



Patient Chaperone and Accompanying Policy

Facial Aesthetics attaches the highest importance to ensuring that a culture that values patient privacy and dignity exists within the organisation.

The aim of this policy is to safeguard patients and staff during episodes of intimate care provided within the hospital to provide a guide to best practice in conjunction with Professional Codes of Conduct and hospital policies such as Consent to Examination, Privacy and Dignity, Safeguarding Adults policies.

Not understanding the cultural background of a patient can lead to confusion and misunderstanding with some patients believing they have been the subject of abuse.

It is important that healthcare professionals are sensitive to these issues and alert to the potential for patients to be victims of abuse. Very careful consideration should be given to patients who have previously had a traumatic intimate examination or who have been sexually assaulted in the past.

Chaperones should always be considered where a health professional is carrying out an intimate examination or procedure and should always be present where the examination / procedure is to be carried out on a minor or a person who lacks capacity e.g. a person with dementia, learning disability. - It should be noted that at Facial Aesthetics no treatments are undertaken requiring an intimate examination nor treatment.

Responsibilities

All staff that are required to provide clinical care of an intimate nature are personally responsible for ensuring that their actions comply with this policy.

Every member of staff should consider the needs of patients, when planning duty rota's e.g. to ensure male & female staff are on duty, where possible, to ensure patient preference can be accommodated.

All staff including agency staff, who are required to undertake clinical care of an intimate nature will be made aware of this policy through induction training, supported by their line manager.

The Rights of the Patient

All patients are entitled to have a chaperone present for any consultation, examination or procedure where they feel one is required. Patients also have the right to decline the offer of a chaperone. However, a healthcare practitioner may feel that it would be wise to have a chaperone present for their mutual protection.

<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-15-chaperones>



If the patient still declines the chaperone, the person in charge will need to decide whether or not they are happy to proceed in the absence of a chaperone. This will be a decision based on both clinical need and the requirement for protection against any potential allegations of improper conduct.

For most patients, respect, explanation, consent and privacy take precedence over the need for a chaperone. The presence of a chaperone does not remove the need for adequate explanation and courtesy and neither can it provide full assurance that the procedure or examination is conducted appropriately.

It is important that children and young people are provided with chaperones. The GMC guidance states that a relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone. There may be circumstances when a young person does not wish to have a chaperone. The reasons for this should be made clear and recorded.

Definition of Chaperone

In healthcare, a chaperone is a person who serves as a witness for both a patient and a healthcare practitioner as a safeguard for both parties during an examination or procedure and is a witness to continuing consent of the procedure.

Role of chaperone

It is acknowledged that there is no common definition of a chaperone and that a chaperone may be required for a number of purposes, depending on the needs of the patient and the nature of the examination / procedure and treatment.

- Provide emotional comfort and reassurance to patients.
- Maintaining the patient's dignity, by only exposing the area requiring examination/treatment by using clothing, gowns, sheets
- Ensuring bed areas are appropriately screened/ doors closed & engaged signs used/ privacy curtains drawn.
- Ensuring interruptions by other staff are only for emergency situations
- To provide protection to the healthcare practitioner against unfounded allegations
- To identify unusual or unacceptable behaviour on the part of the practitioner.
- To act as a witness of the continuing consent of the patient to the treatment

The following rules will also apply, where the chaperone will:

- Have agreement from the patient to be present at the consultation
- Have the ability and mental capacity to act as a chaperone
- Introduce themselves to the clinic staff and explain the purpose of their presence
- Maintain confidentiality and comply with clinic policies
- A record and details of such event will be kept in the patient' notes



In any event, the member of staff in charge of the case would make the ultimate decision regarding presence of the chaperone.

All permanent staff should have an understanding of the role of the chaperone and the procedures for raising concerns.

Training can be delivered externally or provided in-house by an experienced member of staff so that all formal chaperones understand the competencies required for the role.

Designated Chaperones: The following staff are designated chaperones and have the relevant up-to-date training to undertake that role.

- Julie Scott – Clinic Director and Chaperone Lead
- Matthew Scott – Chaperone
- Lucie Markham - Chaperone

The following staff are designated

More Information

- Information with regards to how Facial Aesthetics deals with Chaperones is available on our website and displayed in Clinic
- Patients will be advised in their appointment email about how to request a chaperone
- <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-15-chaperones>

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