

CRICKLADE SURGERY

CHAPERONE POLICY

Cricklade Surgery 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. A chaperone is present as a safeguard for all parties (patient and practitioner) and is a witness to continuing consent of the procedure.

The designation of the chaperone will depend on the role expected of them and on the wishes of the patient. It is useful to consider whether the chaperone is required to carry out an active role – such as participation in the examination or procedure, this would require a clinical health professional, or have a passive role such as providing support to the patient during the procedure, this would require a specifically trained non clinical staff member such as a receptionist.

Protecting the patient from vulnerability and embarrassment means that the chaperone would usually be of the same sex as the patient. Therefore the use of a male chaperone for the examination of a female patient or of a female chaperone when a male patient was being examined would be considered inappropriate.

This chaperone policy adheres to local and national guidelines and policy. This chaperone policy is clearly advertised through our website and in our waiting area (see appendix 1)

All staff are aware of and have received appropriate information in relation to this chaperone policy.

Who can act as a chaperone

Chaperones will be clinical or administrative staff familiar with procedural aspects of personal examination who have a DBS check and have had chaperone training and are willing to act as a chaperone, if none of these staff are available in the practice the examination will be deferred.

The chaperone will be present for the examination and most discussions with the patients will take place while the chaperone is present. This is so that the chaperone knows what the procedure is and they witness the patient agreeing.

Patients will be reassured that all practice staff understand their responsibility not to divulge confidential information.

The chaperone will enter the room discreetly and remain in the room until the clinician has finished the examination and the patient is fully dressed. The chaperone will normally attend inside the curtain at the foot of the examination couch and watch the procedure

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Training

- All formal chaperones will have received training in the role to include:-
- What is meant by the term chaperone
- What an “intimate” examination is
- Why a chaperone might be required or requested
- What rights the patient has
- The role and responsibility of the chaperone

Offering a chaperone

Check list for consultations involving intimate examinations (examinations of breast/genitalia/bowel)

Establish there is a genuine need for an intimate examination and discuss this with the patient.

Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions. Use literature/diagrams to support verbal information.

When you carry out an intimate examination, you should offer the patient the option of having an impartial observer (a chaperone) present wherever possible. This applies whether or not you are the same gender as the patient.

A chaperone should usually be a health professional and you must be satisfied that the chaperone will:

- 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
- A relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone (this also applies when a child is being examined and is accompanied by parent/guardian) but you should comply with a reasonable request to have such a person as well as a chaperone

If either you or the patient does not want the examination to go ahead without a chaperone present, or if either of you is uncomfortable with the choice of chaperone, you may offer to delay the examination to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient’s health.

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You should record any discussion about chaperones and the outcome in the patient's medical record. If a chaperone is present, you should record the fact and make a note of their identity. If the patient does not want a chaperone, you should record that the offer was made and declined.

- If the patient does not want a chaperone record that the offer was made and declined in the patient's record – Chaperone offered XaEiq Chaperone refused XaEis
- 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
- Give the patient privacy to undress and dress. Use screens to maintain dignity
- Explain the examination fully to both patient and chaperone
- 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
- If a chaperone has been present record that fact in the patient's record and the identity of the chaperone – Chaperone present XaEir then free text identity
- Record any other relevant issues or concerns immediately following the consultation
- Chaperone to record on patient's notes as consultation – Chaperone Present XaEir and what brief description of procedure

Lone working

Where a health professional is working in a situation away from other colleagues eg home visit, the same principles for offering and use of chaperones should apply.

When chaperone needed but not available

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 time frame. 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 having a chaperone would be in the patient's best interests, unless there is a good reason why a chaperone should not attend.

Issues specific to Learning Disabilities/Mental Health Conditions

For patients with learning disabilities or mental health conditions that affect capacity, a familiar individual such as a family member or carer may be the best individual for support but the chaperone should be trained and familiar with the procedure and should not be a family member. A careful, simple and sensitive explanation of the technique is vital.

Adult patients with learning disabilities or mental health conditions who resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure should be abandoned and an assessment should be made whether the patient is competent or not.

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Issues specific to children

A relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone (this also applies when a child is being examined and is accompanied by parent/guardian) but you should comply with a reasonable request to have such a person present as well as a chaperone.

In the case of children there would normally be a parent or carer or alternatively someone known and trusted or chosen by the child present as well as a chaperone.

Raising concerns

The chaperone should raise any concerns with the Operations Manager

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Appendix 1

Chaperone Policy Patient Notification

Cricklade surgery is committed to providing a safe and 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 which must be a trained member of staff

Wherever possible we would ask you to make this request at the time of booking your 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 health care professional may also require a chaperone to be present for certain consultations in accordance with our chaperone policy. Chaperones will always be trained member of staff.