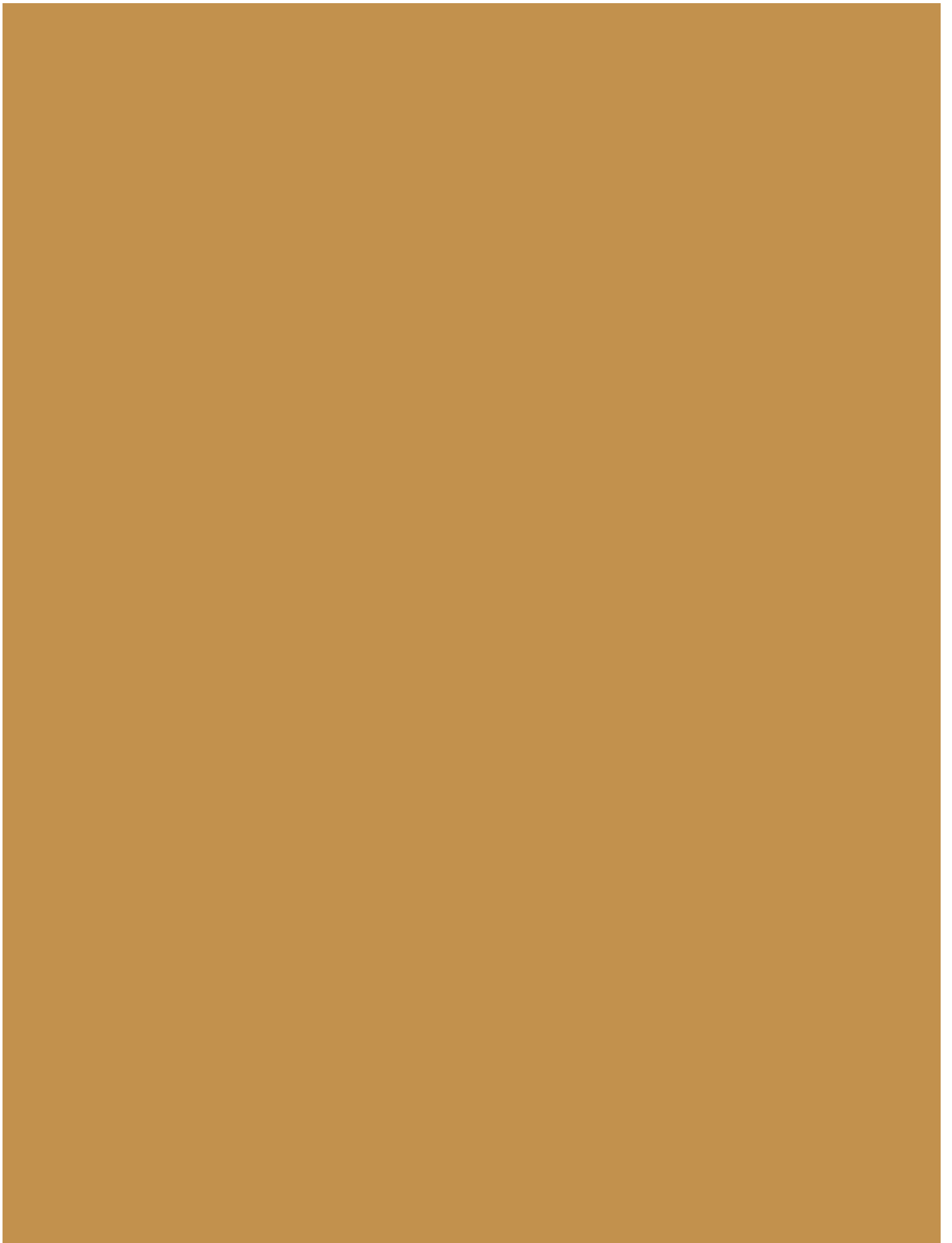


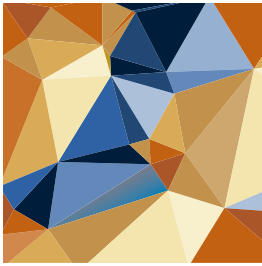


**CONSENSUS RECOMMENDATIONS OF THE
FLORIDA ACADEMIC HEALTHCARE PATIENT
SAFETY ORGANIZATION FOR THE**

**USE OF MEDICAL
CHAPERONES DURING
SENSITIVE EXAMINATIONS**



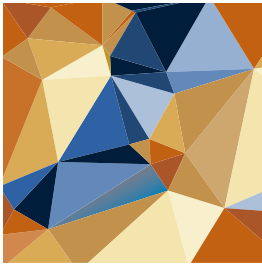




Consensus Recommendations of the Florida Academic Healthcare Patient Safety Organization for the Use of Medical Chaperones During Sensitive Examinations

These consensus recommendations, developed by the Florida Academic Healthcare Patient Safety Organization (FAH PSO), are for informational purposes only and should not be construed or relied upon as the legal standards of care or a clinical practice guideline. The applicable standard for any particular patient is determined by many factors, including the patient-specific clinical data available, and is subject to change given developments in scientific knowledge, technological advances, and the evolution of healthcare. The ultimate decision regarding the appropriateness of any medical care and treatment for any individual patient is subject to that patient's clinical presentation and the reasonable judgment of the individual healthcare provider, in light of all information and circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

The FAH PSO recommends institutions review these guidelines and accept, modify, or reject these recommendations based on their own institutional resources and patient populations. Any decision not to implement any of the recommendations herein, either fully or partially, should not be construed as evidence of negligence. Any recommendations, templates, proposed policies, or documents contained herein are solely illustrative. Additionally, institutions should continue to review and modify these recommendations as the science continues to evolve. Adherence to or adoption of the consensus recommendations referenced in this publication does not guarantee a successful outcome. These consensus recommendations do not include a comprehensive listing of all methods or models of management. No statement or recommendation in this report should be construed as legal advice or as the official position of any of the institutions referenced in the report. It is anticipated that these recommendations will require updating as patient care evolves.



Participants

The following healthcare providers participated in the development of these consensus recommendations. This publication does not necessarily reflect the views or opinions of any particular healthcare provider, university institution, or healthcare organization. Again, these recommendations are not intended to create nor should they be construed as the legal standard or care or a clinical practice guideline. None of the participants has any affiliations or financial involvement that conflicts with the material presented in this report.

Christopher DeLisle, DO

Medical Director
Florida State University
University Health Services

LeAnn Gutierrez, PhD, MBA

Director
Florida Atlantic University Student Health Services

Joni Jones, BS, RT (R)(CT)(MR)

Accreditation and Quality Improvement Manager
Florida State University
University Health Services

Amy Magnuson

Florida State University
University Health Services

Katresa Peterson, RN

Womens Clinic Supervisor
Florida State University
University Health Services

Douglas G. Meuser, MD, FAAFP

Assistant Director
Clinical Services
University of Central Florida Health Services

Elizabeth Powell, BSN, RN

Nurse Supervisor
University of Florida Student Health Care Center

John E. Trainer, III, MD, FAAFP, DABFM

University of Florida Student Health Care Center

Jennifer Donelan, APRN

Womens Clinic Supervisor
University of Florida Student Health Care Center

Maricelly T. Rodriguez, CCMA, BAS, HSA

Clinical Program Coordinator
HSTs/CMAs/Scribes – Supervisor
University of Florida Student Health Care Center

Joseph A. Puccio, MD, FAAP

Medical Director
University of South Florida Student Health Center

Alison Schwartz, MD

Florida Atlantic University Student Health Services

Editorial Staff

Francys Calle Martin, Esq., LHRM

Vice President
Florida Academic Healthcare Patient Safety Organization
Content Author and Editor

Randall Jenkins, Esq.

