Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg — Caring for Health / À l'écoute de notre santé **PRIMARY HEALTH CARE OPERATIONAL GUIDELINES**	**Operational Guideline:** *Patient Chaperones During Intimate Physical Examinations*	**Guideline Number:** *PCOG#7*
	Approved By: *Primary Care Service Area Leadership*	**Pages:** *1 of 3*
	Approval Date: *February 9, 2022*	**Supercedes:** *January 27, 2022;* *October 23, 2017*

1. INTENT

To guide provider practice and meet patient needs with regard to the presence of chaperones during intimate physical exams. **Patient examinations require an atmosphere of sensitivity, caring and support with respect for dignity, privacy and patient autonomy.**

2. DEFINITIONS AND ROLES

Intimate Physical Examination - May require the Practitioner to expose a patient's breasts, genital or anal area as part of a physical health assessment.

Chaperone – Is present as a safeguard for all parties (patient and Practitioner) and is a witness to continuing consent of the procedure. Chaperones can carry out an active role such as participation in the examination or procedure or have a passive role such as providing support to the patient during the procedure.

Role of the Chaperone – The role of a chaperone varies considerably depending on the needs of the patient, the Practitioner and the examination or procedure being carried out. Broadly speaking the role of the chaperone can be considered in any of the following areas:

- To provide emotional comfort and reassurance to patients
- To keep discussions relevant and avoid unnecessary personal comments
- To remain alert to verbal and non-verbal indications of distress from the patient during examination
- To assist with undressing patients
- To provide protection to the patient and Practitioner against allegations of improper behaviour

Examples of chaperones may include - other Health Care Professional, Primary Care Nurse, Primary Care Assistant or family member as defined by the client.

Role of the Patient – Participate in all decisions regarding delivery of healthcare services and ask questions if there is any confusion or uncertainty around the intimate physical examination.

Role of the Practitioner – Encourage questions and discussion on the nature of the procedure and ensure the patient understands what the Practitioner is doing during the examination. Following an examination and once the patient is dressed the findings may be communicated to the patient. If appropriate this can be used as an educational opportunity for the patient. Depending on the situation, the professional may consider asking the patient if it is appropriate for the chaperone to remain at this stage.

3. GUIDELINES

3.1 General Principles

3.1.1 Practitioners and clinic staff shall be familiar with chaperone guidelines.

3.1.2 All patients shall be provided the opportunity to have a chaperone during an intimate physical procedure. Either acceptance or refusal by the patient shall be documented by the provider within the patient's electronic medical record.

3.1.3 A Practitioner may identify the need for and request a chaperone be present during an intimate physical exam. This shall be documented by the provider in the patient's electronic medical record.

3.1.4 It may not always be possible to provide a chaperone in the patient's preferred gender. It is important to have this discussion with the patient to alleviate any emotional distress and to come to a mutual agreement on a chaperone in advance of the intimate physical procedure.

3.1.5 If the patient or provider has requested a chaperone and none is available at that time, the patient or provider shall be given the opportunity to reschedule the appointment within a reasonable timeframe. If the seriousness of the condition would dictate that a delay in proceeding with the intimate physical examination is inappropriate, then this shall be explained to the patient and recorded in the patient's electronic medical record.

3.1.6 **Practitioners must be sensitive to patient needs and/or other possible previous history of traumatic experience prior to initiating an intimate physical examination.** It is important for the Practitioner where appropriate, to discuss and offer the patient a choice of position and draping for the examination (i.e. left lateral, dorsal, recumbent and semi-recumbent positions for speculum and bimanual examinations). This may reduce the sense of vulnerability and powerlessness.

3.2 Clinic Practices

3.2.1 Clients shall be offered the option of a chaperone during intimate physical exams. Chaperone options should be clearly posted.

3.2.2 All potential chaperones shall be familiar with the content of this guideline and their role during intimate physical examinations. Potential chaperones should understand:

- What is meant by the term chaperone
- What is an "intimate physical examination"
- Why chaperones need to be present
- The rights of the patient
- The role and responsibility of chaperones

The use of family members as chaperones may not protect the Practitioner from liability or necessarily be the best option for the patient. In the event that a family member is used, this shall be documented in the patient's electronic medical record.

3.2.4 It is recommended that children and adolescent patients are provided a chaperone when undergoing intimate physical exams.

3.2.5 Any request by the patient that the examination be discontinued will be respected.

3.2.6 The mechanism for raising any concern experienced during an intimate physical examination involves discussion with the Site Medical Leader (SML) or Director responsible for Primary Care in the absence of a SML, and the Team Manager.

4. SOURCES/REFERENCES

- Conway, S. and Harvey, I. Use and offering of chaperones by general practitioners: postal questionnaire survey in Norfolk. BMJ, 2005; 330:235-236, dol: 10.1136/bmj.38320.472986.8F.
- Ehrenthal, D.B., Farber, N.J., Collier, V.U. and Aboff, B.M. Chaperone use by residents during pelvic, breast, testicular and rectal exams. J Gen Intern Med, 2000; 15(8); 573-576.
- Clinical Governance Support Team (NHS). Guidance on the Role and Effective Use of Chaperones in Primary and Community Care Settings. June 2005.
- CMAJ News, April 3, 2012, 184(6). Who should be privy to your privates? CMAJ 2012. DO1:10.1503/cmaj.109-4129, Lauren Vogel.
- CMAJ News, April 3, 2012, 184(6). Chaperones: friend or foe, and to whom? CMAJ 2012. DO1:10.1503/cmaj.109-4127, Lauren Vogel.
- Consultation with Primary Care Service Area Leadership, Community Area Directors, Site Medical Leaders and Regional Primary Health Care Quality Team (January 2022)

5. APPENDIX

- APPENDIX A – Sample Signage

SCOPE: Applicable to all WRHA Primary Care Direct Operated Clinics (including Walk-In Connected Care Clinics offering Episodic Care).

NOTE: While the Funded Community Health Agencies are out of scope of Primary Care Operating Guidelines, it is recommended the content and/or processes be adapted/adopted where applicable.

Questions regarding this or any other Primary Care Operating Guideline should be directed to Primary Care Service Area Leadership