



Institute of
Medical
Illustrators

IMI National Guidelines

A Guide to Good Practice

Chaperone Guidelines

*These guidelines have been developed by the Institute of Medical Illustrators,
in consultation with specialist advisors.*

*They should be considered a guide to good practice, providing a baseline for auditable standards.
If necessary, adaptations may be made to take into account your local conditions.*

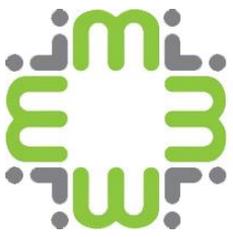
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clinical photography, design and video in healthcare

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1. Introduction

Purpose

A chaperone is a person who is present during a procedure as a safeguard for all parties (patient and Clinical Photographer) and is a witness to the continuing consent of the procedure.

These guidelines are intended to provide practical advice to practicing Clinical Photographers working in a variety of locations including where the availability of a chaperone may not be possible.

They include standardised guidance in order to:

- Safeguard patients and staff during the Clinical Photography procedure.
- Prevent misinterpretation of action during the Clinical Photography procedure particularly when there may be a lack of understanding into the cultural backgrounds of patients.
- Provide a guide to good practice.

Scope

These guidelines are recommended for all Clinical Photographers working with individual patients in the photographic studio, clinics, wards, departments, and in the patient's home. These guidelines also cover any non-clinical staff who may be involved in the procedure.

In addition to these guidelines, local hospital Consent to Examination policies, the Mental Capacity Act 2005, Patient Information policies and any additional Professional Codes of Conduct/Guidelines must also be observed along with any variations in regional legislation.

All medical consultations, examinations and investigations, including clinical photography, are potentially distressing. Patients can find examinations or photography involving breasts, genitalia, perineum or anus particularly intrusive (these examinations are collectively referred to as 'intimate examinations'). Procedures involving dimmed lights, the need for patients to undress or being touched (e.g. when sticking adhesive markers next to moles, scars etc.) may make the patient feel vulnerable.

Practice

1.1 Patients must be offered a chaperone:

- For all intimate examinations (as defined above).
- Where the patient is required to be in a state of undress.
- Consultations/procedures conducted with dimmed lights.
- Where the procedure requires the patient to be touched.





1.2 In addition, Clinical Photography staff should always be accompanied by a chaperone if the patient is:

- in a semi or unconscious state (e.g on a ward).
- intoxicated with alcohol or is under the effect of hallucinogenic drugs.
- mentally impaired or suffers from mental illness.
- a child undergoing a formal child protection examination or for whom there are child protection concerns.
- a minor who is pubertal or post pubertal.
- a child who is not accompanied by a person acting in loco parentis and/or where that person is thought to be ineffectual or unreliable.
- Where a patient does not have mental capacity (as defined by the Mental Capacity Act 2005) and is not considered competent to consent.

2. Role of the Chaperone

Type of Chaperone

The designation of the chaperone will depend on the role expected of them and on the wishes of the patient. It is useful to consider whether the chaperone is required to carry out an active role – such as participation in the procedure – or have a passive role such as providing support to the patient during the procedure.

Informal chaperone (family or friend)

Many patients feel reassured by the presence of a familiar person and this request in almost all cases should be accepted. This may be a family member or an individual requested by the patient. It is inappropriate to expect an informal chaperone to take an active part in the procedure or to witness the procedure directly.

An informal chaperone is there at the request of the patient and their role is purely to support the patient. It is therefore not acceptable to use this type of person as the only means of chaperone as required in section 1 where a formal chaperone should be provided in addition to, or instead of the informal chaperone.

Formal chaperone (staff member)

A formal chaperone implies a healthcare professional, such as a nurse, HCA, or a specifically trained member of medical illustration department staff. This individual will have a specific role to play in terms of the procedure and this role should be made clear to both the patient and the person undertaking the chaperone role. This may include assisting with undressing or assisting in the procedure being carried out. In these situations staff should have had sufficient training to understand the role expected of them. Common sense would dictate that, in most cases, it is not appropriate for a non-clinical member of staff to comment on the appropriateness of the procedure, nor would they feel able to do so. All staff should have an understanding of the role of the chaperone and the procedures for raising concerns.

Protecting the patient from vulnerability and embarrassment means that the chaperone would usually be of the same sex as the patient. Therefore the use of a male chaperone for the photography of a female patient or of a female chaperone when a male patient was being photographed would be considered inappropriate.





The patient should always have the opportunity to decline a particular person as chaperone if that person is not acceptable to them for any reason.

