



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6320.83C
BUMED-N10G
29 May 2024

BUMED INSTRUCTION 6320.83C

From: Chief, Bureau of Medicine and Surgery

Subj: STANDBYS DURING MEDICAL EXAMINATIONS

Ref: (a) NAVMED P-117
(b) 10 U. S. C. § 8077

1. Purpose. Establishes Bureau of Medicine and Surgery (BUMED) policy, assigns responsibility, and prescribes procedures for 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, per reference (a), chapter 15. Provides protection for providers from accusations of inappropriate behavior during the examination of patients. This instruction is a complete revision and should be reviewed in its entirety.
2. Cancellation. BUMEDINST 6320.83B.
3. Scope and Applicability. This instruction applies to Navy and Marine Corps operational clinical services, regardless of platform type or installation. It is applicable to all privileged and non-privileged healthcare providers (military, civilian, contractors, volunteer, and reserve components).
4. Background. The Secretary of the Navy (SECNAV) has policy oversight of the Clinical Quality Management program within the Department of the Navy (DON). BUMED serves as the principal advisor to SECNAV on all health and medical matters of the Navy and Marine Corps including policy development relating to such matters per reference (b). The Chief of Naval Operations, and Commandant of the Marine Corps are committed to continuously improving the quality of medical and dental care provided to all DON personnel regardless of assignment. The provision of standbys is a necessary part of patient centered care and a prudent medical practice. 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.
5. Policy. The use of standbys 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. Written guidance for the provision of standbys is to include the following:
 - a. Benefits and purpose of using standbys.
 - b. Circumstances under which standbys may be requested, used, encouraged, or required.

- c. Qualifications of a standby; good judgment and keen observation skills are essential.
 - d. Education and training of standbys.
 - e. Procedures for identifying and reporting possible provider misconduct.
 - f. When documentation (including standby's name) is necessary in the medical record.
 - g. How patients and staff are made aware of the availability of a standby.
6. Guidelines. The guidelines listed in subparagraphs 6a through 6e are offered to assist in the development of local policy:
- a. Patients and staff will be informed of the option to ask for a standby for any patient encounter, regardless of the type of exam being performed. If the patient refuses the refusal will be documented in the medical record.
 - b. Prior to doing sensitive or potentially compromising physical exams, the patient will be asked if they want a standby. Standbys are required when the male or female genitalia, or female breasts are exposed or examined by a provider.
 - c. Standbys are to be present and observing throughout the medical examination, have previously received the appropriate training and familiarization with the procedures or exam being performed, and know how to report an incident or concern.
 - d. If no medical standby is available, patient will be given the following options which will be documented in the medical record.
 - (1) Have the exam rescheduled at a time when a standby is available.
 - (2) Request referral to another medical facility.
 - (3) Elect to proceed with the exam without a standby present.
 - e. Clinical providers have the option to ask for a standby for any patient encounter, regardless of the type of exam being performed. They are encouraged to request a standby with any patient, even when sensitive exams are not being performed, as a protection from accusations of inappropriate conduct during the examinations.

7. Action. Each Naval Medical Department providing patient care under the scope of this instruction will develop a written policy for the use of standbys that incorporates all of the requirements in paragraphs 5. and 6. of this instruction.

8. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at: <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

9. Review and Effective Date. Per OPNAVINST 5215.17A, Current Operations (BUMED-N5), will review this instruction annually near the anniversary of the issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following OPNAV Manual 5215.1 of May 2016.



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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.