**Chaperones for Sensitive Physical Exams**

1. **PURPOSE**

To specify how chaperones for sensitive (genital, breast or rectal) exams should be offered, provided, declined, and documented. To provide policy that is patient centered, supported by established ethical and legal principals, and consistent with the recommendations of the American Academy of Pediatrics, the American College of Obstetrics and Gynecology, and the American Academy of Family Practice.

1. **BACKGROUND**

Offering the presence of a professional chaperone for sensitive examinations is widely recommended. Principles of patient centered care suggest that the decision regarding whether or not to have a chaperone is best made by the patient whenever appropriate. Research on patient preference suggests that the proportion of patients who want a chaperone is the same as the proportion who resent having one. Almost all want to be asked, and many are uncomfortable with the presence of unrequested chaperones. More patients prefer chaperones if the examiner is unfamiliar or if the examiner is of the opposite gender. More female patients prefer chaperones than male. Both AAP and ACOG have published policy recommendations to offer chaperones for genital exams to all patients regardless of the gender of the patient or of the examiner.

1. **REFERENCE:** 
   1. **Am. Fam. Physician, 2002 Jan 12; 65(2): 280-282, “Ask Patients if They Want a Chaperone to be Present.”**
   2. **Pediatrics, DOI: 10.1542/peds.2011-0322, “Policy Statement - - Use of Chaperones During the Physical Examination of the Pediatric Patient.”**
   3. **ACOG Committee Opinion, Number 373, August 2007, “Sexual Misconduct. “**
   4. **CCRMC/CCHC Policy 4071 November 2008 “Provider Examination – Preparing Patient”**
2. **POLICY**
3. All patients age 12 and over undergoing a genital, rectal or breast exam should be offered a chaperone for the exam and their response documented by staff.
4. Either a staff member or a family member is an acceptable chaperone, depending upon the patient’s request. The name of the chaperone in the exam room should be documented.
5. Patients declining a chaperone are not required to have one unless the examining provider determines it is indicated. This should be documented.
6. Provider preference is one indication for a chaperone.
7. If a chaperone is indicated and declined, the provider is not obligated to do the exam, and should discuss with the patient their options, including seeking care elsewhere. This should be documented by the provider.
8. This policy applies uniformly to all staff and patients. It does not differ with patient, provider, or chaperone gender.
9. **AUTHORITY AND RESPONSIBILITY**
   1. Provider staff and management.
   2. Nursing staff and management.
10. **PROCEDURE**
11. Nursing Responsibility:
    1. At the point it is apparent that a sensitive exam is intended (either on arrival, or when the provider expresses this intention), the staff member rooming or preparing the patient will ask the patient in a private setting whether or not they would like a chaperone present for the exam and document the response. If the provider prefers a chaperone, the staff should ask the question in the positive, “opt-out” form, for example “Dr. X does this exam with an assistant in the room, is that OK with you?”
    2. Staff members will serve as chaperones for sensitive exams when requested by either the patient or the provider.
12. Provider Responsibility:
    1. Providers performing sensitive exams should assure a chaperone is present if requested.
    2. Providers should make clear with the staff they work with their preferences regarding chaperones.
    3. The examining provider should document the presence and name, or absence of, a chaperone.
    4. Alternatives to undergoing the exam, including seeking care elsewhere, should be given providers to patients who refuse a chaperone that the provider has determined is indicated. This should be documented.