President
Florida Academic Healthcare Patient Safety Organization
Copy Editor

Kari Valentine, Esq.

Copy Editor

Stephanie Gann

Business Analyst
Florida Academic Healthcare Patient Safety Organization

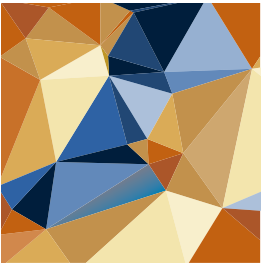


About the Florida Academic Healthcare Patient Safety Organization

In 2005, Congress developed and enacted the Patient Safety and Quality Improvement Act (PSQIA) with the intent of cultivating a culture of safety and improving healthcare, by providing federal privilege and confidentiality protections for information that is reported to a Patient Safety Organization (PSO), developed by a PSO, or which represents the analyses and deliberations of patient safety events, for the conduct of patient safety activities. The PSQIA promotes the sharing of knowledge gleaned from these patient safety activities and the sharing of best practices and recommendations that seek to improve the quality of healthcare.

The Florida Academic Healthcare Patient Safety Organization (FAH PSO), listed by the Agency for Healthcare Research and Quality on April 22, 2014, represents a significant step toward improving patient safety in the third most populous state in the United States. The PSQIA and the associated federal confidentiality protections provide the required framework to allow the sharing of sensitive patient information among medical providers located at the six different State of Florida medical universities training the next generation of healthcare providers. The FAH PSO represents Florida Atlantic University, Florida International University, Florida State University, the University of Central Florida, the University of Florida, the University of South Florida, and the respective institutions' healthcare providers working together to improve patient safety and healthcare.





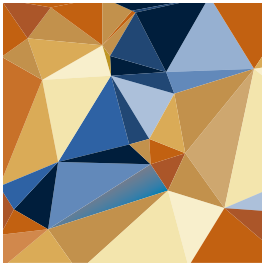
Executive Summary

In 2021, at the behest of its membership, the FAH PSO convened a Medical Chaperone Policy Work Group to arrive at an expert consensus of recommendations for effective management of sensitive examinations and procedures, including recommendations for training of healthcare providers, documentation of examinations, and the development of policies to guide healthcare providers and facilities. The FAH PSO sought to create these recommendations supported by a subject matter expert panel, review of the available literature, and identification of professional practices of healthcare providers actively involved in the provision of these services.

This Work Group began with a review of the latest scientific evidence, guidance, and opinion statements from relevant professional societies on the appropriate and effective management of sensitive examinations in the ambulatory setting. Further insights were gathered from subject matter experts in Medicine, Gynecology, and Student Health. The Group generated the following recommendations for the management of sensitive examinations through the use of medical chaperones, with the goal of developing a system that promotes the dignity and safety of patients and enhances standardization and training about clinical boundaries and expectations during sensitive exams.

The following recommendations reflect the aim, mission, and consensus opinions of the Medical Chaperone Work Group. These recommendations offer guidance to healthcare providers and facilities in their efforts to provide safe, effective, and evidence-based healthcare. Specific resources will differ for and within each institution. These recommendations are supported by the literature available at the time of publication.

- Recommending a policy on sensitive examinations in the clinical setting, addressing and enhancing education and training, credentialing and due diligence, and other prevention and identification requirements;
- Encouraging stakeholders at all levels of the organization to effectively escalate patient safety concerns wherever they arise, including in cases of sexual misconduct;
- Addressing staff reporting structures to further facilitate reporting of suspected misconduct;
- Enhancing patient education and feedback mechanisms, and developing new policies and protocols to more quickly assess and respond to patient feedback with an emphasis on patient advocacy;
- Updating any existing chaperone policy to recommend a chaperone for all sensitive examinations, annual training for chaperones, and rotation of chaperones between clinicians;
- Providing regular training on sexual violence and harassment prevention and maintaining professional boundaries; and
- Developing a standard response to such allegations in the clinical context.



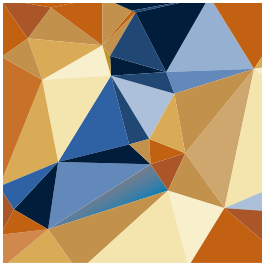
Definitions

A **Chaperone** is a person who acts as an advocate for a patient and a health professional during a medical examination or procedure. The chaperone should be, whenever possible, the gender that the patient feels most comfortable with. A chaperone may also assist the health professional or provide support to the patient with personal hygiene, toileting or undressing/dressing requirements if requested or needed by the patient. A family member may be present during sensitive examinations or procedures if it is the expressed desire of the patient, but should not serve as a chaperone for the purposes of a chaperone policy.

A **Sensitive Examination** or procedure includes the physical examination of, or a procedure involving the genitalia, rectum, or breasts of a patient. A patient's personal and cultural preferences may broaden their own definition of a sensitive examination, and therefore, chaperones will always be provided for other examinations if requested by a patient, parent, or legal guardian.

A **Vulnerable Patient** is anyone under the age of 18 or a person who lacks the capacity to give informed consent or is unable to protect themselves from abuse, neglect, or exploitation. Vulnerable patients cannot decline a chaperone during a sensitive exam.

Osteopathic Manipulative Treatment (OMT) is a hands-on technique used primarily by osteopathic physicians to diagnose and treat a number of health conditions, including migraines, asthma, menstrual pain, and joint and muscle issues. Depending on the condition being treated, the OMT will involve the use of a provider's hands to move joints and muscles through a range of motion with pressure, resistance, and stretching. Though a sensitive examination will, in most circumstances, involve the genitalia, OMT may also have a similar impact on the patient's comfort during an examination. Any provider that is performing an osteopathic examination or manipulative treatment, should also be mindful of how these maneuvers may impact the patient's dignity and safety during an examination.



The Need for Medical Chaperones

The Ohio State University. Penn State University. University of Southern California. Unfortunate and frequent allegations of sexual abuse on college campuses permeate our news, with devastating after effects for students and repercussions for the healthcare provider involved and administrators accused of failing to do more.

The Ohio State University investigation centered on allegations of sexual abuse that occurred over 20 years ago, while Dr. Richard Strauss was employed by the Athletics Department and Student Health. The investigation concluded that Dr. Strauss had abused at least 177 male Patients and that OSU was aware of the abuse as early as 1979. OSU was faulted for failing to report Strauss' conduct to law enforcement. A \$40.9 million settlement was reached with 162 survivors in 12 separate lawsuits.

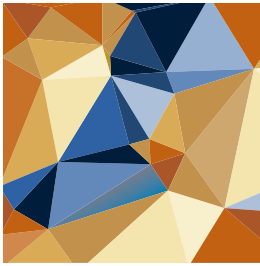
The Penn State University allegations and subsequent conviction of Jerry Sandusky involved 45 counts of child sexual abuse over a period of 15 years. The Penn State president, vice president, and athletic director were charged with perjury, obstruction of justice, failure to report suspected child abuse, and related charges. The Board of Trustees' investigation also faulted the head football coach, finding a "total and consistent disregard...for the safety and welfare of Sandusky's child victims."

