

VANDERBILT  UNIVERSITY
MEDICAL CENTER

Policy: Medical Chaperone

Category Clinical Operations
Approval Date April 2022
Effective Date May 2022
Supersedes September 2021

Applicable to

Adult Enterprise Pediatric Enterprise Behavioral Health Enterprise

Team Members Performing

All faculty & staff Faculty & staff providing direct patient care or contact MD House Staff APRN/PA RN LPN
 Other:

Responsible Committee

Clinical Operations Committee Pharmacy, Therapeutics, and Diagnostics Committee
 Clinical Practice Committee Health Record Executive Committee
 Quality Steering Committee Information Privacy and Security Executive Committee
 Infection Prevention Executive Committee Medical Center Safety Committee

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This policy corresponds to [Medical Chaperone Duties \(SOP\)](#)

I. Purpose:

To provide a Medical Chaperone to patients who will undergo a Sensitive Examination or Sensitive Procedure or upon request either of a patient or clinician for any examination or procedure. The policy is for the benefit of both patients and clinicians. Not only may Medical Chaperones help protect patients and enhance their comfort, safety, privacy, security, and dignity, but they also may protect Clinicians against unfounded allegations of improper behavior.

II. Policy:

- A. When the patient requires a Sensitive Examination or Sensitive Procedure, a Medical Chaperone is present without patient request, unless the patient declines.
 - 1. A patient has the right to decline a Medical Chaperone during a Sensitive Examination or Sensitive Procedure. In the event a patient declines a Medical Chaperone, the Clinician is not required to proceed if they do not feel comfortable performing the exam without a Medical Chaperone.
 - 2. If a clinician is not comfortable proceeding with the Sensitive Examination or Sensitive Procedure without a Medical Chaperone, alternatives acceptable to both patient and clinician are discussed.
- B. For other examinations or procedures that do not fit the definition of Sensitive Examination or Sensitive Procedure, a Medical Chaperone may be offered by the clinician or may be requested by the patient during any clinician-patient interaction, for patient comfort and safety. Further, a Medical Chaperone may be requested by the Clinician for any examination or procedure.

III. Definitions:

- A. **Medical Chaperone:** A person who serves as a witness for a patient and clinician during a medical examination, procedure or care.
 - 1. The Medical Chaperone may be:
 - a. A medical health professional (e.g., medical doctor who is a member of the VUMC Medical Staff, resident, fellow, advanced practice nurse, physician assistant, licensed nurse, technician, therapist, athletic trainer) who has completed VUMC training to serve as a Medical Chaperone.

Residents and fellows have the right to choose not to serve as a Medical Chaperone. If a resident or fellow chooses not to complete the training and/or declines to serve in a specific examination or procedure, the resident or fellow will not be penalized in any fashion.
 - b. An unlicensed clinical staff member who does not fall into the definition of medical health professional in section III.A.1.a of this policy and who can work across departments or within their assigned departments and who

has completed the VUMC training to serve as a Medical Chaperone. A list of appropriate unlicensed clinical staff positions who can serve as Medical Chaperone who have completed appropriate training is attached to this policy.

- c. A family member, parent or legal guardian may serve as a Medical Chaperone only for pediatric examinations of or procedures for patients aged 0 to 10 years, except for:
 - i. Examinations or procedures where there is placement of a finger(s), speculum, swabs or any other instrument into the vagina or rectum; or
 - ii. If there is suspicion of abuse.
2. Family members may be present but are not allowed to serve as a Medical Chaperone for patients aged 11 years or older, including those patients who lack capacity to give informed consent.

While patients aged 11 years or older may refuse a chaperone themselves, family members may not decline a Medical Chaperone on behalf of either an adolescent child or an adult who lacks capacity to give informed consent.

3. When possible, the Medical Chaperone is the gender the patient requests.
4. The Medical Chaperone's role may not be limited to that of a witness. Where the individual serving as Medical Chaperone is a medical health professional, the individual also may be present to provide assistance to the Clinician with the examination, procedure or care.

B. **Sensitive Examination or Sensitive Procedure:** A physical examination or procedure involving the genital, rectal, female breast, and/or pelvic areas.

