

THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Publication date: June 2023

Review date: June 2026

Document version number: V1.0

Suggestions for improvement of this guideline are welcome and should be sent to the
Chair of the PSC
see www.svtgbi.org.uk for current Chair details.

Consent and Chaperone Guidelines

Introduction

This document gives advice on consent requirements and provision of chaperones during vascular ultrasound examinations. Many Trusts, hospitals and independent providers will have their own guidelines, which should also be consulted during development of local consent and chaperone policies. Additional advice is provided by the Society of Radiographers¹ and General Medical Council².

All patients coming for investigations may feel unsure or vulnerable regarding the test they are to undergo. Examinations requiring partial undressing and conducted in dim lighting may exacerbate this sense of concern. It is important to give adequate explanation of the test in terms the patient can understand, and to allay their fears by giving opportunity for any questions they may have. Patients should always be treated in a sensitive way that protects their privacy, dignity and well-being. A chaperone is an impartial observer who may be present during an examination, to provide a safeguard for both patient and practitioner. It is helpful to include details about what to expect and provision of chaperones in departmental patient information resources, whether these are sent out with the appointment or made available at the point of referral.

Informed Consent

Before commencing an examination or procedure, the patient must be given a clear explanation of what is involved. A patient may not understand why it is relevant or important to assess parts of the body which do not appear to them to have symptoms, this should be explained³. Having explained the procedure in terms that the patient understands, informed consent to proceed should be requested and obtained prior to beginning the examination. If the area of examination needs to be extended,

further explanation should be given to the patient, and approval sought. Local policy should explain the correct procedures to follow where the patient is unable to give consent due to, for example, lack of mental capacity. Consideration should be given prior to additional people being in attendance. Where a student or trainee is observing clinics, the patient should be informed who they are and asked to approve their presence before proceeding with the scan, and ideally before the student enters the examination room.

Chaperones

In general, the role of the chaperone, or impartial observer, is to ensure that the patient's privacy, dignity and well-being are protected at all times. A chaperone also provides protection for the practitioner from unjustified complaints or misunderstandings by a patient. Whilst the majority of patients may not require or ask for a chaperone, all patients have the right to have a chaperone if they request one, as does the practitioner if they feel it would be advisable. For some patients having more people in the room increases their sense of worry or embarrassment. Departments should develop local chaperone guidance based on local organizational requirements. Provision of chaperones should be publicised in patient information leaflets and clearly on display in patient waiting areas.

Chaperones should ideally be members of healthcare staff of the same gender as the patient⁴, trained for their role and be familiar with the processes involved with the assessment. They should be able to reassure, be sensitive and respectful to both the patient and practitioner, be available for the whole assessment and prepared to document and raise concerns where appropriate^{2,5}. Guidance for chaperones is given in Appendix A.

Local arrangements may allow patients to bring a relative or friend into the examination room for their assessment and may specify arrangements for parents/guardians to accompany children and provide consent where the child does not have capacity to do so. Consideration should be given to the friend/relative not being completely impartial and where it is felt that misinterpretation may be a risk, it is recommended to have an independent chaperone.

A chaperone should be specifically offered to a patient when performing intimate examinations. Intimate examinations are those that directly involve examination of the breasts, genitalia, or rectum. The groin area may be considered to be intimate by some patients⁵, as could any examination where it is necessary to touch or be close to the patient³, and staff need to be sensitive to the individual patient's feelings.

Practitioners should also consider their own need for a chaperone in terms of maintaining their own safety and professional integrity. Specific advice to practitioners on protecting themselves from a sexual assault allegation, many of which arise from misunderstanding, is given by the Medical Defence Union^{3,4}.

Local policy should advise on required processes when examining children, mentally incapacitated or unconscious patients.

The following notes are guidelines for the use of chaperones within a Vascular Laboratory Service.

