Introduction

This policy is to be used in conjunction with Trust Clinical Guideline GC10105-3 (Chaperones in Clinical Practice) and CG10115-5 (Privacy, Dignity and Respect for Patients).

Medical Imaging practice, by definition, involves some intimate encounters with patients. Although it may not be obvious at times whether the interaction is classified as an intimate examination under chaperoning policies/guidelines and therefore a different approach is necessary for independent clinical imaging encounters.

Independent clinical imaging may not be recognised as an examination however the Medical Protection Society, GMC & NHS Clinical Governance Support Team all establish that an examination may not solely require physical contact. The term intimate also has certain assumptions that may not be the same in imaging as in a physical examination and the above bodies also include being close to a patient as intimate and that the definition of intimate is that of the patient not of the healthcare professional.

This policy therefore clarifies the specific situation of chaperones during independent clinical imaging encounters.

It should also be noted that the gender of the healthcare professional to patient does not affect how this policy is applied.
Policy for chaperoning during the taking of photographs/videos.

Consent should be obtained, and documented, for all imaging of patients (as per Trust Policy on Photography PP(16)229) and during the consent process all patients must be offered the opportunity of having a formal chaperone present.

In most cases an informal chaperone (e.g. partner/relative/friend) is present at the time a patient undergoes imaging and they may wish for this person to be present during the encounter, therefore all patients must be offered the opportunity of having such an informal chaperone present.

It is often neither practical nor feasible for a formal chaperone to be present for every imaging encounter, due to limited staffing and ability/availability to locate a suitable formal chaperone. Therefore presence of a chaperone should be considered on a patient to patient basis.

It is of course possible that the member of staff undertaking the imaging encounter wishes to have a chaperone present and this should be considered at the time of the offer described above. An explanation to the patient explaining why you would like a chaperone will clarify the reasoning to the patient however, it is the patients choice if one is present.

If the member of staff does not wish to continue without a chaperone then one cannot be forced on a patient and alternative arrangements for photography should be available.

Children and young adults often attend with relatives and forcing another member of staff to be present will undoubtedly cause embarrassment and distress to the patient. It is therefore appropriate for relatives/guardians to act as chaperones and there is no need to resort to a mandatory formal chaperone.

However in cases of abuse or suspected abuse it is normal procedure for the patient to be accompanied by a healthcare professional (such as nurse or social worker) and these professionals should be present during the imaging encounter.

All staff undertaking imaging of patients should follow this process.

In summary:

- ALL patients MUST be offered a formal chaperone
- ALL patients MUST be offered an informal chaperone
  - Relatives/friends/Partners may be used as chaperones
- Chaperones should be same sex as patient
- Children and Young adults do not require a formal chaperone if Relatives/friends/guardians are present (except abuse/suspected abuse)
- Patients choice overrides staff choice
  - Alternative arrangement/processes should be in place for patients when staff do not wish to continue without formal chaperone.
- Offers of chaperone must be documented (on consent form) along with name and job title of formal chaperone and note of the presence of an informal chaperone
References


Institute of Medical Illustrators. IMI National Guidelines [Internet]. Institute of Medical Illustrators; 2006. Available from: http://www.imi.org.uk


General Medical Council. Intimate examinations and chaperones [Internet]. General Medical Council; 2013. Available from: http://www.gmc-uk.org/guidance


Hughes D. Disclosure of sexual preferences and lesbian, gay, and bisexual practitioners. BMJ. 2004;328(7450):1211-1212.


Ching H, Eze N, Moore-Gillon V. Chaperones in ENT out-patients; the patients' perspective. The Journal of Laryngology & Otology. 2006;121(07).


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<td>Clinical Photography consent forms has specific area for noting offer of chaperone and name, also of others present.</td>
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