Healthcare

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Medical Chaperones: Drafting Effective Policies and Procedures

Although there is no standard definition of medical chaperone, the phrase generally refers to third parties – preferably healthcare professionals or paraprofessionals trained to observe clinical encounters and to understand the patient's/resident's needs and concerns – who are present during physical examinations and other sensitive care-related encounters.[1] Medical chaperones can be a helpful adjunct to providers of all types, including medical staff, nurses, nursing assistants, allied healthcare professionals, therapists and medical students.

Inclusion of chaperones during intimate healthcare sessions offers a number of potential benefits to patients and residents, as well as to providers, aging services organizations, allied healthcare facilities, hospitals and clinics. Properly trained medical chaperones can perform the following important tasks, among others:

- **Encourage ethical probity and appropriate professional behavior on the part of providers** by monitoring medical and personal care encounters.
- **Demonstrate active concern for patient/resident safety and dignity,** as well as privacy and confidentiality.
- **Offer emotional support** to vulnerable patients/residents.
- **Provide a third-party witness to the episode of care,** in the event of subsequent misunderstandings or false accusations of misconduct.
- **Heighten the patient's/resident's level of comfort, cooperation and satisfaction,** thus reducing the likelihood of complaints and litigation.

Consistent involvement of chaperones can help protect healthcare providers and organizations from exposure to allegations of sexual abuse, physical assault and verbal harassment, which could result in criminal prosecution, expensive lawsuits and/or reputational harm.

This *AlertBulletin*® offers guidelines for drafting an effective chaperone policy, focusing on critical considerations such as use and selection criteria, patient/resident consent, clinical protocol development and documentation requirements. While specific chaperone policies will vary, the procedural suggestions presented within this resource can help initiate and focus discussion on the topic among administrators and providers in different types of healthcare settings.

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1 UCLA Health provides a more detailed definition of a chaperone: "a specially trained member of the … clinical team whose job is to enhance the patient's and provider's comfort, safety, privacy, security and dignity during sensitive exams or procedures."

Criteria for Chaperone Use

Several states – including Alabama, Delaware, Georgia, Montana, New Jersey, Ohio and Tennessee – require that chaperones be present during intimate medical examinations. Even where not required, medical chaperones can play an important role in enhancing quality of care and patient/resident satisfaction, as well as minimizing risk during the delivery of sensitive care. (See "Examples of Sensitive Care," below.)

A number of professional associations have issued guidance on chaperone use. In 2016, the American Medical Association (AMA) adopted into its Code of Medical Ethics Opinion 1.2.4, which advised physicians to explain to patients that they are free to ask for a chaperone, and that such requests will be honored. The AMA Code of Medical Ethics further advises that authorized members of the healthcare team should serve as medical chaperones, after the physician has established clear expectations regarding professional standards of privacy and confidentiality. The American College of Obstetricians and Gynecologists also recommends accommodating personal requests for a chaperone, regardless of the physician's gender. And the American Academy of Pediatrics recommends that a chaperone attend genital, rectal and breast exams of adolescent and young adult patients. Exams of infants, toddlers or children should be performed in the presence of a parent or guardian, except in cases of parental abuse or mental illness, in which case a chaperone should attend the procedure.

In light of these professional guidelines, every healthcare provider and administrator should consider the benefits of using a chaperone at each sensitive care encounter, as well as the risks of not having a chaperone present. Although historically most sexual misconduct complaints have involved male providers and female patients, abuse is not gender-specific, and the decision to use a chaperone should not depend upon the gender or sexual orientation of either party. (For guidelines on managing special patient/resident situations, see "Special Circumstances" on page 3.)

Patients/residents should be informed and continually reminded of the organization's policies regarding chaperones, including clinical criteria for their use. Chaperone protocols should be delineated in admissions materials and registration packets, included on the organizational website, and posted in patient/resident rooms and clinical areas. In addition, intake professionals should review the chaperone policy with patients/residents upon admission and record their preferences in the healthcare information record.

When developing, evaluating or revising criteria for chaperone selection and use, consult legal counsel regarding state regulations and jurisdiction-specific legal and liability issues. In addition, ensure that chaperone-related policies and procedures are reviewed by an internal quality committee and approved by executive leaders and/or the governing body.

Examples of Sensitive Care

"Sensitive care" generally entails any examination or treatment involving handling and/or exposure of the genitalia, rectum or breasts, as well as tasks associated with bodily functions or personal hygiene that may necessitate direct or indirect contact with private body parts. The following types of encounters are typically considered sensitive in nature:

- Examining a fully disrobed body or intimate body parts.
- Diagnostic imaging of an intimate body part.
- Providing catheter care.
- Treating and dressing wounds on or near an intimate body part.
- Measuring for mobility appliances and/or fitting a prosthesis in the region of an intimate body part.
- Therapeutic massage in the region of an intimate body part.
- Administering enemas or suppositories.