For nearly 30 years, the University of Southern California's student health clinic had one full-time gynecologist: Dr. George Tyndall. Though complaints against him began in the 1990s, it wasn't until 2016 that he was suspended after an internal investigation determined his behavior amounted to sexual harassment. He was charged with 29 counts of sexual penetration and sexual battery by fraud. A class action lawsuit was filed against USC that resulted in a \$215 million settlement with more than 18,000 women. USC's president resigned as a result. It should be noted that Dr. Tyndall often had chaperones in the room during examinations.

Chaperone policies seek to provide a consistent, standard, and safe care environment for patients, promoting respect for the patient's dignity and the professional nature of sensitive examinations, procedures, or care. Chaperones may be requested by the patient for physical, psychological, and cultural reasons, and each should be given consideration. The presence of a chaperone during a sensitive examination can help put the patient at ease, particularly in the early stages of the patient-provider relationship, as well as for patients with little or no experience with sensitive examinations. Offering a chaperone may ease anxiety and demonstrate the provider's respect for cultural or personal sensitivities, and promote the patient's appropriate sense of agency in healthcare interactions.

In addition to enhancing patient experience and safety, the chaperone's presence may also provide protection to providers against unfounded allegations of improper behavior. For example, false claims of sexual assault, or threats of such allegations, may be used to manipulate the provider into providing specific treatment or controlled substances. If such allegations are made, the chaperone may also serve as a witness to the events occurring during the patient examination. Both the provider and the facility would benefit from an additional witness to the interaction.

A chaperone should be treated as an advocate and be able to provide feedback to both the patient and the provider, without any fear of retaliation. The presence of the chaperone is intertwined with the culture of the institution and its appropriate response to suspected unprofessional or unsafe behavior. An effective chaperone policy will allow patients to feel safer, while also allowing providers to become more responsive and sensitive to patient's needs, reinforcing the provider-patient relationship.



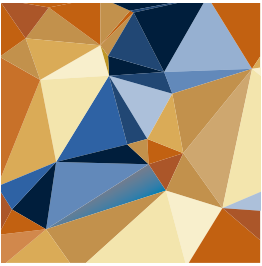
The Need for Medical Chaperones *(continued)*

Notably, and as a result of increased reporting and investigation of sexual abuse allegations on college campuses involving providers, insurance carriers now routinely incorporate liability policy exclusions for sexual abuse and/or molestation. Thus, potential consequences of actual or alleged improper conduct by providers include significant monetary and reputational damage to institutions, in addition to physical and psychological damage to patients. For these reasons, the importance of chaperones cannot be minimized. The American Medical Association, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the American College of Physician Ethics all encourage the presence of chaperones during sensitive examinations.

TYPES OF CHAPERONE POLICIES

OPT IN Policy	OPT OUT Policy	Mandatory Policy
<p>A chaperone will be provided if requested by a patient for any sensitive examination or procedure.</p> <p>Institutions should provide patient education about the option of a chaperone and the nature of the sensitive examination.</p> <p>The offer and response of the patient should be documented in the patient's record.</p> <p>Documentation in the patient's record, including the name of the chaperone is required using language such as: "The sensitive parts of the examination were performed with xx as a chaperone."</p>	<p>A chaperone will be present during every sensitive examination or procedure unless declined by the patient.</p> <p>The patient does have a right to opt-out of having a chaperone present for certain examinations, procedures, and care after receiving education that explains the sensitive exam and the role of the chaperone.</p> <p>This refusal should be documented in the patient's record and it is recommended that the following language is used: "A chaperone was offered for this sensitive examination, but the patient requested that a chaperone not be present."</p>	<p>A chaperone must be present during a sensitive examination or procedure, or it will not be performed.</p> <p>This will not impede the provision of emergency care.</p> <p>While this type of policy may provide the greatest institutional protection, patient autonomy and agency may be negatively impacted.</p>

If the provider is uncomfortable with the patient's request for no chaperone (e.g. male healthcare provider performing gynecological exam, female healthcare provider performing a scrotal exam, patients who exhibit seductive behavior, etc.), the purpose of this policy, which is to protect the interests of both the patient and the healthcare provider, should be explained to the patient. If the patient continues to decline a chaperone, the healthcare provider may refuse to perform the examination, care, or procedure and can consider contacting their supervisor. It is recommended that the policy of the facility should be to provide chaperones for sensitive examinations or procedures. Additionally, if a patient or a provider requests a chaperone for any encounter, that request should be honored whenever practicable. If the patient with decision making capacity refuses the use of a chaperone for a sensitive exam or procedure, this refusal should be verified by the provider and the chaperone and documented in the medical record. If the provider is comfortable proceeding without a chaperone, they may perform the exam.



The Need for Medical Chaperones *(continued)*

Documentation

The medical record should include documentation that a chaperone was present during the examination or procedure and may include language such as:

The sensitive parts of the examination were performed with Jane Doe as a chaperone. Ms. Doe was present during the entirety of the sensitive parts of the examination.

The patient does have a right to opt-out of having a chaperone present for certain examinations, procedures, and care. This refusal should be documented in the patient's record and it is recommended that the following documentation is used:

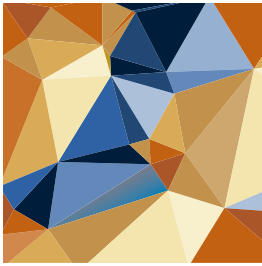
A chaperone was offered for this sensitive examination, but the patient requested that a chaperone not be present. I explained the importance of the presence of the chaperone and provided the patient an opportunity to ask questions.

If the provider is uncomfortable with the patient's request for no chaperone, it should be explained to the patient that the purpose of the policy is to protect their interests. If the patient continues to decline a chaperone, the provider may refuse to perform the exam and may consider contacting their supervisor.

Procedure and Practice

For sensitive examinations or procedures, the following practices may be followed:

- Document a patient's preference regarding chaperones in their chart. Front-desk staff may ask about this during check-in to make the process more standardized.
- The scope of the examination and the reasons for examination should be explained to the patient. If appropriate, written information clearly stating why and how the procedure is to be performed should be available for patient education.
- If a patient with decision-making capacity declines a part of or the whole examination, that examination should not be done. The consequences of this refusal and impact of the patient's decision should be explained to the patient, with an opportunity ask questions, and the refusal should be noted in the chart.
- The provider should provide privacy for a patient to dress and undress. The provider should generally not assist with removing or replacing the patient's clothing, unless the patient is having difficulty and/or requests assistance. The chaperone may also be available for such assistance.
- A patient must be provided with an adequate gown or drape.
- All exams should follow established standards for infection control.



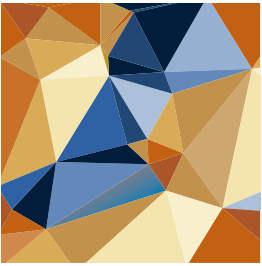
The Need for Medical Chaperones *(continued)*

- A chaperone has the right to stop a sensitive procedure, examination, or care if they feel that the healthcare provider's behavior is inappropriate or unacceptable. A chaperone who witnesses inappropriate or unacceptable behavior on the part of the provider will immediately report this to their manager or another senior manager, even if they were unable to stop the examination.
- Develop practice guidelines that support both the provider and patient in cases where a patient declines a chaperone but the provider still feels uncomfortable. These guidelines could allow you to defer the exam to another day or to another provider or chaperone, and should reassure the patient that this is standard practice.
- If your practice does not have a chaperone available on the date of the examination, consider rescheduling the patient's routine physical examination for a date when a chaperone will be available.
- A friend or family member of the patient should not serve as a chaperone for the purposes of a chaperone policy. Friends and family members are not trained to observe the examination in a way that best protects the provider and the patient. It may also be uncomfortable for a patient to have a friend or family member present during a physical exam.
- It is the responsibility of the provider to ensure that accurate records are kept of the clinical contact, which also includes records regarding the use or refusal of a chaperone.

