

DCR17 - Chaperone Policy and Procedure

Category: Clinical Governance Sub-category: Risk Management and Safeguarding





Policy Review Sheet

Last Reviewed: 27/11/19 Last Amended: 27/11/19



Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

Business Impact:	Low	Medium	High	Critical
		X		
Changes are important, but urgent implementation is not required, incorporate into your existing workflow.				

 Reason for this review:	New Policy
 Were changes made?	No
 Summary:	This is a new policy that details the provision of a chaperone and the procedures that must be followed in a dental setting.
 Relevant Legislation:	<ul style="list-style-type: none"> • Public Interest Disclosure Act 2005 • Sexual Offences Act 2003 • Crime and Disorder Act 1998 • The Care Act 2014 • Children Act 2004 • The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015 • Health and Safety at Work etc. Act 1974 • Human Rights Act 1998 • Safeguarding Vulnerable Groups Act 2006

DCR17 - Chaperone Policy and Procedure

 <p>Underpinning Knowledge - What have we used to ensure that the policy is current:</p>	<ul style="list-style-type: none"> • CQC, (2017), <i>Nigel's surgery 15: Chaperones</i>. [Online] Available from: https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-15-chaperones [Accessed: 26/11/2019] • GMC, (2013), <i>Intimate examinations and chaperones</i>. [Online] Available from: https://www.gmc-uk.org/-/media/documents/maintaining-boundaries-intimate-examinations-and-chaperones_pdf-58835231.pdf [Accessed: 26/11/2019] • Care Quality Commission, (2014), <i>Duty of Candour: Regulation 20</i>. [Online] Available from: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour [Accessed: 26/11/2019] • GDC, (2016), <i>The Professional Duty of Candour</i>. [Online] Available from: https://www.gdc-uk.org/information-standards-guidance/standards-and-guidance/gdc-guidance-for-dental-professionals/the-professional-duty-of-candour [Accessed: 26/11/2019] • GDC, (2013), <i>Standards: Principle 6</i>. [Online] Available from: https://standards.gdc-uk.org/pages/principle6/principle6.aspx [Accessed: 26/11/2019] • GDC, (2014), <i>Raising Concerns</i>. [Online] Available from: https://www.gdc-uk.org/raising-concerns/raising-concerns-about-dental-treatment/how-do-i-raise-a-concern--- [Accessed: 26/11/2019] • GDC, (2015), <i>Fitness to Practise</i>. [Online] Available from: https://www.gdc-uk.org/about-us/what-we-do/fitness-to-practise [Accessed: 26/11/2019] • CQC, (2018), <i>Lone working in a Dental Practice: Dental Mythbuster 13</i>. [Online] Available from: https://www.cqc.org.uk/guidance-providers/dentists/dental-mythbuster-13-lone-working-dental-practice-setting [Accessed: 26/11/2019] • FDGP, (2016), <i>Clinical Examination Record Keeping Standards</i>. [Online] Available from: https://www.fgdp.org.uk/clinical-examination-record-keeping-standards/64-dental-trauma [Accessed: 02/12/2019] • Gov.uk, (2012), <i>Disclosure and Barring Service</i>. [Online] . Available from: https://www.gov.uk/government/organisations/disclosure-and-barring-service/about [Accessed: 26/11/2019] • HSE, (2013), <i>Safety Guidance on the Risks of Lone Working</i>. [Online] 5. Available from: http://www.hse.gov.uk/pubns/indg73.pdf [Accessed: 26/11/2019]
 <p>Suggested action:</p>	<ul style="list-style-type: none"> • Encourage sharing the policy through the use of the QCS App • Add the policy to the planned team meeting agendas • Share 'Key Facts' with all staff • Develop training sessions for relevant staff

DCR17 - Chaperone Policy and Procedure

? 1. Purpose

1.1 To ensure that Patients and Practice staff are aware of how Donovans Dental Practice will use chaperones to provide a safe environment throughout a Patient examination.

1.2 To show how the use of chaperones promotes respect, dignity and confidentiality for Patients and limits them from experiencing distress during any appointments within the clinical dental environment.

