



**CHAPERONE POLICY**

**Policy Statement**

The aim of this Policy is to ensure that patients in our care are supported during treatment, investigations and procedures undertaken within Sutton Medical Consulting. This aim attempts to protect their dignity, enhance their understanding of the proposed intervention and to ensure that there is no inappropriate behaviour on the part of the professional(s) carrying out the intervention. Sutton Medical Consulting also want to provide a degree of legal protection for clinicians in the event of any misunderstanding or false allegations by patients and clients.

**Policy Application**

The Policy is applicable to:

- Consultants, Registered Nurses, professionals allied to medicine and all support workers that care for patients under supervision of those professionals
- mandatory chaperone presence is required for all patients undergoing an examination or procedure of an intimate nature, for the purposes of this Policy described as:

***All gynaecological, breast or rectal examinations, procedures and investigations undertaken by male clinicians to female patients/clients***

- patient may decline the presence of a chaperone if he/she signs a disclaimer to that effect. However, disclaimers will only be accepted if patients decline chaperones when being treated or examined by Consultants (see appendix 1)
- Any other patient or clinician may request and be provided with a chaperone, regardless of gender, or the nature of the examination or procedure.
- Patients that fall into the category of vulnerable adults or children (under the age of 16)

**Failure to achieve the standard laid out in this Policy**

Any clinical activity of the nature described that is not undertaken in the presence of a chaperone must be raised as a clinical incident, unless a disclaimer has been signed as outlined above.

**Points of Policy:**

- All healthcare professionals and patients must be made aware of the existence of this Policy. This may involve notices in key areas, reference in patient clinic literature.
- People acting in a chaperone capacity will be suitably competent to act in this role and be the same gender as the patient
- A parent or guardian and/or clinical chaperone must accompany children during all consultations.
- A separate opportunity for private conversation between the patient and attending clinician should be arranged, if this is required, prior to or following any clinical examination.



**IMPORTANT NOTICE**

**Sutton Medical Consulting will accept no liability to Patients for the acts and defaults of third parties due directly or indirectly to the refusal by Patients to have a chaperone present during the medical treatment referred to on page (1)**

**CONFIRMATION FROM THE PATIENT OR PERSON CONSENTING ON THEIR BEHALF**

I confirm that I have been offered the services of a chaperone in respect of the medical treatment referred to. I have been given every opportunity to ask questions and I am satisfied with the answers.

I refuse the offer of a chaperone and confirm that I understand that Sutton Medical Consulting will accept no responsibility for any acts or defaults of third parties due directly or indirectly to my refusal to have a chaperone present during the medical treatment referred to.

I have read this form. I agree with and fully understand the content and the discussions I have had with my Consultant/Health Professional. I have asked all questions I wish to raise at this time and have received answers, which I understand. I have been given time to consider the options provided.

**SIGNED .....** **Date .....**  
**(patient or person consenting on Patient’s behalf)**

**Address of Patient or person consent on Patient’s behalf**

.....  
.....



**FORM OF DISCLAIMER**

**REFUSAL OF OFFER OF A CHAPERONE**

**PLEASE READ THIS FORM AND THE NOTES OVERLEAF VERY CAREFULLY**

1. Patient Surname (Mr/Mrs/Miss/Ms) .....

First Name ..... Second Name .....

2. Sex: Male/Female ..... Age ..... Date of Birth ..... Clinic Number .....

3. Person consenting on behalf of Patient: .....

4. Relationship to Patient: .....

5. **Name/Speciality Consultant:** .....

.....

Operation/Investigation/Procedure: .....

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.....

6. **Name/Speciality of Health Professional:** .....

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**CONFIRMATION FROM THE CONSULTANT/HEALTH PROFESSIONAL**

I confirm that this Patient has the **capacity to provide informed consent**. I have explained the nature of the investigation and procedure ("medical treatment") which will, or may, be performed upon the Patient whilst in Sutton Medical Consulting Centre. I have explained that it is advisable that a chaperone is present whilst the Patient is undergoing the medical treatment referred to on page (1).

I have given the patient or those consenting on their behalf every opportunity to ask questions about the treatment and the requirement for a chaperone and I have answered them to the best of my ability.

I have provided sufficient information, in an understandable way about the procedure and the requirements for a chaperone in order for **informed consent** to be provided.

This Disclaimer Form once signed will be placed with the patient records and provided to Sutton Medical Consulting. A copy of this Form has been given to the Patient.

**SIGNED.....Date.....**

**Consultant/Health Professional**

**TITLE .....**