Language Used

Both the provider and chaperone should introduce themselves and their respective roles to the patient prior to beginning exam. The scope of the sensitive examination or procedure and the reasons for sensitive examination or procedure should be explained to the patient, along with an explanation of what to expect during the examination or procedure, with the opportunity for the patient to ask questions. Providing consistency of expectations during an exam for both the chaperone and the patient is key to providing each with a sense of normalcy. Education and training for both the provider and chaperone should also include a discussion of how to communicate the sensitive portions of the examination. For example, the language utilized should remain medical, without the use of any inappropriate descriptors of genitalia.

The provider and chaperone may also develop their own form of communication so that they may ensure that they each are mindful of the patient's safety and comfort. For example, the chaperone may remind the provider to utilize verbal cues during the examination so that the patient is aware of the next step and the progress of the examination. The chaperone may also advise the provider that their sight line of the point of physical contact between the patient and the provider is obscured and that they may move or adjust so that the chaperone can view the examination area. The chaperone may also instruct the provider to pause or time out if the chaperone senses the patient's discomfort, if the patient appears to need a break, or if the chaperone is concerned about the nature of the examination.



The Need for Medical Chaperones *(continued)*

Reporting of Events

Each chaperone and provider at their respective facility should be aware of the surveillance in place for the detection of any inappropriate behavior. Further, each chaperone should be made to feel empowered to report any inappropriate behavior to someone other than the provider involved in the examination, whether or not the chaperone also stopped the examination or procedure. This will assist in providing the chaperone with their own sense of safety in reporting any inappropriate behavior without the fear of retaliation, thereby increasing the likelihood of reporting. In addition, the patient safety culture of the clinical setting should encourage an investigation of every incident reported. The suspected inappropriate behavior should be reported through the clearly established channels and methods. Any reports of inappropriate behavior or non-compliance should be reported to allow clinic leadership and the patient safety organization to track potentially concerning and repeated events involving the same provider or the same healthcare location or setting.

Virtual Visits

Virtual visits may be covered under the provisions of the policy, depending on your facility's practice with respect to telehealth visits. Though no physical contact will occur during a telehealth visit, there will be times that the genital, breast, and rectal area will require virtual examination and these situations should warrant the same care and respect afforded to sensitive physical exams. A chaperone can be offered to and made available to the patient. A provider may still require a chaperone be present in order to complete the examination if they are uncomfortable performing the virtual examination without one present. The chaperone may be a third party, witnessing the virtual examination via split screens or can be present with either the provider or the patient. Documentation should occur as would usually be documented in the medical record with non-virtual visits.

References:

AMA Code of Medical Ethics Opinion 1.2.4 <https://www.ama-assn.org/delivering-care/ethics/use-Chaperones>

American College of Obstetricians and Gynecologists, Sexual Misconduct Committee Opinion, Volume 135, No. 1, January 2020 <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/01/sexual-misconduct>

Protecting Children From Sexual Abuse by Healthcare Provider, Committee on Child Abuse and Neglect. Pediatrics August 2011, 128 (2) 407-426, <https://doi.org/10.1542/peds.2011-1244>

The Case for Medical Chaperones, Family Practice Management. 2018 Sep-Oct;25(5):6-8. <https://www.aafp.org/fpm/2018/0900/p6.html>



The Need for Medical Chaperones *(continued)*

I. POLICY

It is the policy of this facility to provide and utilize patient chaperones when requested by the patient or the healthcare provider, or as necessary during sensitive examinations, procedures, and care. Chaperones are optional for non-sensitive examinations.

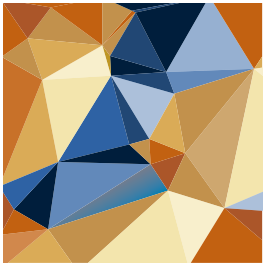
II. POLICY PURPOSE

- A. The purpose of this policy is to provide a consistent, standard and safe care environment within this facility and its healthcare sites. There can be physical, psychological, and cultural reasons why chaperones may be requested or needed. This policy promotes respect for patient dignity and the professional nature of the examination. Healthcare providers should only perform sensitive examinations, procedures, or care in accordance with this policy.
- B. A chaperone may be provided to help protect and enhance the patient's comfort, safety, privacy, security, and dignity during sensitive examinations or procedures. The chaperone is also frequently present to provide assistance to the healthcare provider with the examination, procedure, or care.
- C. A chaperone's presence may also provide protection to healthcare providers against unfounded allegations of improper behavior. A healthcare provider may request a chaperone for any examination or procedure.
- D. For patients with mental health needs, neurodevelopment disorders, or for cultural and religious reasons, undergoing a sensitive examination, procedure, or care may be especially threatening or confusing. A chaperone, particularly one trusted by the patient, may help the patient through the process with minimal distress.
- E. The use of chaperones, while vital, is only a part of our institution's efforts to achieve safe and responsible care. Maintaining and fostering a culture of responsibility, mutual accountability, education for practitioners and patients, and appropriate response to suspected unprofessional or unsafe behavior is paramount to our mission.
- F. This facility recognizes and is committed to inclusion of all genders and gender expressions that make up our community. However, there may be some situations in which a healthcare provider must use anatomical definitions when discussing body parts.

III. DEFINITIONS

A. Chaperone

1. A chaperone is a person who acts as a witness for a patient and a healthcare provider during a medical examination or procedure. A chaperone should stand in a location where they are able to assist as needed and observe the examination, therapy, or procedure.
2. A chaperone may be a healthcare provider or a trained unlicensed staff member. This may include medical assistants, nurses, technicians, therapists, residents, and fellows. A student enrolled in a health profession's school/program may serve as a chaperone IF the student has completed this facility's approved chaperone training AND the student formally chooses to be a chaperone by



The Need for Medical Chaperones *(continued)*

III. DEFINITIONS *(continued)*

attestation. In certain circumstances (i.e. assisting with equipment or a complicated examination), a healthcare provider may choose to have a separate chaperone in addition to the student.

3. The healthcare provider should clearly inform chaperones that they must uphold professional standards of privacy and confidentiality.
4. Whenever possible, but not required, the chaperone should be the gender with which the patient feels most comfortable and the facility will make every effort to accommodate that preference. A chaperone may also assist the healthcare provider or provide support to the patient with personal hygiene, toileting or undressing/dressing requirements, if requested or needed by the patient.
5. If a chaperone of the requested gender is not available, the patient shall be given the opportunity to reschedule the appointment within a reasonable amount of time from the originally scheduled date.
6. If a patient refuses to have a chaperone for an examination where one is required or where the healthcare provider has requested a chaperone, the facility may transfer care to another provider or clinic if possible.
7. Family members or guests of an adult patient should not be expected to undertake any chaperoning role under normal circumstances. A family member or guest may be present during sensitive examinations or procedures if it is the expressed desire of the patient, but should not serve as a chaperone for the purposes of this policy. For vulnerable adult patients, an accompanying caregiver, social worker, or group home escort can be present along with the facility's chaperone to alleviate potential stress to the patient.
8. Family members or guests CANNOT act as the chaperone for adolescent patients, nor can family members opt out of a chaperone on behalf of their adolescent child (Age 11 – 17 years).

