



Chaperone Policy

Version:	1.0
Author:	Data Team
Name/Title of responsible individual:	Data Team
Date issued:	28.7.17
Review date:	28.7.18

Introduction

Intimate examination, the examination of the breast, genitalia or rectum, can be stressful and embarrassing for the patient. There are occasions where patients and staff may be placed into a vulnerable position and where there is potential for allegations to be made. This can be distressing for all involved.

The following policy is designed to reduce the risk to both patients and staff from allegations of assault and to assist patients to make an informed choice in regards to their examination and consultation.

All patients should have the opportunity of requesting the presence of a chaperone when being examined. This is irrespective of the sex of the patients or the clinician.

Before offering a chaperone, the clinician must take the decision whether or not they would be happy to carry out the examination without a chaperone being present. In the case of the latter, the clinician must make it clear to the patient that he or she would prefer a chaperone to be present.

There will be exceptional circumstances where the clinical situation demands that an intimate examination take place without the presence of a chaperone – this must be clearly documented.

A chaperone must be offered for all intimate examinations. If a chaperone is offered and refused record both in the consultation otherwise record the presence and the identity of the chaperone.

Only clinical staff and staff who have undergone chaperone training may be used.

Family members, friends or relatives should NOT be used as a chaperone except in exceptional circumstances. Where this is the case, the reason for doing so must be clearly documented.

The clinician has the right to refuse to perform the examination if it is deemed necessary to have a chaperone present and the patient has refused one.

The patient should always have the opportunity to decline a particular person as chaperone if that person is not acceptable to them for any justifiable reason.

Be prepared to discontinue the examination if the patient requests this or at the intervention of the chaperone. Both GP and chaperone should separately record the reason for the abandonment of the examination.

Chaperones should be aware of the reporting mechanisms which allow them to make a complaint or raise a concern about clinical practice or the conduct of a healthcare professional.

Independent contractors have their own responsibility and are entitled to develop and implement their own policy, although they should be encouraged to follow the Practice policy for their protection.

Guidelines

When conducting intimate examinations clinicians should:-

- Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions
- Explain what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what they should expect.
- A chaperone must be present for all intimate examinations involving the opposite sex
- If, for justifiable reasons, you cannot offer a chaperone, or the patient refuses one, you should explain that to the patient and if possible offer to delay the examination to a later date. You should record the discussion and the outcome.
- In an emergency situation the clinician may choose to do an intimate examination without a chaperone but will document why this decision was made.
- The clinician has the right to refuse to perform the examination if it is deemed necessary to have a chaperone present
- If the patient does not want a chaperone you should record that the offer was made and declined. If a chaperone is present, you should record the fact and make a note of the chaperone's identity. Codes to be used are 9NP1 (chaperone present – please free type chaperones name) or 9NP2 (chaperone refused)
- Examinations should take place in a closed room that should not be entered whilst the examination is in progress.
- Equipment should always be ready to use prior to starting the examination.
- Gloves should always be worn for an intimate examination where there is a risk of coming into contact with body fluids.
- Once the chaperone is present you may ask the patient to undress.
- The patient should be given privacy whilst undressing and placing themselves under a clean drape/paper towel to maintain a degree of dignity. You must not assist the patient in the removal of clothing unless it has been clarified that your assistance is required. Any assistance should be inputted into the patients file.
- After undressing there should be no undue delay prior to examination
- The chaperone must stand within the curtain surrounding the patient (on an appropriate clinicians couch) in order to witness the examination
- Discussion should be relevant to the examination
- Confidentiality must be maintained by having the chaperone present for the examination and re-dress only
- Health and safety standards must be maintained at all times
- Cultural or religious factors should be taken into consideration as should any special requirement of any patient
- The chaperone and the clinician must record in the patients file (separately) that a chaperone was used.