

## **Chaperone Policy, Protocol and Procedure**

### **Policy**

The surgery 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.

There are occasions where there is the potential for abuse of a person placed in a vulnerable position, and conversely false allegations to be made. This can have serious, long-term consequences for all those involved and may not come to light for many years.

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.

Doctors and nurses (both male and female) should consider whether an intimate or personal examination of the patient is justified, or whether the nature of the consultation poses a risk of or misunderstanding. There may be a rare occasion when an independent witness to a consultation might be prudent.

If so, the doctor or nurse should explain the examination, procedure or consultation and the patient should be offered the choice to have a chaperone present in the room during the examination or consultation.

The patients should be given a choice as to whether a member of staff provides the chaperone, or a person of their own choice. It may embarrass the patient if a staff member is known to them, so a choice of alternative staff member may be necessary. Consideration should be given to confidentiality and/or suitability if a relative or friend is chosen. If necessary another appointment can be made for the examination – in which case this decision should be recorded. The latest GMC guidelines for intimate examinations should be checked.

The patient can refuse a chaperone, and if so this must be recorded in the patient's medical record.

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

(If a member of staff who does not wish to be a chaperone at the surgery or accompany a doctor or nurse on any or a particular, home visit has a right to decline, without prejudice, and alternative arrangements will be made.

## Procedure

- GP or Nurse will contact reception to request a chaperone
- GP to record in notes/computer that chaperone is present, and identify chaperone
- Chaperone to remain in room until GP/nurse has finished examination/consultation
- If necessary, or requested by patient, chaperone to attend inside the curtain at the head of examination couch.
- To prevent embarrassment, chaperone should not enter into conversation with the patient or GP unless requested or make any mention of consultation afterwards.
- Chaperone to record in patients notes after examination that there were no problems, or details of any concerns or incidents that occurred
- Enter chaperone present or not in patients computer record using **read code 9NP1**, select appropriate from the list, then type chaperone's name in free text area.
- 9NP0 Chaperone Offered
- 9NP1 Chaperone Present
- 9NP2 Chaperone Refused
- 9NP3 Nurse Chaperone

The practice has a poster displayed on the noticeboard to inform patient regarding chaperone choice. They can book chaperone when making appointment and or ask before examination. All of our admin/reception staff is trained to provide chaperoning.

Updated: 15.2.12  
Updated: 8.3.2016  
Updated: 25.1.2017  
Updated 28.3.17

## Synopsis of Chaperone Policy

The Local Medical Committee has requested information about NHS Central Lancashire chaperone policy to be circulated to all doctors in Central Lancashire.

It is strongly advised that independent contractors adopt this policy in their practices.

**The presence of a chaperone that is sensitive to these issues can be helpful not only in reassuring and informing the patient, but also in minimising the risk of the practitioner's actions being misrepresented.**

### Purpose

- ensure that all staff have the required understanding of the effective use of chaperone within primary care
- safeguard the dignity, rights, safety and wellbeing of patients and staff throughout consultations, examinations, treatment and care

### Rights

- All patients are entitled to ask for a chaperone to be present for an examination or procedure. A patient can refuse an examination procedure
- All clinicians can choose whether to continue with an examination without a chaperone being present.

### Who can chaperone?

A chaperone may be a friend, relative when the patient requires support or reassurance. An informal chaperone must not take an active part in the examination or witness the examination directly.

A member of the healthcare team can act as a formal chaperone. This can be a nurse, or a specifically trained staff member. Their role must be explained and understood by the patient. This may include assisting the clinician. Staff must have had sufficient training to understand the role expected of them.

### If chaperone is not available

The patient should be informed and asked if they consent without a chaperone or would they prefer to postpone until one is available. Patients can refuse to undergo an examination. The clinician must feel comfortable continuing without a chaperone even if the patient consents, the final decision lies with the clinician.

### Documentation

You must record the patient's personal preferences in their clinical records. If the patient expresses any reservations requiring reassurance it is good practice to record this. In any situation where concerns are raised or an incident has occurred it should be documented immediately after the consultation.

Where READ Coding is used the following codes are available:

- 9NP0 Chaperone Offered
- 9NP1 Chaperone Present

- 9NP2 Chaperone Refused
- 9NP3 Nurse Chaperone

### **Dignity and Respect**

Facilities should be available for patients to undress in a private, undisturbed area. There should be no undue delay prior to examination once the patient has removed any clothing.

- Offer reassurance
- Be courteous
- Keep discussion relevant
- Encourage questions and discussion
- Remain alert to verbal and non-verbal indications of distress from the patient
- Intimate examination should take place in a closed room or well-screened bay that cannot be entered while the examination is in progress.
- Examination should not be interrupted by phone calls or messages.

### **Specific Considerations/Sensitive Situations**

- Some patients may feel a degree of embarrassment at being examined by a member of the opposite sex.
- The ethnic, religious and cultural background of some patients can make intimate examinations particularly difficult. Requests for examination by a practitioner of the same gender should be accommodated where possible when requested, but in an emergency this may not be possible.
- Intimate examinations should not be carried out on non-English speaking patients without an interpreter/advocate being available. Healthcare professionals should not proceed with any examination if they are unsure as to whether the patient understands due to language/communication barriers.

### **For more information**

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Full policy

[www.centrallancashire.nhs.uk/Library/Documents/policies/clinical-policies/DHS%2031%20Chaperone%20Policy%202010.pdf](http://www.centrallancashire.nhs.uk/Library/Documents/policies/clinical-policies/DHS%2031%20Chaperone%20Policy%202010.pdf)

Cultural information pack

[http://www.centrallancashire.nhs.uk/Library/Documents/Strategy\\_Documents/Cultural%20information%20resource%20file.pdf](http://www.centrallancashire.nhs.uk/Library/Documents/Strategy_Documents/Cultural%20information%20resource%20file.pdf)