

Use of Medical Chaperones in the Inpatient & Outpatient Settings

Office of Origin: Risk Management

I. PURPOSE

To define the circumstances when a trained medical chaperone is utilized for patients 8 years of age and older or when necessary to ensure that patient safety, privacy and dignity is protected during sensitive physical examinations, procedures, treatments, or in the delivery of routine medical/clinical care, in accordance with University policy and standards.

II. REFERENCES

UCSF Medical Center Administrative Policies

- 1.02.09 Code of Conduct and Principles of Compliance
- 6.04.10 Patient Rights and Responsibilities
- 6.07.16 Assessment of Patients
- x/xx/xx Other Policies being drafted

Interim Guidelines and Directive to Improve Prevention, Detection, and Response to Sexual Misconduct in the Clinical Setting (Dated December 9, 2019)

AMA Code of Medical Ethics Opinion 1.2.4

American Academy of Pediatrics. Committee on Practice and Ambulatory Medicine. *Policy Statement – Use of Chaperones During the Physical Examination of the Pediatric Patient. Pediatrics.* 2011;127(5):991-993.

* Others?

III. DEFINITIONS

- A. **Sensitive Physical Examination:** Aspects of the physical examination of any patient that involve inspection, palpation or internal visualization of the ano-rectal area, genitalia, reproductive organs or breasts. Also includes examinations involving external visualization of GU areas whether or not the patient is disrobed.
- B. **Sensitive Procedures:** Procedures which require exposure or instrumentation of the above sensitive areas, including, but are not limited to the following: urinary catheterization, voiding cystourethrogram, chest or pelvis ultrasounds, rectal examination, rectal ultrasound, pelvic exams, and other procedures which require exposure or instrumentation of the above sensitive areas, including enemas, foley care, medication administration. Includes procedures or medical/clinical care or treatment involving the complete removal of outer clothing down to underwear or less.

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- C. **Trained Medical Chaperone:** A medical chaperone is a trained staff member designated to act as an independent witness for a patient and health care provider or staff during a sensitive physical examination, procedure, or treatment. Trained staff functioning in the chaperone role are staff who are:
1. Familiar with the examination or procedure being performed.
 2. Will raise concerns if unusual behavior occurs or if the chaperone believes it may have occurred.
 3. Share a common language with the patient, if not, an interpreter should be used.
 4. Sensitive to the patient's dignity and confidentiality.
 5. Will provide patient support and reassurance throughout.
 6. Will avoid unnecessary personal comments and encourage questions from the patient and/or family.
- D. **Non-medical Chaperone:** A family member or a familiar person to the patient who provides reassurance and emotional support leading up to and including examinations and procedures. Non-medical chaperones do not replace the need for a medical chaperone when indicated by this policy.

IV. POLICY

- A. This policy applies to all healthcare professionals, staff, students or contractors including non-medical personnel who may be involved in providing care.
- B. Parents, legal guardians, other caretakers or the patient will be advised of the need for a trained medical chaperone to be present during any sensitive physical examinations, procedures or medical/clinical care and treatment.
- C. A medical chaperone must be offered in the following ~~shall be present in the following~~ situations:
1. In the case of any sensitive physical examination or procedure as defined in Section III. A. and B.
 2. Whenever requested by the patient/parent-guardian or caregiver.
- D. A healthcare professional **may elect** to have a trained medical chaperone present during any physical examination or procedure in the following circumstances:
1. If there is concern that a parent/guardian's will interfere with any physical examination or procedure.
 2. If there is concern for child or elder abuse.
 3. If a parent/guardian has mental health concerns, disruptive behavior, anxiety, or developmental delay which may interfere with the physical examination or procedure.
 4. If a healthcare professional feels it is warranted during the performance of any routine examination or personal care.

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- E. A patient (or the parent/guardian of a Minor under the age of 13) **may opt out** of the requirement to have a trained medical chaperone present for the performance of a sensitive exam or sensitive procedure. The opt out must be verbalized to the medical chaperone as set forth in Section V. H., and documented as set forth in Section K.
- F. Patient's friends and family should not be used in the role of a medical chaperone. They can be included in the exam, if appropriate, in addition to the medical chaperone, but not in place of the medical chaperone.

V. PROCEDURES

- A. A trained and independent medical chaperone must be present during any Sensitive Exam or procedure as defined in Section III A, and B unless the patient (or the parent/guardian of a Minor under the age of 13) has opted out. See Section H below.
 - 1. A medical chaperone is not required in situations where delay of an examination or procedure may cause harm to the patient or delay a response to a life-threatening emergency.
- B. The health care provider or staff member may request the presence of a medical chaperone at any time, when in their judgment the presence of a medical chaperone is advisable to protect the patient and/or staff, as set forth in Section IV. D above.
- C. The health care provider should communicate in advance to the patient or parent/ guardian what will be involved in the physical examination or procedure, to ensure there is not a

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- misunderstanding about the reasons for the intervention or what the patient can expect during the examination or procedure.
- D. The patient should be placed in a private space and given a gown and drapes to ensure privacy, dignity and comfort. Allow patient or guardian to assist in undressing wherever possible.
 - E. The patient should be instructed to inform the health care provider of any discomfort during the examination or procedure, including stopping the exam if needed.
 - F. The medical chaperone is positioned within view of the patient and provider to observe how the examination or procedure is performed, while honoring the patient's privacy and dignity.
 - G. If a patient or guardian "opts out" or declines the presence of a trained chaperone (as set forth in Section IV. E), they must inform the chaperone that they do not want a trained medical chaperone present for their examination or procedure.
 - H. If a patient or guardian "opts out" or declines to have a trained chaperone present for an examination or procedure, a physician or other healthcare provider **may be permitted** to decline to proceed with a sensitive exam or procedure.
 - 1. If not proceeding with the sensitive exam or procedure puts the patient at risk of harm, efforts should be made to find another provider to perform the sensitive exam or procedure.
 - 2. This may entail rescheduling the patient's examination or procedure.
 - I. The chaperone will immediately intervene if practicable, and report behavior or concerns to their supervisor in the following circumstances:
 - 1. If chaperone witnesses or suspects any behavior that the chaperone feels is inappropriate;
 - 2. If the patient reports any behavior to the chaperone or the provider as being inappropriate.
 - J. The immediate supervisor of a chaperone should be someone other than the physician or provider they are assigned to chaperone.
 - 1. A medical chaperone shall not be subject to retaliation for complying with their reporting obligations pursuant to this policy.
 - K. When feasible, chaperones should rotate from provider to provider, so that they do not always chaperone the same provider. Gender considerations should be determined according to the patient's wishes and comfort level.
 - 1. A Resident or Fellow should not serve as a medical chaperone for their Attending physician.

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L. Documentation in Medical Record

1. The healthcare provider should document in the medical record when a medical chaperone is used for any indication, including the name of the chaperone.
2. If the patient or parent/guardian “opts out,” or the use of a medical chaperone is declined, the chaperone must document in the medical record the patient or parent/guardian’s reason for the declining the presence of the chaperone.
3. When an examination is canceled or rescheduled due to the patient or parent/guardian “opting out” or declining the presence of a medical chaperone, the event should be documented in the medical record.

VI. RESPONSIBILITY

Questions about the implementation of this policy should be directed to the Risk Management Department.

VII. HISTORY OF POLICY

- A. Approved (date) by (Susan Smith MD, Adrienne Greene MD, Pat Patton and Kimberly Diminio JD).
- B.

VIII. APPENDIX

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