



# Chaperone Policy



ST ANDREWS MEDICAL PRACTICE 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, website (when available) and can be read at the Practice upon request. A Poster is also displayed in the Practice Waiting Area (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)

## 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 courteous at all times.
- 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.

Current trained chaperones with full enhanced DBS status

- **All nursing staff**
- **Barbara Steel**
- **Diane Scaife**
- **Teresa Liu**
- **Roddy Tannahill**
- **Carolyn Hart**
- **Gillian Snape**

## **GUIDELINES FOR CHAPERONES**

### **INTRODUCTION**

These guidelines should be read in conjunction with the Chaperone Policy <sup>[\*]</sup>. They are intended as an information resource for staff who may be asked to become chaperones, either on a casual (one-off) basis or as a routine role.

All examinations will place patients in a situation in which they may feel uncomfortable, and this may be compounded further by the need to undress, consent to intimate touching or intrusive examination. The presence of a third party may alleviate some of these concerns and provide protection for both patient and clinician.

Where a chaperone is not routinely provided patients must be aware that they are able to ask for one without feeling difficult. The READ codes below must be used in all cases.

It is often not known prior to an examination commencing whether a chaperone will be desirable. Often, staff may be called upon to undertake this role without prior warning, enabling them to prepare. It is essential therefore that chaperones are trained in their role, familiar with what is expected of them in carrying this out, and understand the support aspects of the role for the patient.

Ideally, the clinician will have explained the nature of the examination, the reasons for it, and what is involved prior to it commencing, and will have given the patient the opportunity to have a chaperone present. Alternatively, the clinician may themselves have elected to have a chaperone present for their own security. Either way, it is important for at least one of the persons present that the third party is also there.

### **Role**

This will vary a great deal, and may be passive (simply a presence in the room) or active (assisting with patient preparation or the procedure itself). It may involve:

- Providing patient reassurance
- Helping the patient to undress or prepare, or helping with clothing or covers
- Assist with procedures (if a nurse or healthcare assistant)
- Helping with instruments
- Witnessing a procedure
- Protecting a clinician
- Being able to identify unusual or unacceptable behaviour relating to a procedure or the consultation
- Being able to identify whether the implied or implicit consent given at the start of the procedure remains valid throughout, and determine whether the attitude of the patient or the clinician has changed

Non-clinical staff should not be involved in the procedure itself and not normally enter into conversation with the patient in relation to this. It is expected that, in general practices, you will be specially and formally trained in your role, either through professional competencies (e.g. nurses) or through formal training courses delivered by the PCT or other bodies (reception or other staff). It is essential that you thoroughly understand what is expected from you, not only what the practice /

the GP expects, but also what a patient may reasonably expect by virtue of your presence.

Clinical staff acting as chaperones may be the most appropriate staff group to undertake this role, as they may be able to interpret the procedure / examination, and form a judgement as to whether the actions are appropriate to the investigation or not. This is a fundamental part of the ability to reassure the patient. For this reason you, as a chaperone should be of the same sex as the patient.

As a chaperone you should bear in mind that the patient may decline to have you present (as an individual) whilst still requiring a chaperone generally. This is within the rights of the patient and should be considered as usual, and not a personal slight on your abilities.

The use of "informal", casual or one-off chaperones drawn from the general practice staff should be discouraged.

## **Competencies**

You should be comfortable in your role across a range of examination type, and if you do not feel confident in what you are being asked to observe, or how to do it, ask for guidance or further training, perhaps externally.

- Understand your duties
- Understand where you are expected to be at each stage of the examination, and what you are expected to hear, and observe
- Understand the rights of the patient relating to your presence, and their ability to halt an examination
- Understand how to identify concerns and raise them within the practice so that they are given a fair hearing in an objective manner, perhaps with other clinician, without causing offence. This should be done immediately following the consultation.

## **Considerations**

In some cultures, examinations by men (on women) may be unacceptable. Some patients may be unwilling to undress, or raise concerns related to culture. These concerns should be respected and recorded, and in a similar way, if there is a language difficulty, it may be best to defer an examination until an interpreter is available.

Where mental health patients are concerned, or those who may have difficulty in understanding the implications of an examination, it may be inappropriate to proceed until more secure arrangements can be made.

There may be instances where, as a chaperone, you may be required to act in this capacity outside the practice (e.g. on a home visit). Where a GP wishes to examine a patient in their own home where another family member may not be present, it may be more important that a chaperone is present, and you need to be aware of your responsibilities in these circumstances (e.g. do you leave the room whilst the examination is in progress to obtain a glass of water from the kitchen?)

## **Training**

Formal training is recommended, preferably by your local PCT. You may discuss your role with your clinical trainer (e.g. senior partner) and obtain their endorsement for your attendance on a course, with a commitment to review your training on your return in order to:

- formalise your role, and give you post-course support
- incorporate your training and views into your job description
- establish the practice expectations of you based on what you have learned, and a "mode of operation" for you to adopt in a variety of situations
- incorporate your role into the practice Chaperone Policy <sup>[\*]</sup>
- establish a recognised mechanism whereby you can discuss cases and concerns with another member of the clinical team (perhaps another GP) without awkwardness
- agree refresher training at an appropriate interval

## **Coding**

9NP0 Chaperone offered

9NP2 Chaperone refused

9NP1 Chaperone present

9NP4 Chaperone not available

Regular audit of the use of each read code by clinician will be undertaken, and it is expected that a high level of usage will be demonstrated



# **CHAPERONES**

IF YOU FEEL YOU WOULD LIKE A CHAPERONE  
PRESENT AT YOUR CONSULTATION

PLEASE INFORM YOUR DOCTOR /NURSE

WHO WILL BE HAPPY TO ARRANGE THIS FOR YOU

**MANY THANKS**