Vida Healthcare
Policy

Policy Name	Chaperone Policy
Sphere of Activity	All Staff
Distribution	Vida Library (Teams)
Policy Statement/Key Objectives	This policy and procedure presents principles and outlines the procedures that should be in place for appropriately chaperoning patients during examinations, investigations and care.
Custodian	Audrey Brown
Version Number	V4.2
Review Date	01/04/2027
Ratification by	
Document Name	Vida Chaperone Policy V4.2.docx

Version History

Version	Created	Author/Reviewer	Reason
…	-	-	*Unknown History*
4.0	Apr 2023	Audrey Brown	Review
4.1	29/10/2024	N/A	IT Format + add to Library
4.2	31/12/2025	Audrey Brown	Document Review

Introduction

Vida Healthcare is committed to providing a safe comfortable environment where the safety of patients and staff is of paramount importance. A key issue is the need for patients experiencing consultations, examinations and investigations to be safe and to experience as little discomfort and distress as possible. Equally health professionals are at an increased risk of their actions being misconstrued or misrepresented if they conduct examinations where no other person is present and must minimise the risk of false accusations of inappropriate behaviour.

This policy and procedure sets out principles and outlines the procedures that should be in place for appropriately chaperoning patients during examinations, investigations and care. It is largely based on the NHS England Improving Chaperoning Practice in the NHS and the General Medical Council (GMC).

Responsibilities

An NHS chaperone is an appropriately trained member of staff who is present during an examination or treatment of a patient. The primary role of the chaperone is to assist the clinician undertaking the procedure in supporting the patient and to act as the patient's advocate, being sensitive to their needs and respecting and maintaining their privacy and dignity. They will have received training to act as a chaperone and will record on the patient record their presence and observations from acting in this capacity.

The principle is that the chaperone will be a clinical team member, but if non-clinical staff member has to be used then they will have had sufficient training to understand the role requirement.

Protecting the patient from vulnerability and embarrassment means that the chaperone would usually be of the same sex as the patient. The patient should always have the opportunity to decline a particular person as a chaperone if the person is not acceptable to them for any justifiable reason.

Training For Chaperones

Members of staff undertaking this role must undergo training and have had the correct DBS checks performed. They must understand the role and responsibilities and the rights of patients, as well as the policy for raising concerns. It is important that any chaperone makes a recording in the patient record after they have completed the consultation.

Offering A Chaperone

The relationship between patient and clinician is based on trust. A patient is entitled to a chaperone should they believe one is required, posters and information to patients offer the option to request a chaperone.

It is best practice to offer all patients a chaperone for examination, being aware of cultural sensitivity and respect each patient's individual values regarding privacy, dignity and intimacy. Offering a chaperone of the same sex for any examination or procedure, as well as being aware of any adjustments for communication or learning disabilities.

If the patient is offered and declined a chaperone it is important that the offer and decline are recorded in the patient record.

The chaperone should be present at all times that the clinician is examining the patient from the moment the patient undresses until the moment the patient is fully dressed again. Both parties

must be visible to the chaperone at all times during the examination and the patient should be offered privacy whilst undressing and dressing.

If a chaperone is refused a clinician cannot usually insist that one is present. However, there may be cases where the clinician may feel unhappy to proceed, for example where there is a significant risk of the patient displaying unpredictable behaviour or making false accusations. In this case the clinician must make their own decision and carefully document details of any procedure undertaken.

Family Members of Carers

The presence of a family member, parent or carer does not replace the need for a chaperone.

When A Chaperone Is Not Available

If the patient has requested a chaperone and none are available at the time the patient must be given the chance to re-schedule within a reasonable timeframe. If the need is such that a delay is inappropriate then this should be explained to the patient and recorded in their notes. A decision to continue or not must be jointly reached. In cases where a patient is not competent to make an informed decision then the healthcare professional must use their judgment, the decision of which should be documented.

If knowledge that a chaperone is needed this should be recorded in the appointment and a suitable appointment blocked at the same time with a Health Care Assistant (HCA).

Issues Specific To Children

Any intimate examination on children and young people under 18 years should be carried out in the presence of a formal chaperone. Children and parents/guardians must receive an explanation of the procedure in order to obtain their co-operation and understanding.

If a minor presents in the absence of a parent/guardian the clinician must ascertain if they are capable of understanding the need for an examination. In these cases, it is advisable for a formal chaperone to be present for any intimate examinations.

In situations where abuse is suspected great care and sensitivity must be used to allay fears. Clinicians should refer to local child protection policies and leads as necessary.

Non English Speakers

In this situation the use of an independent interpreter should be enlisted. The use of a formal chaperone as well as the interpreter in the room may be appropriate. A family member cannot be used as a formal chaperone.

Lone Working

When working away from colleagues, such as in a home visit, the same principles of offering a chaperone should apply. Risk assessment of not having a formal chaperone should be performed. Use of a formal chaperone may be inconvenient or complex but may be considered necessary. All outcomes must be documented.

Patient Confidentiality

In all cases where the presence of a chaperone may intrude on a confiding clinician-patient relationship the presence should be confined to the physical examination. Communication between clinician and patient should take place before and after the procedure.

Communication And Record Keeping

It is essential that the clinician explains the nature of examinations to the patient and offers choice, prior to agreeing to continue. Chaperoning does not remove this responsibility. Details of the examination and the presence of a chaperone should be documented in the patient record.

The records should be clear and coded as below using the Vida template. In any situation, concerns should be dealt with immediately or raised if an incident occurs in accordance with the Incident reporting procedure.

The chaperone must record their own entry under their own log on, to confirm their attendance at the examination and any concerns.

Non Face to Face Examinations

Intimate examinations will not be suitable for a video consultation. However, where online, video or telephone consultations take place or the use of photographs is used to support clinical care consideration should be given to the use of a chaperone.

Guidance on the management and use of these alternate consultation methods and patient records can also be found within the Information Governance policies.

Raising Concerns

If a staff member has concerns regarding an examination or acting as a chaperone, then these should be raised via their line manager or to the Freedom to Speak Up Guardian.