

Chaperone Policy

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Document Control

A. Confidentiality Notice

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B. EQUALITY STATEMENT

Lister House aim to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all.

This document has been designed to ensure that no-one receives less favourable treatment due to their protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

In carrying out their function, Lister House surgery must have due regard to the Public Sector Equality Duty (PSED). This applies to all activities for which Lister House are responsible, including policy development, review and implementation.

C. DUE REGARD

This policy has been reviewed in relation to having due regard to the Public Sector Equality Duty (PSED) of the Equality Act 2010 to eliminate discrimination; harassment; victimisation; to advance equality of opportunity; and foster good relations between the protected groups.

If staff or patients wish to raise concerns. Please see-

S:\C81072\Policies and Protocols\A_Z Policies and Protocols\HR Policies\Whistleblowing Policy

S:\C81072\Policies and Protocols\A_Z Policies and Protocols\HR Policies\Grievance Policy

S:\C81072\Policies and Protocols\A_Z Policies and Protocols\Quality Policies\Complaints associated documents\Complaints policy

D. Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments	Review Due
1.0	20/11/2004	Julie Watts		First issue	
2.0	12/10/2006	Julie Watts		Second Issue	
3.0	08/04/2008	Val Steele		New Policy adaptation	
3.0	24/11/2009	Val Steele		Reviewed only by JW	
4.0	28/01/2011	Val Steele		Amendment added to procedure – 7 th action	
5.0	30/07/2012	Jo Pearson		Amendment	July 2013
6.0	24/06/2013	Bernie Trueman		Added Signed Consent form	July 2014
6.0	07/01/2016			K Sutcliffe confirmed with B Trueman – reviewed no changes required	07/01/2018
7.0	14/08/17			Amendment added – Receptionist to use reception template instead of quick note	14/08/2019
8.0	11/03/2019	Jess West		Removed guidelines on signed consent, added section on chaperoning visitors and guests. Added sentence on clinicians requesting a chaperone where the patient has safeguarding involvement	11/03/2020
9.0	14.04.2021	Jess West		Reviewed – no changes required	14.04.2022
9.1	21.04.2021	Rachel Boldison		Added link to Video Consultation	21.04.2022

				guidance and advice. DBS information included. Read Codes added	
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INTRODUCTION

Lister House Surgery are 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.

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'.

The Chaperone Policy is clearly advertised through patient information leaflets, website (when available) and can be read at the Practice upon request. A Poster is also displayed in the Practice Waiting Area (See example in Annex B).

GUIDELINES

Clinicians (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 to undress and dress.
- Ensure that a suitable sign is clearly on display in each consulting or treatment room offering the chaperone service if required.

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 male doctors with female patients - there are many examples of alleged homosexual assault by female and male doctors. Consideration should also be given to the possibility of a malicious accusation by a patient. If the clinician is required to do an intimate examination on a patient with safeguarding involvement, the clinician should request a chaperone is present to protect him/herself from any potential malicious accusation.

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

Using chaperones during a video consultation: See guidance from [CQC Nigel's surgery 15](#)

Many intimate examinations will not be suitable for a video consultation. Where online, video or telephone consultations take place, [GMC guidance](#) 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.

Where intimate examinations are performed it is important that a chaperone is offered. Documentation should clearly reflect this. It is important to document who provided the chaperoning. It should also state what part of the consultation they were present for.

See GMC guidance intimate examinations and chaperones. [intimate-examinations-and-chaperones](#)

WHO CAN ACT AS A CHAPERONE?

A variety of people can act as a chaperone in the practice. Where possible, it is strongly recommended that chaperones should be clinical staff familiar with procedural aspects of personal examination. Where suitable clinical staff members are not available the examination should be deferred.

Where the practice determines that non-clinical staff will act in this capacity the patient must agree to the presence of a non-clinician in the examination, and be at ease with this. 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.

Chaperones should have undertaken training which enables them to understand:

- What is meant by the term 'chaperone'
- What an 'intimate examination' is
- A knowledge of the range of examinations or procedures they may be expected to witness
- Why they need to be present, including positioning inside the screened-off area
- Their role and responsibilities as a chaperone. Note that it is important that chaperones place themselves inside the screened-off area rather than outside of the curtains/screen (if outside, they are then not technically chaperoning)
- How to raise concerns in conjunction with practice policy
- The rights of the patient
- The requirement to annotate their presence on the individual's healthcare record post consultation

CONFIDENTIALITY

- The chaperone should only be present for the examination itself, and most discussion with the patient should take place while the chaperone is not present.
- Patients should be reassured that all practice 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/library/intimate_examinations.asp

The role of the chaperone

The role of the chaperone varies on a case-by-case basis, taking into consideration the need of the patient and the examination or procedure being carried out. A chaperone is present as a safeguard for all parties and is an impartial witness to continuing consent of the examination or procedure.

