

CREST FAMILY PRACTICE

CHAPERONE POLICY

WHEN TO USE A CHAPERONE

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.

Clinicians (both 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.
- Always adopt a professional and considerate manner - be careful with humour as a way of relaxing a nervous situation as it can easily be misinterpreted.
- Always ensure that the patient is provided with adequate privacy.

This 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. If the clinician considers a chaperone is necessary they must inform the patient and advise that a chaperone will be called for the examination. Patients who request a chaperone should never be examined without a chaperone being present. If a patient declines a chaperone this must be noted in the patient records.

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.

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

WHO CAN ACT AS A CHAPERONE?

A variety of people can act as a chaperone in the practice. The HCA or Practice Nurses are obviously ideal, but if they are not available then an experienced Receptionist can also act as chaperone. However, we do not expect that all staff will automatically be comfortable with doing this – and if the staff member is uncomfortable, then almost certainly the patient will be as well.

The patient should be given the choice as to whether a member of staff provides the chaperone service, or a person of their own choice. It may be embarrassing to the patient if a staff member is known to them, so if an alternative member of staff cannot be found then consideration should be given the making of a new appointment time.

PROCEDURE

- The clinician will contact treatment room or reception to request a chaperone.
- The clinician will record in the notes that the chaperone is present, and identify the chaperone.
- 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.
- 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.
- The chaperone should record in patient's notes any relevant issues or concerns immediately following the consultation.
- The patient can refuse a chaperone, and if so this **must** be recorded in the patient's medical record.

RECORDING ON EMIS: Chaperone Present 9NP1 (free text name of chaperone)
Refused 9NP2
Offered 9NP0

CHECKLIST FOR CONSULTATION INVOLVING INTIMATE EXAMINATION

1. Establish that there is a genuine need for an intimate examination and discuss this with patient.
2. Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.
3. Inform the patient that you would like a chaperone present. If the patient refuses a chaperone record in the notes that the offer was made and declined. A family member or friend may attend as chaperone if requested by the patient.
4. Obtain the patients consent before the examination and be prepared to discontinue the examination at any stage at the patient request.
5. Record that permission has been obtained in the patient notes.
6. Once chaperone has entered the room, give the patient privacy to undress and dress. Use drapes wherever possible to maintain dignity.
7. Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next. Keep discussion relevant and avoid personal comments.
8. If a chaperone has been present record the identity of the chaperone in patient notes.
9. Record any relevant issues or concerns immediately following the consultation.