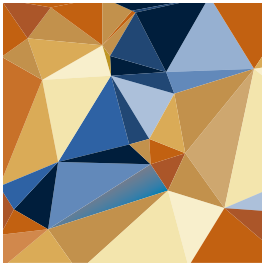
EXCEPTION: A family member, parent or legal guardian may serve as a chaperone for a pediatric patient (Age 0-10 years) examination, except for examinations or procedures where there is placement of finger(s), speculum, swabs, or any other instruments into the vagina or rectum, or if there is a suspicion of abuse.

B. Sensitive Examination or Procedure

1. A sensitive examination or procedure for purposes of this policy includes the physical examination, evaluation, palpation, physical therapy, OMT, placement of instruments, or a procedure involving the genitalia, rectum, or breasts, regardless of the gender of the patient.
2. Sensitive nursing care or procedures for purposes of this policy includes care that involves placement of finger(s), swabs, or medications/medical equipment on or into the vagina, penis, urethra, or rectum.

EXCEPTION: Nursing care that includes perineal cleansing and care as a part of everyday personal hygiene assistance (e.g. diaper changes, incontinence care, bathing) or perineal checks/care that do not involve cervical assessment for dilation.

3. In acknowledgement of the fact that a patient's personal and cultural preferences may broaden their own definition of a sensitive examination, chaperones will always be provided for other examinations if requested by a patient, parent, or legal guardian.



The Need for Medical Chaperones *(continued)*

III. DEFINITIONS *(continued)*

C. Types of Chaperone Policies

1. **OPT IN Policy:** A chaperone will be provided if requested by a patient for any sensitive examination or procedure.
 - a. Documentation in the patient's record, including the name of the chaperone, is required using language such as:

“The sensitive parts of the examination were performed with xx as a chaperone.”
2. **OPT OUT Policy:** A chaperone will be present during the examination or procedure unless declined by the patient.
 - a. The patient does have a right to opt-out of having a chaperone present for certain examinations, procedures, and care. This refusal should be documented in the patient's record and it is recommended that the following language is used:

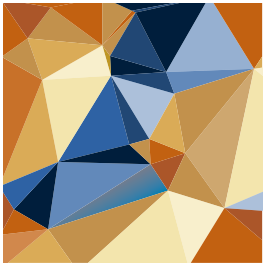
“A chaperone was offered for this sensitive examination, but the patient requested that a chaperone not be present.”
3. **Mandatory Policy:** A chaperone must be present during a sensitive examination or procedure, or it will not be performed. This will not impede the provision of emergency care.
4. If the healthcare provider is uncomfortable with the patient's request for no chaperone (e.g. male healthcare provider performing gynecological exam, female healthcare provider performing a scrotal exam, patients who exhibit seductive behavior, etc.), the purpose of this policy, which is to protect the interests of both the patient and the healthcare provider, should be explained to the patient. If the patient continues to decline a chaperone, the healthcare provider may refuse to perform the examination, care, or procedure and can consider contacting their supervisor.

D. Healthcare Professional or Provider

1. A Medical Staff Member, Clinical Program Trainee, Advanced Practice Registered Nurse, Certified Nurse Midwife, Imaging Technologist, Therapist, Physician Assistant, Registered Nurse, Licensed Practical Nurse, and unlicensed assistive personnel (e.g. nursing technicians, nursing assistants, medical assistants).

E. Patient

1. A patient is a person who requires medical care, who is receiving medical treatment, or is under a healthcare provider's care for a particular disease or condition.
 - a. Pediatric Patient: Age 0 – 10 years
 - b. Adolescent Patient: Age 11 – 17 years
 - c. An Adult Patient is a person who has attained the age of majority (18 years or older) and is therefore legally regarded as independent, self-sufficient, and responsible.



The Need for Medical Chaperones *(continued)*

III. DEFINITIONS *(continued)*

E. Patient

- d. A Vulnerable Patient is defined as anyone under the age of 18, or a person 18 years or older who lacks the capacity to give informed consent or is unable to protect themselves from abuse, neglect, or exploitation. This includes those who lack momentary capacity due to sedation.

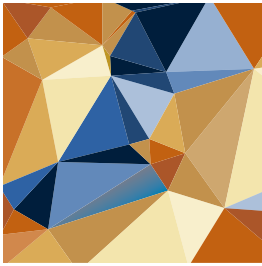
IV. POLICY STANDARDS

An adult or pediatric patient or their parent or legal guardian may request a chaperone for any examination or procedure. It is good practice to discuss with patients the different options to have a chaperone present during sensitive examinations and procedures as defined above.

1. **Opt-In Exams/Procedures:** For the following exams, a chaperone can be offered but is not required:
 - a. Examination of, or procedures to, the urethra in both males and females are considered OPT-IN and do not require a chaperone unless requested by the patient.
 - b. Echocardiograms will be considered OPT-IN and do not require a chaperone unless requested by a patient.
 - c. Standard patient care protocols such as listening to the heart or lungs or placing EKG leads will be considered OPT-IN and do not require a chaperone unless requested by a patient.
 - d. In all patient care scenarios, the patient should be appropriately draped and the drape utilized as a barrier between the patient and the health professional. Every effort should be made to maintain the patient's dignity and physical privacy.
2. **Opt-Out Exams/Procedures:** For the following exams/procedures in non-vulnerable adults, a chaperone must be present unless declined by the patient:
 - a. Breast examination of a post-pubertal female patient or the breast of any patient who identifies as female.
 - b. Palpation of the external genitalia.
 - c. Placement of finger(s), speculum, swabs, or any other instruments into the vagina or rectum.
3. **Mandatory Exams/Procedures:** A chaperone is mandatory during a sensitive examination or procedure as listed in Section III.B for all vulnerable patients as defined in Section III.E.1.d.
4. **Emergency Situation:** Emergency care or treatment should not be impeded by this policy.

V. PROCEDURE ACTIONS

1. Clinical sites and patient and procedure units will staff their clinical areas to appropriately accommodate this policy.
2. Confidential clinician/patient communication should generally take place before or after the Sensitive examination or procedures (i.e. without the chaperone present) unless the patient or healthcare provider requests otherwise.