1.3 To ensure that the General Dental Council Professional Standards are implemented.

1.4 To ensure that registered Dental Care Professionals work with colleagues in a way that is in the Patient's interests.

1.5 To ensure that the Dental Team are appropriately supported when treating Patients.

1.6 To act in and protect the interests of Patients at all times.

1.7 To support Donovans Dental Practice in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	HS1: How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	HS2: How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?
SAFE	HS3: Do staff have all the information they need to deliver safe care and treatment to people?
EFFECTIVE	HE1: Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
EFFECTIVE	HE4: How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?
EFFECTIVE	HE6: Is consent to care and treatment always sought in line with legislation and guidance?
CARING	HC1: How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?
CARING	HC2: How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?
CARING	HC3: How are people's privacy and dignity respected and promoted?
WELL-LED	HW7: the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

1.8 To meet the legal requirements of the regulated activities that Donovans Dental Practice is registered to provide:

- Public Interest Disclosure Act 2005
- Sexual Offences Act 2003
- Crime and Disorder Act 1998
- The Care Act 2014
- Children Act 2004
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

DCR17 - Chaperone Policy and Procedure

- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- Safeguarding Vulnerable Groups Act 2006



2. Scope

2.1 The following roles may be affected by this policy:

- All staff

2.2 The following people may be affected by this policy:

- Patients

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- Local Authority
- External health professionals
- NHS



3. Objectives

3.1 There is a full understanding of identifying when a chaperone is necessary and the chaperone's role during a clinical examination, assessment and treatment.

3.2 To protect Patients from any risk of assault or mistreatment during an examination or consultation.

3.3 To protect the Dental Care Professional from the risk of any allegation of assault or other mistreatment during an examination.

DCR17 - Chaperone Policy and Procedure



4. Policy

4.1 Clinicians will offer the Patient the option of a chaperone, wherever required and identified, before conducting a clinical assessment or examination and will be aware of the criteria that a chaperone must satisfy.

4.2 All Practice Team members will have an understanding of the role of a chaperone, why a chaperone is necessary and the procedure for raising concerns.

4.3 Individual Patients may have different perceptions of what a chaperoned examination may mean and why it is necessary, especially for vulnerable Patients. It may be appropriate to offer a chaperone during some or all of a consultation, especially when any physical examination or other touching may be indicated. The presence of a chaperone could prove reassuring for the vulnerable Patient as well as the clinician in such circumstances.

4.4 A chaperone will usually be a Dental Care Professional who is:

- Familiar with the procedures involved in a clinical examination (and assessment in the event of trauma)
- Sensitive to and respectful of the Patient's dignity and confidentiality
- Able to reassure the Patient if they show signs of distress or discomfort (including any individuals who are also present, such as family members and advocates - though the patient is the primary concern)
- Able to stay for the whole examination and view/support the clinician if this is practical
- Prepared to raise concerns about the operator's conduct, behaviour or actions

4.5 All chaperones must be trained in the role. Non-clinical staff members who undertake a formal chaperone role must have undergone training to develop the required competencies, including:

- What is meant by the term chaperone
- What is meant by the term clinical examination
- Why a chaperone needs to be present
- The rights of the Patient
- The chaperone's role and responsibilities, i.e. to be present for the examination and provide verbal reassurance if required, and be positioned in the clinical environment so that they can hear and observe everything that takes place
- How to raise concerns arising from what they have observed

4.6 Non-clinical staff members who have been trained to be a chaperone must also have an up-to-date DBS check at the correct level for the role (dependent on their specific chaperone duties and what contact they have with Patients, especially children and vulnerable adults).

4.7 Donovans Dental Practice must offer a chaperone for any examination and course of treatment with a clinician, or a chaperone may be requested by a Patient. The offer of a chaperone is without regard to the gender of the Patient and that of the clinician involved. Anyone can ask for a chaperone to be present.

4.8 A chaperone will automatically be provided for a home visit (domiciliary) or for an individual within a residential health care setting, or provided by Donovans Dental Practice if they feel that a chaperone is necessary for the protection of the patient and clinician.

