dignity and courtesy and be allowed to undress behind a screen, and cover themselves with a modesty sheet when climbing on the bed to commence with the examination.
- Should the patient not be happy to proceed for any rectifiable reason the clinician or support worker/chaperone must see if there is a way to re-book the appointment, to suit the patient's needs.
- If the patient at any time does not want to proceed with the examination the clinician and chaperone must respect their wishes. If this decision has possible detrimental effects to the patients' health and wellbeing they must be informed of this in a sympathetic way so as not to make the patient feel uncomfortable. The chaperone must annotate the report to relay the events in full back to the referrer,

to allow them to assess the situation for onward referral.

- At the end of the examination the patient must be allowed to redress privately, if it was an 'intimate' examination. If it was not considered an intimate examination the must be allowed wipe of any gel and reassemble their garments without feeling rushed.
- The clinician or support worker/chaperone must inform the patient of when their report will be available and if they should make an appointment with their Dr.
- Where either a minor pathology or normal anatomy found it is advised that the clinician tell the patient at the end of the scan what they have found, this reduces anxiety for patients who otherwise may have to wait some weeks to get results from their GP, for all more serious pathologies it is advised not to inform the patient

**After the examination:**

- If the chaperone or clinician has any concerns regarding the events during the examination they should raise their concerns with the operations manager – Tina Potts, who will log the incident and who will in turn relate them to the registered manager – Heather Moores and Safeguarding lead Eamon McNulty.

## **7 QUALITY CONTROL and AUDIT**

The foremost benefit of ensuring that employees or persons working on behalf of the company abides by chaperoning and Intimate examination and professional boundary guidelines is that it will maintain a sense of continuity when interacting with patients, but it will also reduce the risks associated with direct one to one patient care. These risks can have legal ramifications which can be avoided.

**Raising an incident:**

If a complaint or issue is raised by the patient, clinician or support worker/chaperone the Service Director must follow the complaints policy as set out by the company and establish if it is clinical or personal and proceed accordingly.

If the incident is considered a 'Serious incident' then the relevant governing bodies need to be informed and the incident would need to be investigated as per our SU policy.

**REVIEW of policy:**

- This policy will be subject to review annually
- Persons working in chaperone capacity will be expected to revisit this document as many times as needed to ensure they are confident in carrying out the guidelines.
- It is the responsibility of the Author to make sure that all staff have been made aware of any changes to policy as soon as the policy has been amended.

**8. REFERENCES and APPENDICES / RELATED DOCUMENTS:**

- Society of radiographers *Intimate examinations and chaperone policy*. Published 2011.
- *Clear sexual boundaries between healthcare professionals and patients: Responsibilities of healthcare professionals*. Council for healthcare regulatory excellence. Published 2008
- *Equality act 2010*.
- *Equality and Diversity policy* NHS Published 2006.