

## Chaperone Policy

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<b>Consultees:</b>	Partners/Nurse Managers	

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## Chaperone Policy

### 1 Policy Statement

Alchester Medical Group 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.

### 2 Explanation of Terms

**Chaperone** – a person who serves as a witness for both a patient and a medical practitioner as a safeguard for both parties during a medical examination or procedure and is a witness to continuing consent of the procedure.

### 3 Duties

Role	Duties
GP Partners	Sign-off reviewed policy annually
All Clinicians	Read and familiarise themselves with the policy, use readcodes (Appendix B) appropriately Undertake appropriate training in order to fully satisfy the role of Chaperone
All Staff	Read and familiarise themselves with the policy

### 4 Policy Detail

Alchester Medical Group will use a Formal Chaperone when a patient requests one – this is a clinical health professional and will usually be a member of the nursing team (but can also be a Health Care Assistant or other trained clinical staff member).

All patients should be routinely offered a chaperone during any consultation or procedure. This does not mean that every consultation needs to be interrupted in order to ask if the patient wants a third party present. The offer of chaperone should be made clear to the patient prior to any procedure. If the patient is offered and does not want a chaperone it is important to record that the offer was made and declined. If a chaperone is refused a healthcare professional cannot usually insist that one is present and many will examine the patient without one. You should record any discussion about chaperones and the outcome on the patient's medical record, including if a chaperone is present (see Appendix B for readcodes).

If the patient has requested a chaperone and none is available at that time the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe. If the seriousness of the condition would dictate that a delay is inappropriate then this should be explained to the patient and recorded in their notes. A decision to continue or otherwise should be jointly reached. In cases where the patient is not competent to make an informed decision then the healthcare professional must use their own clinical judgement and record and be able to justify this course of action.

In the case of children a chaperone would normally be a parent or carer or alternatively someone known and trusted or chosen by the child. Patients may be accompanied by another minor of the same age. For competent young adults the guidance relating to adults is applicable.

You must be satisfied that the chaperone will:

- a) be sensitive and respect the patient's dignity and confidentiality
- b) reassure the patient if they show signs of distress or discomfort
- c) be familiar with the procedures involved in a routine intimate examination

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- d) stay for the whole examination and be able to see what the doctor is doing, if practical
- e) be prepared to raise concerns if they are concerned about the doctor's behaviour or actions.

A relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone, but you should comply with a reasonable request to have such a person present as well as a chaperone.

### Checklist for Consultations involving intimate examinations

1. Establish there is a genuine need for an intimate examination and discuss this with the patient.
2. Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions
3. 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 (see Appendix B).
4. Obtain the patients consent before the examination and be prepared to discontinue the examination at any stage at the patient's request.
5. Record that permission has been obtained in the patient's notes.
6. Once chaperone has entered the room give the patient privacy to undress and dress. Use drapes where 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 that fact and the identity of the chaperone in the patient's notes.
9. The chaperone to complete a chaperone form, which is then scanned into the patient's medical record on EMIS (Appendix D)
10. Record any other relevant issues or concerns immediately following the consultation.

## 5 Training

All clinicians who will Chaperone will have appropriate Chaperone training.

## 6 Process for Monitoring Compliance

Review Chaperone Policy January 2020 Partners and Nurse Managers.

Monitoring of any significant events by the Partners.

## 7 References

The primary legislation and references used while completing this policy were:

- NHS Clinical Governance Support Model Chaperone Framework - [http://www.lmc.org.uk/visageimages/guidance/2007/Chaperone\\_model%20framework.pdf](http://www.lmc.org.uk/visageimages/guidance/2007/Chaperone_model%20framework.pdf)

- GMC Intimate examinations and chaperones - [http://www.gmc-uk.org/guidance/ethical\\_guidance/21168.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp)

### **8 Equality Impact Assessment**

There is a statutory duty under The Equality Act 2010 to undertake Equality Impact Assessments (EqIA) on all procedural documents and practices. Appendix B provides an example EqIA Tool.

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### Appendix A - Equality Impact Assessment Tool

To be completed prior to consideration for ratification.

		Yes/No	Comments
1.	<b>Does the document/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	N	
	• Ethnic origins (including roma and/or travelling community)	Y	Those who have difficulty in reading English may require additional support in understanding policy requirements.
	• Nationality	N	
	• Gender (including gender reassignment)	N	
	• Culture	N	
	• Religion or belief	N	
	• Sexual orientation	N	
	• Age	N	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	Y	Those staff who have difficulties in accessing the Computer Network and or reading may require additional support in understanding policy requirements.
2.	<b>Is there any evidence that some groups are affected differently?</b>	Y	As above
3.	<b>If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?</b>	Y	There are currently no staff who come into the groups identified and pre-emptive action is not feasible
4.	<b>Is the impact of the document/guidance likely to be negative?</b>	N	
5.	<b>If so, can the impact be avoided?</b>	N	
6.	<b>What alternative is there to achieving the document/guidance without the impact?</b>	N	
7.	<b>Can we reduce the impact by taking different action?</b>	Y	Colleague and management support if required

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Practice Manager, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Practice Manager.

**Appendix B – Emis Readcodes for Chaperones**

Details of the examination including presence/absence of chaperone and information given must be documented in the patient's medical records.

<b>Code Name</b>	<b>Code</b>
Chaperone Offered	9NP0
Chaperone Present	9N91
Chaperone Refused	9NP2
Nurse Chaperone	9NP3
Informed consent for procedure	892
Verbal consent for examination	9Nd0

**Appendix C – Patient Notification Poster**

**CHAPERONE POLICY**

Alchester Medical Group 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.

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they feel one is required. On occasions you may prefer a formal chaperone to be present, i.e. a trained member of staff. Your family member or friend cannot act as a formal chaperone. You can, however, request that a family member or friend be present as an informal chaperone during the examination or procedure.

Wherever possible we would ask you to make this request at the time of booking appointment so that arrangements can be made and your appointment is not delayed in any way. Where this is not possible we will endeavour to provide a formal chaperone at the time of request. However occasionally it may be necessary to reschedule your appointment.

Your healthcare professional may also require a chaperone to be present for certain consultations in accordance with our chaperone policy.

If you would like to see a copy of our Chaperone Policy or have any questions or comments regarding this please contact the Practice Manager.

**Appendix D – Chaperone Form**

**Chaperone Form**

For completion by the chaperone then scanned into Patient's EMIS record

PATIENT NAME: .....

PATIENT EMIS NUMBER: .....

NAME OF CHAPERONE (Staff Member): .....

NAME OF DOCTOR CHAPERONED: .....

DATE OF CONSULTATION: .....

I confirm that I was present at the above consultation and examination and am happy that the procedure was appropriately conducted

Signed: .....  
(Chaperone)