The Need for Medical Chaperones *(continued)*

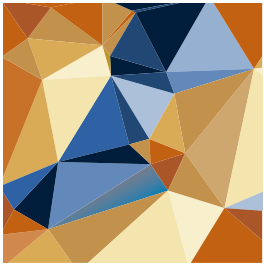
V. PROCEDURE ACTIONS *(continued)*

3. For sensitive examinations or procedures, the following practices should be followed:
 - a. The scope of the examination and the reasons for examination should be explained to the patient. If appropriate, written information clearly stating why and how the procedure is to be performed should be available for patient education.
 - b. If a patient with decision-making capacity declines a part of or the whole examination, it should not be done. The refusal should be noted in the chart.
 - c. The healthcare provider should provide privacy for a patient to dress and undress.
 - d. The healthcare provider should generally not assist with removing or replacing the patient's clothing, unless the patient is having difficulty and/or requests assistance. The chaperone may also be available for such assistance.
 - e. A patient must be provided with an adequate gown or drape.
 - f. All exams should follow established facility standards for infection control.
4. Chaperones shall uphold professional standards of privacy and confidentiality, be sensitive and respect the patient's dignity and confidentiality, reassure the patient if they show signs of distress or discomfort, be familiar with the procedures involved in a routine sensitive examination, stay for the entire physical examination, and be able to see what the provider is doing at all times.
5. A chaperone has the right to stop a sensitive procedure, examination or care if they feel that the health professional's behavior is inappropriate or unacceptable. A chaperone who witnesses inappropriate or unacceptable behavior on the part of the healthcare provider will immediately report this to their manager, even if they did not stop the procedure while it was ongoing.
6. It is the responsibility of the health professional to ensure that accurate records are kept of the clinical contact, which also includes documentation regarding the use or refusal of a chaperone (see Section III.C. above).
7. If the healthcare provider is in a department that has a separate policy regarding sensitive examinations or procedures that exceeds this policy, those policies should be followed.
8. Chaperones must report any good faith concerns regarding the healthcare provider's non-compliance with this policy to the Medical Director. Clinical Risk Management should also be notified.

VI. EXCEPTIONS

A. Virtual Visits

1. Virtual visits are currently not covered under the provisions of the policy, as typically no physical contact will occur. However, there will be times that the genital, breast, and rectal area will require virtual examination and these situations should warrant the same care and respect afforded to sensitive



The Need for Medical Chaperones *(continued)*

VI. EXCEPTIONS *(continued)*

examinations and procedures. A chaperone can be offered to and made available to the patient, or be present at a patient's request. A healthcare provider can still require a chaperone be present in order to complete the examination if they are uncomfortable performing the virtual examination without one present.

2. The chaperone can witness the virtual examination via split screen, or can be physically present with the healthcare provider or the patient.
3. Documentation should occur as usual within the patient record.

B. Home Healthcare Visits

1. Visits made to a patient within the patient's home by a visiting healthcare provider are exempt from this policy.

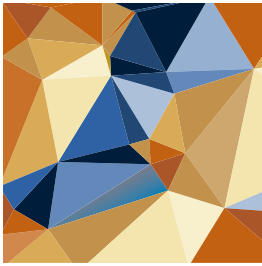
VII. REFERENCES

A. Policies

1. MidMichigan Health, UMHS Chaperone Present During Examination Policy, November, 2017, Sean Kesterson & Brenda Turner.
2. University of Wisconsin Health Center, UWHC Departmental Policy for Chaperones for Sensitive Exams (12.05), February, 2014; Deborah Tinker, Director, Ambulatory Nursing.
3. University of Southern California Student Health, A Guide to Sensitive Health Exams, <https://studenthealth.usc.edu/medical-care/Patient-education/>

B. Publications

1. AMA Code of Medical Ethics. Issued December 1998 adopted June 1998. Opinion 8.21 — Use of Chaperones During Physical Exam.
2. AMA Principles of Medical Ethics. Adopted June 2016. Chapter 1: Opinions on Patient — Physician Relationships.
3. Gawande, Atul. Naked. New England Journal of Medicine. August 18, 2005.
4. Paterson, Ron (AAHPRA) Independent review of the use of Chaperones to protect Patients in Australia, February 2017.
5. American Academy of Pediatrics. Policy Statement — Use of Chaperones During the Physical Examination of the Pediatric Patient. May, 2011.
6. ACOG committee opinion no. 373: Sexual misconduct. (2007). *Obstetrics and Gynecology*, 110(2 I), 441-444. doi:10.1097/01.AOG.0000263920.00566.72.
7. Morgan, R, Katzman, D, Kaufman, M, Goldberg, E & Toulany, A. Thanks for asking: Adolescent attitudes and preferences regarding the use of Chaperones during physical examinations. *Paediatric Child Health*, Vol 21;4:191-195.

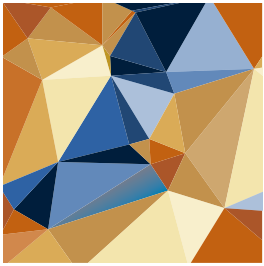


The Need for Medical Chaperones *(continued)*

VII. REFERENCES *(continued)*

8. Policy Statement — Protecting Children From Sexual Abuse by Healthcare Provider. (2011). *Pediatrics*. doi:10.1542/peds.2011-1244.
9. O'Lynn, C., & Krautscheid, L. (2011). Original Research: 'How Should I Touch You?': A Qualitative Study of Attitudes on Intimate Touch in Nursing Care. *AJN The American Journal of Nursing*, 111(3), 24-31. doi:10.1097/10.1097/01.naj.0000395237.83851.79.
10. The Use of Chaperones during Sensitive examinations and Treatments. (2014). *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 43(5), 677-677. doi:10.1111/1552-6909.12498.
11. Sexual Misconduct, *Obstetrics & Gynecology*: January 2020 – Volume 135 – Issue 1 – p e43-e50
doi: 10.1097/AOG.0000000000003608.

Training Module: <https://umich.app.box.com/s/b7o19na4tmbgxt6dblu6f7k8pejzs9m9>



The Need for Medical Chaperones *(continued)*

CHAPERONE AND PROVIDER SENSITIVE EXAMINATION TRAINING

Purpose

The purpose of these guidelines and training is to outline the training and education of the chaperone and healthcare provider for sensitive examinations and procedures, and thereby provide a consistent, standard and safe care environment within the facility and its healthcare sites for all patients.

Policy

It is the policy of this facility to provide and utilize patient chaperones for sensitive examinations or procedures when requested by the patient or the healthcare provider, or as necessary during sensitive examinations, procedures, and care. Additionally, if a patient or provider requests a chaperone for any encounter, that request should be honored.

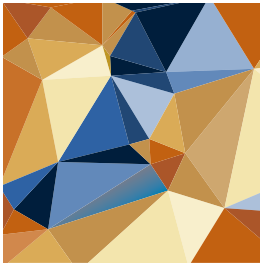
[Each facility should provide a link or reference to their own Chaperone Policy within this training.]

EXPECTATIONS OF A CHAPERONE:

1. Completion of the Chaperone Competency Checklist with a preceptor which is to be reviewed annually thereafter.

[Each facility should provide a link or reference to their own Chaperone Competency Checklist.]

2. Expectations of any chaperone are as follows:
 - a. Introduction to patient as the chaperone, or as an assistant to provider and patient during sensitive portions of exam. Inform the patient the chaperone is available by request for any reason.
 - b. Verification of the refusal of a chaperone by the patient is needed. Documentation of this refusal is indicated in the chart.
 - c. Assurance that the patient is appropriately covered and comfortable with an appropriate gown or drape prior to exam.
 - d. Appropriate positioning of self to visualize the point of physical contact between provider and patient during the sensitive exam.
 - e. Listens for appropriate explanations to the patient regarding steps taken during the exam from the provider.
 - f. Observation of the physical point of contact between provider and patient to ensure the actions of the provider are appropriate for the type of sensitive exam performed.
 - g. Monitors for signs of discomfort in patient and communication of patient discomfort to provider. Support offered to the patient.
 - h. Professional and discrete interventions are employed under the following circumstances:
 - i. Chaperone states: "VERBAL CUES" to prompt provider to communicate with patient during sensitive exam;
 - ii. Chaperone states: "SIGHT LINE" if chaperone is unable to see point of physical contact;



The Need for Medical Chaperones *(continued)*

EXPECTATIONS OF A CHAPERONE: *(continued)*

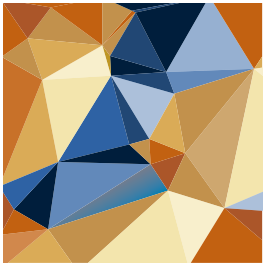
- iii. Chaperone states: “PAUSE” if chaperone notes patient discomfort and recommends a pause in the examination and/or procedure; and
- iv. Chaperone states: “TIME OUT” during the exam to address significant patient discomfort or chaperone discomfort with actions in exam:
 1. Provider will stop the exam immediately
 2. Provider will stop the procedure when safe
- i. Documentation of chaperone presence during exam, including chaperone’s name in the record.
- j. Communication of perceived inappropriate behavior or actions observed during the exam to their supervisor or another manager, even if they did not say anything during the exam or stop the exam.

