



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY  
WASHINGTON D C 20372-5120

IN REPLY REFER TO

BUMEDINST 6320.83  
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13 Nov 91

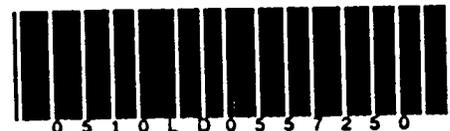
BUMED INSTRUCTION 6320.83

From: Chief, Bureau of Medicine and Surgery

Subj: PROVISION OF STANDBYS DURING MEDICAL EXAMINATIONS

Ref: (a) Joint Commission on Accreditation of Healthcare  
Organizations (JCAHO) Manual 1991

1. Purpose. To provide policy guidance on the provision of standbys to patients to ensure their right to be interviewed and examined in an environment that provides reasonable assurances of propriety and privacy. To provide protection for providers from accusations of inappropriate behavior during the examination of patients.
2. Background. Reference (a) states that patients are to be interviewed and examined in surroundings designed to ensure reasonable visual and auditory privacy. This includes the right to have a person of one's own sex present during certain parts of an examination, treatment, or procedure performed by a health professional of the opposite sex. The standby serves as an impartial third party who is present to enable the patient to be more at ease and to protect the provider in case of allegations of misconduct.
3. Policy. Each medical treatment facility must have written guidance for the provision of standbys to include the following:
  - a. Benefits and purpose of using a standby.
  - b. Circumstances under which standbys may be requested, used, or encouraged.
  - c. Who may serve as a standby.
  - d. Education and training of standbys.
  - e. Procedures for identifying and reporting allegations of provider misconduct.
  - f. When documentation is necessary in the patient's medical record.
  - g. How patients and staff are to be made aware of the availability of standbys.



13 Nov 91

4. Guidelines. The following guidelines are offered to assist in the development of local policy:

a. The use of standbys is strongly encouraged during sensitive or potentially compromising physical examination of patients. This generally means when genitalia or female breasts are examined or exposed by an examiner of the opposite sex.

b. A staff member may want to request a standby with certain patients even when sensitive examinations are not being performed. If a patient refuses to permit the services of a standby when the provider thinks it is necessary, the provider must consider whether to perform the examination or to refer the patient to another source of care. The medical necessity of the care needs to be considered along with the mental competency of the patient. Events such as these should be documented; and the provider should seek medico-legal advice.

c. In circumstances where protection against possible allegations is thought to be required, the name of the standby should be entered in the medical record on a routine basis. This will allow for easy recall of the standby should an investigation be done because of an allegation.

d. As with all tasks performed in a clinical situation, the standby should receive training and education before being placed in a situation where good judgement and observation are essential. The standby should be familiar with the procedures being performed; know behavior or duties the standby is expected to perform; and know how to report an incident should one occur.

e. Patients and staff should be made aware of the availability of standbys, why they can be important, and how to request one. This can be done verbally, when patients are asked if they would be more comfortable if there were a standby during the examination. It could be mandated for certain procedures by the medical staff.

5. Action. Each medical treatment facility must determine how standbys will be used throughout the facility. This should be based on the resources available to the command, but must consider the basic requirements to provide patients and staff with a safe and private environment in which health care is delivered. The policy must be in writing and available on request.

  
D. F. HAGEN

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BUMEDINST 6320.83

13 Nov 91

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