

Policy Applies to:

- Members of staff performing clinical examinations

Credentialed Specialists and allied health professionals who work within Mercy Hospital.

Related Standards:

- The Privacy Act 1993
- HDC Code of Health and Disability Services Consumers' Rights 1996, specifically Right 8 "
- Right 7: Right to make an informed choice and give informed consent
- Health and Disability Services Standards NZS 8134:2008 in particular:
 - 1.3 Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy and independence

Rationale:

All medical examinations and investigations are potentially distressing for patients and those involving intimate procedures, for example the breasts, genitalia or rectum; or those requiring low level lighting or the need to undress may make patients feel particularly vulnerable. Mercy Hospital is committed to supporting patient dignity, privacy and the maintenance of professional boundaries.

Definitions:

- Chaperone - An observer who, by mutual agreement, is present during an examination to advocate for patients' rights such as dignity, privacy and consent while also providing a layer of protection for the person performing the examination and the organisation. The Medical Council of New Zealand (2004) states that a chaperone must be aware of the confidential nature of the role and that a patient's personal information and privacy must be protected.
- Intimate examination - any examination of the rectum, breast or genitalia are obvious examples. Other examinations may however be considered by the patient to be intimate.

Objectives:

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

Implementation:

1. **Transparent policy**

Ensure that patients and staff are aware of Mercy Hospital's policy for chaperoning. The chaperone policy will be displayed in Clinical Reception areas, waiting rooms and examination areas where intimate examinations occur.

2. **Establish the need for a chaperone**

Chaperones are not required for all clinical examinations. However they should be offered for all intimate examinations, or 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.

3. **Does the chaperone need to be a Health Professional?**

The Medical Council of New Zealand (2004, page 3) recommends to Doctors that a chaperone should preferably be a health professional.

A health professional has professionalism and a Code of Conduct that mandates them to advocate for a patient. Clinical knowledge is useful as this advocacy role may include assisting with patient positioning and comfort, the use of a gown / drapes to minimise exposure or embarrassment, or answering questions and establishing appropriate levels of touch or comfort measures for a distressed patient.

When a chaperone is required, this should be planned for ahead of time;

4. **Offer a chaperone to the patient**

All parties should understand the role of the chaperone. The default position should be that all intimate examinations are chaperoned by a health professional, unless explicitly refused by the individual. 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 appointment.

5. **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.

6. 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.
- Keep the presence of the chaperone to the least possible time. A chaperone does not need to be present for detailed discussions that follow examination.

Evaluation:

Evaluation of this policy will occur through an annual review of data related to chaperoning, intimate examinations and privacy/patient dignity from:

- Patient feedback
- Patient complaints
- Incident reports

Associated Documents

Internal

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

External

- SDHB (2006). Chaperone policy for the clinical examination of adults. MIDAS ID 27686
- Medical Council of New Zealand (2004). When another person is present during a consultation, 1-4. Retrieved www.mcnz.org.nz
- RCN (2006) Chaperoning: The role of the nurse and the rights of patients, 1-4.