

	Chaperone Policy		Reviewed	07/02/2019
			Revised	Yes
	Adopted	26/08/14	Next review	07/02/2021

CHAPERONE POLICY

INTRODUCTION

This policy is designed to protect both patients and staff from abuse or allegations of abuse and to assist patients to make an informed choice about their examinations and consultations.

GUIDELINES

A sign should be clearly displayed in the reception or waiting room offering the chaperone service if required.

Clinicians (male and female) should consider whether an intimate or personal examination of the patient (either male or female) is justified. In order to avoid misunderstanding the clinician should:

- Give the patient a clear explanation of what the examination will involve and offer a chaperone if appropriate. Don't assume that the patient will have noticed the sign in the waiting room and decided s/he does not want a chaperone present.
- 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.

Patients who request a chaperone should never be examined without a chaperone being present. 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.

WHO CAN ACT AS A CHAPERONE?

Any individual who acts as a chaperone must have had all required pre-employment background checks completed and be up to date with all "ongoing assurance" checks. Members of the clinical team can act as chaperones without having to complete any additional training; however, non-clinical staff must have completed chaperone training.

Where suitable clinical staff members are not available the examination should be deferred.

CONFIDENTIALITY

- The chaperone should only be present for the examination itself, and most discussion 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.

Click here to link to the latest GMC guidelines for intimate examinations: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/intimate-examinations-and-chaperones>

PROCEDURE

- 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, the examination will not take place – the patient should not normally be permitted to dispense with the request for a 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 normally attend inside the curtain at the head of the examination couch and watch the procedure.
- To prevent embarrassment, the chaperone should not enter into conversation with the patient or GP unless requested to do so, or make any mention of the consultation afterwards.
- Where the chaperone has any concerns about what they witnessed during the procedure, they should immediately make a note of what happened and contact their manager or (where their manager is not available, the General Manager) about their concerns.
- Where a patient is offered a chaperone but refuses, this must be recorded on the patient's medical record. The examination can then go ahead provided the clinician feels comfortable to do so. Where the clinician does not feel comfortable to proceed without a chaperone, this must be explained to the patient and the examination should be re-booked (e.g. for a clinician of the same gender as the patient).
- The following SNOMED Codes must be used to record the offer of a chaperone and the patient's response.

Chaperone offered	1104081000000107
Chaperone present	314231002
Chaperone refused	763380007
Nurse Chaperone	314380009
Chaperone not available	428929009