1. In departments where a scan may be performed by either a male or a female operator, depending on who is on duty, it should be noted in the invitation/appointment letter to the patient that the duty person scanning them may be male or female.
2. Arrangements for the provision of chaperones should be clearly communicated to patients.
3. Prior to patients inviting a relative or friend to accompany them, the patient should be told what the scan involves so that they can judge whether they wish to be so accompanied without further embarrassment.
4. Some patients may have concerns regarding being scanned by a person of the opposite sex. Where possible, individual preferences should be taken into consideration and provided for⁶. Where this is not possible, and if the patient expresses concern, a chaperone of the same sex should be offered. Where this is not possible, the patient may be offered a new appointment. Implications of such delays should be made clear, to allow patients to reconsider without feeling coerced.
5. Discussion of chaperones with patients, their use and the identity of the chaperone should be recorded.
6. Ensure as best you can, the privacy of the scanning environment, enabling patients to dress/undress in privacy⁶. Consent to assist should be sought prior to helping patients remove clothing.
7. Covering the patient as much as possible is good practice, gowns and/or blankets/sheets can be used to maintain modesty and privacy.
8. Always act in a professional manner so as not to raise patient concerns or anxiety, or to give rise to any mis-interpretable signals.
9. Ensure patient comfort prior to starting any examination, it is good practice to re-check this part-way through an assessment and make any necessary adjustments. Be aware of signs of distress and be prepared to offer/provide a chaperone during an assessment.
10. If, in your assessment of the situation, you feel a chaperone would be advisable for your own protection, arrange this before you commence the examination. Explain as necessary, that for this investigation you wish to have someone in the room with you.
11. If there have been any problems, perceived or real, make a contemporaneous record of what the situation was and inform a senior member of staff.

References

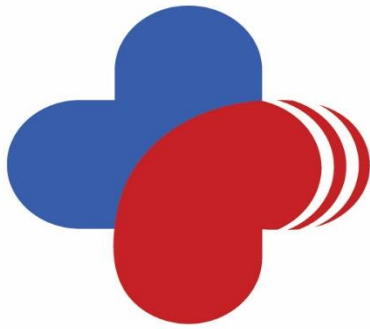
- 1 Society and College of Radiographers: Intimate examinations and chaperone policy (2016) : SCoR <https://www.sor.org/learning/document-library/intimate-examinations-and-chaperonepolicy-0>
- 2 General Medical Council. Intimate Examinations and Chaperones. 2013 http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp

3 Medical Defence Union. Protecting yourself against a sexual assault allegation Professional Standards Committee May 2020 Page 4 of 5 Review date: May 2023
<https://www.themdu.com/guidance-and-advice/guides/protecting-yourself-from-a-sexualassault-allegation>

4 Medical Defence Union. Chaperones <http://www.themdu.com/guidance-and-advice/guides/guide-to-chaperones>

5 Royal College of Radiologists. Intimate examinations and the use of chaperones. London: RCR, 2015.
https://www.rcr.ac.uk/sites/default/files/bfcr154_intimateexams.pdf

6 Guidelines for Professional Ultrasound Practice. Society and College of Radiographers and British Medical Ultrasound Society. 2015
https://www.bmus.org/static/uploads/resources/GUIDELINES_FOR_PROFESSIONAL_ULTR



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Appendix A

Guidance for Chaperones

Role of the Chaperone:

- To provide comfort and reassurance to the patient
- To act as a safeguard for the patient
- To act as a safeguard for the Health Care Professional

General Advice for Staff Members Acting as Chaperones

- Make sure you are aware of what the scan involves before you accompany the patient. This will enable you to provide more reassurance to the patient and confirm that the procedure was carried out within the remits of the examination.
- Ensure that you have been introduced to the patient before the scan begins and that the patient consents to your presence in the room.
- Be sensitive and respectful of the patient's dignity and confidentiality. Position yourself appropriately within the room, particularly if an intimate examination is being performed. Focus on the patient, not on the scan.
- Be prepared to reassure the patient if they show any signs of distress or discomfort during the examination. You may find it beneficial to work through some scenarios with your line manager or senior members of the team.
- While general conversation may be beneficial to calm and relax the patient before and during the scan, avoid making any personal comments to the patient which could be misconstrued.
- Make sure that you are aware of what you need to do if you have any concerns. Be aware of your local incident reporting procedure, making sure you know who to report concerns to eg. line manager. It is important to be familiar with local complaints procedure eg. Patient Advice and Liaison service (PALS) as well as local whistle blowing policies