The role of the formal chaperone includes:

- To safeguard the dignity, safety, and wellbeing of patients and Clinical Photographers and to protect against embarrassment throughout the procedure.
- Providing emotional comfort and reassurance to patients.
- Ensuring that the procedure is undertaken in a respectful and dignified manner.
- Assisting in the procedure, for example providing standing assistance.
- Assisting with undressing patients.
- Acting as an interpreter/signer.
- Providing protection to the Clinical Photographer against unfounded allegations of improper behaviour.
- In very rare circumstances to protect the photographer against an attack.
- An experienced chaperone will identify unusual or unacceptable behaviour on the part of the Clinical Photographer.

It is therefore the formal chaperone's responsibility to:

- ensure that individual patient's understand why they are in attendance.
- listen, observe and verify what was said and done.
- ensure that on completion of the procedure, if appropriate, to date and countersign the patient's record to confirm what was said and done (NAI photography).
- recognise that in the case of minors, mentally impaired or mentally ill patients, whilst parents/guardians are not accepted as suitable chaperones, they must not be excluded from attending.

3. Practice

It is advisable to provide patients with a chaperone for clinical photography as set out in section 1 and where the patient has requested a chaperone.

The offer of a chaperone can be made through a number of routes including prominently placed posters, information leaflets and verbal information prior to the photography procedure. Where it is not always clear ahead of the procedure that intimate photographs may be required, it is advisable to repeat the offer of a





chaperone at the time of the procedure. Some patients will not take up the offer of a chaperone, especially where a relationship of trust has been built up or where the photographer is the same gender as them.

Adequate information and explanation as to why the photographs are required should have been provided by the requesting clinician. If the patient does not understand or agree with the request it is advisable either to refer the patient back to the clinician for further information or to contact the clinician on behalf of the patient if more appropriate. In addition, careful and sympathetic explanation of the procedure/ technique to be used should be given throughout the photography procedure. It is unwise to assume that the patient understands why certain examinations are being conducted or why they are done in a certain manner. For example, patients need to be told why both breasts are photographed when they may only be having surgery on one (reconstruction, Poland's Syndrome etc.).

For some patients, the level of embarrassment increases in proportion to the number of individuals present. If the patient is offered and does not want a chaperone it is important where possible to record that the offer was made and declined. Patients decline the offer of a chaperone for a number of reasons: because they trust the clinician, think it unnecessary, require privacy, or are too embarrassed. If a patient declines a chaperone, it is acceptable to carry out photography without a chaperone (except in the conditions outlined in section 1.2), but the photographer should note that they are at increased risk of their actions being misconstrued or misrepresented if they conduct intimate clinical photography where no other person is present.

There may be occasions where the clinical photographer may feel unhappy to proceed without a chaperone when the patient has declined one. This may be where a photographer is carrying out intimate photography of genitalia. Other situations are where there is a history of violent or unpredictable behaviour by the patient or their family member/friend. In these situations it is advisable to carry out photography in the clinic setting with the requesting clinician present rather than in the photographic studio or to refer to another clinical photographer.

The patient has a right to decline a particular chaperone if that person is not acceptable to them for any reason. In this instance, alternative arrangements may be considered.

It is recognised that where a male chaperone is requested by the patient and it would be inappropriate to delay the photography, this may cause some departments difficulty. In these rare circumstances prior agreement should be sought for staff from another area (e.g. theatres) to be contacted to provide a male member of staff. Facilities should be available for patients to undress in a private, undisturbed area. There should be no undue delay prior to photography once the patient has removed any clothing.

To summarise:

- The chaperone must introduce themselves to the patient.
- Explanations must be given to the patient regarding the procedure.
- Explanation regarding the role of the chaperone should be given to the patient.
- If the patient declines the offer of a chaperone this must be clearly documented on the consent form.
- If for any reason a chaperone is unavailable the reason must be clearly documented in the patient's notes.





- A relative or friend of the patient may be considered suitable but if not it may be necessary to postpone or discontinue the photography until an appropriate person is available. This should be documented in the patient's notes.
- If necessary an interpreter should be provided.

4. Intervention

In extreme cases it may be necessary for a chaperone to intervene for example:

- Lack of patient dignity/inappropriate contact.
- Compromised safety: either environmental or violence and aggression by staff or patient (Montgomery 1997).
- Lack of informed patient consent (DOH – 2001; Dimond – 1995);
- Insufficient explanation to the patient prior to carrying out the procedure.
- When photography continues after patient withdraws consent (Brazier 1992).
- Lack of confidentiality.
- Where communication is compromised e.g. language, hearing, visual or speech impairment or learning disability.

