



LONDON HEART CLINIC

CHAPERONE POLICY AND PROCESS

Policy No	C001
Responsible Person	Anika Jivraj
Date Issued	Jan 2024
Next Review Date	Every two years
Authorised by	
Version No	01



Title	Chaperone Policy and Process
Author	
Responsible Person	Anika Jivraj
Authorised	Anika Jivraj
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Policy No and Version	C001 Version 01
References	Health and Social Care Act 2008 Care Quality Commission Regulations 2009 General Medical Council Bredon Hill Surgery
Appendix	
Scope	All individuals in the employ of this establishment <i>(‘employ’ means any person who is employed, self-employed, volunteer, working under practising privileges or contract of service with this establishment)</i>

Chaperone Policy and Process

Aim:

LHC 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.

Policy:

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they consider one is required. The chaperone may be a family member or friend, but on occasions a formal chaperone may be preferred.

Patients are advised to ask for a chaperone if required, at the time of booking an appointment, if possible, so that arrangements can be made and the appointment is not delayed in any way. The Healthcare Professional may also require a chaperone to be present for certain consultations.

All staff are aware of and have received appropriate information in relation to this Chaperone Policy.

All staff acting as chaperones understand their role and responsibilities and are competent to perform that role.

There is no common definition of a chaperone and their role varies considerably depending on the needs of the patient, the healthcare professional and the examination being carried out.

Their role can be considered in any of the following areas:

- Emotional comfort and reassurance to patients



- Assist in examination
- Assist in undressing
- Act as interpreter
- Protection to the healthcare professional against allegations / attack)

Process

Checklist for consultations involving intimate examinations

Chaperones are most often required or requested where a male examiner is carrying out an intimate examination or procedure on a female patient, but the designation of the chaperone will depend on the role expected of them, whether participating in the procedure or providing a supportive role.

Establish there is a genuine need for an intimate examination and discuss this with the patient and whether a formal chaperone (such as a nurse) is needed.

Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions. The chaperone would normally be the same sex as the patient and the patient will have the opportunity to decline a particular person as a chaperone, if that person is considered not acceptable for any reason.

Offer a chaperone or invite the patient to have a family member / friend present.

Record name of chaperone (position e.g. family member, hca) and what chaperone was present for, time present (e.g. arrive 11.05 left 11.20) in the patients notes.

If the patient does not want a chaperone, record that the offer was made and declined in the patient's notes.

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.

Once the chaperone has entered the room, they should be introduced by name and the patient allowed privacy to undress / dress. Use drapes / curtains where possible to maintain dignity. There should be no undue delay prior to examination once the patient has removed any clothing.

Explain what is being done at each stage of the examination, the outcome when it is complete and what is proposed to be done next. Keep discussion relevant and avoid personal comment.

During the examination, the chaperone may be needed to offer reassurance, remain alert to any indication of distress but should be courteous at all times.



Record any other relevant issues or concerns in the patient's notes, immediately following the consultation.

Chaperones should only attend the part of the consultation that is necessary – other verbal communication should be carried out when the chaperone has left.

Any request that the examination be discontinued should be respected.

A notice offering a chaperone is displayed in the waiting areas and consulting rooms.

Healthcare professionals should note that they are at an increased risk of their actions being misconstrued or misrepresented, if they conduct intimate examinations where no other person is present

END



CHAPERONES FOR CONSULTATIONS AND EXAMINATIONS

LHC is committed to providing a safe, comfortable environment where the 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. The chaperone may be a relative, friend or member of staff.

In some circumstances the doctor may require a chaperone to be present.

If you would like a chaperone to be present, please tell the doctor before the start of the consultation.

If, during the consultation an examination is required, the doctor will offer to provide a chaperone for this purpose. If the patient declines the offer of a chaperone, this will be recorded in the patient's medical records.