

PORTSDOWN GROUP PRACTICE POLICY

Title: Chaperone Policy

Portsmouth Group Practice 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.

There are occasions when there is potential for abuse of a person placed in a vulnerable position and, conversely, false allegations may be made. This can have serious long-term consequences for all those involved, and may not come to light for many years.

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.

Protocol

Doctors and nurses (both male and female) 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 might be prudent.

If an intimate examination is required, the doctor or nurse should explain the examination, procedure or consultation 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 or a person of their own choice acts as chaperone. 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 if a relative or friend is chosen. If necessary, another appointment can be made for the examination – in which case this should be recorded.

The patient can refuse a chaperone and, if they do so, this must be recorded in the patient's medical record.

There may be rare occasions when a chaperone is needed for a home visit. The following procedure should still be followed.

Procedure

- Practitioner will contact reception to request a chaperone.
- Practitioner to record in notes that chaperone is present, and to identify the chaperone.
- Chaperone to enter room discreetly and remain in room until practitioner has finished examination.
- The chaperone should attend inside the curtain at the head of the examination couch.

To prevent embarrassment, chaperone should not enter into conversation with the patient or practitioner unless requested, or afterwards make any reference to the consultation to the patient.

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Risk Assessment template

RISK ASSESSMENT

RISK ASSESSMENT;

Task:	Chaperone – DBS Necessity
Staff Involved:	Non Clinical (informal) Chaperone
Routine or Occasional?	Occasional

Hazards to consider in assessing risk	Risk Present? (Yes / No)	Likelihood of Occurrence (Low; Medium; High)	Likelihood of Severity (Low; Medium; High)	Ways of Reducing the risk, control measures	Actions to take (if applicable)
Patient claims to have been assaulted – we have no evidence of criminal history of chaperone	No – chaperone is never left alone with patient	Low	Medium	Chaperone is not left alone in the room	Ensure chaperone training completed and understanding of role

Section 3: Operations Manager to complete next section:

Risk Assessment required?	Yes
Outcome:	Likelihood: 1 x Severity: 4 = Risk: 4 Chaperone will not be left alone with patient so likelihood rare. However if it were to ever happen, the risk of harm could be major
Likelihood Scale	1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 = Almost Certain
Risk Level	1 = Negligible 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic

Risk Level	Likelihood
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	1 – Rare	2 – Unlikely	3 – Possible	4 – Likely	5 – Almost Certain
5 - Catastrophic	5	10	15	20	25
4 – Major	4	8	12	16	20
3 – Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

OVERALL ASSESSMENT OF RISK:

LOW	MEDIUM	HIGH
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The overall assessment of Risk relates to the correct use of the equipment listed and / or protocols assessed. Incorrect use may result in injury or increased risk to health. It is the responsibility of the user to ensure that they follow correct protocols and policies at all times. If in doubt they should seek advice from their surgery H&S lead or their line manager.

Date:	Assessor:	Job Title:
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