4.9 All clinicians (male and female) must first consider whether a clinical examination and/or assessment of the Patient is necessary. If the examination is necessary, the Patient will receive an explanation from the clinician setting out the reason for the examination and what will happen during the examination, before asking the Patient for further consent to proceed (and record this in the notes) - all in the presence of the chaperone.

4.10 Patients who request a chaperone must not be examined without a chaperone present, unless any delay in examining the Patient might adversely affect the Patient's health (such as acute trauma). Therefore, in these circumstances, the Patient's verbal and written consent will be obtained and the unchaperoned examination will be recorded in the Patient's notes, setting out the reason why the examination was necessary at that time when no chaperone was available.

If the Patient is to be immediately referred to secondary care and examination has not been possible due to the absence of a chaperone, the referral letter should explain the necessity for an examination to be carried out and why it has not already been undertaken.

4.11 If the Patient or the clinician does not want the examination to go ahead without a chaperone present, an offer will be made to postpone it to a later date when a suitable chaperone will be available (as long as the

DCR17 - Chaperone Policy and Procedure

delay will not adversely affect the Patient's health).

4.12 If a chaperone is indicated for the examination but the Patient declines, the clinician should:

- Find out why the Patient does not want a chaperone present
- Explain the role of the chaperone
- Explain why it is preferable for the Patient and the clinician to have a chaperone present
- Inform the Patient that the chaperone may be necessary to assist with the examination/assessment

If the Patient continues to decline, the clinician must decide on the best way to continue:

- Without a chaperone, based on clinical need with the written consent of the Patient, and the rationale for the examination going ahead fully documented in the medical record
- Ask a colleague to step in, but only if they and the Patient are more comfortable with this arrangement
- Refer the Patient to secondary care if this is appropriate
- Postpone the examination until the issue can be resolved
- No additional risks should be undertaken and the clinician must act in the best interest of the Patient

4.13 The chaperone will be present for the whole procedure (and will enter the clinical environment alongside the patient) but can be requested by the patient to leave the room prior to the disclosure of sensitive information and thereafter immediately return in the role of chaperone.

A clinician must have a reason for agreeing to the chaperone to leave the environment. If sensitive information is disclosed, which indicates safeguarding or risk of a Patient to themselves or to others, then the clinician will inform the Patient of Practice policy and professional conduct in event of patients at risk, and follow Donovans Dental Practice standard operating procedures alongside professional and occupational-specific safeguarding procedure.

4.14 Any conversations during the examination will be strictly professional and relevant only to the treatment required.

4.15 Notices and information offering a chaperone will be clear and visible in the Practice waiting area and clinical treatment rooms as well as on the website of Donovans Dental Practice and in the leaflet at Donovans Dental Practice.

4.16 A family member or a friend of the Patient is not an impartial observer and so cannot, under any circumstances, act as a chaperone. This will be clear from the displayed and available chaperone information.

4.17 A Patient may prefer to have a chaperone that they have arranged but this cannot be a family member or friend. This choice will be supported by Donovans Dental Practice if the person is suitable to be a chaperone.

4.18 A chaperone will be appointed in event of identification of a possible or known safeguarding issue.

4.19 The role of the chaperone is not be confused with the role of an advocate and the clinician is to ensure that the Patient understands the differences between a chaperone and an advocate.

DCR17 - Chaperone Policy and Procedure

5. Procedure

5.1 A Patient, especially if vulnerable in any way, may request a chaperone for any one-to-one setting or event where touching the Patient may be involved.

5.2 Before conducting the clinical examination in the presence of the chaperone, the clinician will:

- Explain why it is necessary to have a chaperone present
- Explain to the Patient why an examination is necessary and give the Patient an opportunity to ask questions
- Explain what the examination will involve so that the Patient understands what to expect, including any discomfort they may experience (in event of dental trauma)
- Obtain the Patient's informed consent before the examination and record this in the Patient's notes (see also the Consent Policy and Procedure)
- Ensure that the Patient's privacy and dignity are respected

5.3 Before the examination, the chaperone must be present to hear the explanation of the examination and the Patient's consent.

