

Chaperone Policy

Background

Carlisle Healthcare is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

This Chaperone Policy is in line with guidelines including the 'NCGST Guidance on the role and effective use of chaperones in Primary and Community Care settings'.

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they consider one is required.

There is no common definition of a chaperone and their role varies considerably depending on the needs of the patient, the healthcare professional and the examination being carried out.

Their role can be considered in any of the following areas:

- Emotional comfort and reassurance to patients
- Assist in examination (e.g. during IUCD insertion)
- Assist in undressing
- Act as interpreter
- Protection to the healthcare professional against allegations / attack)

Whilst a variety of people can act as a chaperone in the practice wherever possible this will be a member of clinical staff who are familiar with the procedural aspects of personal examination. Where suitable clinical staff are not available then the examination may need to be deferred.

Only staff who have a clear DBS check on their HR record can be used as a chaperone; this includes GPs, Nurse Practitioners, Nurses and HCAs. Receptionists are not routinely DBS checked and therefore should not be asked to provide this service. The reception team should be able to locate a chaperone for any clinician who requires one.

The chaperone may be a family member or friend, but full consideration should be given to their role should this be the case.

The Chaperone Policy is clearly advertised. A Poster is also displayed in the Practice Waiting Area (See Appendix 1).

All staff are aware of and have received appropriate information and training in relation to this Chaperone Policy.

The clinician may also require a chaperone to be present for certain consultations – if this is the case they will advise Reception of the consultations that they require a chaperone to be present.

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 staff understand their responsibility not to divulge confidential information and they have signed a confidentiality agreement at the practice.

Procedure

- The clinician will contact reception to request a chaperone.
- Where no chaperone is available, a clinician may offer to delay the examination to a date when one will be available, as long as the delay would not have an adverse effect on the patient's health.
- If a clinician wishes to conduct an examination with a chaperone present but the patient does not agree to this, the clinician must clearly explain why they want a chaperone to be present. The clinician may choose to consider referring the patient to a colleague who would be willing to examine them without a chaperone, as long as the delay would not have an adverse effect on the patient's health.
- The clinician will record in the notes that the chaperone is present, and identify the chaperone.
- The chaperone will enter the room discreetly and remain in the 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.
- **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.
- The patient can refuse a chaperone, and if so this **must** be recorded in the patient's medical record.

See appendix 2 for the latest GMC guidelines for chaperoning intimate examinations:

Chaperone

If you feel you would like a chaperone present at your consultation please either inform Reception or speak to the Doctor / Nurse who will be more than happy to arrange this for you.



If you would like to see our Chaperone Policy then please ask at Reception

Appendix 2

Chaperone Policy: checklist for consultations involving intimate examinations

- 1** When you carry out an intimate examination, you should offer the patient the option of having an impartial observer (a chaperone) present wherever possible. This applies whether or not you are the same gender as the patient.
 - 2** A chaperone should usually be a health professional and you must be satisfied that the chaperone will:
 - a** be sensitive and respect the patient's dignity and confidentiality
 - b** reassure the patient if they show signs of distress or discomfort
 - c** be familiar with the procedures involved in a routine intimate examination
 - d** stay for the whole examination and be able to see what the doctor is doing, if practical
 - e** be prepared to raise concerns if they are concerned about the doctor's behaviour or actions.
 - 3** A relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone, but you should comply with a reasonable request to have such a person present as well as a chaperone.
 - 4** If either you or the patient does not want the examination to go ahead without a chaperone present, or if either of you is uncomfortable with the choice of chaperone, you may offer to delay the examination to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health.
 - 5** If you don't want to go ahead without a chaperone present but the patient has said no to having one, you must explain clearly why you want a chaperone present. Ultimately the patient's clinical needs must take precedence. You may wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone, as long as a delay would not adversely affect the patient's health.
 - 6** You should record any discussion about chaperones and the outcome in the patient's medical record. If a chaperone is present, you should record that fact and make a note of their identity. If the patient does not want a chaperone, you should record that the offer was made and declined.
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