



## CHAPERONE POLICY

### Document Control

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#### B. Document Details

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#### C. Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
1.0	Jan 2014	T.L. Morley	B.Bulcock	(TLM 20140128)
2.0	March 2015	T.L. Morley	B.Bulcock	No change to policy body
2.1	May 2016	T.L Morley	K.Paradot	Amended to detail who should be used as a Chaperone
3.0	May 2017	K Paradot	K.Paradot	Added section regarding Ardens template and chaperone opportunity to add comments. Added option to add read code : XaEiq Chaperone offered to policy
3.0	Feb 2018	K Paradot	K Paradot	No amendments required



## Chaperone Policy

### **Purpose**

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.

Castle Partnership 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 adheres to local and national guidance and policy i.e.:- 'NCGST Guidance on the role and effective use of chaperones in Primary and Community Care settings'.

The Chaperone Policy is clearly advertised through patient information leaflets, (when available) website and can be read at the Practice upon request. A Poster is also displayed in the Practice Waiting Area and consulting rooms (see end)

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 a need is apparent, 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 to be aware of and to have received appropriate information in relation to the 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



## 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.

Contact reception to request a suitable chaperone. **The use of untrained administration staff is not acceptable.** In the first instance a member of the Nursing team or another GP should be used as a Chaperone. If this is not possible a Manager or Team Leader can be asked if they are available. If these options have been exhausted and a trained Chaperone cannot be found it will be necessary to book another appointment for the examination, in which case this decision should be recorded.

If the patient does not want a chaperone, record that the offer was made and declined in the patient's notes. Read Code XaEiq (Chaperone offered) and XaEis (Chaperone refused) should be added to the patient record.

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. Read Code XaEir should be applied.

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 notes, immediately after consultation.

This can all be carried out using the Arden's template

The Chaperone can also add any concerns or comments regarding the examination using the Ardens Reception and Administration template and inputting information in the *Recordings- Chaperone* tab. This should be completed as soon after the examination as possible but does not need to be done whilst the patient is present.

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 when no other person is present.

### **Procedure summary**

- GP or Nurse will contact Reception to request a chaperone.
- GP to record in medical records that chaperone is present.
- Chaperone to enter room discreetly and remain in room until GP has finished examination.
- Chaperone should only be present for the examination itself. Most discussion with the patient should take place while the chaperone is not present.
- Chaperone to attend inside the curtain at the head of the 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 detail of any concerns or incidents that occurred.

### **Read Codes**

XaEir – Chaperone present

XaEis – Chaperone refused

XaEiq - Chaperone offered

Free text no problems & name of chaperone



## **Chaperones**

**If you feel you would like a Chaperone present at your Consultation, please inform your Doctor / Nurse, who will be more than happy to arrange this for you.**

