

# THE ROLE OF CHAPERONES IN SENSITIVE HEALTHCARE EXAMS



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The relationship between healthcare providers and patients is one rooted in a set of guiding principles, including, but not limited to, trust, respect, empathy, and the shared goal of promoting health and well-being. As such, certain sensitive medical examination environments and procedures can create a vulnerable environment for patients and healthcare providers alike. To ensure the comfort and safety of all parties in these environments, the use of chaperones should be standard. This critical role in healthcare settings should be a best practice and utilized as one intervention to reduce the risk of sexual misconduct allegations.

In recent years, there has been an increase in violence-related sentinel events reported to the Joint Commission.<sup>1</sup> In 2023, sexual assault rose to become one of the top five sentinel events reported by healthcare organizations.<sup>2</sup> This trend reflects a growing issue nationwide and further demonstrates the need for healthcare organizations to implement chaperone policies, reporting mechanisms, and timely investigation of complaints.

## **CHAPERONE TRAINING AND EDUCATION**

In order to provide clarity and consistency with chaperone fundamental behaviors and expectations, it is essential for healthcare organizations and systems to acknowledge and define the role of chaperones as required in certain sensitive and near-sensitive examinations. SENSITIVE EXAMS involve the assessment, evaluation, and/or exposure of the genitalia, rectum, or breast. NEAR SENSITIVE exams, on the other hand, may include partial exposure or palpation of body parts near the same sensitive areas.

Chaperones are authorized team members who act as witnesses during Sensitive or Near Sensitive examinations and procedures. Hospitals, health systems, and providers should seek to ensure all team members are properly trained to understand their responsibilities as a chaperone; including the basics of the examinations, assessments, and procedures that will take place, and how to effectively communicate all options with the patient.

Sensitive examinations of infants, toddlers, and small children should always be conducted in the presence of a parent or Legally Authorized Representative (LAR). These exams might not include the use of a chaperone depending on parent/LAR and provider preference, but the decision whether or not to use a chaperone should be one based on shared decision-making between the family and provider. However, chaperones are recommended for sensitive exams for adolescents and teenagers.<sup>3</sup> The presence of a friend, family member, or LAR of an adolescent, teenager, or adult patient should never take the place of a chaperone when a chaperone is indicated.

Training should also include how to conduct sensitive exams with empathy, patient safety, and respect. The use of gloves, patient gowns, ensuring privacy for dressing and undressing, and sensitive draping help to preserve the patient's dignity.<sup>4</sup> To protect patient confidentiality, it is important to highlight the importance of reducing the discussion of protected health information in front of chaperones.

## COMMUNICATION AND CONSENT

Prior to conducting a sensitive examination or procedure, it is advisable for the provider to engage in a comprehensive discussion with the patient, outlining the purpose and procedure of the examination as an integral part of the informed consent conversation. Effective communication between the provider and patient is of utmost importance as it helps to prevent potential misunderstandings or unintended and unfounded allegations of misconduct.

It is crucial to inform patients about the purpose of chaperones during sensitive exams and procedures, as well as their rights to decline or halt any part of the examination or procedure. By openly discussing the procedure, providers at all levels are able to proactively address any of the patient's or family's questions, concerns, or hesitations.

Providing patients with clear information empowers them to make informed decisions, fosters a patient-centered approach to healthcare, and promotes a trusting relationship between patients and providers.

## CHAPERONE POLICY CONSIDERATIONS

Various approaches can be considered when implementing a chaperone policy, depending on the needs and resources of a healthcare organization/system.<sup>5</sup>

- **Mandatory:** Chaperones are used for all sensitive exams or procedures, except in the case of an emergency.
- **Opt-in:** Patients are educated about the availability of chaperones and their role. Patients decide if they want a chaperone for the examination or procedure.
- **Opt-out:** Patients are educated about the chaperone role and that chaperones are utilized for the examination or procedure. The patient may choose to refuse the use of a chaperone.

In addition to outlining expectations and procedures for chaperone use during in-person examinations, policies should also address the utilization of chaperones for sensitive exams conducted during virtual appointments. This comprehensive approach ensures that expectations are consistently upheld, promoting patient comfort and trust across all types of medical encounters.

