**Central Surgery**

**Protocol for Chaperones**

INTRODUCTION

The GMC has produced guidelines on Doctors performing intimate examinations, which includes examination of breasts, genitalia or rectum. All patients undergoing such an examination by Health Care Professionals should routinely be offered a chaperone. The role of a chaperone can vary but frequently encompasses one or more of the following:-

* To provide a patient with reassurance, emotional support and comfort when undergoing an examination that might be embarrassing and uncomfortable for them.
* To help the Doctor with the examination e.g instruments.
* Deaf patients need extra time to write down information, it may be useful for the chaperone to do this.
* A patient with learning difficulties may not remember the consultation. May require routine in there lives, it would be good practice in these circumstances to offer the same GP/Nurse/Chaperone to lesson the stress.
* To act as an interpreter if necessary.
* To discourage unfounded allegations of improper behaviour.
* Chaperone duties are better preformed by trained staff. Relatives or friends are nor recommended.
* THE CHAPERONE SHOULD OBSEREVE THE PROCEDDINGS.

If for any reason you cannot offer a chaperone you should explain to the patient and if possible offer to delay the examination until a later date. It is important to record the outcome.

PROCEDURE

* Explain the reason for the examination and obtain consent.
* Consent: The clinician must ensure that consent is “informed consent”. This means that the patient understands the risks, benefits and consequences of any treatment and agrees with full understanding of these issues.
* Offer a chaperone to ALL patients irrespective of the sex of the patient or Health Care Professional. In most cases it would be appropriate to provide a chaperone of the same gender as the patient, although this will not always be possible.
* Remember the chaperone should attend only the part of the consultation that is necessary. Other verbal communication should be carried out when the chaperone has left.
* Give the patient privacy to undress.
* It is the clinician’s responsibility to record the name/designation of the chaperone.

**CHAPERONES NOTES FOR GOOD PRACTICE**

DURING THE EXAMINATION

Facilities should be available for the patients to undress in a private, undisturbed area. They should be no undue delay prior to the examination, once the patient has removed any clothing. The chaperone should be in the room before the patient starts to undress and remain until they get dressed afterwards. During an intimate examination the chaperone should be behind the curtains and not standing outside but not directly observing the procedure, rather looking at the patient’s facial expression to detect any signs of distress and give reassurance.

THE CLINICIAN SHOULD

* Inform the patient who the chaperone will be
* Inform the chaperone of the patients identity for verification
* Minimize the time that a patient is undressed and waiting for an examination to begin
* Explain the role of the chaperone and where the chaperone will be during the examination
* Inform the patient a record will be made of the presence of a chaperone
* Explain the reason for the examination and what to expect during the examination
* Explain the procedure as they are performing it

THE CHAPERONE SHOULD

* Knock and wait to be invited
* Introduce themselves to the patient if appropriate
* Reinforce their role with comments like ‘I will be standing here while you are examined’ ‘you can ask me or the Doctor any questions’ ‘let us know if you feel any discomfort’
* Offer reassurance to the patient about there procedure without making personal or inappropriate comments
* Check if the patient has any questions
* Remain alert for any verbal or non-verbal signals that the patient may be distressed