**Chaperone**

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **1** | **Information is available to patients in the waiting room** | | | |
| It includes a description of the purpose of a chaperone. |  |  |  |
| It provides examples of when a chaperone would commonly be appropriate. |  |  |
| It informs patients about how to request a chaperone. (in advance or during a consultation) |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **2** | **Information is available to patients when booking appointments** | | | |
| Reception staff are aware of the need to offer a chaperone for intimate examinations. |  |  |  |
| If an appointment request is known to include the possibility of an intimate examination, the patient is informed of the practice’s chaperone policy.  (whilst not compromising the patients right to confidentiality) |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **3** | **Trained staff are available to act as a chaperone when required** | | | |
| Chaperones are healthcare professionals where possible. |  |  |  |
| Chaperones are aware of the functions of their role and are (feel) able to raise any concerns about the clinicians behaviour and actions. |  |  |
| If non-clinical staff are asked to act as chaperones, they are trained appropriately and this is a recognised, formal function of their role which is visible to patients. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **4** | **Patients are always offered a chaperone for intimate examinations** | | | |
| Intimate examinations involve the breasts, genitalia and rectum. |  |  |  |
| Chaperones are also considered for any examination where it is necessary to touch or even be close to the patient - or where religious beliefs or cultural preferences may have a bearing. |  |  |
| Requests by the patient for a friend or relative to be present are complied with where reasonable and a practice chaperone is also present. |  |  |
| The offer of a chaperone is given impartially and without undue influence to accept or reject the offer. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **5** | **Additional caution is applied by clinicians where the patient is considered vulnerable** | | | |
| Vulnerable patients may include:   * patients who are known to have previously suffered sexual abuse or rape. * patients with known difficulty in recognising professional boundaries. * patients with learning difficulties. * patients with mental health problems. |  |  |  |
| Where the patient is a child or young person, their capacity to consent is fully assessed. |  |  |
| If a child or young person lacks capacity, their parents’ consent is sought. |  |  |
| Once consent is obtained a chaperone offer is made in accordance with the guidance in this checklist. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **6** | **Good practice in documentation is followed at all times** | | | |
| The offer of a chaperone is documented in the patient notes. |  |  |  |
| If the patient refuses this is clearly documented. |  |  |
| If the patient agrees to a chaperone, consent is recorded along with the identity of the chaperone. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **7** | **Good chaperone procedures are followed** | | | |
| The patient’s clinical history is taken before the chaperone comes into the room. |  |  |  |
| The patient is fully informed of how the examination will be carried out, any pain or discomfort that may be experienced, and why the examination is necessary. |  |  |
| The patient is given the opportunity to ask questions. |  |  |
| The patient’s privacy and dignity is preserved by the use of screens or sheets as appropriate. |  |  |
| The chaperone assists patients if they request help to undress. |  |  |
| The chaperone always positions themselves so that they can properly observe the procedure. |  |  |
| Each stage of the procedure is explained as the examination progresses. |  |  |
| Personal non-clinically relevant remarks are avoided. |  |  |
| The chaperone is present throughout the entire examination and does not leave until the patient is fully dressed. |  |  |
| The examination is stopped at once if the patient asks for this. |  |  |
| Discussions about findings and treatment takes place after the chaperone leaves. |  |  |
| Any concerns about the consultation are noted immediately after the consultation. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **8** | **Caution is applied when a clinician feels a chaperone is required and the patient refuses** | | | |
| The reason for refusal of a chaperone is explored and documented. |  |  |  |
| Attempts are made to resolve any concerns a patient may have. (these may relate to the nature of the chaperone role, their identity or their gender). |  |  |
| If the patient requests an alternative chaperone and this option is unavailable, they are asked to return at another time as long as the delay would not adversely affect the patient’s health. |  |  |
| If the doctor is unwilling to proceed without a chaperone, the reasons for this are explained to the patient and documented. |  |  |
| If the examination is required urgently, then the doctor is responsible for making appropriate, timely, alternative arrangements. |  |  |
| Where it is not possible to make alternative arrangements, ultimately the patient’s clinical needs take precedence. |  |  |