EXPECTATIONS OF A MEDICAL CHAPERONE:

1. Completion of the Chaperone Competency with a preceptor which is to be reviewed annually thereafter.
2. Compliance with all expectations of a chaperone above, including the following additional expectations:
 - a. Provision of compassionate care through comfort and reassurance throughout the duration of the patient’s visit.
 - b. Communication of instructions to the patient on how to prepare for the exam and/or procedure.
 - c. Appropriate set up of instruments and supplies.
 - d. Participation in procedural time-outs.
 - e. Assistance for the provider, by handing necessary equipment and supplies during observation of sensitive exam.
 - f. Assessment of patient’s readiness to move post exam or procedure.
 - g. If necessary, assistance offered when needed in moving, dressing or toileting after exam or procedure, for which two staff should be present.
 - h. Provision of any necessary supplies to the patient after the exam, i.e. pads, dressings, band aids, etc.

EXPECTATIONS OF A MEDICAL PROVIDER:

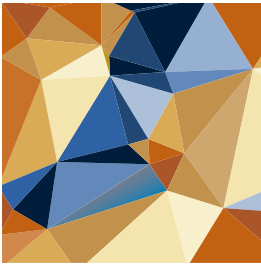
1. Completion of the Chaperone Competency which includes any training materials, including review of the Chaperone Policy and this document. This training will be done upon hiring and reviewed annually thereafter.
2. The provider should introduce themselves and their role to the patient prior to beginning exam.
3. The scope of the sensitive examination or procedure and the reasons for sensitive examination or procedure should be explained to the patient.
4. Written information clearly stating why and how the sensitive exam or procedure is to be performed should be available for patient education.



The Need for Medical Chaperones *(continued)*

EXPECTATIONS OF A MEDICAL PROVIDER: *(continued)*

5. If a patient with decision-making capacity declines any part of the sensitive examination or procedure, that part of the sensitive examination or procedure should not be done. The refusal should be noted in the medical record.
6. The patient should be provided privacy to dress and undress and be provided an adequate gown and/or drape. Every effort should be made to maintain the patient's dignity and physical privacy.
7. In anticipation of an examination or procedure, which may involve partial exposure or palpation of body parts near sensitive areas (i.e., exposure of undergarments, palpation of the groin or buttocks, or auscultation of the female breast), an explanation of the anticipated Exam or Procedure should be given in advance to patients and a chaperone offered.
8. If a patient refuses the use of a chaperone for a sensitive exam, the provider and chaperone both need to confirm that declination and document it. The provider may proceed with the exam if they are comfortable with the patient's declination of chaperone.
9. If the provider offers chaperone for any other type of exam at the provider's discretion, and the patient declines a chaperone, the provider documents this declination.
10. If the provider is uncomfortable with the patient's declination of a chaperone during a sensitive examination or procedure, the purpose of this policy should be explained to the patient. If the patient continues to refuse a chaperone, the provider should refuse to perform the exam and should contact their supervisor.
11. The provider will know and respond to professional and discrete interventions employed by the chaperone under the following circumstances:
 - a. Chaperone states: "VERBAL CUES" to prompt provider to communicate with patient during sensitive exam. Provider communicates steps taken during sensitive exam to patient.
 - b. Chaperone states: "SIGHT LINE" if chaperone is unable to see point of physical contact. Provider moves drapes or changes position to allow chaperone to see exam.
 - c. Chaperone states: "PAUSE" if chaperone notes patient discomfort and recommends a pause in the examination/procedure. Provider will pause to allow patient a break and determine if pain medication needed.
 - d. Chaperone states: "TIME OUT" if chaperone notes significant patient discomfort or chaperone discomfort with actions in exam:
 - i. During EXAM – Provider stops immediately
 - ii. During PROCEDURE – Provider stops when safe
12. Inappropriate behavior or actions exhibited by a provider or a patient during the exam, procedure, or care and witnessed by the chaperone or provider should be reported to the appropriate manager and patient safety organization. If anonymity is desired staff may use the patient safety organization reporting system.



The Need for Medical Chaperones *(continued)*

REPORTING

- A. A chaperone has the right to stop any examination or procedure. A chaperone who identifies concerning behavior on the part of the provider or the patient should report this to their manager or another senior manager even if they did not say anything during or stop the examination or procedure.
- B. Non-compliance with the chaperone policy should be reported to the appropriate manager or another senior manager. The patient safety organization should also be notified. If anonymity is desired, an online report can be submitted to the patient safety organization.
- C. The chaperone will be appropriately updated on the status of the report.

Training Module: <https://umich.app.box.com/s/b7o19na4tmbgxt6dblu6f7k8pejzs9m9>

Chaperone Policy and Provider Misconduct Training Attestation

I acknowledge that I have reviewed and understand the Chaperone Policy.

I have also participated in the necessary training regarding:

- The role and responsibility of the examiner
- The role and responsibility of the chaperone
- Appropriate documentation in the medical record
- Importance of reporting any concerning behaviors or actions
- The reporting options for provider misconduct concerns

I have had an opportunity to ask questions and agree to serve as a Chaperone if requested.

Healthcare Provider's Signature

Date

Print Name

Competency:

Demonstrates ability to **chaperone any sensitive exam** using proper technique and following facility's guidelines.

Key for Self-Examination: 1 = No Knowledge/No experience 2 = Knowledge/No experience 3 = Knowledge/Done with assistance 4 = Knowledge/Done independently NA = Not applicable	Performance Evaluation for any Chaperone <i>(Preceptor: Please date/initial every entry)</i>			
SKILL/STEPS	Self-Evaluation <i>(key on left)</i>	Performed in Simulation	Competency Achieved	Preceptor's Name <i>(please print)</i>
1. Greet patient "Hello, my name is ***. I will be your chaperone for the sensitive portions of the exam or procedure."				
2. Chaperone verifies refusal of a chaperone by the patient and documents refusal in the chart.				
3. Chaperone assures patient is appropriately covered and comfortable prior to exam.				
4. Chaperone positions self to visualize the point of physical contact during the sensitive exam.				
5. Chaperone listens for explanations to the patient regarding the steps taken during the exam from the Provider.				
6. Chaperone observes the physical point of contact to be sure that the actions of the Provider are appropriate for the type of sensitive exam.				
7. Chaperone monitors for signs of discomfort and communicates observed patient discomfort to the provider.				
8. Chaperone professionally and discretely intervenes if any portion of the sensitive exam is thought to be inappropriate. Chaperone Prompts: <ul style="list-style-type: none"> • "VERBAL CUES" – Provider neglects to communicate with patient during a sensitive exam. <p style="text-align: right;"><i>continued on next page</i></p>				