Expectations of chaperones are listed in the [GMC guidance](#). It states chaperones should:

- Be sensitive and respect the patient's dignity and confidentiality
- Reassure the patient if they show signs of distress or discomfort
- Be familiar with the procedures involved in a routine intimate examination
- Stay for the whole examination and be able to see what the doctor is doing, if practical
- Be prepared to raise concerns if they are concerned about the doctor's behaviour or actions

In addition, the chaperone may be expected to:

- Act as an interpreter
- Provide emotional comfort and reassurance to patients
- Assist in the examination (handing equipment to clinicians)
- Assist with undressing or dressing the patient, but only should a patient require assistance
- Provide protection for the clinician (against unfounded allegations or attack)
- Witness the procedure (ensuring that it is appropriately conducted)

Practice procedure (including SNOMED codes)

If a chaperone was not requested at the time of booking the appointment, the clinician will offer the patient a chaperone explaining the requirements:

- Contact reception /HCA/ Nurse and request a 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.
- Record in the individual's healthcare record that a chaperone is present and identify them
- The chaperone will enter the room discreetly and remain in room until the clinician has finished the examination.
- The chaperone should be introduced to the patient

- The chaperone should assist as required but maintain a position so that they are able to witness the procedure/examination (The chaperone will normally attend inside the curtain at the head of the examination couch and watch the procedure.
- The chaperone should adhere to their role at all times. 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
- Post procedure or examination, the chaperone should ensure they annotate in the patient's healthcare record that they were present during the examination and there were no issues observed
- The clinician will annotate in the individual's healthcare record the full details of the procedure as per current medical records policy

Detail	SNOMED CT Code ¹
The patient agrees to a chaperone	1104081000000107
Refusal to have a chaperone present	763380007
No chaperones available	428929009

Please see the Chaperoning in General Practice, on the S Drive\Departments\Reception Team\Induction Process

CHAPERONING VISITORS AND GUESTS (INCLUDING VIP'S)

There may be, on occasion, a need to ensure that appropriate measures are in place to chaperone visitors and guests including Very Important People (VIPs). Lister House Surgery will follow the recommendations outlined in the Lampard Report (2015) and will:

- Ensure that any visitors are escorted by a permanent member of staff at all times throughout the duration of their visit
- The individual organising the visit must arrange for a suitable member of staff to act as a chaperone. Furthermore, the reason for the visit must be documented, giving details of the areas to be visited and if patients are to be contacted during the visit
- The chaperone is to ensure that no visitors enter clinical areas where there may be intimate examinations or procedures taking place; this protects and promotes the privacy, dignity and respect of patients
- The person arranging the visit must ensure that there is sufficient time for the practice team to advise patients of the visit and offer patients the opportunity to decline to interact with the visitor(s)

- Given the diverse nature of the patient population, some patients may not understand or may become confused as to why visitors or guests (including VIPs) are present. To minimise any confusion or distress, such patients as well as the visitor(s) are to be offered a chaperone
- The person arranging the visit must ensure that the visitor(s) has produced photographic ID prior to the visit taking place
- The chaperone is to accept responsibility for the visitor(s) at all times. They must also be prepared to challenge any unacceptable or inappropriate behaviour, reporting such incidences to the practice manager immediately
- The chaperone must ensure that no patient records or other patient-identifiable information is disclosed to the visitor(s). Chaperones are to ensure that the visitor(s) is aware of the need to retain confidentiality should they overhear clinical information being discussed. Any breaches of confidentiality are to be reported immediately to the practice manager.
- If media interest is likely, the chaperone is to inform Southern Derbyshire CCG, requesting that the communication team provides guidance
- Under no circumstances is the chaperone to leave the visitor(s) alone with any patient or patient-identifiable information; this is to ensure that both the patient and visitor(s) are appropriately protected

ANNEX A

Lister House Surgery are 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.

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’.

The Chaperone Policy is clearly advertised through patient information leaflets, website (when available) and can be read at the Practice upon request.

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.

Patients are advised to ask for a chaperone if required, at the time of booking an appointment, if possible, so that arrangements can be made and the appointment is not delayed in any way. **The Healthcare Professional may also require a chaperone to be present for certain consultations.**

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

All trained chaperones understand their role and responsibilities and are competent to perform that role.

Staff who undertake this role must have a Disclosure and Barring Service (DBS) Certificate. This is further supported and is detailed in [CQC Nigel's Surgery 2](#).

Whilst clinical staff who undertake this role will already have a DBS check, non-clinical staff will also need a DBS check in order to act as a chaperone due to the nature of chaperoning duties and the level of patient contact.

Chaperone Service

Do you need to have an intimate or embarrassing examination?

If you would feel more comfortable having someone with you, we are able to arrange for a chaperone to be present during the examination. This could be one of our nurses or one of our reception team.

The relevant staff have undergone training to provide this service.

If you would like a chaperone please feel free to ask.

If nobody is available your appointment can be re-arranged to a more suitable time.

E.