Chaperone policies should also be consistently followed irrespective of the identified gender of the provider and patient. This ensures that all patients, regardless of gender identity, feel supported and protected during sensitive examinations and procedures. By implementing inclusive chaperone policies, healthcare organizations can further support an environment that respects and values the diversity of their patients and team members.

After the sensitive examination or procedure is completed, it is crucial to document the use or informed refusal of a chaperone in the patient's medical record. This documentation of the encounter, including the presence or absence of a chaperone, fosters transparency, accountability, and enhances effective communication among healthcare teams and patients.

## REPORTING AND RESPONDING TO COMPLAINTS

Healthcare facilities should establish robust mechanisms for reporting misconduct concerns and complaints based on individual State and Federal laws and regulations and organizational policies. Patients, chaperones, team members, and providers should have clear, effective, and standard avenues to report concerns or violations, and should receive regular training on these mechanisms. It is essential to create an organizational culture where individuals feel safe to report good faith concerns without fear of retaliation.

Should there be allegations of sexual misconduct, organizations should ensure a swift response and timely investigation, including departments such as Human Resources, Risk Management, Legal, Security, and local leadership. Notification to external agencies, including local law enforcement and licensing entities, may also be required depending on the nature of the allegation and applicable laws and licensure reporting requirements. As the internal investigation takes place, part of that process should include repeating background checks, National Provider Data Bank reviews, and thorough exploration of social media platforms. These measures can help identify any issues that may have arisen after the individual's hire.

## CONCLUSION

The use of chaperones in healthcare settings is an essential consideration for maintaining patient, provider, and team member safety while reducing the risk of sexual misconduct allegations. The rising number of violence-related sentinel events, particularly sexual assault, underscores the need for effective chaperone policies, training, and reporting mechanisms. By implementing these measures, healthcare organizations can create a more supportive and safer environment for patients, providers, and team members.

For additional questions or support, the National Risk Control team at Gallagher is at your service, offering expert consultation in navigating best practices for chaperone use and policies.

### Sources:

<sup>1</sup> The Joint Commission. *The Joint Commission*.

<sup>2</sup> The Joint Commission Sentinel Event Data 2023 Annual Review. *The Joint Commission*.

<sup>3</sup> American Academy of Pediatrics Policy Statement—Use of Chaperones During the Physical Examination of the Pediatric Patient. *AAP*, 1 May 2011.

<sup>4</sup> OPINION 1.2.4 Use of Chaperones. *AMA Code of Medical Ethics*.

<sup>5</sup> ACHA Guidelines Best Practices for Sensitive Exams. *American College Health Association*, Oct. 2019.

# About the author



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Lizzie is a dedicated professional who provides comprehensive clinical risk management support and consultation to clients. Her main goal is to help them develop and implement effective strategies that reduce their overall cost of risk in all aspects of their operations. With her extensive knowledge and expertise in healthcare, Lizzie offers valuable guidance on clinical risk and safety program development. She ensures that clients have robust systems in place to mitigate potential risks and enhance their risk management capabilities.

Lizzie's proactive approach is evident in her dedication to promoting risk management initiatives. She actively engages clients in creating successful solutions that not only serve their bottom line but also foster a culture of patient and staff safety and risk awareness within their organization or entity.

Lizzie began her career as a pediatric nurse in 2008 and joined Gallagher in 2024. She brings extensive experience in the healthcare industry and risk management. With a strong foundation as a registered nurse, Lizzie has a wealth of knowledge in clinical, management, and administrative hospital roles, including inpatient, ambulatory clinics, and dialysis. Prior to joining Gallagher, she found her passion as a risk manager at Children's Hospital Colorado. In this role, she channeled her expertise into navigating complex clinical and non-clinical risk scenarios and claims management.

Lizzie's educational background includes a M.S. in Nursing Leadership and Management from Regis University, a B.S.N. in Nursing from Regis University, and a B.A. in Biology from the University of Colorado, Boulder. She is a Registered Nurse (RN) and holds certifications as a Certified Professional Healthcare Risk Manager (CPHRM), Certified Pediatric Nurse (CPN), and Nurse Executive Board Certified (NE-BC).

In addition to her professional achievements, Lizzie is an active member of the American Society for Health Care Risk Management. She also serves as a board member and secretary for the Colorado Healthcare Associated Risk Managers