Individual and cultural perceptions of what constitutes intimate care vary. Services often categorized as routine by aging services or hospital administrators may be considered sensitive by patients/residents or family members. These include the following:

- Changing continence pads, sanitary napkins or tampons.
- Dressing or undressing a patient/resident.
- Assisting a patient/resident to use a toilet, bedpan or urinal.
- Showering or bathing a patient/resident.
- Washing and drying intimate parts of the body.

Special Circumstances

The following clinical situations pose additional chaperone-related risks and questions for providers and organizations:

Lack of availability. If a clinically trained chaperone is not readily available when a patient or resident requires sensitive care, explain the problem and, in non-emergency situations, offer to reschedule the procedure or encounter. In all cases, both urgent and non-urgent, properly document clinical details and the reasons no chaperone was provided.

Minors. When possible, sensitive care sessions involving a child or young adolescent should be chaperoned by a team member whom the patient already knows and trusts. While parents and guardians may be present for the encounter, they lack the requisite training to serve as medical chaperones.

Cultural/religious objections. Cultural and/or religious beliefs can make intimate episodes of care more distressing – or even unacceptable – for some patients/residents. To ease embarrassment, strictly adhere to the subject's stated preference concerning chaperone gender and limit the degree of nudity by exposing only the affected body part(s). If language barriers arise, utilize an interpreter and document accommodations made in the healthcare information record.

Gender issues and sexual orientation. Do not assume a heterosexual and/or cisgender orientation. The following guidelines are useful when caring for both straight and LGBTQ patients/residents:

- **Always inquire as to the patient's/resident's chaperone gender preference**, especially in the case of transgender or non-binary individuals.
- **Provide choices** as well as clear guidance in regard to chaperones.
- **Be sensitive, professional and non-judgmental** during exams and other intimate care encounters.

Mental health conditions. Prior to commencing a sensitive care encounter with a patient/resident who has impaired mental capacity, it is sound practice to …

- **Explain in simple terms the nature and purpose of the intimate examination**, procedure or task.
- **Consult with the healthcare proxy decision-maker or designated relative** as indicated and permitted by state and federal laws, after informing the patient/resident that such a consultation will take place.
- **Document all discussions with the patient/resident** and/or healthcare proxy, as well as decisions made.

Unconscious patients/residents. Appropriately trained medical chaperones should always be present during intimate care sessions involving unconscious patients.

Patient/resident refusal. If patients/residents resist a sensitive encounter, their reluctance to proceed should be acknowledged and respected. However, in an emergency where life is at stake and the patient's/resident's mental competence is in question, it may be necessary and advisable to override the objection. In such cases, consult with legal counsel before proceeding, and ensure that a chaperone is present during the procedure. Sensitive situations involving patients/residents who may lack decision-making capacity must be thoroughly documented in the healthcare information record, including chaperone involvement.

As a general principle, if a prospective or current patient or resident makes demands that conflict with the facility's safety rules or standards, then the provider or organization should consider not accepting or discharging the individual. If it becomes necessary to terminate a relationship, be sure that such an action does not endanger the patient's/resident's health and consult with legal counsel about potential exposure to a claim of abandonment and ways to reduce this risk.

Chaperone Selection and Training

According to a policy statement issued by the AMA, only clinically trained healthcare team members – such as medical assistants, physician assistants, nurses, technicians, therapists and physician residents – who have undergone a background check can serve as medical chaperones. While family members may be present during the delivery of care, they are not appropriate candidates for chaperone service, as previously noted.

Chaperones should be trained to observe accepted professional standards during episodes of sensitive care and to consistently perform the following duties:[2]

- **Learn beforehand the basic procedures that will take place** during the examination or other sensitive encounter.
- **Explain the chaperone role to the patient/resident** and make appropriate introductions to providers and others present.
- **Position themselves to observe both parties,** i.e., the patient/resident and provider.
- **Respect the patient's/resident's dignity,** privacy and autonomy.
- **Observe appropriate parameters of discussion** with the patient/resident and provider, avoiding topics that are unrelated to the exam or procedure.
- **Provide emotional comfort** and reassurance to the patient/resident.
- **Be alert to indications of distress,** both verbal and nonverbal, from the patient/resident.
- **Remain with the patient/resident** for the entire episode of care.
- **Note the specific actions, general demeanor and attitude of providers** and, if problems arise, report any concerns to supervisors.
- **Close the encounter appropriately** by eliciting the patient's/resident's questions, concerns and other feedback.

