

**Chaperone Policy:**

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There is no common definition of a chaperone, and their role can differ based on the service offered and the needs of the client/service user but the following points should be used when acting as a chaperone:

* Chaperones should act as a safeguard against things like pain, humiliation, or distress for the client, and protect from verbal, physical, sexual or other abuse.
* The chaperone should use other forms of communication if required, like braille or using resources for someone who does not speak English so the client can understand the procedure.
* The chaperone should provide emotional support and reassurance, and when warranted and consented by the client, physical support.
* Provide support and protection for other healthcare professionals when unwarranted allegations or claims are made and/or potentially abusive clients.
* Offer emotional support, reassurance, or practical support to clients.
* Identify any unacceptable or unusual behaviour by another healthcare practitioner.

This chaperone policy is designed to protect the client including and not limited to, their safety, privacy and dignity when attending the clinic. Whilst intimate examinations are not carried out in the clinic, the practitioner will have to be in close proximity to the client in order to safely assess and carry out the procedure. An awareness of cultural differences and what might be classed as intimate is therefore required. The policy is designed as well to protect the practitioner and minimise the risk of the practitioner’s actions being misinterpreted.

Alongside following the NMC code of conduct, the practitioner will apply the chaperone policy to all clients who require it. This includes if using technology for a consultation. The policy also works alongside the other Refine Beauty Aesthetics policies, for example, consent and safeguarding adults’ policy. It is good practice to offer chaperone support for any consultation that the client feels are required. This can be offered verbally, via posters or leaflets. The clinic will initially ask every client verbally if this is something they wish but will continue to monitor this to see if a poster or leaflet would be more beneficial.

A chaperone is a safeguard present for all involved, and a witness to the consultation or procedure. To maintain dignity and respect for the client, the chaperone should be the same sex as the client. The client can decline the chaperone and request another for any reason if they feel the person is not acceptable. The chaperone can be there to offer support and reassurance to the client or take a more formal role depending on the wishes of the client. An informal chaperone could be a family member or friend, offering reassurance and not actively taking part in the examination or witness the procedure directly. A formal chaperone could be another healthcare professional like a nurse where they might assist the practitioner in passing equipment for example.

Having a chaperone could identify any improper behaviour by another practitioner or protect the practitioner from unfounded claims of improper behaviour. The chaperone should be present for the examination or consultation, but not during the discussion of confidential information post treatment. Most circumstances will not apply to the clinic, as intimate examinations will not be carried out, nor would non-surgical interventions be carried out on clients without capacity. However, an awareness that clients could have a history of abuse, difficult or unpredictable behaviour or making allegations against practitioners could apply. Should a chaperone not be available when requested by the client, they will be offered the option to rebook to when a chaperone is available.

Should an emergency situation occur that requires lifesaving treatment, and a chaperone is not available, the practitioner will still continue, but document in the clients’ notes.

For each client, a full explanation will be provided prior to the treatment, and if the client declines a chaperone this will be documented in the client’s notes. If a chaperone is present or absent, this will also be documented. Each client will be required to fill out a consent form on the app Fresha used by the clinic, and before the procedure begins, will be asked verbally for consent as well.

As Robyn is a sole worker in the clinic, accurate and factual documentation is paramount along with good communication with the client. Robyn as part of her NHS role is familiar with the chaperone policy used in her local health board and has also done online training as well. Robyn follows the NMC code of conduct and routinely takes part in training either in her main workplace or online to maintain a good understanding of the chaperone policies, but also other policies as well. Robyn will continue to monitor and assess whether the policies used by the clinic are appropriate and in line with current guidance. This will be done on an annual basis.