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| **Chaperone Policy** |
| Version 3.0 |
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| **Turner Martin (Mr)****23 September 2020** |
| **A. Confidentiality Notice** |

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C. Document Details

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D. Document Revision & Approval History

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| 1.0 | 20.11.13 | D. Teasdale | Dr S Ul-Haq |  |
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| 2.0 | June 2019 | Mrs D Teasdale  | The partners | GMC Guidelines added |
| 3.0 | Sept 2020 | Mr M Turner |  | Formatting |
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E. Definitions

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| “The Practice”, “We” | On behalf of The Partners of Staveleigh Medical Centre |
| “CCG” | Clinical Commissioning Group for Tameside and Glossop |
| “Office”, “Officers” | Responsible persons for policy |

F. Persons Whom Policy Applies to

Staff, faculties, visitors, stakeholders and other persons or bodies affected by or for whom this policy applies to:

* All Clinical staff.
* Patients.
* 3rd Party Staff.
* All Stakeholders.

G. Responsible Office

Office or officers charged with developing, updating, communicating, training, ensuring compliance with, and providing resources to promote adherence to this issued policy:

* Practice Manager.
* All Practice Staff.
* Practice Partners.

H. Introduction

This Chaperone Policy adheres to local and national guidance and policy –i.e.:-

‘NCGST Guidance on the role and effective use of chaperones in Primary and Community Care settings’ and

Click here to link to the latest GMC guidelines for intimate examinations:

[www.gmc-uk.org/guidance/ethical\_guidance/21170.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21170.asp)

I. Practice Statement

STAVELEIGH MEDICAL CENTRE is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

J. Operational Implementation and Procedures

The Chaperone Policy is clearly advertised through the Practice leaflet and detailed on the website. A Poster is also displayed in the Practice Waiting Area.

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.

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they consider one is required. The chaperone may be a family member or friend, but on occasions a formal chaperone may be preferred.

All staff are aware of and have received appropriate information in relation to this Chaperone Policy.

There is no common definition of a chaperone and their role varies considerably depending on the needs of the patient, the healthcare professional and the examination being carried out.

Their role can be considered in any of the following areas:

* Emotional comfort and reassurance to patients
* Assist in examination (e.g. during IUCD insertion)
* Assist in undressing
* Act as interpreter
* Protection to the healthcare professional against allegations / attack)

## Checklist for consultations involving intimate examinations

* + Ensure there are suitable signes clearly displayed in each consulting or treatment room offering the chaperone service.
	+ Establish there is a genuine need for an intimate examination and discuss this with the patient and whether a formal chaperone (such as a nurse) is needed.
	+ Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions. The patient will have the opportunity to decline a particular person as a chaperone, if that person is considered not acceptable for any reason.
	+ Offer a chaperone or invite the patient to have a family member / friend present.
	+ If the patient does not want a chaperone, record that the offer was made and declined in the patient’s notes.
	+ Obtain the patient’s consent before the examination and be prepared to discontinue the examination at any stage at the patient’s request.
	+ Record that permission has been obtained in the patient’s notes.
	+ Once the chaperone has entered the room, they should be introduced by name and the patient allowed privacy to undress / dress. Use drapes / curtains where possible to maintain dignity. There should be no undue delay prior to examination once the patient has removed any clothing.
	+ The chaperone should stand in the room as per accordance with the examination.
	+ Explain what is being done at each stage of the examination, the outcome when it is complete and what is proposed to be done next. Keep discussion relevant and avoid personal comment.
	+ If a chaperone has been present, **The clinician is to** **record that fact and the identity of the chaperone in the patient’s notes.**
	+ During the examination, the chaperone may be needed to offer reassurance, remain alert to any indication of distress but should be courteous at all times.
	+ Record any other relevant issues or concerns in the patient’s notes, immediately following the consultation.
	+ Chaperones should only attend the part of the consultation that is necessary – other verbal communication should be carried out when the chaperone has left.
	+ Any request that the examination be discontinued should be respected.
	+ Healthcare professionals should note that they are at an increased risk of their actions being misconstrued or misrepresented, if they conduct intimate examinations where no other person is present.

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. 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 doctors treating/examining patients of the opposite gender - there are many examples of alleged assault by female and male doctors on people of the same gender.

Consideration should also be given to the possibility of a malicious accusation by a patient.

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

K. Statement Publication

Staveleigh Medical Centre will endeavour to update and publish their policy and statement as soon as possible and appropriate. The policy and statement should be reviewed not more than 12 months of the version date.

The statement needs to be approved and signed by an appropriate senior person in the business to ensure senior level accountability.

A copy of the statement is to be provided to anyone who requests one in writing. The copy must be provided to the requestor within 30 days of the receipt of the request.

L. Additional Information

None recorded.

M. References & Further Resources

None recorded.

N. Appendices

None recorded.

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