HARBOR-UCLA MEDICAL CENTER

SUBJECT: CHAPERONES DURING MEDICAL EXAMINATION

POLICY NO. 382

PURPOSE:

The purpose of this policy is to provide guidelines on the provision of chaperones for patients during physical examinations and/or procedures that involve inspection or palpation of anorectal, genital, and/or the breast areas.

POLICY:

The Department of Health Services, through its corresponding hospital and clinical facilities, will work to make chaperones available to patients during physical examinations or procedures that require inspection or palpation of anorectal, genital, and/or the breast areas so as to foster a comfortable and considerate patient atmosphere. Providers will be mandated to have chaperones in the room for these examinations unless a chaperone is declined by the patient.

Chaperones are entrusted with the duty of ensuring patient/provider safety and privacy during the above mentioned examinations, and will be responsible for following the DHS Chaperone guidelines identified in **ATTACHMENT A** of this policy.

PROCEDURE:

The following steps should be taken prior to the commencement of a physical examination or procedure that involves inspection or palpation of anorectal, genital, and/or the breast areas:

- 1. A clinician should explain what is involved with the examination or procedure, and that a chaperone will be present unless the patient prefers not to have one. This will minimize the chance of misunderstanding.
- 2. Whenever practical, ensure that the chaperone is the gender preferred by the patient.
- 3. The provider should ensure that the chaperone is present prior to the commencement of the covered examination or procedure and remains present until the end of the examination or procedure.
- 4. If the patient declines a chaperone, document the declination of a chaperone in the medical record.

A relative or friend of the patient is not an impartial observer and cannot be a chaperone unless they are a parent

EFFECTIVE DATE: 1/02

REVISED: 2/05, 5/18, 6/18

REVIEWED: 1/02, 2/06, 4/10, 5/18, 6/18

REVIEWED COMMITTEE:

APPROVED BY

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Chief Executive Officer

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Chief Nursing Officer

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SUPERSEDES:

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or guardian of an infant or child (see "MINORS" below).

Even though they cannot be a chaperone, if the patient would like a relative or friend to stay with them, it should be allowed when reasonable and permissible.

MINORS

The physical examination of an infant or child under 12 years old should always be performed in the presence of a parent or guardian. If a parent or guardian is unavailable or the parent's presence will interfere with the physical examination, such as in a possible case of abuse or parental mental health issues, a chaperone must be present during any sensitive physical examination.

If the patient is an adolescent of 12 years or above and the examination requires inspection or palpation of anorectal or genital areas and/or the breast, a chaperone must be present. An adolescent cannot refuse a chaperone.

*** Note that in case of emergencies, staff should take whatever action is appropriate (e.g., removal of blouse to perform CPR).

ATTACHMENTS/FORMS:

DHS Chaperone Guidelines

REFERENCE(S)/AUTHORITY:

American Medical Association, Opinion 8.21 - Use of Chaperones during Physical Exams

The American College of Obstetricians and Gynecologists, Committee on Ethics, Opinion Number 373 (August 2007), Sexual Misconduct

DHS Policy 321.004 Chaperones during Medical Examination

Revised and Approved by:

Medical Executive Committee on 6/30/2018

Brant Putnam, M.D.

Professional Staff Association, President

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ATTACHMENT A

DHS Chaperone Guidelines

Chaperoning a sensitive medical procedure can be stressful for both the patient and the involved health professional. The Department of Health Services has created the following guidelines to minimize stressors, emphasize patient/provider safety, and to add a layer of protection for all parties. When acting as a chaperone, you should:

- 1. Talk to the provider to make sure you understand what should take place.
- 2. Ask the patient if the examination or procedure has been explained to them.
- 3. Stay for the whole examination, and whenever possible be able to see what the provider is doing so you can be a good witness.
- 4. Don't make unnecessary comments or conversation, and be sure to always respect the patient's privacy and confidentiality.
- 5. Acknowledge the patient's vulnerability, provide emotional support and reassurance.
- 6. Talk to your supervisor if you have any concerns about the provider's actions or behaviors.