

Chaperone Policy

Background

St Paul's Medical Centre Practice 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. 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.

Patients are advised to ask for a chaperone if required, at the time of booking an appointment, if possible, so that arrangements can be made and the appointment is not delayed in any way.

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.

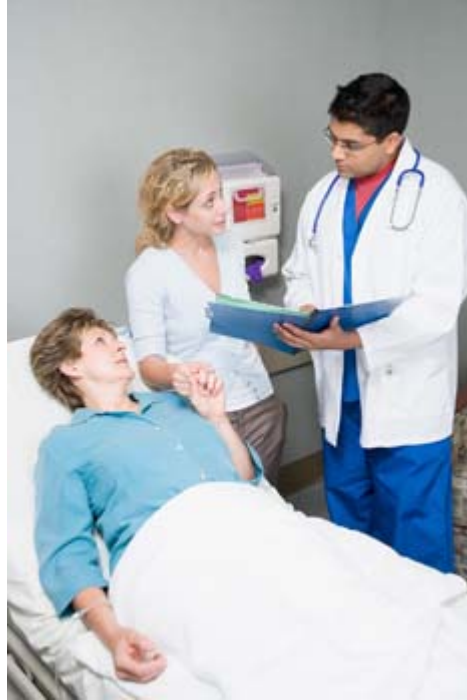
Patients should be reassured that all staff understand their responsibility not to divulge confidential information and they have signed a confidentiality agreement at the practice.

Checklist for consultations involving intimate examinations

- Chaperones are most often required or requested where a male examiner is carrying out an intimate examination or procedure on a female patient, but the designation of the chaperone will depend on the role expected of them, whether participating in the procedure or providing a supportive role.
 - Establish there is a genuine need for an intimate examination and discuss this with the patient and whether a formal chaperone (such as a nurse or healthcare assistant) is needed.
 - Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions. The chaperone would normally be the same sex as the patient and the patient will have the opportunity to decline a particular person as a chaperone, if that person is considered not acceptable for any reason.
 - Offer a chaperone or invite the patient to have a family member / friend present.
 - If the patient does not want a chaperone, record that the offer was made and declined in the patient's notes.
 - Obtain the patient's consent before the examination and be prepared to discontinue the examination at any stage at the patient's request.
 - Record that permission has been obtained in the patient's notes.
 - Once the chaperone has entered the room, they should be introduced by name and the patient allowed privacy to undress / dress. Use drapes / curtains where possible to maintain dignity. There should be no undue delay prior to examination once the patient has removed any clothing.
 - Explain what is being done at each stage of the examination, the outcome when it is complete and what is proposed to be done next. Keep discussion relevant and avoid personal comment.
 - If a chaperone has been present, record that fact and the identity of the chaperone in the patient's notes.
 - During the examination, the chaperone may be needed to offer reassurance, remain alert to any indication of distress but should be courteous at all times.
 - Record any other relevant issues or concerns in the patient's notes, immediately following the consultation.
 - Chaperones should only attend the part of the consultation that is necessary – other verbal communication should be carried out when the chaperone has left.
 - Any request that the examination be discontinued should be respected.
 - Healthcare professionals should note that they are at an increased risk of their actions being misconstrued or misrepresented, if they conduct intimate examinations where no other person is present.
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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

Chaperone Policy: checklist for consultations involving intimate examinations

1. Establish there is a genuine need for an intimate examination and discuss this with the patient

2. Explain to the patient why the examination is necessary and give the patient an opportunity to ask questions

3. Offer a chaperone or invite the patient to have a family member or friend present. If the patient does not want a chaperone record that the offer was made and declined in the patients notes

4. Obtain the patients consent before the examination, and be prepared to discontinue the examination at any stage at the patients request

5. Record that permission has been obtained in the patients notes

6. Once the chaperone has entered the room, give the patient privacy to undress and dress. Use screens where possible to maintain dignity

7. Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next. Keep discussion relevant and avoid personal comments

8. If chaperone has been present, record that fact and the identity of the chaperone in the patients notes

9. Record any other relevant issues or concerns immediately following the consultation
