

# Chaperone Policy

Procedure No: 0024	Replacing: original			
Issue No: 1	Revision No: 1	Pages: 3		
Issue Date: September 2020	Authorised by. Mrs Estelle Richardson-McColl Consultancy			
Review Date: please see page				
2.				
Lead/Author: Sabiha Mitic MRS Estelle Richardson-McColl				



# **Chaperone Policy**

## **Document Control**

### A. Confidentiality Notice

This document and the information contained therein is the property of Baby Scan Studio Ashford

This document contains information that is privileged, confidential or otherwise protected from disclosure. It must not be used by, or its contents reproduced or otherwise copied or disclosed without the prior consent in writing from Baby Scan Studio Ashford

#### B. Document Details

Classification:	Internal		
Author and Role:	Registered Manager & Estelle Richardson-McColl Consultant		
Organisation:	Baby Scan Studio Ashford		
Document Reference:	Clinical		
<b>Current Version Number:</b>	1		
<b>Current Document Approved By:</b>	The Team		
Date Approved:	September 2020		
Review Date	March 2024		

#### C. Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
Revised	10/03/23	No change	Sabiha Mitic	Revised and no change required.

#### **Policy Statement**

Baby Scan Studio Ashford 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 is clearly advertised through patient information leaflets, website and can be read at the Baby Scan Studio upon request.

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they consider one is required. The chaperone may be a family member or friend, but on occasions a formal chaperone may be preferred.

Patients are advised to ask for a chaperone if required, at the time of booking an appointment, if possible, so that arrangements can be made, and the appointment is not delayed in any way.

All staff is aware of and has received appropriate information in relation to this Chaperone Policy.

All trained chaperones understand their role and responsibilities and are competent to perform that role.

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 being carried out.

Examples of their role can be considered in any of the following areas:

- Emotional comfort and reassurance to patients
- Assist in examination.
- Assist in undressing.
- Act as interpreter
- Protection to the healthcare professional against allegations / attack

#### **Checklist for consultations involving intimate examinations**

- Chaperones are most often required or requested where a male examiner is carrying out a
  procedure on a female patient, but the designation of the chaperone will depend on the role
  expected of them, whether participating in the procedure or providing a supportive role.
- Explain to the patient that they may have a chaperone if they wish too. The chaperone would normally be the same sex as the patient and the patient will have the opportunity to decline a particular person as a chaperone, if that person is considered not acceptable for any reason.
- 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's notes.
- Obtain the patient's consent before the examination and be prepared to discontinue the examination at any stage at the patient's request.
- Record that permission has been obtained in the patient's notes.
- Once the chaperone has entered the room, they should be introduced by name and the patient allowed privacy to undress / dress. Use drapes / curtains where possible to maintain dignity.
   There should be no undue delay prior to examination once the patient has removed any clothing.
- Explain what is being done at each stage of the examination, the outcome when it is completed and the next steps. Keep discussion relevant and avoid personal comment.
- If a chaperone has been present, record that fact and the identity of the chaperone in the patient's notes.
- During the examination, the chaperone may be needed to offer reassurance, remain alert to any indication of distress but should always be courteous.
- Record any other relevant issues or concerns in the patient's notes, immediately following the consultation.
- Chaperones should only attend the part of the consultation that is necessary other verbal communication should be carried out when the chaperone has left.
- Any request that the examination be discontinued should be respected.
- Healthcare professionals should note that they are at an increased risk of their actions being misconstrued or misrepresented where no other person is present.