

**BY ORDER OF THE COMMANDER  
59TH MEDICAL WING (AETC)**

**59TH MEDICAL WING INSTRUCTION 44-175**



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**Medical**

**CHAPERONES**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements Air Force Policy Directive 44-1, *Medical Operations*. This medical wing instruction prescribes policies and procedures to health care personnel assigned to the 59th Medical Wing (MDW) to ensure that our patients' rights to privacy and modesty are provided in a consistent manner, and to decrease the risk of allegations of improper examinations by 59 MDW staff. Patients of both sexes have the right to a chaperone. It is our responsibility to ensure that patients know this, and to make a chaperone available when requested. If there is any doubt whether or not to use a chaperone, the best course of action is to use one. This publication applies to all personnel assigned, attached, or on contract to the 59 MDW. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) on the Air Force Portal available at <https://www.my.af.mil/gcss-af61a/afirms/afirms>.

**SUMMARY OF CHANGES**

Changed series number from 41 to 44 and added requirement to display Visual Aid 41-108, *Chaperone Policy*. A margin bar (|) indicates newly revised material.

**1. Responsibilities.**

1.1. Clinic personnel have a responsibility to inform patients that they may always request a chaperone be present for any physical exam. Prior to examining potentially sensitive areas such as the genitalia, rectum, or the female breast, a provider must again offer the patient a chaperone.

1.2. The medical staff should elicit the patient's preferences as to what constitutes a desirable chaperone. However, the chaperone must be the same gender as the patient being examined. If all attempts to find a suitable chaperone fail, then the patient will be offered the option to reschedule the exam or treatment. Once a suitable chaperone is located, the chaperone's name should be annotated in the medical record whenever possible to allow the Air Force to identify and locate the chaperone if an allegation of misconduct is later made. Providers should understand that documenting the chaperones' name is to protect them days, weeks, or months later when an allegation surfaces and the provider cannot recall the chaperone's name.

1.3. Patients may decline the right to be chaperoned and this should be carefully documented in the patient's medical record.

1.4. The provider has the right to:

1.4.1. Have a chaperone present if they feel it is professionally prudent.

1.4.2. Refuse to examine a patient for a routine, non-emergent matter if the patient refuses a chaperone and the provider feels the examination is sensitive or professionally compromising. However, the provider must immediately notify their superior so that alternate care arrangements can be made.

1.4.3. Providers may request that a chaperone be present for any patient interaction. If in doubt, providers should opt on the side of having a chaperone present. If the patient refuses to allow a chaperone, the provider may choose to withdraw from care. However, the provider must immediately notify his/her superior so that alternate care arrangements can be made.

## **2. Education and Training.**

2.1. Each group is responsible for educating and training providers and staff on the role of chaperones, procedures and responsibilities under this instruction, procedures for resolving questions on the use of chaperones, and procedures for identifying and reporting suspected misconduct.

2.2. During emergencies or life threatening situations, medical personnel are not required to offer the presence of a chaperone.

2.3. Volunteers will be trained on the duties of a chaperone and procedures for identifying and reporting suspected misconduct upon assignment to the area.

2.4. Training for volunteers will be documented on an AF Form 2519, *All Purpose Checklist*, which will include at least the following:

2.4.1. Communication.

2.4.2. Confidentiality.

2.4.3. Patient sensitivity issues.

2.4.4. Infection control.

2.4.5. Monitoring of procedures.

2.4.6. The checklist will be annotated, signed by the trainee and the trainer, and will be filed in the volunteer's education and personnel folder. Volunteers will provide the Director of Volunteer Services a copy of the completed checklist.

2.4.7. Visual Aid 41-108, *Chaperone Policy* offering a chaperone must be conspicuously present in every exam room and clinic area.

2.4.8. Volunteers that are minors will not be utilized as chaperones.

### **3. Form Adopted.**

AF Form 2519, *All Purpose Checklist*

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Chief of the Medical Staff

#### ***1 Attachment:***

Glossary of References and Supporting Information

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 44-1, *Medical Operations*, 1 September 1999

AFI 44-102, *Medical Care Management*, 1 May 2006

MDWI, 41-123, *Patient Rights*, 2 June 2009

MDWI 51-302, *Informed Consent/Refusal of Treatment, Diagnostics and; Blood or Blood Products*, 12 March 2010