Trinity Medical Centre

Chaperone Policy

Version Control

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Electronic Version

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# Introduction

This policy is designed to protect both patients and staff from abuse or allegations of abuse and to assist patients to make an informed choice about their examinations and consultations.

# Guidelines for Physical Contact

Clinicians (male and female) should consider whether an intimate or personal examination of the patient (either male or female) is justified, or whether the nature of the consultation poses a risk of misunderstanding.

* The clinician should give the patient a clear explanation of what the examination will involve.
* Clinicians must always adopt a professional and considerate manner – humour can easily be misinterpreted.
* The patient must be provided with adequate privacy to undress and dress.
* Signs are available in all patient waiting areas advising the use of chaperones is available. Clinicians should also ask if a chaperone is required before commencing examination.

# Using a Chaperone

Following the above guidelines should remove the potential for misunderstanding. However, there will still be times when either the clinician, or the patient, feels uncomfortable, and it would be appropriate to consider using a chaperone.

Patients who request a chaperone should never be examined without a chaperone being present.

If necessary, where a chaperone is not available, the consultation / examination should be rearranged for a mutually convenient time when a chaperone can be present.

Complaints and claims have not been limited to male doctors with female patients - there are many examples of alleged homosexual assault by female and male doctors. Consideration should also be given to the possibility of a malicious accusation by a patient

There may be rare occasions when a chaperone is needed for a home visit. The practice procedure should still be followed.

# Refusal

The patient can refuse a chaperone, and if so this must be recorded in the patient’s medical record.

# Chaperones

## Who can be 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.

The practice has determined that non-clinical staff will act in this capacity, however 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 chaperone, and be confident in the scope and extent of their role. They will have received instruction on where to stand and what to watch and the staff will be trained by a clinical member of staff on the act of chaperoning. All staff employed at this practice that act as a chaperone will have an Enhanced DBS check completed by the practice.

## Confidentiality

The chaperone should only be present for the examination itself, and most discussion with the patient should take place while the chaperone is not present.

Patients should be reassured that all practice staff understand their responsibility not to divulge confidential information.

## Procedure

The clinician will contact Reception to request a chaperone.

The clinician will record in the notes that the chaperone is present, and identify the chaperone by name.

Where no chaperone is available the examination will not take place – the patient should not normally be permitted to dispense with the chaperone request once a desire to have one present has been expressed.

Appropriate PPE should be worn by the chaperone, as advised by the clinician.

The chaperone will enter the room discreetly and remain in 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.

To prevent embarrassment, the chaperone should not enter into conversation with the patient or GP unless requested to do so, or make any mention of the consultation afterwards.

Following the examination the staff member who was present as a chaperone should record separately on the patients records that they were present in the examination. The record should state that there were no problems or should record any concerns or incidents that occurred.

Patients have the right to refuse a chaperone and clinical staff must always record this in the patient’s medical record.

# Appenix 1 – Chaperone Training for Practice Staff

*Written by Dr. Omar Alisha*

**What is a Chaperone?**

In clinical medicine a chaperone is a person who has a role to witness both a patient and a practitioner and to be a safeguard for both parties during a medical examination

**Role of the Chaperone**

* Provide comfort and support for the patient
* Protection for the health care practitioner
* Ensure the patients’ dignity and privacy
* Identify unusual or unacceptable behaviour

**The Chaperone should be familiar with the following**

* What is meant by the term chaperone?
* Confidentiality
* What is ‘sensitive’ examination?
* Why chaperones need to be present
* The rights of the patient
* The chaperone’s role and responsibility
* An understanding of the diverse needs of patients
* A working knowledge of the incident reporting procedures to report any suspicious behaviour