

University of Utah Department of Pediatrics  
Primary Children's Hospital

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### **Chaperone Policy**

The Department of Pediatrics and Primary Children's Hospital are committed to ensure the greatest degree of comfort for patients and families. Sensitive exams are often necessary as part of health care for children and adolescents.

#### **Purpose of the Chaperone Policy**

To provide guidelines for the use of a Chaperone during physical exam or sensitive invasive procedure in order to provide a safe environment for our patients, caregivers, staff and LIPs.

#### **Scope**

PCH healthcare staff and LIPs

#### **Definitions**

Sensitive exam: Visual or physical examination of the breast, pelvic, rectal or genitalia areas.

Sensitive invasive procedures: The insertion of something into the genitals or rectum.

Chaperone: The immediate presence of a second healthcare professional during the exam or procedure.

Parent/guardian

Authorized Healthcare Provider: LIP, nurse, child life, physician housestaff, patient care assistant or medical imaging technologist. Students may not serve as a chaperone (e.g. medical student, nursing student, medical assistant student, etc.)

#### **Procedure**

1. The sensitive exam or sensitive invasive procedure should be clearly explained to the child in age appropriate language and to their caregiver.
2. **Chaperones are required during a patient examination in which it is necessary for the patient to disrobe (breast, pelvic, rectal, perianal, genitalia exams).**
  - 2.1. In the ambulatory setting, the physical examination of an infant, toddler, or child should always be performed in the presence of a parent or guardian.
  - 2.2. If a parent or guardian is unavailable or the parent's presence will interfere with the physical examination, such as in a possible case of abuse or parental mental health issues, a chaperone should be present during the physical examination.
3. Chaperones are highly recommended with the following types of patient encounters.
  - 3.1. Intoxicated patient
  - 3.2. Any encounter where the patient is sedated
  - 3.3. Patient with history of known sexual abuse
  - 3.4. Difficult patient relationships
  - 3.5. Patients with developmental delay
4. The chaperone must be provided at the request of the patient, the parent or guardian or the healthcare provider.
  - 4.1. The Chaperone should be an authorized healthcare professional.
  - 4.2. The gender of the Chaperone should be the patient's preference when possible.

- 4.3. If the gender preference is not available, and the exam or procedure is non-emergent, it may then be rescheduled.
  - 4.4. The Chaperone cannot be a family member or non-authorized healthcare provider.
5. The name of the chaperone that was in attendance should be documented in the medical record.
  - 5.1. It should also be documented when a chaperone was offered and declined.
  - 5.2. If the healthcare provider prefers a chaperone, one will be provided.
    - 5.2.1. If the patient or caregiver declines a chaperone and the exam is non-emergent, the exam may be rescheduled or performed by another healthcare provider.
    - 5.2.2. If a chaperone is not available and the exam is non-emergent, the exam may be rescheduled or performed by another healthcare provider.
  - 5.3. Leaving the door open in lieu of providing a chaperone is not an acceptable alternative.
6. The patient should be offered the opportunity for a private healthcare professional-patient conversation separate from the examination during which a chaperone was present.

#### **Primary Sources**

1. AAP Policy Statement. Use of Chaperones During the Physical Examination of the Pediatric Patient. *Pediatrics*. May 1, 2011 2011;127(5):991-993.
2. Feldman KW, Jenkins C, Laney T, Seidel K. Toward instituting a chaperone policy in outpatient pediatric clinics. *Child Abuse Negl*. Oct 2009;33(10):709-716.
3. AMA Policy Statement. Use of chaperones during physical exams. *Report of the Council on Ethical and Judicial Affairs of the American Medical Association*. 1998.

Policy Reviewed and Approved  
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