

## Chaperone Policy

Cruddas Park & Hillsview Surgeries are 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.

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 and training in relation to the Chaperone Policy.
- All understand their role and responsibilities and are competent to perform the role of the chaperone.

### **Who should act as a chaperone?**

The Surgery have CRB checked members of staff who are used as a chaperone when requested or a practice nurse or other clinician can be used if required and if available.

Sometimes the patient's friend or relative may be appropriate but if the patient being examined has a history of unpredictable behaviour it may be better to have a member of the practice team present as well.

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
- Protection to the healthcare professional against allegations / attack

A chaperone may be required in the following situations:

1) Intimate examinations. These are examinations of rectal, genital or breast area.

2) For patients with certain cultural or religious beliefs any examination requiring removing of clothing. This alone may be abhorrent and when dealing with such patients GPs need to approach the subject with particular sensitivity.

- 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.
- If a patient refuses a chaperone and clinical feels vulnerable then they are advised to refuse to carry out the examination/procedure, or at least consider the risks to themselves in continuing.

### **Patients with disabilities**

A patient with a severe mental or physical disability is unlikely to attend surgery unaccompanied. GPs should endeavour to communicate with the patient with the assistance of the relative or carer accompanying them. Particular care should be taken to ensure the patient is not made to feel that their wishes are being ignored.

Examinations by a member of the opposite sex are in some religions are effectively taboo.

### **Examinations on patients with poor English**

It would be unwise to proceed with any examination unless the GP is satisfied that the patient understands and can give informed consent. If an interpreter is present they may be able to double as a chaperone. If an urgent clinical need for an examination is evident, every effort should be made to communicate with the patient by whatever means are available before proceeding with the examination

### **Examinations on children**

Children are expected to be accompanied by a parent or adult relative to whom the need for the examination will be explained and consent obtained. They will be expected to remain with the child during the examination, so a further chaperone will not normally be necessary. The GP will obviously seek to reassure the child and explain the examination if appropriate to the child.

**Teenagers aged 13 and upwards**

can consent to examinations provided the GP is sure that they have sufficient competence to understand the nature and purpose of the examination. It would be advisable for a chaperone to be present or in the case of a female patient for the examination to be carried out by a female doctor.

**Examinations on home visits**

GPs are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations at patient's homes and it would be better to encourage these to be done at the surgery if at all possible.

**How to act if suspicions arise**

If you witness an incident taking place during the consultation either by the patient or the clinician this must be raised immediately with the Practice Manager. Our chaperone policy upholds the practice's policy on whistle blowing and all are expected to raise any issues with the Practice Manager as a matter of urgency.