A Whittington Hospital Clinical Management Guideline

INTIMATE EXAMINATION, PROCEDURE, CARE & CHAPERONING POLICY

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1.0 INTRODUCTION

The Whittington Hospital NHS Trust attaches the highest importance to ensuring that a culture that values patient privacy and dignity exists within the organisation. This policy applies to the care of patients who require clinical support of an intimate nature. Intimate and personal care is a key area of a person's self-image and respect. The apparent intimate nature of many health care interventions, if not practised in a sensitive and respectful manner, can lead to misinterpretation and occasionally, allegations of abuse. There are many forms of abuse such as neglect, physical injury, emotional and sexual abuse. Not understanding the cultural background of a patient can lead to confusion and misunderstanding with some patients believing they have been the subject of abuse. It is important that healthcare professionals are sensitive to these issues and alert to the potential for patients to be victims of abuse.

2.0 SCOPE OF PROCEDURE

This policy applies to all Trust employees working in the Whittington Hospital NHS Trust, including locum, bank and agency staff who are working on behalf of the Trust and are involved in the direct care of the patients.

3.0 RESPONSIBILITIES

All staff who are required to provide clinical care of an intimate nature are personally responsible for ensuring that their actions comply with this policy.

4.0 ORGANISATIONAL ARRANGEMENTS

All staff including, locum, bank and agency staff, who are required to undertake clinical care of intimate nature will be made aware of this policy through induction training supported by their line manager.

5.0 INTIMATE EXAMINATIONS/PROCEDURES

Intimate examinations include the examination of breasts, genitalia or rectum, (although other areas may also be classified as intimate by patients of diverse cultures). Intimate examinations and procedures can be stressful and embarrassing for patients.

5.1 WHEN CONDUCTING INTIMATE EXAMINATIONS/CARE STAFF SHOULD

Prior to the examination/procedure:

- Explain to the patient why an examination/procedure is necessary and give the patient an opportunity to ask questions.
- Explain what the examination/procedure will involve in a way the patient can understand, so that the patient has a clear idea of what to expect, including any pain or discomfort.
- Always obtain the patient's permission before the examination/procedure and be prepared to discontinue the examination/procedure if the patient asks.
- A record of consent must be obtained according to the Whittington Consent policy to examination and treatment.
- Where a patient is not able to fully understand the information given, it is the responsibility of the member of staff to explore ways of presenting the information in a more accessible manner.
- When a patient decides not to give consent, he/she normally has the right to have his/her decision respected. Only in the circumstances of immediate necessity, when the individual is unable to understand the consequences of his/her refusal, should an intervention be made e.g. when caring for a patient with a learning disability.
- All patients should have the right, if they wish to have a chaperon present irrespective of organisational constraints.
- Staff are expected to offer a chaperon or invite the patient (in advance if possible) to have a relative or friend present during the intimate examination/procedure. If a chaperon is present, this should be recorded and a note made of the chaperon's identity. If for justifiable reasons a chaperon cannot be offered, this should be explained to the patient and an offer made to delay the examination/procedure. This discussion must be recorded along with its outcome.
- Give the patient privacy to undress and dress and use drapes to maintain the patient's dignity. Do not assist the patient in removing clothing unless it has been clarified that assistance is needed.

During the examination/procedure:

- Keep discussion relevant and avoid unnecessary personal comments.
- Avoid unnecessary discussion with other staff members.
- Ensure the patient's privacy and dignity is protected.

On completion of the examination/procedure:

- Ensure the patient's privacy and dignity is protected.
- Address any queries or concerns relating to the examination/procedure.

5.2 ANAESTHETISED PATIENTS

Consent must be obtained prior to the patient being anaesthetised, usually in writing for the intimate examination/undertaking of intimate procedures. If students are being supervised, undertaking an intimate examination/procedure, the supervising consultant/registrar must ensure that valid consent has been obtained from the patient prior to them undertaking any intimate examination/procedure under anaesthesia and that this is clearly documented.

6.0 INTIMATE CARE

Intimate care is defined as the care tasks associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the sexual parts of the body, (although other body parts may also be classified as intimate in patients of diverse cultures).

Some examples include:

- Dressing and undressing (underwear).
- Helping someone use the toilet.
- Changing continence pads (faeces).
- Changing continence pads (urine).
- Providing catheter care.
- Management of stomas.
- Bathing/Showering.
- Washing intimate parts of body.
- Changing sanitary towels or tampons.
- Inserting suppositories.
- Giving enemas.
- Inserting and monitoring pessaries.
- Applying/renewing dressings to intimate parts of the body

Intimate care should normally be provided by a member of staff of the same gender as the patient. On occasions when intimate care cannot be provided by a member of staff of the same gender, the following issues should be taken into account:

a. The wishes of the person requiring care.
b. The consequences of the person not receiving the care.
c. The consequence for the person's health.
d. Whether the urgency of the care needed makes it an immediate necessity (for example, resulting from an episode of incontinence).
e. The length of time before a same gender member of staff can be present.

Any personal care support being offered by a member of the opposite gender should, if at all possible, be given in the presence of another person of the same gender as the person receiving care. If a patient refuses a chaperone, staff may refuse to give personal care (except for immediate necessity); staff must give their reasons to the person concerned and to their manager as soon as practicable.

Consideration must be given to the urgency of the support needed and, if necessary, the appropriate support should be given by a member of staff of the opposite gender.

When intimate personal care has been required and a member of staff of the same gender has been requested and is not available, this must be brought to the attention of the Nurse/Midwife in charge. In addition, a brief entry in the notes of the patient is required for each occasion and will state:

a. Date.
b. Time.
c. Care given.
d. Immediate necessity which led to opposite sex personal care being given.
e. Reason why a member of the same gender was not available.

It is the responsibility of the staff team, through record keeping, to monitor the frequency of same gender staff not being available for intimate personal care needs. Record keeping will highlight staffing or procedural implications and enable line managers to take considered and responsive action.

7.0 SUMMARY

Staff have a professional duty to care for patients, they have responsibilities under their professional bodies to act in the patient's best interests and are accountable for their actions. Staff should be sensitive to differing expectations associated with race, ethnicity and culture.

If immediately necessary or extreme urgency leads to personal or intimate care being given without the patient's consent or against their expressed wishes, staff must inform their manager at the first opportunity.

The issue to be considered in intimate examinations/procedures or care is whether the situation is acceptable to the patient and, perhaps, those close to them. An appropriate attitude and approach by the individual professional is of paramount importance. Staff have a duty to try and understand the needs of a particular patient and professionally judge what is appropriate in meeting the intimate needs of patients.

8.0 REFERENCES

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