**4. Policy**

* 1. Healthcare professionals must offer the Patient the option of a chaperone before conducting an intimate examination and must be aware of the criteria that a chaperone must satisfy.
	2. All team members at Highcroft Surgery will have an understanding of the role of a chaperone, why a chaperone is necessary and the procedure for raising concerns.
	3. Individual Patients may have different perceptions of what an intimate examination may mean (especially vulnerable Patients) and it may be appropriate to offer a chaperone during some or all of a consultation, especially when any physical examination or other touching may be indicated. The presence of a chaperone could prove reassuring for the vulnerable Patient as well as the healthcare professional in such circumstances. Cultural factors must be considered.
	4. A chaperone will usually, but not always, be a healthcare professional who is:
* Familiar with the procedures involved in a routine intimate examination
* Sensitive to, and respectful of, the Patient's dignity and confidentiality
* Able to reassure the Patient if they show signs of distress or discomfort
* Able to stay for the whole examination and view the procedure, if this is practical
* Prepared to raise concerns about the conduct, behaviour or actions of the healthcare professional carrying out the procedure
	1. All chaperones must be trained in the role. Non-clinical staff members who undertake a formal chaperone role must have undergone training to develop the required competencies including:
		+ What is meant by the term chaperone
		+ What is meant by "intimate examination"
		+ Why a chaperone needs to be present
		+ The rights of the Patient
		+ The chaperone's role and responsibilities, i.e. to be present for the examination inside the curtains or screen so that they can observe everything that takes place
		+ How to raise concerns arising from what they have observed
	2. Non-clinical staff members who have been trained to be a chaperone must also have an up-to-date DBS check at the correct level for the role (dependent on their specific chaperone duties and what contact they have with Patients, especially children and vulnerable adults).
	3. Highcroft Surgery must offer a chaperone for any intimate examination with a healthcare professional, or a chaperone may be requested by a Patient. The offer of a chaperone is without regard to the gender of the Patient and that of the healthcare professional involved. Anyone can ask for a chaperone to be present.
	4. A chaperone may also be requested by a Patient during a home visit, or provided by Highcroft Surgery if they feel that a chaperone is necessary for the protection of the healthcare professional. If it is not possible to offer a chaperone during a home visit an alternative date for a home visit will be arranged so that a chaperone can be present, as long as the delay would not adversely affect the Patient's health.
	5. All healthcare professionals (regardless of gender) must first consider whether an intimate examination of the Patient is necessary. If an intimate examination is necessary, the Patient will receive an explanation from the healthcare professional setting out the reason for the examination and what will happen during the examination, before asking the Patient for their consent to proceed and recording this in the notes - all in the presence of the chaperone.
	6. Patients who request a chaperone must not be examined without a chaperone present, unless any delay in examining the Patient might adversely affect the Patient's health. Therefore, in these circumstances, the Patient's written consent will be obtained, and the unchaperoned examination will be recorded in the Patient's notes setting out the reason why the examination was necessary at that time when no chaperone was available.

If the Patient is to be referred immediately to secondary care and examination has not been possible due to the absence of a chaperone, the referral letter must explain the necessity for an examination to be carried out and why it has not already been undertaken.

* 1. If a chaperone is indicated for the examination but the Patient declines, the healthcare professional must:
		+ Find out why the Patient does not want a chaperone present
		+ Explain the role of the chaperone
		+ Explain why it is preferable for the Patient and the healthcare professional to have a chaperone present
		+ Inform the Patient that a chaperone may be necessary to assist with the examination

If the Patient continues to decline, the healthcare professional must decide on the best way to continue:

* + - Without a chaperone, based on clinical need and with the written consent of the Patient, and the rationale for the examination going ahead fully documented in the medical record
		- Ask a suitable colleague to step in, but only if they and the Patient are both comfortable with this arrangement
		- Refer the Patient to secondary care, if this is appropriate
		- Postpone the examination until the issue can be resolved
	1. The chaperone will only be present for the examination itself and can leave the room following the examination so that the consultation can continue in private, unless the Patient requests otherwise.
	2. Any conversations during the examination will be strictly professional and relevant only to the examination.
	3. Notices and information offering a chaperone will be clear and visible in the waiting area,

the consulting and treatment rooms as well as on the website of Highcroft Surgery and in the Patient information leaflet.

* 1. A family member or a friend of the Patient is not an impartial observer and so cannot, under any circumstances, act as a chaperone. This will be clear from the displayed and available chaperone information.
	2. A Patient may prefer to have a chaperone that they have arranged, but this cannot be a family member or friend. This choice will be supported by Highcroft Surgery if the person is suitable to be a chaperone.

**5. Procedure**

* 1. Before conducting an intimate examination, the healthcare professional will routinely offer the Patient a chaperone whether the Patient is male or female.

A Patient, especially if vulnerable in any way, may request a chaperone for any one-to-one setting or event where touching the Patient may be involved.

Wherever possible, the chaperone offered and available will be of the same gender as the Patient.

* 1. Before conducting the intimate examination in the presence of a chaperone, the healthcare professional will:
		+ Explain why it is necessary to have a chaperone present
		+ Explain to the Patient why an examination is necessary and give the Patient an opportunity to ask questions
		+ Explain what the examination will involve so that the Patient understands what to expect, including any pain or discomfort they may experience
		+ Obtain the Patient's informed consent before the examination and record this in the Patient's medical record (see also the Consent Policy and Procedure)
		+ Ensure that the Patient's privacy and dignity are respected, for example to undress and dress in private using a screen, curtains etc.
	2. Before the examination, the chaperone must be present to hear the explanation of the examination and observe the Patient's consent.

The chaperone will be present if the healthcare professional has to seek consent for a second time because the examination or procedure differs from the information that the Patient was given earlier in the process.

* 1. Before the examination, the healthcare professional will record the identity of the chaperone in the Patient's medical record.
	2. During the examination the healthcare professional will ensure:
		+ The Patient's privacy using infection, prevention and control (IPC) compliant sheets/covers, although during the COVID pandemic this may be modified to avoid the risk of cross infection
		+ That the chaperone is positioned where they can see the Patient and how the examination is being conducted
		+ That if, at any time during the examination, at the explicit request of the Patient, the examination will stop immediately
	3. The chaperone will leave the room following the examination so that the consultation can continue in private, unless the Patient requests otherwise.
	4. If the Patient declines a chaperone, this, together with the subsequent actions and supporting rationale, will be recorded in the Patient's medical record.

If the healthcare professional does not want the examination to go ahead without a chaperone present,

an offer will be made to postpone to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the Patient's health.

* 1. Many intimate examinations will not be suitable for a video consultation. Where online, video or telephone consultations take place, [GMC guidance](https://www.gmc-uk.org/ethical-guidance/ethical-hub/covid-19-questions-and-answers#Remote-consultations) explains how to protect Patients when images are needed to support clinical decision making. This includes appropriate use of photographs and video consultations as part of patient care.

Further guidance is available in the Video Consultations Policy and Procedure and a link is available in the Further Reading section of this policy