

Policy Applies to:

- Members of staff performing or assisting with clinical examinations and Credentialed Specialists, who work within Mercy Hospital.

Related Standards:

- The Privacy Act 2020
- HDC Code of Health and Disability Services Consumers' Rights 1996, specifically Right 8 the right to support
- Right 7: Right to make an informed choice and give informed consent
- Nga Paerewa Standards

Rationale:

All physical examinations and investigations are potentially distressing for patients. Mercy Hospital is committed to supporting patient's cultural needs, dignity, privacy and the maintenance of professional boundaries by ensuring support and chaperones are available to patients and clinical staff/specialists.

Cultural Considerations:

Respect for the patient's right to have a support person of their choosing. Some cultures would have a preference for same sex staff doing examination.

Definitions:

Intimate

Used to describe any examination where the very nature of the examination encroaches across personal boundaries.

Chaperone

For some consultations a doctor/nurse or patient may want another person present. When a third person attends a consultation the doctor and the patient should understand their rights to grant or withhold consent. To support understanding and health literacy requirements a 'Support person' will be seen as an interchangeable term for chaperone

The use of a third person is not restricted to any situation.

Definition and role of the third person

1. The individual circumstances of the consultation, the clinical person and the patient, will determine the role of the third person in a consultation. A third person may be present to participate in one of the following four roles
 - a support person for the patient;
 - an interpreter for the patient;
 - an observer for the doctor/nurse;
 - the doctor's/nurse's chaperone.

Support person for the patient

2. Right 8 of the Code of Health and Disability Services Consumers' Rights states that "every consumer has the right to have one or more support persons of his or her choice present, except where safety may be compromised or another consumer's rights may be unreasonably infringed".
3. Some reasons a patient may request the presence of a support person(s) are:
 - they feel more comfortable with the presence of a support person(s);
 - it is the first consultation in a new doctor-patient relationship;
 - the patient's cultural expectations include the presence of a third person;
 - the patient's age (either young or old);
 - the patient would like assistance to understand what happens in the consultation;
 - the patient has some diminished capacity either mental or physical disability.

Interpreter see Cultural Policy

In some circumstances an interpreter may be present.

Observer for the doctor/nurse

4. This person is present at the doctor's/nurse's request. A doctor/nurse may request an observer for a number of reasons.
 - Where appropriate a third person should be in attendance for certain types of examinations or consultations (e.g. internal examinations).
 - To ensure that patients' safety, privacy and dignity is protected during intimate examinations or procedures
 - Consent for the presence of the observer should be obtained from the patient prior to the start of the consultation.

Objectives:

- To ensure that patients' safety, privacy and dignity is protected during intimate examinations or procedures
- To ensure the health professional's safety
- To minimise vulnerability and powerlessness in patients who are having intimate examinations
- To ensure that a chaperone is offered to patients having an intimate examination

Implementation:

Transparent policy

Ensure that patients and staff are aware of Mercy Hospital's policy for chaperoning through signage and promotion of policy via normal channels.

Establish the need for a chaperone

Chaperones are not required for all clinical examinations. However, they should be offered for all intimate examinations, at the patient's express request, or if the clinician is concerned about a patient's perception of an unchaperoned examination. Patient preference should be documented in the clinical notes.

The Medical Council of New Zealand March 2004 recommends to Doctors that a chaperone should preferably be a health professional.

When a chaperone is known to be required, this should be planned for ahead of time.

Offer a chaperone to the patient

The role of the chaperone/support person will be explained to the patient. If a patient declines a chaperone, it should be recorded in the patient's clinical file that a chaperone was offered but declined.

If the patient requests a chaperone and none is available, the patient shall be given the opportunity to reschedule the time if appropriate.

1. Conduct the examination

It is a joint responsibility of the clinician and the chaperone to ensure that the following basic considerations are made:

- Privacy and confidentiality are maintained at all times. Examinations should occur in a closed room. Ensure the use of a patient gown, curtains, privacy

screen/private changing area. Preserve dignity through the use of a sheet or drapes for covering body parts that are not being examined.

- Independence and autonomy should be promoted at all times. Consider the availability of a chair for clothes, a clock for orientation, background music or artwork for distraction.
- Explain what is going to occur at each stage, when it has concluded and what is the next step for follow-up
- Remain alert to verbal and nonverbal cues of distress for the patient.

2. Concluding the examination

- The name of the chaperone should be documented in the clinical file. It should also be documented that a chaperone was offered and verbal consent obtained.
- Refusal of the patient to have a chaperone should also be documented
- Keep the presence of the chaperone to the least possible amount of time. A chaperone does not need to be present for detailed discussions that follow examination.

Evaluation:

Evaluation of this policy will occur through:

- Patient feedback
- Patient complaints
- Incident reports

Associated Documents

Internal

- Privacy and Release of Information Policy
- Consent Policy
- Credentialing Policy
- Cultural Policy

External

- Code of Health and Disability Services Consumers Rights
- Medical Council of New Zealand Chaperone Policy July 2020
- RCN (2006) Chaperoning: The role of the nurse and the rights of patients, 1-4.