

Market Street Medical Practice

Chaperone Policy

1. Introduction

The 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.

2. Why chaperones are needed

A chaperone policy should be in place for the comfort of patients and the protection of the doctor/nurse from allegations of impropriety. For most patients respect, explanation, consent and privacy take precedence over the need for a chaperone. The presence of a chaperone does not remove the need for adequate explanation and courtesy and neither can it provide full assurance that the procedure or examination is conducted appropriately.

3. Intimate examination

All medical consultations, examinations and investigations are potentially distressing. Intimate examinations particularly can be embarrassing or distressing for patients and whenever you examine a patient you should be sensitive to what they may think of as intimate. This is likely to include examinations, investigations or photography involving the breasts, genitalia and rectum. However it could also include any examination where it is necessary to touch or even be close to the patient, for example conducting eye examinations in dimmed lighting, taking the blood pressure or palpating the apex beat or when the patient has to undress.

If an intimate examination is required, the clinician will:

- Establish if there is a need for an intimate examination and discuss this with the patient.
- Give the patient the opportunity to ask questions.
- Obtain and record the patient's consent.
- Offer a chaperone to all patient for intimate examinations (or examinations which may be construed as such).

Regardless of the presence or otherwise of a chaperone, it is important to maintain dignity and respect by ensuring facilities are available for patients to undress in a private undisturbed area. The patient should not be assisted in removing clothing unless it is clarified with them that assistance is required. There should be no undue delay prior to examination once the patient has removed clothing.

4. The rights of the patient – requesting, accepting and declining a chaperone

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they feel one is required, although not all requests may be met, e.g. for home visits.

If a chaperone is not available, patients have the right to refuse a procedure, unless they lack the capacity to make a decision and by not having the procedure they would put their life or someone else's at risk. The patient may request a chaperone of the same sex, although this may not always be possible.

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 the seriousness of the condition would dictate that a delay is inappropriate, then this should be explained to the patient and recorded in their notes. A decision to continue or not should be reached jointly.

The presence of a chaperone during a clinical examination or treatment must be the clearly expressed choice of a patient. Patients have the right to decline an offer of a chaperone and the healthcare professional should respect their wishes. However, in exceptional circumstances the clinician may feel it would be wise to have a chaperone present for their mutual protection, for example, an intimate

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examination of a young adult of the opposite gender or where there is a history of violent or unpredictable behaviour on the part of the patient. If the patient continues to decline, the doctor will need to decide whether or not they are happy to proceed without a chaperone. This will be a decision based on both clinical need and the requirement for protection against any potential allegations of improper conduct. The patient's decision to decline a chaperone should be recorded in their notes.

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

When patients are not able to give consent to a chaperone for themselves they should be treated in their best interests according to the principles in the Mental Capacity Act 2005.

5. Who can be a chaperone

There are times when an informal chaperone like a family member or friend is the clearly expressed choice of the patient, however this policy deals with the role of the formal chaperone i.e. a trained member of the Practice team.

Definition of a formal chaperone

In clinical medicine, a formal chaperone is a person who serves as a witness for both a patient and a medical practitioner as a safeguard for both parties during a medical examination or procedure and is a witness to continuing consent of the procedure. Family members or a friend may be present but they cannot act as a formal chaperone and may not necessarily be relied upon to act as a witness to the conduct or continuing consent of a procedure.

Appropriately trained chaperone

An appropriately trained chaperone is defined as a member of staff who has completed training and who has been assessed as competent by a member of the Practice clinical team.

6. Training for Chaperones

All members of the reception team at this practice are trained to be chaperones, to ensure sufficient presence e.g. for extended opening hours. Training will be delivered annually by one of the Practice Nurses and will include:

- What is meant by the term 'chaperone'
- What is an 'intimate examination'
- Why chaperones need to be present
- The rights of the patient
- Their role and responsibilities
- Policy and mechanism for raising concerns.

If formal training is available this will be offered where appropriate.

Clinical staff who undertake a chaperone role will usually already have a Disclosure and Barring Service (DBS) check. If non-clinical staff act as chaperones they will normally require a DBS check. Induction of new clinical staff will include training on the appropriate conduct of intimate examination. Trainees should be observed and given feedback on their technique and communication skills in this aspect of care.

7. Children and Young People

It is important that children and young people are provided with chaperones.

Children are expected to be accompanied by a parent or adult relative to whom the need for the examination will be explained and consent obtained. The clinician will need to reassure the child and explain the examination, if appropriate, to the child. GMC guidance states that a relative or friend of the patient is not an impartial observer so would not usually be a suitable chaperone and a registered nurse should be present, however in the event a child does not wish for the nurse to be present, a

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parent will be present as a chaperone and they will be expected to remain with the child during the examination.

Children under 16 and who are Gillick competent can consent to examinations and chaperone presence for themselves without their decision being referred to their parents or guardians. It is, however, good practice to involve parents, but this must be with agreement by the young person. It would be advisable for a chaperone to be present or, in the case of a female patient, for the examination to be carried out by a female GP. There may be circumstances when a young person does not wish to have a chaperone. The reasons for this should be made clear and recorded.

8. Role and Responsibilities

The chaperone may be required to carry out an active role, such as participation in the examination or procedure, or have a passive role such as providing support to the patient during the procedure. A chaperone does not have to be medically qualified but will ideally be sensitive and respectful of the patient's dignity and confidentiality, be prepared to reassure the patient if they show signs of distress and be prepared to raise concerns about a doctor or patient if misconduct occurs.

The patient can expect the chaperone to be:

- Available if requested
- Pleasant/ approachable/ professional in manner and able to put them at ease
- Competent and safe
- Clean and presentable
- Confidential

9. The position of the chaperone

The positioning of the chaperone will depend on several factors, for example the nature of the examination and whether or not the chaperone has to help the clinician with the procedure. The clinician will explain to the patient what the chaperone will be doing and where they will be in the room. However, it is important that chaperones should place themselves inside the screened-off area as opposed to outside of the curtains/screen (as they are then not technically chaperoning).

10. Recording chaperone decisions and presence

The offering of a chaperone, declining and/or presence of a chaperone should be in the patient's clinical records with the following read codes:

9NP1 Chaperone present (and document the name)

9NP2 Chaperone refused or declined by the patient

9NP4 Chaperone not available (document if patient declined examination without chaperone)

11. Incidents and concerns

Any incident that arises during the examination must be reported to the Practice Lead and recorded as a significant event.

Chaperones should report any concerns to a lead person in the Practice if they are concerned about the conduct of a colleague during examination. This behaviour need not necessarily involve touching the patient, and includes making inappropriate comments as well as acts or behaviour. The lead person will coordinate necessary investigations and resolve within the Practice or if need be, escalate it to the MDU/CCG.

Patients should raise any concerns / make any complaint via the Practice's usual comments/complaints procedure.

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