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May 13

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.

- 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

There may be rare occasions when a chaperone is needed for a home visit. The following procedure should still be followed.

WHO CAN 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 the examination should be deferred.

Where the practice determine that non-clinical staff will 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 and instructions to that effect will be laid down in writing by the practice.

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.

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 normally attend inside the room.

- 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** only if it is deemed necessary and on instruction from the clinician.

- The patient can refuse a chaperone, and if so this **must** be recorded in the patient's medical record.