

THE VALLEY SURGERY AND CHILWELL MEADOWS SURGERY CHAPERONE POLICY

Introduction

Our chaperone policy upholds the practice's policy on equality and diversity.

This policy relates to all staff who see patients on their own for whatever reason.

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.

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 practice will 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

Situations when a chaperone may be necessary

- 1) **Intimate examinations.** These are examinations of rectal, genital or breast area.
- 2) **For patients with certain cultural or religious beliefs** any examination requiring shedding of clothing. This alone may be abhorrent and when dealing with such patients GPs need to approach the subject with particular sensitivity.
- 3) **Patients with disabilities.** A patient with a severe mental or physical disability is unlikely to attend surgery unaccompanied. GPs should endeavour to communicate with the patient with the assistance of the relative or carer accompanying them. Particular care should be taken to ensure the patient is not made to feel that their wishes are being ignored.
- 4) **Examinations by a member of the opposite sex** are in some religions effectively taboo.
- 5) **Examinations on patients with poor English.** It would be unwise to proceed with any examination unless the GP is satisfied that the patient understands and can give informed consent. If an interpreter is present they may be able to double as a chaperone. If an urgent clinical need for an examination is evident, every effort

should be made to communicate with the patient by whatever means are available before proceeding with the examination

6) **Examinations on children.** Children are expected to be accompanied by a parent or adult relative to whom the need for the examination will be explained and consent obtained. They will be expected to remain with the child during the examination, so a further chaperone will not normally be necessary. The GP will obviously seek to reassure the child and explain the examination if appropriate to the child.

7) **Teenagers aged 13 and upwards** can consent to examinations provided the GP is sure that they have sufficient competence to understand the nature and purpose of the examination. It would be advisable for a chaperone to be present or in the case of a female patient for the examination to be carried out by a female doctor.

Under all these situations the doctor or nurse will

- 1) Explain why the examination is needed and what it will involve.
- 2) Obtain the verbal expressed permission before proceeding.
- 3) 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.
- 4) Give the patient privacy to dress and undress
- 5) Allow the patient to postpone or decline to be examined.
- 6) If appropriate offer a chaperone and document the fact that the patient has been offered a chaperone and that permission has been given or declined
- 7) Record the name of the person acting as chaperone in the patient records

Who should 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 then one of the administration staff may be acceptable especially if the same sex as the patient. Sometimes the patient's friend or relative may be appropriate but if the patient being examined has a history of unpredictable behaviour it may be better to have a member of the practice team present as well.

When non-clinical staff 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.

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.

Examinations on home visits

GPs are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations at patients' homes and it would be better to encourage these to be done at the surgery where "the facilities are better" if at all possible. There may be rare occasions when a chaperone is needed for a home visit. The practice procedure should still be followed.

Procedure

- The clinician will contact Reception to request a chaperone.
- The clinician will record in the notes that the chaperone is present, and identify the 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.
- The chaperone will enter the room discreetly and remain in room until the clinician has finished the examination.
- The chaperone will stay for the whole examination and be able to see what the doctor is doing, if practical.
- 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.
- The chaperone will make a record in the patient's notes after examination. The record will state that there were no problems, or give details of any concerns or incidents that occurred.
- The patient can refuse a chaperone, and if so this must be recorded in the patient's medical record.

NOTICE FOR THE WAITING ROOM

IT IS THE POLICY OF THIS PRACTICE TO RESPECT THE PRIVACY, DIGNITY, RELIGIOUS AND CULTURAL BELIEFS OF OUR PATIENTS.

CHAPERONES MAY BE REQUESTED BY THE DOCTOR, NURSE OR THE PATIENT WHEN AN EXAMINATION IS REQUIRED. IF YOU FEEL YOU WOULD LIKE A CHAPERONE TO BE PRESENT DURING A PHYSICAL EXAMINATION BY A DOCTOR OR ANY OTHER HEALTH PROFESSIONAL YOU MAY BE CONSULTING AT THE SURGERY (OR IF YOU WOULD PREFER TO BE EXAMINED BY A DOCTOR OR HEALTH PROFESSIONAL OF THE SAME SEX AS YOURSELF) PLEASE LET US KNOW AND WE WILL DO OUR BEST TO COMPLY WITH YOUR WISHES

The chaperone policy is available on the website.

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