



## **CHAPERONE POLICY**

This organisation 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 national guidance and policy – i.e. NHS Clinical Governance Support Team “Guidance on the Role and Effective Use of Chaperones in Primary and Community Care settings”.

In essence:

The purpose of the chaperone is threefold:

- to help the patient feel at ease
- to protect the patient from any improper behaviour on the part of the clinician
- to protect the clinician from any untrue allegations of improper behaviour by the patient.

All GPs and nurses should offer a chaperone when carrying out an examination or procedure that the patient might consider to be intimate, regardless of the gender of the clinician and the patient. This could include any examination carried out in dimmed light. Clinicians should be sensitive to the culture and age of the patient, either of which may affect the patient’s sensitivity to examination.

If the patient declines a chaperone, the refusal must be read-coded on the patient’s record. If the patient declines but the clinician feels it is necessary, then a chaperone should be provided – for instance, if a male clinician needs to carry out a breast examination on a female patient. If a chaperone is used, the fact must be read-coded and the chaperone’s name recorded.

If there is a need for a chaperone, a trained member of the surgery staff must be used. This could be a second GP if appropriate, for instance where a colleague has specialist knowledge. It is not appropriate to accept a friend or family member of the patient as a formal chaperone, as they would not necessarily offer adequate protection to the clinician. If a trained chaperone is not available, the patient must be asked to rebook, when a chaperone can be provided.

The chaperone should ideally be present in the room before the patient undresses, so that the patient does not meet the chaperone for the first time when s/he is already vulnerable, although if the patient gets undressed while the doctor or nurse is finding a chaperone, then this should be considered to be the patient’s choice. If

the patient asks for help with undressing or dressing, the chaperone should be ready to do so.

In order to be effective, the chaperone must be “inside the curtain” with the patient and the clinician. If the patient is lying down for the examination, then the chaperone would normally stand by them at the head end. While the chaperone is not expected to know precise details of the examination or procedure being carried out, s/he should have sufficient awareness of the procedure to be able to judge whether it seems to be carried out appropriately – for instance, normal length of time taken, equipment used. The chaperone should not leave the room until the patient has replaced all of his/her underwear.

Once the chaperone has left the room, s/he should write a consultation note on the patient’s record to confirm that s/he has been present during the relevant consultation.

If a chaperone has any concerns about the behaviour of either the patient or the clinician in the course of a procedure that s/he has witnessed, the concerns must be reported in writing as soon as reasonably possible after the event to either the Practice Manager or the Senior Partner, so that an investigation can take place and appropriate action be taken. If no report is made at the time, it will be assumed in any future inquiry that the procedure took place as normal.

Patients are encouraged to ask for a chaperone if required at the time of booking an appointment.

All staff have received appropriate information in relation to this chaperoning policy.