

**Chaperone Policy**

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**Executive Summary:**

To support people acting as chaperones to patients.

**VERSION CONTROL SHEET****DOCUMENT TITLE: Chaperone Policy****Version: 1.0**

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## **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.
- Assist with procedures (if a nurse or healthcare assistant).
- Helping to hand the clinician instruments and equipment as required.
- Witnessing a procedure.
- Protecting a clinician.
- Being able to identify and escalate unusual or unacceptable behavior relating to a procedure or the consultation.

## **Competencies**

Chaperones should:

- Have completed chaperone training within the required dates.
- Understand their duties.
- Understand where they are expected to be at each stage of the examination, and what they are expected to hear, and observe.
- Understand the rights of the patient relating to their presence, and their ability to halt an examination.
- Understand how to identify concerns and raise them within the service so that the chaperone is given a fair hearing in an objective manner, perhaps with another clinician, without causing offence. This should be done immediately following the consultation. If the nature of any concerns raised need to be escalated these should be referred immediately to the most senior clinician available and subsequently to the Medical Lead for Extended Access.

Please refer to Guideline for Chaperones [http://www.gmc-uk.org/guidance/ethical\\_guidance/21168.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp)

## **WHO CAN ACT AS A CHAPERONE?**

A variety of people can act as a chaperone. Where possible, it is recommended that chaperones should be clinical staff familiar with procedural aspects of personal examination. 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. All staff carrying out chaperone duties must have been DBS checked.

## **CONFIDENTIALITY**

- The chaperone can be present for any part of the consultation if the patient requests them to be however, they should be present for the examination itself.
- Patients should be reassured that all staff understand their responsibility not to divulge confidential information. Click here to link to the latest GMC guidelines for intimate examinations – [http://www.gmc-uk.org/guidance/ethical\\_guidance/21168.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp)

## PROCEDURE

- The clinician will ask if a chaperone is wanted, or they feel one is wanted. They will record *chaperone offered* in the clinical record and *chaperone accepted or refused* as appropriate. If a chaperone was declined, good clinical documentation is essential, and it should be considered whether it would be appropriate to postpone the examination should it be clinically safe to do so.
- 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.
- Where no chaperone is available the examination will not take place – the patient should not normally be permitted to dispense with the chaperone once a desire to have one present has been expressed.
- The chaperone will enter the room discreetly and remain in the room until the clinician has finished the examination.
- The chaperone will ensure they are observing each stage of the examination whilst maintaining the patient's dignity as much as possible.
- To prevent embarrassment, the chaperone should not enter conversation with the patient or GP unless requested to do so or make any mention of the consultation afterwards.
- The clinician will make a record in the patient's notes after examination. The record will state that there were no problems or give details of any concerns or incidents that occurred. The chaperone should document that they were in the room for the consultation or examination. In Extended Access that chaperone should send themselves a task and complete within the booking platform 'chaperoned, no concerns'.
- The patient can refuse a chaperone, and if so, this must be recorded in the patient's medical record.