Key for Self-Examination: 1 = No Knowledge/No experience 2 = Knowledge/No experience 3 = Knowledge/Done with assistance 4 = Knowledge/Done independently NA = Not applicable	Performance Evaluation for any Chaperone <i>(Preceptor: Please date/initial every entry)</i>			
SKILL/STEPS	Self-Evaluation <i>(key on left)</i>	Performed in Simulation	Competency Achieved	Preceptor's Name <i>(please print)</i>
Question 8 continued Chaperone Prompts: <ul style="list-style-type: none"> • “SIGHT LINE” – Chaperone is unable to see point of physical contact. Provider needs to adjust drapes. • “PAUSE” – Chaperone notes patient discomfort and recommends a pause on the exam/procedure. • “TIME OUT” – Called during the exam to address significant patient discomfort or chaperone discomfort with actions in exam: <ul style="list-style-type: none"> – EXAM – Provider stops immediately – PROCEDURE – Provider stops when safe 				
9. Chaperone documents presence during exam.				
10. Chaperone communicates perceived inappropriate behavior or actions observed during the exam to their supervisor or another manager, even if they did not say anything during the exam or stop the exam.				
THE FOLLOWING SKILLS/STEPS ONLY APPLY TO MEDICAL CHAPERONES:				
1. Medical Chaperone provides compassionate care through comfort and reassurance throughout the duration of the patient's visit.				
2. Medical Chaperone communicates instructions to the patient on how to prepare for exam.				
3. Medical Chaperone sets up instruments and/or supplies appropriate for exam. <i>continued on next page</i>				

Key for Self-Examination: 1 = No Knowledge/No experience 2 = Knowledge/No experience 3 = Knowledge/Done with assistance 4 = Knowledge/Done independently NA = Not applicable	Performance Evaluation for MEDICAL Chaperone <i>(continued from previous page)</i> <i>(Preceptor: Please date/initial every entry)</i>			
SKILL/STEPS	Self-Evaluation <i>(key on left)</i>	Performed in Simulation	Competency Achieved	Preceptor's Name <i>(please print)</i>
4. Medical Chaperone participates in a "time out" for procedures.				
5. Medical Chaperone assists the Provider (handing necessary equipment and/or supplies) during observation of sensitive exam.				
6. Medical Chaperone assesses patient's ability and readiness to move post exam or procedure.				
7. If necessary, Medical Chaperone offers assistance in moving, dressing or toileting after exam or procedure (two staff should be present).				
8. Medical Chaperone offers any necessary supplies to the patient after the exam.				

Preceptor's Printed Name

Signature and Credentials

Preceptor's Printed Name

Signature and Credentials

Preceptor's Printed Name

Signature and Credentials

THIS EMPLOYEE HAS SATISFACTORILY COMPLETED THE ABOVE COMPETENCY.

Preceptor's Printed Name

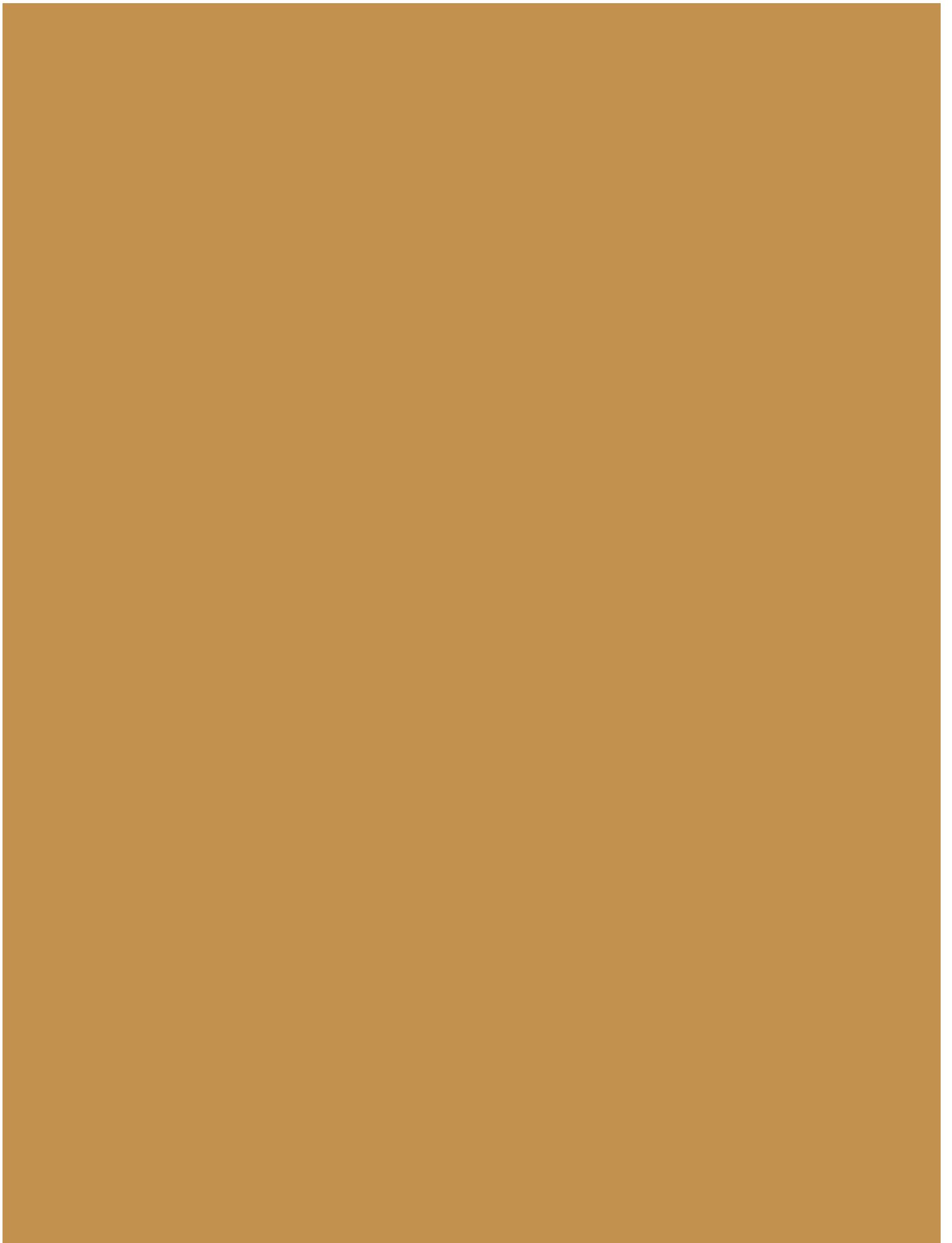
Signature and Credentials

THIS COMPETENCY HAS NOT BEEN ACHIEVED. ACTION PLAN AND EXPECTED DATE OF COMPLETION AS FOLLOWS:

Preceptor's Printed Name

Signature and Credentials

LEARNING RESOURCES: [Each facility should provide a link or reference to their own Chaperone Policy and Chaperone Training Guidelines within this training.]





Florida Academic Healthcare Patient Safety Organization

201 Southeast 2nd Avenue, Suite 209 • Gainesville, FL 32601

352-273-7006