

Chaperone Policy

1. Purpose

This policy outlines the approach to chaperoning within ARK-G Dental Centre, ensuring compliance with NHS England guidance and GDC Standard 6.2. It aims to safeguard patient dignity, provide appropriate support for practitioners, and clarify the role of a chaperone.

2. Scope

This policy applies to Practices in England for all staff, including dentists, dental hygienists, dental therapists, dental nurses, and administrative staff involved in patient care. It covers all patients, both Private and NHS. [Sections 7 and 8 apply exclusively to NHS patients only.]

3. Definitions

3.1. Chaperone

A chaperone is an appropriately trained member of staff who accompanies the practitioner and patient during dental examinations, treatments and consultations. Relatives, friends, or carers cannot act as a chaperone, but may attend upon the patient's request for additional support.

3.2. Routine Dental Care

This includes, but is not limited to:

- a. Examinations
- b. Diagnostic procedures, e.g. dental radiography, periodontal assessments, clinical photography, etc.
- c. Treatments, such as restorations and extractions, etc.

3.3. Consultations

These include, but are not limited to:

- a. In-person consultations
- b. Video consultations
- c. Telephone consultations
- d. Online consultations

4. Responsibilities

4.1. Certain tasks can be delegated, but the Practice Manager, is responsible for overseeing this policy's implementation and ensuring compliance with its procedures. If the Practice Manager is absent, the Practice will appoint a suitable person to take charge and ensure compliance is maintained.

4.2. The role of the chaperone is to provide emotional comfort and reassurance to the patient, act as their advocate, provide interpretation if required, and help maintain privacy and dignity by providing evidence about the treatment or consultation where concerns are identified.

5. Chaperone Provision during Routine Dental Care

5.1. It is Practice protocol that the accompanying dental nurse takes on the role of the chaperone during dental procedures; this also ensures that practitioners are appropriately supported, that aid is available in the event of a medical emergency and that patients feel safe and respected.

6. Chaperone Provision during Emergency Care

- 6.1. In exceptional circumstances, such as out-of-hours emergency care, a dental nurse, or other suitably trained GDC registrant may not be immediately available to take on the role of a chaperone.
- 6.2. In these cases, the clinician will assess the possible risks to the patient before starting treatment and will discuss the risks of deferring treatment to allow the patient to make an informed decision whether to postpone until a chaperone can be provided.
- 6.3. Where treatment proceeds in the absence of a chaperone, a risk assessment (M 297B) is undertaken in line with GDC Standards, and appropriate measures are implemented to reduce the risks.

7. Offer of a Chaperone

- 7.1. In line with NHS England Guidance, the reception team will ensure patients are made aware of the Practice chaperone arrangements outlined in this policy at the time of booking their appointment and again upon attendance.
- 7.2. If patients are unhappy with the arrangements, alternative chaperone provisions can be considered, subject to availability, such as changing the designated nurse or providing an additional member of the team to take on the role of a chaperone.
- 7.3. If an alternative chaperone is not immediately available to meet the patient's needs, and the patient does not wish to proceed without one, an option to reschedule their appointment within a reasonable timeframe is offered.
- 7.4. The risks of deferring the appointment are appropriately explained to the patient, with the decision to postpone or proceed without a chaperone being mutually agreed upon between the patient and the treating clinician.
- 7.5. Patients are also offered the choice to have a chaperone present in advance of any one-to-one consultations, especially where images are needed to support clinical decision-making. In these situations, the chaperone may be a trained non-clinical staff member, provided the patient consents to this arrangement.
- 7.6. When offering alternative chaperoning provision, the patient's preferences in relation to gender, religious beliefs, accessibility needs and other personal circumstances are considered. The Practice shall make all reasonable efforts to accommodate such requests. Patients also have the right to decline a chaperone or refuse a specific individual offered as one.

8. Recording the Provision of Chaperones

- 8.1. Where an offer of alternative chaperone provision has been discussed with the patient, the details of this are recorded in the patient's clinical notes, including:
 - a. Who discussed the options for alternative chaperone provision
 - b. Whether the alternative chaperone provision was accepted/declined
 - c. Any patient preferences, e.g. chaperone gender, religious considerations, etc.
 - d. Any reasonable adjustments, e.g. communication support
 - e. Name/title/role of the chaperone (where provided)
- 8.2. If alternative chaperone provision has been requested but is unavailable, the risks of deferring treatment are explained to the patient and recorded in their clinical notes.

8.3. If treatment has proceeded in the absence of a chaperone, the reasons why are clearly documented in the patient's clinical record, along with confirmation that the patient agreed to this.

9. Patient Information

9.1. Information regarding the chaperone arrangements is available in reception[, in consultation rooms, and on the practice website]. A copy of this policy can also be provided to patients in an accessible format upon request.

10. Training and Competence

10.1. All team members are made aware of the Practice chaperoning arrangements at induction and during annual practice meetings.

10.2. All chaperones have appropriate DBS checks in place.

10.3. Chaperones provided for patients receiving NHS treatment have received additional training on their role utilising the [NHS eLearning resource](#), which covers:

- a. Role and purpose of the chaperone
- b. Rights of the patient
- c. Record management
- d. Escalation routes
- e. Observation and responding to distress

11. Monitoring and Review

11.1. The Practice undertakes regular reviews of its chaperone arrangements to ensure they remain effective and meet the needs of its patients. This includes ensuring that:

- a. NHS patients are being offered alternative chaperone provision, where required
- b. NHS patient records regarding chaperones are well-maintained
- c. Any appointment rescheduling is recorded with a rationale
- d. Chaperones are up to date with their training
- e. Patient and staff feedback regarding chaperones is being reviewed and considered

12. Raising Concerns

12.1. It is the Chaperone's duty to remain alert to signs of distress and encourage patients to ask questions or seek clarification during dental procedures and consultations.

12.2. Chaperones are responsible for escalating any concerns regarding unusual or unacceptable behaviour to the Practice Manager and nominated Safeguarding Lead immediately, in line with the Practice Whistleblowing Policy (M 233-WBP), Freedom to Speak Up Policy (M 233-FSU) and Safeguarding Policy (M 233-CVP).

13. Compliance

Adherence to this policy is expected. Non-compliance may result in injury and/or disciplinary action. Please contact the Practice Manager with any questions or for further clarification on any points contained in this policy.

14. Review and Revision

This policy is reviewed annually and updated to ensure its effectiveness and compliance with current regulations, guidance, and standards.