

# Chaperone Policy

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### CHAPERONE POLICY

#### Introduction:

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.

#### 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.

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

The use of a chaperone is not limited to personal/intimate examinations. There are circumstances when a clinician may insist on having a chaperone present, if they have reason to believe a patient presents an increased risk (likely due to a history of aggressive or threatening behaviour).

Where such a patient is identified they will be coded as “Chaperone present” this code will activate a protocol which alerts staff to the requirement for a chaperone at the point of booking an appointment. It is then the responsibility of the person booking the appointment to ensure that a suitable chaperone is available to attend the appointment.

#### **Who Can Act as a Chaperone?**

A variety of people can act as a chaperone in the organisation. 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.

The organisation policy is to only use clinical chaperones.

#### **Confidentiality:**

- The chaperone should be present before the patient has undressed and should remain until the patient has redressed.
- 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.
- The Chaperone should be a health professional and you must be satisfied that the chaperone will be sensitive and respect the patients dignity and confidentiality; reassure the patient if they show signs of distress and discomfort; stay for the whole examination and if practical see what the Doctor / nurse is doing.
- Patients should be reassured that all organisation staff understand their responsibility not to divulge confidential information.

*Latest GMC guidelines for intimate examinations can be found at: [http://www.gmc-uk.org/guidance/current/library/maintaining\\_boundaries.asp#10](http://www.gmc-uk.org/guidance/current/library/maintaining_boundaries.asp#10)*

#### **Procedure:**

- The clinician will contact another clinician to arrange 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 always attend inside the curtain at the head of the examination couch and watch the procedure.
- To prevent embarrassment, the chaperone should not enter into conversation with the patient or clinician unless requested to do so, or make any mention of the consultation afterwards.
- You should stop the examination if the patient asks you to.
- 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.

#### **References:**

For more information please visit the following websites:

<http://www.medicalprotection.org/uk/england-factsheets/chaperones>

<http://www.lmc.org.uk/>

<http://www.rcn.org.uk/>



## Thames Valley Vasectomy Services

### No-Scalpel Vasectomy - The Safe Keyhole Method

#### Checklist for the Review and Approval of Procedural Document

#### Equality Impact Assessment Tool

	Title of document being reviewed:	Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	<ul style="list-style-type: none"><li>• Race</li></ul>	No	
	<ul style="list-style-type: none"><li>• Ethnic origins (including gypsies and travellers)</li></ul>	No	
	<ul style="list-style-type: none"><li>• Nationality</li></ul>	No	
	<ul style="list-style-type: none"><li>• Gender</li></ul>	No	
	<ul style="list-style-type: none"><li>• Culture</li></ul>	No	
	<ul style="list-style-type: none"><li>• Religion or belief</li></ul>	No	
	<ul style="list-style-type: none"><li>• Sexual orientation including lesbian, gay and bisexual people</li></ul>	No	
	<ul style="list-style-type: none"><li>• Age</li></ul>	No	
	<ul style="list-style-type: none"><li>• Disability – learning disabilities, physical disability, sensory impairment and mental health problems</li></ul>	No	
2.	<b>Is there any evidence that some groups are affected differently</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	N/A	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	N/A	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A	
7.	<b>Can we reduce the impact by taking different action?</b>	N/A	

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