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Chaperone Guidelines for Physicians

Overview

Patients will be cared for and treated by all Southern California Permanente Medical Group ("SCPMG") physicians with dignity and respect. Every effort will be made to promote trust and maintain confidence in the patient/physician relationship.

This document is intended to provide guidance for the use of Chaperones by SCPMG physicians wherever they provide care, including in-person visits, and the various forms of telemedicine. Guidelines are general directions, suggestions, and pieces of advice.

Purpose

1. Support the provision of services to patients by SCPMG physicians in a manner consistent with professionally recognized standards of care. SCPMG should always honor a patient's or physician's request to have a Chaperone.
2. Support and safeguard a physician's right to a safe work environment.

Scope/Coverage

These guidelines apply to all Partner, Associate, Per Diem and Partner Emeritus physicians ("physicians") employed by or partners of the Southern California Permanente Medical Group.

Definitions

1. **Chaperone:** for purposes of these guidelines, a Chaperone is an ancillary staff member who is present during the delivery of healthcare services. In their roles as Chaperone, the ancillary staff acts as a witness to the patient receiving care and the physician delivering care and serves as a safeguard for both parties during an Intimate Examination. The ancillary staff may also be expected to provide help and assistance to the physician while the physician is providing care to a patient.
2. **Intimate Examination:** any examination, procedure, or care intervention that may reasonably create a sense of vulnerability or powerlessness. These examinations include, but are not limited to, female breast exams, male or female genital exams, and rectal exams.

Provisions and Procedures

1. **In the following situations a Chaperone will be provided:**
 - a. Upon request of either the patient or the physician, regardless of the type of procedure.
 - b. An Intimate Examination of any patient between the ages of 11-17.
 - c. In the medical office setting, the physical examination of an infant, toddler or child younger than 11 years old, should always be performed in the presence of a parent, guardian or Chaperone.
 - i) If a parent or guardian is unavailable or the parent's presence could interfere with the physical examination or history taking, a Chaperone should be present during an Intimate Examination. Examples of when a parent's presence may interfere include: suspected or known child abuse and parental mental health issues.

- 2. In the following situations the presence of a Chaperone is strongly encouraged and should be offered:**
 - a. When an Intimate Examination is indicated by the patient's chief complaint and the physician and patient are of the opposite gender (male physician and female patient, or female physician and male patient).
 - i) Once the determination has been made by patient or physician that a Chaperone is needed, ancillary staff will offer a Chaperone and document the patient's response. *
 - b. When the physician determines, during the course of an examination or encounter, the need to conduct an Intimate Examination, the physician should offer a Chaperone.
- 3. In the following situations (unless requested by the patient) the physician will determine the need to provide a Chaperone.**
 - a. When an Intimate Examination is being performed on a patient of the same gender (male physician and male patient, or female physician and female patient).
- 4.** Patients will be given privacy when disrobing. Curtains, when available, and appropriate covering gowns and drapes will be used to maximize privacy for in-person visits. Video visits will be paused when a patient needs to disrobe.
- 5.** Prior to starting an Intimate Examination, the physician should describe what the examination will entail, medical reason for the exam and give the patient or parent of a minor patient an opportunity to ask questions and voice concerns. Keep discussions relevant and avoid personal comments.
- 6.** Once the examination or procedure has started, the Chaperone is not to leave the visit until the entire Intimate Examination is completed.
- 7.** SCPMG acknowledges that having a third person present can be embarrassing for some patients and may actually inhibit them from asking questions and discussing important health issues for fear of risking confidentiality. Physicians should always provide an opportunity, either before or after an Intimate Examination, to speak in private. Discretion should be used in asking questions, continuing conversations, or history taking of a sensitive nature in the presence of a Chaperone.
- 8.** In the event operational circumstances arise that impact the ability to follow these guidelines, appropriate escalation to an administrative supervisor will occur.

References/Appendices

- 1.** American Academy of Pediatrics "Policy Statement – Use of Chaperones During the Physical Examination of the Pediatric Patient"
- 2.** Virtual Remote Care Program Agreement – Telehealth Appointment at Home

Revision History

Original Approval Date: 9/14/2018

1st Revision Date: 10/24/2018

2nd Revision Date: 6/24/2020

* The intent of section 2.a.i is to provide workflow guidance for physicians. It is not intended to provide direction or instruction to ancillary staff.