The chaperone will be present if the clinician has to seek consent for a second time because the examination or procedure differs from the information that the Patient was given earlier in the process.

5.4 Before the examination, the clinician will record the identity of the chaperone in the Patient's notes.

5.5 During the examination the clinician will ensure that:

- The chaperone is positioned where they can see and hear the Patient and how the examination is being conducted
- At any time during the examination, if at the explicit request of the Patient, the examination will stop immediately

5.6 The chaperone can leave the room following the clinical treatment so that the consultation can continue in private if the Patient requests.

5.7 If the Patient declines a chaperone, this will be recorded in the Patient's notes, together with the subsequent actions and supporting rationale.

The clinician will then make a professional and clinical judgement if treatment will still occur or if it will be postponed until a chaperone is available and arranged.

6. Definitions

6.1 Chaperone

- A trained but not necessarily dentally qualified impartial observer whose principal responsibility is to protect Patients from abuse. A chaperone's role is to be sensitive and respect the Patient's dignity and confidentiality during an examination and to reassure the Patient if they show signs of distress or discomfort
- For the purpose of this policy, the term chaperone is separate to that of the role of a Dental Nurse. The Dental Nurse will always act as a chaperone as per their role and responsibilities, whilst working within their own Scope of Practice, with regards to patient safety, supporting the clinician and preparing and maintaining the environment; however this policy relates to the event of a separate chaperone is required, or is required in addition to that of the Dental Nurse
- The presence of a chaperone will also prevent the risk of false allegations of abuse or mistreatment against a clinician or Dental Care Professional

DCR17 - Chaperone Policy and Procedure

Key Facts - Professionals

Professionals providing this service should be aware of the following:

- A chaperone's principal responsibility is to protect Patients from abuse
- All members of staff must understand the role of a chaperone, know who in the Practice is the appointed chaperone (independent to that of the Dental Nurse), and be aware of how to raise concerns
- The offer of a chaperone must be made whether or not the clinician who will carry out the examination is the same gender as the Patient
- A chaperone can reassure or comfort Patients during examinations that they may find embarrassing or distressing. They can also assist with the procedure, examination and treatment provided (if they are a registered Dental Care Professional or an enrolled student, with permission from the patient)
- A chaperone will help to protect clinicians from false allegations of abuse
- There are recommended procedures to follow if a Patient declines a chaperone or a chaperone is not available and there is an urgent clinical need for assessment or an oral/facial examination
- A distressing examination may include any consultation or examination where physical closeness or touching are deemed as distressing to patients
- A chaperone will be present for the explanation of and consent to treatment, as well as taking place where the patient and operator is clearly visible and chaperone can hear all conversations from both (or all) parties. This role is normally completed by the Dental Nurse, but if an individual or separate chaperone has been appointed, the chaperone is to remain during the entire procedure alongside the clinician and Dental Nurse
- All clinicians must be appropriately supported when treating patients
- All Dental Team members must work with another appropriately trained member of the Dental Team at all times when treating patients in a dental setting
- Dental clinicians must not provide any treatment if they feel or identify that the circumstances make it unsafe for patients. Only in exceptional circumstances, or unforeseen/non-routine situations, can the clinician work alone and not have any type of chaperone present. It is for the individual practitioner to check, risk assess and decide whether staff (outside of the clinical room) or individuals present in the building are trained for medical emergencies, and can be summoned immediately without delay

Key Facts - People Affected by The Service

People affected by this service should be aware of the following:

- You can ask for a chaperone to be present during an examination or consultation (in addition to a Dental Nurse)
- A chaperone will be provided by the examining clinician regardless of whether the clinician and the Patient are the same gender
- You can request an examination to stop at any time
- We will make sure the Chaperone Policy is available for you with information about chaperones in the Practice where you can see it. We will also put the information on our website

DCR17 - Chaperone Policy and Procedure

Further Reading

As well as the information in the 'Underpinning Knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Medical Protection - Chaperones:

<https://www.medicalprotection.org/uk/articles/chaperones>

General Dental Council - Standard 6:

<https://standards.gdc-uk.org/>

British Dental Association - Safeguarding and Chaperone Policies:

<https://bda.org/dentists/advice/legal-obligations>

General Dental Council - Fitness to Practise Policy:

<https://www.gdc-uk.org/about-us/what-we-do/fitness-to-practise>

Outstanding Practice

To be 'Outstanding' in this policy area you could provide evidence that:

- All staff understand the purpose of a chaperone and when, or in what circumstances, one should be offered and present
- All staff who chaperone are fully trained and have an up-to-date DBS check specific to their role and responsibilities
- All staff who chaperone undertake regular training and can perform all the necessary duties and requirements of the role of chaperone and understand when and why it is important for both the Patient and the clinician
- The Dental Team is confident in what should be done if no trained chaperone is available or if a Patient declines a chaperone
- The wide understanding of the policy is enabled by proactive use of the QCS App
- The role of the chaperone and training to support understanding should be linked into Safeguarding and Duty of Candour Training, and linked into identified Donovans Dental Practice policies
- Separate policies and risk assessments have been completed for any out-of-hours clinics, services and provision offered and provided to the public. All eventualities need to be included, including emergency situations and gaining support as soon as possible, if not immediately. Medical emergencies are to have an additional risk assessment which clearly demonstrates the provision and standard operating procedures of the team
- Lone working policies must run alongside Chaperone Policy and Procedures and systems in place to ensure that patients are protected at all times
- Duty of Candour, Fitness to Practise, reporting procedures, Whistleblowing and Safeguarding procedures all include lone working risks, and the workplace facilitation of chaperones implemented across all patients and scenarios, by fellow dental care professionals (dental nurses) and by identified independent chaperones
- The Recruitment Policy and Procedure of Donovans Dental Practice to be robustly implemented
- Donovans Dental Practice Induction procedures to include understanding of the role and responsibilities of a chaperone, especially for trainee students who will require additional mentoring
- Donovans Dental Practice will have a named chaperone in place that is displayed and clear for all patients to see on entering the building. This also includes being displayed in the Practice leaflet

DCR17 - Chaperone Policy and Procedure

Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Guidance and Considerations - DCR17	When identifying a chaperone and on completion of staff training.	QCS
Chaperone Checklist - DCR17	Initial training, risk assessments and identification of a named chaperone.	QCS

Safeguarding – A Guide for Dental Staff

What is Adult Abuse?

Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering.

Abuse can happen anywhere – at home, in a residential or nursing home, a hospital, in the workplace, at a day centre or educational establishment, in supported housing, in the street, on line.

What Does Safeguarding Mean?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

What Should you do if you are Concerned that Someone is Being Abused or is at Risk of Abuse?

- **Act** - don't assume that someone else is doing something about the situation

Doing nothing is not an option!

- If anyone is injured get a doctor or ambulance
- If you think a criminal offence has been committed call the **Police** on **999**
- Speak to your manager as soon as possible. If you think no action has been taken, escalate to a more senior manager. If you are still concerned follow your **Whistleblowing Policy**. You should always follow your local safeguarding procedures. Ask your manager if you aren't sure what they are
- Make a note of your concerns, what happened and any action you take so that you can tell your manager. Think about **Who?** (Is involved) **What?** (Has happened) **Where?** (Where did it take Place)

What are the Types of Abuse?

The Care Act 2014 defines the different types of abuse. It is not intended to be an exhaustive list but a guide to the sort of behaviour which could trigger a safeguarding concern:

Types of Abuse	Types of Behaviours
Physical abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions
Sexual abuse	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing, or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
Financial or material abuse	Theft; fraud or exploitation; pressure regarding wills, property, or inheritance; misuse of property, possessions or benefits
Modern Slavery	Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
Domestic Violence and Abuse	Psychological, physical, sexual, financial, emotional abuse, 'honour' based violence
Neglect	Ignoring medical or physical care needs; preventing access to health, social care, or educational services; withholding the necessities of life, such as food, drink, or heating
Discriminatory abuse	Including forms of harassment, slurs or similar treatment: because of race, gender and gender identity, age, disability, sexual orientation or religion
Organisational abuse	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation
Self- Neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding
Psychological abuse	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks

Chaperone Checklist - DCR17

<p style="text-align: center;">Chaperone required</p> <p style="text-align: center;">Yes / No</p>	<p>Selection of the chaperone needs to be considered.</p> <p>Professional, clear DBS, understands role of clinical environment, understands own professional boundaries, common Patient responses in clinical environments. Clear, open and honest communication skills. Empathic and calm under pressure.</p> <p>Yearly training to occur after documented induction into the role of the chaperone.</p> <p>If yes, record on notes who has requested chaperone and reasons for this. Records to be contemporaneous.</p> <p>If clinician has requested chaperone to be present (and separate from the assistance of a dental nurse) then justification must be recorded. Is it a potential safeguarding issue, is the individual vulnerable, has there been previous actions or communications with the Patient that have resulted in this request for chaperone?</p>
<p style="text-align: center;">Chaperone identification</p> <p style="text-align: center;">Chaperone training</p>	<p>Record chaperone name. If the Patient has specifically requested a male/female chaperone, unless medically required, and the workplace is unable to accommodate, then inform the Patient of policy with regards to role of chaperone.</p> <p>Chaperone training to have been completed yearly (as a minimum). DBS to be maintained throughout the role of chaperone - therefore measures in place to check on a regular basis and maintain records.</p> <p>Staff training. Induction training. Records to support implementation of chaperone training and any changes to names chaperone(s).</p>
<p style="text-align: center;">Patient declines chaperone</p> <p style="text-align: center;">Operator declines chaperone</p>	<p>Discuss with the Patient, without prejudice and discrimination.</p> <p>Be fair and consistent during discussions.</p> <p>Record reason for operator and Patient refusal for chaperone.</p> <p>Explain to the Patient the role of a chaperone and why it has been requested/is required.</p> <p>Clear guidance in place to confirm procedures to team on actions to take in the likelihood of this occurring.</p>
<p style="text-align: center;">Gain consent</p>	<p>Patient consent for chaperone to be gained and recorded. Verbal and written records required.</p>
<p style="text-align: center;">Is the operator suitably supported clinically as a result of no chaperone in place?</p>	<p>If no, can the clinician/operator gain access to another member of the staff (in the building) with immediate effect, in event of medical emergency?</p> <p>Has the operator confirmed that the other individual who can be called upon in an emergency, is suitably trained and efficient with regards to medical emergencies.</p> <p>Consider if the clinician is safe or requires additional protection.</p> <p>Is the Patient safe or requires additional support and protection?</p>

Chaperone Checklist - DCR17

<p>Have Health & Safety risks been assessed?</p>	<p>Have any risks of aggressive or threatening behaviours been identified?</p> <p>Be aware that no chaperone in place, leaves the professional open to allegations of inappropriate behaviours.</p> <p>Risks of potential assault.</p>
<p>Location of treatment</p>	<p>The location of where the treatment will be delivered and facilitated should be considered - is it within the normal working environment?</p> <p>A different clinical environment than usual, may contribute to additional factors relating to a Patient or treatment.</p> <p>Domiciliary care including a Patient's home, a health care environment, nursing home/residential care home/independent living, should all be included in the risk assessment and role of the chaperone and clinician.</p> <p>Patient care is paramount and the primary concern; ensure the Patient is comfortable, agreeable and confident of the location prior to treatment.</p>
<p>Record keeping</p>	<p>Clear and effective record keeping to be maintained throughout all stages. Available for auditing and external quality assurance activities.</p>
<p>Have the Patient's interests been put first?</p>	<p>Justification at all stages is to be clear.</p>
<p>Any additional considerations?</p>	<p>Clinician and team to consider if any contributing factors that affect the role of the chaperone, or affect Patient care and safety, health and safety legislation and professional practice and responsibilities.</p> <p>Examples of additional factors that require consideration:</p> <ul style="list-style-type: none"> Safeguarding Advocate required Interpreter required Personal or social factors Access to treatment Specialist equipment or materials required Suitability of environment Lone working policies Health & Safety at Work Act 1974 Scope of Practice