



Chaperone Policy

Introduction

Woodcote Medical are committed to providing a safe and comfortable environment where the best interests of patients and staff are of paramount importance.

It is of vital importance that patients feel safe during consultations, examinations and investigations and experience as little discomfort and distress as possible. Equally health professionals are at an increased risk of their actions being misconstrued or misrepresented if they conduct examinations where no other person is present. Therefore we must minimise the risk of false accusations of inappropriate behaviour.

As a result, all patients, male and female, are offered the option of having a chaperone present during an intimate examination / procedure or at any other time they feel they would like one. If the patient knows in advance that they would like a chaperone to be present then it is advisable they make their wishes known to reception at the time of making the appointment.

What is a chaperone?

A chaperone is an impartial observer present during an intimate examination of a patient. They will usually be of the same sex as the patient and be a health professional familiar with the procedures involved in the examination. A family member or friend may also be present during the examination as well the chaperone.

Intimate examinations

Intimate examinations are examinations of the breast, genitalia and rectum. However, any examination in which the clinician needs to touch or be very close to the patients may also be considered as intimate, e.g. examination of the fundi using an ophthalmoscope in a darkened room, ECGs, blood taking etc.. Therefore, the use of a chaperone should also be considered particularly in the case of religious / cultural beliefs and for vulnerable patients or those who have suffered abuse.

The role of the Chaperone

Their function is to:

- reassure the patient if they experience distress
- protect the patient's dignity and confidentiality at all times
- offer emotional support at an embarrassing or uncomfortable time
- facilitate communication, especially if there is a language barrier.

Who can act as a chaperone?

A variety of people can act as a chaperone in the practice. Where possible, it is strongly recommended that chaperones should be clinical staff familiar with procedural aspects of personal examination. Where suitable clinical staff members are not available, the examination should be deferred.

Where the practice determines that non-clinical staff will act in this capacity, the patient must agree to the presence of a non-clinician in the examination, and be at ease with this. The staff member should be trained in the procedural aspects of personal examinations, comfortable in acting in the role of the chaperone, and be confident in the scope and extent of their role. They will have received a DBS check and chaperone training, covering where to stand and what to watch.

The Right to Refuse

Patients have a right to refuse a chaperone, for example, they may be unhappy with the gender of the chaperone offered, or they do not wish to have one present at all. However, the clinician may be unwilling to conduct an intimate examination without a chaperone present and, therefore, they will explain to the patient why they would prefer to have one. In this instance, the patient may need to be offered an alternative appointment, or to see an alternative clinician, but only if the patient's clinical needs allow this.

When no chaperone is available

When a patient requires a chaperone and none is available, the patient may be asked to return at a different time if this is not against their clinical needs. If the seriousness of the condition dictates that a delay is inappropriate then this would be explained to the patient and a decision to continue or otherwise must be jointly reached. In cases where the patient is not competent to make an informed decision then the healthcare professional must use their own clinical judgement and be able to justify this course of action. The decision and rationale should be documented in the patient's notes.

If the situation is life threatening or speed is essential in the care or treatment of the patient then it is acceptable for a healthcare professional to perform an intimate examination without a chaperone present and would be documented in the patient's' notes.

What happens during intimate examinations?

Before the examination

- An explanation will be given to the patient why the particular examination is necessary and what it entails so they can give fully informed consent.
- **Consent will be recorded in the notes, along with the identity of the chaperone or if a chaperone was offered but declined.**
- If possible, the use of a chaperone of the same gender will be offered to the patient.
- The chaperone will be present to hear the explanation of the examination and the patient's consent.

During the examination

- The Patients' privacy will be respected during the examination and when they are dressing and undressing such as through the use of curtains/sheets.
- An explanation will be given of what the doctor is going to do to do before they do it and to seek consent if this differs from what the patient has been told before.
- The chaperone will enter the room discreetly and remain in the room until the clinician has finished the examination.
- The chaperone will normally attend inside the curtain at the head of the examination couch and watch the procedure.
- The examination will be stopped if the patient requests it.

After

- The chaperone will leave the room following the examination so the consultation can continue in private.
- **The chaperone will make a record in the patients' notes after examination.** The record will state that there were no problems, or give details of any concerns of incidents that occurred.