

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**

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



23 JULY 2019

Medical

CHAPERONES

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available on the e-Publishing website at www.e-publishing.af.mil for downloading or ordering.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: 59 MDOS/SGOBP

Certified by: 59 MDOS/CC
(Major Seth Wilson)

Supersedes: 59 MDWI 44-175, 6 April 2017

Pages: 4

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 instruction applies to all personnel assigned, attached, or on contract to the 59th Medical Wing (59 MDW) with the exception of the 959 Medical Group, Air National Guard, or Air Force Reserve. Refer recommended changes and questions about this publication to the Office of Primary Responsibility 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 (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).

SUMMARY OF CHANGES

This publication has been revised. This rewrite of 59 MDWI 44-175 includes updated responsibilities.

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 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 an appropriate chaperone. 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 chaperone's 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. 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, staff and volunteers 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. Upon orientation to the clinic, all staff 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 the Work Center Orientation Summary and on the AF Form 2665, *Continuing Education Summary*, which will include at least the following:

2.4.1. Communication.

2.4.2. Confidentiality.

2.4.3. Patient sensitivity issues.

2.4.4. Monitoring of procedures.

2.4.5. The checklist will be annotated, signed by the trainee and the trainer, and will be filed in the staff's education and personnel folder.

2.4.6. 59 MDW Visual Aid 41-108, *Chaperone Policy* offering a chaperone must be noticeably posted in every exam room and clinic area.

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

DANIEL K. FLOOD, Colonel, USAF, MC
Chief of the Medical Staff, 59th Medical Wing

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

AFPD 44-1, *Medical Operations*, 9 June 2016

AFI 44-102, *Medical Care Management*, 17 March 2015

59 MDWI, 41-123, *Patient Rights*, 26 August 2013

59 MDWI 51-302, *Informed Consent/Refusal of Care*, 11 April 2017

59 MDW Visual Aid 41-108, *Chaperone Policy*, 19 April 2012

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

AF Form 2665, *Continuing Education Summary*

Acronyms and Abbreviations

IAW—In Accordance With

MDW—Medical Wing