

WALLINGBROOK HEALTH GROUP	POLICIES & PROCEDURES: Chaperone Policy	Version 2: April 2017
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POLICY REFERENCE INFORMATION	Chaperone Policy
POLICY REFERENCE NUMBER	
VERSION NUMBER	2
STATUS	APPROVED
AUTHOR/LEAD	Will Sherlock
Implementation Date	26.02.2015
Date of last review	19.04.2017
Date of next review	19.04.2018
Target Audience	Patient Service Team
Ratified By	Management Team
Date of ratification	26.02.2015
Governed by	Executive Team

VERSION	DESCRIPTION OF CHANGE	REASON FOR CHANGE	AUTHOR	DATE
2	Review – Inclusion of DBS check for non- clinical staff. Update of links	Annual Review	K Acott/ L Harris	22.02.2016
2	Review – no changes	Reviewed by Drs Gosrani, Sherlock, Guildford and L Harris	As above	19.04.2017

PURPOSE:

Ensure the Chaperone has had the appropriate training to observe intimate examinations.

This policy is designed to protect both patients and staff from abuse or allegations of abuse.

INTRODUCTION

This policy is designed to protect both patients and staff from abuse or allegations of abuse. All HCA & staff will attend an hour education session annually with a clinician to discuss the role of the chaperone, explain what is deemed as a 'normal examination' and answer any questions or concerns.

GUIDELINES

Clinicians (male and female) should consider whether an intimate or personal examination of the patient (either male or female) is justified, whether the nature of the consultation poses a risk of misunderstanding and therefore if a chaperone is required.

If the clinician has decided that a chaperone may be required then this should be offered to the patient. The patient may decline the offer, but the clinician may wish to override this if the clinician perceives that continuing with the consultation or proceeding with the examination without a chaperone may place them at an unacceptable risk of allegations of abuse.

- The clinician should give the patient a clear explanation of what the examination will involve. This should remove the potential for misunderstanding.
- Always adopt a professional and considerate manner - be careful with humour as a way of relaxing a nervous situation as it can easily be misinterpreted.
- Always ensure that the patient is provided with adequate privacy to undress and dress.
- Ensure that a suitable sign is clearly on display in each consulting or treatment room offering the chaperone service if required.

Patients who request a chaperone should never be examined without the chaperone being present and being able to witness the examination. If necessary, where a chaperone is not available, the consultation / examination should be rearranged for a mutually convenient time when a chaperone can be present.

Complaints and claims have not been limited to male doctors with female patients - there are many examples of alleged homosexual assault by female and male doctors. Consideration should also be given to the possibility of a malicious accusation by a patient

There may be rare occasions when a chaperone is needed for a home visit. The above procedure should still be followed.

WHO CAN ACT AS A CHAPERONE?

A variety of people can act as a chaperone in the practice. Where possible, it is strongly recommended that chaperones should be clinical staff familiar with procedural aspects of personal examination.

Where the practice determines that non-clinical staff will act in this capacity the patient must agree to the presence of a non-clinician in the examination, and be at ease with this. All non-clinical staff who act as a chaperone will have undergone a Disclosure and Barring Service Check. The staff member should be trained in the procedural aspects of personal examinations, comfortable in acting in the role of chaperone, and be confident in the scope and extent of their role. They will have received instruction on where to stand and what to watch and instructions to that effect will be laid down in writing by the practice.

CONFIDENTIALITY

- The chaperone should only be present for the examination itself, and most discussions with the patient should take place while the chaperone is not present.
- Patients should be reassured that all practice staff understand their responsibility not to divulge confidential information.

PROCEDURE

- The clinician offers a chaperone
- The clinician will contact Reception to request a chaperone.
- The clinician will record in the notes that the chaperone is present, and identify the chaperone.
- Where no chaperone is available and the patient has accepted the offer of a chaperone, the examination will not take place – the patient should not normally be permitted to dispense with the chaperone once a desire to have one present has been expressed.
- The chaperone will enter the room discreetly and remain in room until the clinician has finished the examination
- The chaperone will attend inside the curtain, normally at the head of the examination couch and watch the procedure.
- **The chaperone will make a record in the patient's notes after examination.** The record will state that there were no problems, or give details of any concerns or incidents that occurred. If there are any concerns then the Chaperone must immediately discuss this with a line manager.
- The patient can refuse a chaperone, and if so this **must** be recorded in the patient's medical record. The clinician can decide if the examination can proceed.

THE ROLE OF THE CHAPERONE IS TO;

Ask the clinician what examination is being performed.

Advise the clinician that as a Chaperone they will be observing the examination and not standing outside of the curtains.

- Ensure the patient is happy that you are the allocated chaperone
- Provide patient reassurance, check understanding of the procedure and ensure that

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<p>the patient is consenting to the examination 'Good afternoon Mrs Mouse, the doctor tells me he needs to do a breast examination today are you happy for me to be your chaperone?'</p> <ul style="list-style-type: none"> • Be sensitive, and respectful of the patient's dignity and confidentiality • If requested assist the patient in the preparation for the procedure while ensuring patient dignity and comfort is maintained. • Assistance as necessary depending on clinical training and competency • Witness and document the procedure • Be able to identify any unusual or unacceptable behaviour related to the examination • Ensure the patient finds the examination acceptable and the ability to stop the examination if deemed necessary , e.g. if patient indicates that they no longer wish to continue with the examination • Raise any concerns with their line managers <p>Ref: GMC Intimate examinations and chaperones 2013 http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp</p>
<p>RESPONSIBILITY: Nursing Team/Patient Services Team</p>
<p>REVIEW PROCEDURE: Annually</p>