

Dr Tiguti & Partner Chaperone Policy

Document Control

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B. Document Details

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Author and Role:	Louise Whitehurst Practice Nurse
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Version	Date	Version Created By:	Version Approved By:	Comments
01	26/11/2013	JW	JW	No change
02	22/12/2014	JB	JB	Section added where chaperone refused, and patient makes an allegation
03	13/09/2019	JS	JS	Any member of staff who is not a clinician must have undertaken the Blue Stream Chaperone training and have an enhanced DBS check

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Chaperone Policy

This organisation 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.

The Chaperone Policy adheres to local and national guidance and policy and is for the benefit of both patients and staff.

The Chaperone Policy is clearly advertised through patient information leaflet and the Practice website. A poster is also outside each Consulting Room.

All staff are aware of, and have received appropriate information in relation to, this chaperoning policy.

All chaperones must be a member of the Nursing Team, where possible, and they should understand their role and responsibilities and are competent to perform that role. Any member of staff who is not a clinician must have undertaken the Blue Stream Chaperone training and have an enhanced DBS check

Wherever possible patients should make a request for a chaperone at the time of booking the appointment so that arrangements can be made. Where this is not possible the Practice will endeavour to provide a formal chaperone at the time of request or at the end of the surgery. However, occasionally it may be necessary to reschedule the appointment. Patients will have the opportunity to decline a particular person as a chaperone and a new appointment should be made to accommodate.

Checklist for Consultations Involving Intimate Examinations: -

1. Establish there is a genuine need for an intimate examination and discuss this with the patient. Be aware that some patients may consider routine touching or even being close to them as intimate and requiring a chaperone.
2. Explain to the patient why an examination is necessary and give the patient the opportunity to ask questions.
3. Offer a chaperone or invite the patient to have a family member/friend present. If the patient does not want a chaperone, record that the offer was made and declined in the patient notes.
 - 9NP0 Chaperone Offered
 - 9NP1 Chaperone Present
 - 9NP2 Chaperone Refused
 - 9NP3 Nurse Chaperone
4. Obtain the patients consent before the examination and be prepared to discontinue the examination at any stage at the patient's request.
5. Record that permission has been obtained in the patients notes.

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6. Once the chaperone has entered the room give the patient privacy to undress and dress. Use drapes where possible to maintain dignity. There should be no undue delay prior to examination once the patient has removed any clothing.
7. Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next. Keep discussion relevant and avoid personal comments.
8. If a chaperone has been present record that fact and the identity of the chaperone in the patients notes.
9. 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.
10. Record any other relevant issues or concerns immediately following the consultation.
11. Chaperones should only attend the part of the consultation that is necessary – other verbal communication should be carried out when the chaperone has left.
12. Any request that the examination be discontinued should be respected.
13. 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. The GMC suggests that although the patient's clinical needs will take priority, the clinician may feel it appropriate to either delay the examination or refer the patient to another clinician who would be willing to examine the patient without a chaperone. This would only apply if the delay would not adversely affect the patients' health. Whilst this may not always be possible to achieve it may assist a clinician faced with an allegation of inappropriate behaviour if they could demonstrate they had considered this possibility.

Allegations against Clinician where the patient has been offered but declined a Chaperone

Staff may feel particularly vulnerable to malicious allegations if the patient refuses a chaperone. Steps should be taken as above to reduce this risk, however, should such an allegation arise the following guidance should be followed.

1. The allegation should be promptly reported to a responsible person e.g. the Practice Manager/Lead GP to investigate, with an open mind, with referral to the Practice Disciplinary Policy and suspension if necessary.
2. In the first instance the MDU will be contacted for specific advice as each situation will depend on the facts of the case.
3. Dependant on the situation it may be necessary to inform the police. It is important to consider the patients right to confidentiality when informing the police and consent should usually be sought although if not forthcoming this can be balanced against the public interest and maintaining patient safety.

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4. The CQC should also be notified of an allegation of abuse. There is a dedicated notification form to report such incidents contained within **Outcome 20 document “Notification of other incidents – Outcome 20 Composite Statement and Forms”**
5. A decision should be made as to whether there is a need to suspend the clinician although the focus should be on maintaining patient safety. Suspension can also remove a vulnerable clinician from the risk of further allegations.
6. There is a statutory duty to notify the Disclosure and Barring Service when an employee is dismissed from a post because:
 - *they are convicted of a relevant offence*
 - *they harmed or risked harm to a child or vulnerable adult*
 - *there has been no relevant conduct that there is a risk of harm to a child or vulnerable adult*

As per the GMC Guidance “sexual behaviour and your duty to report colleagues” (2013) :

If a patient tells you about a breach of sexual boundaries, or you have other reasons to believe that a colleague has, or may have displayed sexual behaviour towards a patient, you must promptly report your concerns to a person or organisation able to investigate the allegation. If you suspect a doctor has committed a sexual assault or other criminal activity, you should make sure it is reported to the police.

Annex A

Chaperones

If you feel you would like a Chaperone present at your Consultation, please inform your Doctor/Nurse, who will be more than happy to arrange this for you.