# Chaperone Policy

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### B. Document Details

|  |  |
| --- | --- |
| **Classification:** |  |
| **Author and Role:** | Sadaf khalid, Practice Manager |
| **Organisation:** |  |
| **Document Reference:** |  |
| **Current Version Number:** | 5 |
| **Current Document Approved By:** | Dr V.V. Konathala |
| **Date Approved:** | 23.03.2023 |

### C. Document Revision and Approval History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Version Created By:** | **Version Approved By:** | **Comments** |
| 1 | 23/12/2015 | Afsana Begum | Dr V.V. Konathala |  |
| 2 | 20/12/2016 | Anam Butt | Dr V.V. Konathala |  |
| 3 | 22/02/2018 | Ameena Moghal | Dr V.V. Konathala |  |
| 4 | 23/11/2018 | Sadaf Khalid | Dr V V Konathala |  |
| 5 | 23/03/2021 | Sadaf Khalid | Dr V V Konathala |  |
| 6 | 19.07.2022 | Sadaf Khalid | Dr V Konathala |  |
| 7 | 23.05.2023 | Sadaf Khalid | Dr V Konathala |  |
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# Kenwood Medical Centre

# Chaperone Policy

 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.

The Chaperone Policy is advertised through patient information leaflets and can be read at the Practice upon request. A Poster is also displayed in the Practice Waiting Area and consulting rooms. (See example in Annex A).

All patients are entitled to have a chaperone present for any consultation, examination, or procedure where they consider one is required. The chaperone may be a family member or friend, but on occasions a formal chaperone may be preferred.

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 Healthcare Professional may also require a chaperone to be present for certain consultations.

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

All trained chaperones understand their role and responsibilities and are competent to perform that role.

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)

**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 friend may be present, but they cannot act as a formal chaperone.

* **Why Chaperones are Needed.**

There are two considerations involved in having a chaperone to assist during intimate examinations: namely for the comfort of the patient and the protection of the doctor/nurse from allegations of impropriety.

* **Intimate Examination**

Examples of an intimate examination include examinations of the breasts, genitalia, and the rectum but it also extends to any examination where it is necessary to touch or be close to the patient for example conducting eye examinations in dimmed lighting, taking the blood pressure, or palpating the apex beat.

**The Rights of the Patient**

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

Patients have the right to decline the offer of a chaperone. However, the clinician may feel that it would be wise to have a chaperone present for their mutual protection for example, an intimate examination on a young adult of the opposite gender.

If the patient continues to decline, the doctor will need to decide whether he is happy to proceed in the absence of a chaperone. This will be a decision based on both clinical need and the requirement for protection against any potential allegations of improper conduct.

**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.

**Consultations Involving Intimate Examinations**

If an intimate examination is required, the clinician will:

* establish 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 patients for intimate examinations (or examinations which may be construed as such) -if the patient does not want a chaperone, it will be recorded in the notes.

**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

**The Position of the Chaperone**

The positioning of the chaperone will depend on several factors for example the nature of the examination and whether the chaperone must 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 and they should stand inside the curtain, where should be able to view the procedure done by the clinician.

**Raising Concerns about a Chaperone**

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

**When a chaperone is not available**

There may be occasions when a chaperone is unavailable (for example on a home visit or when no trained chaperone of the appropriate sex is in the building).

In such circumstances the doctor will assess the circumstances and decide if it is appropriate to go ahead without one.

## 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) 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 always courteous.
	+ 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.

Annex A, poster;

