



**DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
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**REPLY TO
ATTENTION OF**

25 JUN 2013

MCCG

**MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands (RMC)
AND Regional Dental Commands (RDC)**

SUBJECT: Use of Chaperones

1. References:

- a. Hospital Accreditation Standards, The Joint Commission, Current edition.
- b. DoDI 6000.14, Patient Bill of Rights and Responsibilities in the Military Health System (MHS), 26 Sep 11.
- c. Standards for Ambulatory Care, The Joint Commission, Current edition.
- d. Draft Secretary of Army Directive on Criminal Background Checks on Individuals Working with Children.

2. Purpose: To provide the policy and procedures regarding the use of chaperones in all MEDCOM facilities.

3. Proponent: The proponent for this policy is Health Care Delivery, G3/5/7, MEDCOM.

4. Background: The provision of a chaperone is a necessary part of patient centered care and prudent medical practice. All patients have the right to have another person present during certain parts of an interview, examination, treatment or procedure (defined as an encounter in this document) by a healthcare professional. The chaperone serves as an impartial observer who is present to enable the patient to be more at ease and to provide objective information in the event of an allegation. A chaperone may also raise supervisor and command awareness in the absence of an allegation if the chaperone has concerns about the conduct of the encounter.

5. Responsibilities:

- a. All Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs) Commanders will ensure that staff training and patient education include the right to a chaperone and the responsibilities of chaperones.

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b. Each MTF and DTF Commander will establish procedures that provide rapid reporting by patients and chaperones of any suspected misconduct during an encounter and for resolving questions regarding the use of chaperones.

c. A sign will be posted at the reception desk and in all exam and treatment rooms notifying the patient that a chaperone is available upon request.

(1) Each facility will designate a point of contact to receive and respond to patient concerns about the professionalism of the encounter.

(2) The following verbiage will be utilized: "Thank you for choosing Army Medicine. In our health facilities, patients and providers have the right to request a chaperone be present during the visit. Please notify the healthcare team to request this service. Should you have any concerns about the professionalism of your visit with us, please contact _____ at _____."

d. Providers have the right to have a chaperone present during any patient encounter if they believe that there may be a reason to have a third party present, even if there is no examination or procedure performed.

e. Chaperones must be medical personnel who conduct the observation in a courteous and discrete manner and who understand the importance of protecting the confidentiality of patient information.

(1) The following medical personnel may serve as a chaperone: RN, LPN, 68W or other health care personnel trained in HIPAA and familiar with the procedure or examination being performed. Nursing or medical assistants who assist providers during encounters may serve as chaperones. Health professions students on formal rotations at the MTF may also serve in chaperone roles.

(2) The medical record of any patient encounter for which a chaperone is present must include the name of the chaperone. The chaperone or the provider will document in the inpatient or outpatient medical record.

(3) Chaperones must understand that they are responsible for observing the appropriateness of both provider and patient behavior and actions. Chaperones are a safeguard for patients, providers and Army Medicine.

(4) Chaperones should discretely minimize attention to themselves by professional dignity and respect.

6. Policy:

a. Each patient receiving care will be interviewed in surroundings designed to ensure reasonable visual and acoustic privacy. Patients will be afforded strict privacy during robing and disrobing, unless the patient requests assistance.

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b. All patients have the right to have a chaperone throughout the continuum of the medical encounter. A patient may request or be offered a chaperone for any encounter, however, the presence of a chaperone is mandatory during the exam of the female breast, genital or anal region, and for male genital or anal exam.

c. Patients will be informed that they have the right to request a chaperone and that they may specify a same gender chaperone. If the patient is uncomfortable with assigned chaperone, he/she may request another chaperone or reschedule the appointment when an appropriate chaperone is available.

d. This policy applies to both the outpatient and inpatient settings. Providers must offer patients chaperones when examining them in their beds or in ward examination rooms. When the encounter involves examination of the breasts, genitalia or anus, an appropriate chaperone must be present.

e. Patients who undergo general anesthesia or conscious sedation are especially vulnerable. Providers must ensure that an appropriate chaperone is present at all times with patients undergoing and recovering from general anesthesia and conscious sedation and presence of a chaperone should be noted in the operative documentation. This requirement is met by having two or more staff personnel on hand in anesthesia and recovery areas.

f. Chaperones will be the same gender as the patient if possible. If same gender chaperones are not possible due to staffing constraints, the patient will have the right to reschedule the encounter or exam when an appropriate chaperone is available.

g. All clinical activities must be prepared to provide a chaperone for all encounters requiring a chaperone as defined below, and any time the patient or provider requests a chaperone.

h. Patients may request that a Family Member or significant other serve as an additional chaperone with the approval of the provider. However, Family Members may not serve as the only chaperone, except in the case of well-child encounters. All other encounters with a family chaperone must also have a staff chaperone in the room.

i. Parents or guardians may remain with their children, but they may not serve as the only chaperones except during well-child encounters, as noted above. Providers may bar parents or guardians from the examination room when the parent or guardian is suspected of abuse or sexual misconduct with the child.

j. Healthcare personnel and chaperones involved in the care of children must have completed required criminal background checks. If they have not completed the required checks, Line of Sight Supervision is required by an individual who has completed the required background check process.

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k. If the patient refuses to have a chaperone, the provider must document the patient's refusal in the medical record and decide whether to proceed with the encounter or to refer the patient to another source of care. Providers may request that a supervising provider serve as a chaperone or observer.

(1) The provider must balance the urgency of the need for care with the patient's right to express a preference among chaperones.

(2) Providers should consider the patient's understanding or competency to make such decision on the part of the patient. If the patient does not appear to be able to make the decision, a provider should seek legal advice and may seek a surrogate decision maker.

(3) If emergent treatment is required, it should not be delayed to involve a surrogate decision maker or to seek legal advice. These events should be extensively documented in the medical record.

7. Compliance:

a. MTFs and DTFs will include assurance of compliance with chaperone requirements with peer record review processes.

b. Regional Medical and Dental Commands will review chaperone policies during their Organizational Inspection Program visits.

c. MTFs and DTFs will review patient complaint records for evidence of compliance with chaperone requirements. All patient complaints of inappropriate behavior during the examination will be specifically reviewed for compliance with this chaperone policy, and any failure to comply must be addressed by a root cause analysis with a summary to be reported through the RMC/RDC to MEDCOM Clinical Performance Assurance Directorate (Risk Management) and G-3/5/7 Health Care Delivery.

Encl
Appendix A



PATRICIA D. HOROHO
Lieutenant General, US Army
The Surgeon General and
Commanding General, USAMEDCOM

Appendix A: Chaperone Duties and Responsibilities.

Specific chaperone duties include:

- a. Prior to the start of the chaperone duties, consult with the provider on the nature of the examination to ensure that all materials needed are present in the room prior to the start of the examination.
- b. When entering the room, chaperones must introduce themselves with their names and roles and verify the identity of the patient using the two patient identifiers: name and date of birth.
- c. Chaperones must be present and observant during the entire examination. If the chaperone needs to leave the room, the patient's privacy should be upheld, and both the provider and chaperone explain the reason to the patient and leave the room.
- d. Distractions during the examination are kept to a minimum to protect the integrity of the task. Telephone calls must be limited, and staff members are cautioned to refrain from entering or knocking at the examination room door, except in emergency situations.
- e. After the examination, the chaperone must not leave the room until the provider exits the room.
- f. Neither the provider nor the chaperone will be present during robing and disrobing unless the patient asks for assistance.
- g. Any specimen collected will be labeled immediately and taken to the appropriate collection point only after the examination is completed and the provider has left the room.