Where a chaperone is needed but not available

If the patient has requested a chaperone and none is available at that time the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe. If this is not possible, the requesting clinician must be informed and the details documented on the consent form.

Intimate photography

Intimate photography includes photography of breasts, genitalia, perineum and anus. The clinical photographer should be aware that intimate photography may cause anxiety for both male and female patients whether or not the photographer is of the same gender as the patient and the use of a chaperone should be considered as defined in section one.

During intimate photography both the chaperone and Clinical Photographer must:

- Offer reassurance.
- Be courteous and respectful.
- Use appropriate professional language and correct terminology but avoid jargon.
- Keep discussion relevant.
- Avoid unnecessary personal comments.
- Encourage questions and discussion.





- Remain alert to verbal and non-verbal indications of distress from the patient.

Intimate photography should take place in a closed room or well-screened bay that cannot be entered while the photography is in progress. Any requests that the examination be discontinued should be respected.

A chaperone must always be present during intimate photography of a minor or a patient who lacks capacity.

Issues specific to children

In the case of children a chaperone would normally be a parent or carer or alternatively someone known and trusted or chosen by the child. For competent young adults the guidance relating to adults is applicable. Children and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their co-operation and understanding. If a minor presents in the absence of a parent or guardian the requesting clinician must ascertain if they are capable of understanding the need for examination. In these cases it is essential for a formal chaperone to be present for any intimate photography.

NAI photography

In situations where abuse is suspected great care and sensitivity must be used to allay fears of repeat abuse. A formal chaperone must always be used in these circumstances and their presence and role should be documented. Depending on the individual case, it is acceptable to carry out photography without a family member present as the child's welfare is paramount. For further guidance refer to local trust policy or the referring clinician.

Issues specific to religion / ethnicity

The ethnic, religious and cultural background of some women can make intimate photography particularly difficult, for example, Muslim and Hindu women have a strong cultural aversion to being seen unclothed by men other than their husbands. Wherever possible, particularly in these circumstances, a female clinical photographer should perform the procedure. It would be unwise to proceed with any photography if the clinical photographer is unsure that the patient understands due to a language barrier.

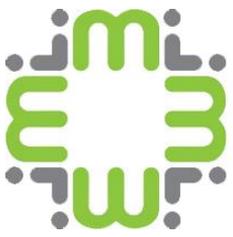
Issues specific to learning difficulties / mental health problems

For patients with learning difficulties or mental health problems that affect mental capacity, a familiar individual such as a family member or carer may be the best chaperone. A careful, simple and sensitive explanation of the procedure is vital. Adult patients with learning difficulties or mental health problems who resist any intimate procedure must be interpreted as refusing to give consent and the procedure should be abandoned and an assessment should be made by the requesting clinician of whether the patient can be considered competent or not. If the patient is considered competent despite learning difficulties or mental health problems, the procedure must not proceed. If, on the other hand, the patient is not considered to be competent to give informed consent, the patient should be treated according to his or her own best interests. The assessment of what constitutes the patient's best interests should be done by the requesting clinician and must take into account the potential for physical and psychological harm. If the requesting clinician decides that it is in the best interests of the patient to carry out clinical photography (e.g. in adult protection cases) a chaperone should always be used and the procedure should be clearly documented.

Lone working

Where a clinical photographer is working in a situation away from other colleagues, e.g. home visit or out-of-hours centre, the same principles for offering and use of chaperones should apply. Where it is





appropriate family members or friends may take on the role of informal chaperone. In cases where a formal chaperone would be appropriate, i.e. intimate photography, the clinical photographer would be advised to reschedule the examination to a more convenient location. However in cases where this is not an option, for example due to the urgency of the situation or because the clinical photographer is community based then procedures should be in place to ensure that communication and record keeping are treated as paramount.

Clinical photographers should note that they are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate photography where no other person is present.

Communication and Record Keeping

It is essential that the Clinical Photographer explains the nature of the procedure to the patient and offers them a choice whether to proceed with photography at that time. The patient will then be able to give informed consent to continue with the procedure. Details of the procedure, including the presence or absence of a chaperone must be documented on the consent form.

Summary

The relationship between a patient and their clinical photographer is based on trust. Studies have shown that many patients are not concerned whether a chaperone is present or not. However this should not detract from the fact that any patient is entitled to a chaperone if they feel one is required.

These guidelines are for the protection of both patients and staff and should always be followed. The key principles of communication and record keeping will ensure that the practitioner/patient relationship is maintained and act as a safeguard against formal complaints, or in extreme cases, legal action.

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