Both female and male chaperones should be available, and patients/residents should be asked which they prefer. Occasionally, it may be impossible to comply with the patient's/resident's stated choice, as when only one chaperone with suitable training is present. In such a case, explain the rationale for the chaperone assignment and note the patient's/resident's consent to or refusal of the arrangement in the healthcare information record.

Patient/Resident Consent

Comprehensive, well-documented communication with patients/residents about the purpose and scope of a sensitive encounter is the first measure of defense against allegations of professional misconduct. Prior to any procedure, obtain written or verbal confirmation that the patient/resident understands the rationale for and risks of the examination or treatment, has reasonable expectations in terms of pain and discomfort, and agrees to the presence of a chaperone. (Note that there are medico-legal circumstances where written consent is required, such as a medical examination following an alleged assault.)

Patient/resident consent to chaperoned care should be documented in the healthcare information record. If the patient/resident declines the offer of a chaperone, note the reasons and request that the individual sign an informed refusal form.

Intimate Treatment Protocol

Protecting patient/resident dignity and modesty is of the utmost importance during sensitive care encounters. Only necessary body parts should be exposed during exams or personal care sessions (other than showers), and patients/residents should be positioned and draped in a manner that reduces potential embarrassment and vulnerability (e.g., lateral or semi-recumbent positions for speculum and bimanual examinations). Closed rooms or screened treatment bays that offer privacy and prevent intrusions are optimal settings for intimate exams and treatments. Medical history and other confidential information should be solicited while the patient/resident is dressed and before the chaperone enters the room or treatment area.

The following sensitive care guidelines, issued by the American Society for Health Care Risk Management, can be adapted as necessary:

- **Permit the patient/resident to undress and dress alone,** assisting only if necessary and authorized by the patient/resident.
- **Conduct the exam or care session as soon as possible** after the patient/resident has disrobed.
- **Limit physical contact** to the minimum necessary to complete the task**.**
- **Avoid irrelevant and potentially embarrassing comments,** e.g., remarks about tattoos, body piercings or undergarments.
- **Wear gloves during intimate physical contact,** and use protective clothing and infection control equipment when clinically appropriate.
- **Wait until the patient/resident is dressed and the chaperone has left the treatment area before communicating clinical findings,** in order to show respect and protect confidentiality.

2 Excerpted from the medical chaperone policy of Western Michigan University, among other sources.

Documentation Requirements

Sound documentation policies can significantly reduce exposure to claims involving provision of sensitive care. The following chaperone-related items should be noted by the provider in the patient's/resident's healthcare information record:

- **Details of the exam, treatment or other care given,** including whether a chaperone was present and what was said to the patient/resident about the nature, need for and risks of the procedure.
- **Any reservations or questions about the procedure or the chaperone's presence expressed by the patient/resident,** as well as answers given by the provider and the rationale for continuing or discontinuing care.
- **The chaperone's name,** job title and extent of involvement.
- **Any postponement of care** caused by unavailability of a chaperone or the decision by a patient/resident to decline this option, as well as rescheduling arrangements.

Sexual abuse and other professional misconduct allegations are a significant source of risk for all healthcare providers and organizations. Trained chaperones, guided by sound and consistently implemented policies, can be an effective means of preventing allegations of abusive or inappropriate behavior, enhancing safety and quality of care, and maximizing patient/resident cooperation and satisfaction. By using the guidelines offered in this resource as a starting point for the policy-making process, hospitals, aging services facilities, office practices and other healthcare settings can help minimize the liability exposure associated with sensitive patient/resident encounters.

Quick Links

- "Addressing Sexual Boundaries: Guidelines for State Medical Boards." A policy statement from the Federation of State Medical Boards, adopted May 2006.
- Allen, M. "Chaperones for All?" *Journal of the American Academy of PAs*, May 2011, volume 24:5, pages 60-61.
- Pimienta, A. and Giblon, R. "The Case for Medical Chaperones." *Family Practice Management*, September-October 2018, volume 25:5, pages 6-8.
- "Professional Boundaries: Drawing Lines That Cannot Be Crossed." *Healthcare Perspective*, Issue 6–2015. A publication of CNA, Nurses Service Organization and Healthcare Providers Service Organization.
- Scibilia, J. "How to Protect Patients in the Pediatric Office." *AAP News*, from the American Academy of Pediatrics, May 24, 2018.
- "Using Chaperones During Sensitive Exams and Procedures." *Michigan Medicine*, from the University of Michigan Office of Clinical Affairs. Updated October 2018.

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