1. **For the following, a Medical Chaperone is required to be present, unless declined by the patient or appropriate patient representative:**
 - a. Examination of developed breast tissue in patients aged 11 years or older;
 - b. Examination of the genitalia or rectum, including exams by a Sexual Assault Nurse Examiner (SANE);
 - c. Examination of the pelvic girdle, if exposure of the genitalia is likely;

- d. Photography of the developed breast tissue patients aged 11 years or older or photography of the genitalia or rectum in any patient, used for documentation in the electronic medical record. Reference VUMC policy, [Patient/Visitor Photography/Recordings and Use of Recording Devices to Capture Patients and Visitors](#).
2. **The following examinations or procedures are not considered sensitive, and a Medical Chaperone is not required and will not be offered; however, a request for a Medical Chaperone by a patient or appropriate patient representative will be honored:**
- a. **Standard patient care protocols** such as listening to the heart or lungs or placing EKG leads, which could involve incidental touching of the breast;
 - b. **Surgeries or Procedures in Operating Rooms or Procedure Rooms** – Procedures performed in the presence of multiple medical team members, such as colonoscopy, vaginal birth, or surgery;
 - c. **Pre- or post-procedure involving breasts, genitalia, or rectum**, to include the duration of the inpatient stay or ambulatory encounter;
 - d. **Obstetrical-Related Care** in the inpatient setting - Assessment and/or treatment of the genitalia or rectum pre- and post-delivery - vaginal or cesarean;
 - e. **Breastfeeding Assistance** – Assisting a patient with breastfeeding.
 - f. **Newborn Exams** – Examination of a newborn in the post-partum setting, newborn nursery, or neonatal intensive care unit;
 - g. **Echocardiograms**;
 - h. **Radiology examinations involving the breasts, genitalia, or rectum**, including mammography and ultrasound (Note: Signage will be present in radiology indicating that chaperones are available by request.);
 - i. **Radiation oncology treatments for thorax or breast**;

- j. **Nursing Care**, including:
 - i. Perineal cleansing;
 - ii. Care as part of everyday personal hygiene assistance;
 - iii. Taking rectal temperatures;
 - iv. Administering vaginal or rectal medications;
 - v. Placing, cleaning, and assessing rectal tubes; and
 - vi. Wound care and dressing changes to sacrum/coccyx.
 - k. **Foley/urethral catheter** placement or care; and
 - l. **Skin Assessments** – Visual assessment of the skin.
3. A Sensitive Exam may occur as part of an in-person or telehealth visit. The guidelines in this policy apply regardless of the setting.

IV. Procedures:

- A. Before beginning any Sensitive Examination or Sensitive Procedure, Clinicians explain to patients the nature and scope of the examination or procedure and also the role of the Medical Chaperone in the examination or procedure.
- B. Clinicians provide an opportunity for private conversation with the patient before or after the examination or procedure without the Medical Chaperone present.
- C. Patients are provided private time to undress and prepare for the Sensitive Examination or Sensitive Procedure. If it is medically necessary for the Clinician to remain with patient during this time, a witness is present.
- D. Unless the patient declines to have a Medical Chaperone present, a Medical Chaperone is present during a Sensitive Examination or Sensitive Procedure, even if the patient is accompanied by a trusted companion/parent/legal guardian.
 1. In the event that no staff member is available to serve as a Medical Chaperone, the examination should be rescheduled unless there is an emergent health care situation requiring proceeding with the examination.
 2. If patient declines a Medical Chaperone for a Sensitive Examination, the refusal is documented in the patient's medical record as outlined below.

3. The Medical Chaperone remains throughout the Sensitive Examination and is able to observe what the clinician is doing. The Medical Chaperone should stand in a location where they are able to assist the Clinician as needed and observe the examination, procedure or care.
- E. In the event a patient declines a Medical Chaperone for a Sensitive Examination or Sensitive Procedure, the Clinician is not required to proceed if they do not feel comfortable performing the exam without a Medical Chaperone. If a Clinician is not comfortable proceeding with the Sensitive Examination or Sensitive Procedure without a Medical Chaperone, alternatives acceptable to both patient and Clinician are discussed.
- F. Documentation: The presence or absence of the Medical Chaperone is documented in the patient's medical record.
1. If a Medical Chaperone is present, documentation in the patient's medical record, including the name of the Medical Chaperone, is required. Clinicians may use a dot phrase such as:

“The sensitive parts of the examination were performed with xx as chaperone.” [dot phrase: .CHAPERONE]
 2. If the patient declines a Medical Chaperone, the refusal is required to be documented. Clinicians may use a dot phrase such as:

“A chaperone was offered for this sensitive examination, but the patient requested that a chaperone not be present.” [dot phrase: .CHAPREFUSE]

Emergency care should not be impeded by this policy. If a patient needs emergency care, including a sensitive examination and/or sensitive procedure, such care will not be delayed in order to attempt to comply with the policy. In this instance, document using the language “Due to emergent nature of condition, a chaperone was not able to be present.” [dot phrase: CHAPEMER].

V. **Inappropriate Conduct:**

- A. Any alleged inappropriate activity surrounding a patient encounter is immediately reported to the Office of Risk and Insurance Management and the area manager. A multi-disciplinary team confers and discusses next steps. Next steps may include advising the patient of their right to report the activity to the Vanderbilt University Police Department.

Note: Consultation regarding progressive discipline with the Office of Human Resources or the Office of Faculty Affairs or other appropriate office providing oversight is conducted when appropriate.

- B. Workforce members exhibiting unprofessional behavior which negatively contributes to the safety and well-being of patients/families at VUMC are at risk for disciplinary action, up to and including suspension and/or termination.

VI. Endorsement:

Clinical Operations Policy Committee	April 2022
Medical Center Medical Board	April 2022

VII. Approval:

Marilyn Dubree, MSN, RN, NE-BC Executive Chief Nursing Officer, VUMC	4/29/22
C. Wright Pinson, MBA, MD Deputy CEO and Chief Health System Officer, VUMC	4/26/22

VIII. References:

University of Michigan Health. (2022). The Use of Chaperones During Sensitive Examinations and Procedures. Retrieved from <https://www.uofmhealth.org/patient-visitor-guide/patients/use-chaperones-during-sensitive-examinations-and-procedures>.

VUMC Policy Manual. (2022). Retrieved from <https://vanderbilt.policytech.com>.

Clinical Operations Category:

[Health Care Decision Making - Advance Directives](#)

[Identification and Reporting of Abuse and/or Neglect - Child](#)

[Identification and Reporting of Abuse, Neglect, and/or Exploitation - Adult](#)

[Medical Chaperone Duties \(SOP\)](#)

[Patient Rights and Responsibilities](#)

[Protection of Minors](#)

[Search of Patient Care Areas/Rooms, Individuals, and/or Belongings](#)

Information Management Category:

[Patient/Visitor Photography/Recordings and Use of Recording Devices to Capture Patients and Visitors](#)

Quality, Safety, and Risk Prevention Category:

[Occurrence Reporting: Patient and Visitor \(VERITAS\)](#)

Appendix – List of clinical positions for chaperones that are not defined as “Medical Health Professional” in Section III A 1(a) of this policy:

The following list are non-licensed clinical positions that can be used in different departments/locations:

6757 - Burn Care Specialists
6776 - Care Partner Float
6777 - Care Partner
6780 - Patient Care Technician
6787 - Patient Care Technician Float
6779 - Medical Assistant
6784 - Medical Assistant Float
6788 - Medical Assistant PRN
6789 - Medical Assistant Care Team

The following list of non-licensed clinical positions that can serve as chaperones in their assigned departments and only for procedures for which they are trained:

2025 – Medical Physicist (faculty position)
2035 – Medical Physicist (faculty position)
3124 - Athletic Trainer
3125 - Athletic Trainer
3117 - Athletic Trainer PRN
5543 - Heart Station Tech
5540 - Sr. Heart Station Tech
5545 - Heart Station Tech PRN
5695 – Medical Physicist (staff position)
6791 - Mental Health Technician
6792 - Mental Health Specialist 2
6811 - Assoc Behavioral Health Specialist
6812 - Assoc Behavioral Health Specialist Float
6813 - Behavioral Health Specialist
6815 - Behavioral Health Spec Float