**YORK ROAD SURGERY**

**CHAPERONE POLICY**

Patients are encouraged to ask for a chaperone if required at the time of booking their appointment, wherever possible.

All patients should be routinely offered a chaperone during any consultation or procedure requiring an examination

This does not mean that every consultation needs to be interrupted in order to ask if the patient wants a third party present. Most patients will not take up the offer of a chaperone, especially where a relationship of trust has been built up or where the examiner is the same gender as them.

If the patient is offered and does not want a chaperone it is important to record that the offer was made and declined. If a chaperone is refused a healthcare professional cannot usually insist that one is present and many will examine the patient without one.

The role of the chaperone is to be present as a safeguard for all parties (patient and practitioner) and act as a witness to continuing consent for the procedure

**TYPE OF CHAPERONE**

*Informal chaperone*

Many patients feel reassured by the presence of a familiar person and this request in almost all cases should be accepted. A situation where this may not be appropriate is where a child is asked to act as a chaperone for a parent undergoing an intimate examination. They may not necessarily be relied upon to act as a witness to the conduct or continuing consent of the procedure. However if the child is providing comfort to the parent and will not be exposed to unpleasant experiences it may be acceptable for them to be present. It is inappropriate to expect an informal chaperone to take an active part in the examination or to witness the procedure directly.

*Formal chaperone*

A formal chaperone implies a clinical health professional, such as a nurse, or a specifically trained non‑clinical staff member, such as a receptionist. This individual will have a specific role to play in terms of the consultation and this role should be made clear to both the patient and the person undertaking the chaperone role. This may include assisting with undressing or assisting in the procedure being carried out. In these situations staff should have had sufficient training to understand the role expected of them. Common sense would dictate that, in most cases, it is not appropriate for a non‑clinical member of staff to comment on the appropriateness of the procedure or examination, nor would they feel able to do so.

**ROLE OF THE CHAPERONE**

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 or procedure being carried out. Their role can be considered in any of the following areas:

* Provide emotional comfort and reassurance to patients
* Provide protection for the health care professionals against unfounded allegations of improper behaviour.
* To assist with undressing the patient if requested to do so.
* To assist with handling instruments, swabs etc during the procedure if requested to do so.

**When requested to act as a chaperone you should:**

1. Stand inside the curtain/examination room.
2. Speak to the patient, say hello, tell them your name, smile and be friendly
3. Assist the health care professional if requested to do so.
4. If the patient needs help with dressing and undressing be ready to offer assistance
5. Stay with the patient until they are fully clothed and ready to return to their seat in the consulting room.
6. Ask the patient if they are comfortable for you to leave

The doctor will enter your name as a chaperone onto the computer. In the in the event of a complaint you may be required to be a witness.

The chaperone will record their presence, as read code” Presence of Chaperone –XaEip, the patient record.

Lynn Hazeltine January 2013

Practice Manager

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