

## GCR10 - Chaperone Policy and Procedure

Category: Clinical Governance Sub-category: Risk Management and Safeguarding







### Policy Review Sheet

Review Date: 19/01/17 Policy Last Amended: 19/01/17

Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

Business Impact:	Low	Medium	High	Critical
	X			
Minimal action required circulate information amongst relevant parties.				

 Reason for this review:	Scheduled review
 Were changes made?	Yes
 Summary:	This policy has changed in line with new format and to improve user friendliness.
 Relevant Legislation:	<ul style="list-style-type: none"> <li>  The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</li> <li>  Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015</li> </ul>
 Underpinning Knowledge - What have we used to ensure that the policy is current:	<ul style="list-style-type: none"> <li>  General Medical Council, (2016), <i>Intimate examinations and chaperones (2013)</i> [Online] Available from: <a href="http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp">http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp</a> [Accessed: 09/11/2016]</li> </ul>
 Suggested action:	<ul style="list-style-type: none"> <li>  Notify relevant staff of changes to policy</li> <li>  Share Key Facts with professionals involved in the service</li> <li>  Confirm relevant staff understand the content of the policy</li> </ul>

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### 1. Purpose

- 1.1 To aid patients to make an informed choice about their consultations and examinations.
- 1.2 To respect patient's privacy and dignity.
- 1.3 To support Eastbourne Healthcare Partnership Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S3: Are there reliable systems, processes and practices in place to keep people safe and safeguarded from abuse?
CARING	C1: Are people treated with kindness, dignity, respect and compassion while they receive care and treatment?

1.4 To meet the legal requirements of the regulated activities that Eastbourne Healthcare Partnership Ltd is registered to provide:

- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015



### 2. Scope

2.1 The following roles may be affected by this policy:

- | All staff

2.2 The following people may be affected by this policy:

- | Patients



### 3. Objectives

- 3.1 To be an impartial observer.
- 3.2 To protect staff from allegations of mistreatment.
- 3.3 To protect patients from mistreatment.

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### 4. Policy

**4.1** The GMC publication 'Intimate examinations and chaperones (2013)' explains how doctors can put these principles into practice. Serious or persistent failure to follow this guidance will put the doctor's registration at risk. All members of the clinical team will be familiar with this document and any future editions: [http://www.gmc-uk.org/guidance/ethical\\_guidance/21168.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp)

**4.2** All clinicians, both male and female, consider whether an intimate examination of the patient is necessary.

**4.3** The offer of a chaperone is given, if required, whether or not the clinician is the same gender as the patient.

**4.4** Patients who request a chaperone are never examined without the chaperone present.

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

**4.6** A chaperone is usually a health professional familiar with the procedures involved in a routine intimate examination.

Receptionists or admin staff can act as a chaperone provided that they have:

- | Undergone chaperone training
- | Understand their responsibilities when acting as a chaperone
- | Have had a DBS check or if no DBS check has been carried they have had a risk assessment

The practice must keep evidence of a valid risk assessment for those staff who act as a chaperone and have not had a DBS check.

**4.7** The chaperone will only be present for the examination itself and the remainder of the consultation will be conducted without the chaperone, unless the patient requests otherwise.

**4.8** Conversations during the examination are professional and considerate at all times and relevant only to the examination.

**4.9** Suitable notices are clearly visible in the Practice, usually the consulting rooms, offering a chaperone if required.

**4.10** Consideration is given that a chaperone may be requested during a home visit.

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

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### 5. Procedure

5.1 Before conducting an intimate examination the clinician:

- | Explains to the patient why an examination is necessary and gives the patient an opportunity to ask questions
- | Explains what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any pain or discomfort
- | Obtains the patients permission before the examination and document that the patient has given it
- | See also the Consent Policy and Procedure
- | Offers the patient a chaperone
- | Ensures that the patient's privacy and dignity is respected, providing adequate privacy to undress and dress

5.2 At any time during the examination the clinician will stop if the patient asks them to.

5.3 Clinicians record any discussions about chaperones and the outcome in the patient's medical record. If a chaperone is present, it is recorded and a note made of their identity. If the patient does not want a chaperone, it is recorded that the offer was made and declined.

### 6. Definitions

#### 6.1 Chaperone

- | Is a trained impartial observer who is sensitive and will respect the patient's dignity and confidentiality and can reassure the patient if they show signs of distress or discomfort

#### 6.2 Intimate Examination

- | The clinician will explain to the patient why an examination is necessary and give the patient an opportunity to ask questions. The clinician will explain what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any pain or discomfort

### Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | All staff should have an understanding of the role of the chaperone and the procedures for raising concerns
- | Ensure all staff know where to locate the policy and mechanism for raising concerns
- | The offer of a chaperone is given, if required, whether or not the clinician is the same gender as the patient

### Key Facts - People Affected by The Service

People affected by this service should be aware of the following:

- | The Chaperone Policy should be made available for patients
- | Patients can ask for a chaperone to be present
- | A chaperone will be offered by the clinician, whether or not the clinician is the same gender
- | Patients can at any time during the examination ask the clinician to stop

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### **Further Reading**

There is no further reading for this policy, but we recommend the 'Underpinning Knowledge' section of the review sheet to increase your knowledge and understanding.

### **Outstanding Practice**

To be outstanding in this policy area you could provide evidence that:

- | Ensure all staff who chaperone can demonstrate their understanding of chaperoning
- | All staff who chaperone have an up to date DBS check specific to their role at the practice
- | All staff who chaperone undertake regular training and can explain what this training consists of