



Chaperone – Policy and Protocol

Document Control

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B. Document Details

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Chaperone – Policy and Protocol

Purpose

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.

Some examinations may place patients in a situation in which they may feel uncomfortable and this may be compounded further by the need to undress, consent to intimate touching or intrusive examination. The presence of a third party may alleviate some of these concerns and provide protection for both patient and clinician.

Guidelines

Clinicians 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. There may be a rare occasion when an independent witness to a consultation may be prudent.

If so, the clinician should give the patient a clear explanation of what the examination, procedure or consultation will entail and the patient must be offered the choice to have a chaperone present in the room during the examination or consultation.

The patient should be given a choice as to whether a member of staff provides the chaperone, or a person of their own choice. It may be embarrassing to the patient if a staff member is known to them, so a choice of alternative staff member may be necessary. Consideration should be given to confidentiality and / or suitability of a relative or friend acting as chaperone on behalf of the patient. If a relative or friend is the choice of the patient then it may still to be prudent to have a trained chaperone present also.

If the patient does not want a chaperone to be present then this must be recorded by the clinician in the patient's medical record that the offer was made and declined.

There may be rare occasions when a chaperone is needed for a home visit. Where a GP wishes to examine a patient in their own home where another family member may not be present, it may be more important that a chaperone is present.

In some cultures, examinations by men (on women) may be unacceptable. Some patients may be unwilling to undress, or raise concerns related to culture. These concerns should be respected and recorded, and in a similar way, if there is a language difficulty, it may be best to defer an examination until an interpreter is available.

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Where mental health patients are concerned, or those who have difficulty in understanding the implications of an examination then it may be inappropriate to proceed until more secure arrangements can be made.

Ensure that suitable signage is clearly on display in each consulting or treatment room offering the chaperone service if required.

Any member of staff who carries out a chaperone role should be trained in the procedural aspects of a personal examination, comfortable in acting in the role of chaperone and be confident in the scope and extent of their role and will have a DBS check carried out.

The surgery adheres to the Lampard recommendation which was published in 2015 around managing visits by celebrities, VIP's and other official visitors and they would not be able to have access to any patients without suitable chaperone training and a current DBS check.

As a chaperone you will have the right to decline, without prejudice, to be present during an examination either at the surgery or accompanying a clinician on a home visit. If this happens then alternative arrangements will be made.

Procedure

- The clinician should give the patient a clear explanation of what the examination will involve and offer a chaperone.
- The clinician will contact reception to request a chaperone.
- If the offer of a chaperone is declined (and the clinician is happy to proceed without a chaperone), the fact is recorded in the patient's notes.
- The clinician will record in patient's notes that a chaperone is present and identify the chaperone.
- Chaperone to enter room discreetly, introduce themselves and remain in room until clinician has finished examination and the patient is fully dressed. Always adopt a professional and considerate manner – be careful with humour as a way of relaxing a nervous situation as it can be easily misinterpreted.
- The patient should be given privacy to undress and dress, use drapes and dignity sheet where possible to maintain dignity.
- Once clinician is ready to start examination the chaperone should normally attend inside the curtain at the head end of the examination couch if room permits and watch the procedure.
- 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.

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- The clinician should explain what they are doing at each stage of the examination so that the patient and chaperone have some understanding of what the clinician is doing.
- The chaperone will only record in the patient's notes if there were any concerns or give details of any incidents that occurred.

Role of Chaperone

This will vary a great deal, and may be simply a presence in the room or assisting with patient preparation or the procedure itself. It may involve:

- Providing patient reassurance
- Helping the patient to undress if requested by the patient
- Assist with the procedure (if chaperone is a clinical member of staff)
- Helping with instruments
- Witnessing the procedure / examination
- Protecting the clinician and / or patient
- Being able to identify unusual or unacceptable behaviour relating to a procedure or the consultation
- To record in patients notes after the consultation / examination if there were no problems or details of any concerns or incidents that occurred

A POSTER IS DISPLAYED IN THE WAITING ROOM AND IN ALL THE GPS ROOMS

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CHAPERONES ARE AVAILABLE



IF YOU WOULD LIKE A CHAPERONE

***PRESENT DURING YOUR
EXAMINATION,***

***THEN PLEASE ADVISE PATIENT
SERVICES***

***WHEN BOOKING YOUR
APPOINTMENT OR***

WHEN CHECKING IN.