

Same Gender Accommodation

Summary This Policy ensures that the privacy and dignity of patients in NSW Public Health Organisations are respected at all times during their healthcare experience. Patients who are staying overnight must not have to sleep in the same room, ward or bay, use mixed bathroom facilities or pass through opposite gender wards to reach their own facilities except in exceptional clinical circumstances.

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Distributed to Ministry of Health, Public Health System, Government Medical Officers, NSW Ambulance Service

Audience All Staff of NSW Health

Same Gender Accommodation

POLICY STATEMENT

In NSW Health all patients, families, and carers will feel welcome, safe, and respected. Staff need to recognise and be responsive to each person's rights and needs, as well as able to provide empathy and sensitivity in their care for all patients.

NSW Health organisations must ensure the privacy and dignity of patients during all stages of their healthcare experience. Every effort must be made to be sensitive in the delivery of their care to all patients, and responsive to each person's rights and needs.

SUMMARY OF POLICY REQUIREMENTS

There are some exceptional clinical circumstances, such as highly specialised or urgent care, which may take priority over gender specific accommodation. When this does occur, it must be in the interest of all the patients affected.

Admission to hospital must not be delayed when same gender accommodation is not available. Staff must make it clear to patients and carers that mixed gender accommodation is not normal practice.

Mixed gender accommodation in critical care and short stay units may take priority over gender specific accommodation.

For many children and adolescents, clinical need, age and stage of development will usually take precedence over single gender ward allocation. Many children and adolescents take comfort from sharing with others of their own age and this may outweigh any concerns about mixed gender accommodation.

Staff must never make assumptions about a patients' sexual characteristics, gender, sexuality or body. If not informed, staff are to ask patients for their name, pronouns or how they would like to be addressed. All patients must be assured that asking questions is to ensure that every patient is able to receive the health care they need.

REVISION HISTORY

Version	Approved By	Amendment Notes
PD2022_042 September-2022	Deputy Secretary, Patient Experience and System Performance	Wording changed to plain English; Aboriginal statement added. Considerations for Transgender and Intersex patients added.
PD2015_018 March-2015	Deputy Secretary, System Purchasing and Performance	Updated policy directive
PD2010_005 January-2010	Deputy Director General	New policy directive

CONTENTS

1. BACKGROUND 2

 1.1. About this document 2

 1.2. Key definitions 2

2. SAME GENDER ACCOMMODATION 3

 2.1. Same gender accommodation cannot be provided in the short term..... 3

 2.2. Mixed gender accommodation 3

 2.3. Same gender bathrooms 4

 2.4. Nightingale wards 4

 2.5. Child and adolescent units 4

 2.6. Aboriginal patients 4

 2.7. Transgender and gender diverse patients 5

 2.8. Intersex patients 5

3. REFERENCES 6

1. BACKGROUND

Patients who are staying overnight in hospitals must not have to sleep in the same room, ward or bay as a different gender to their own, use mixed bathroom facilities or pass through different gender wards to reach their own facilities, except in exceptional clinical circumstances. These only apply in Critical Care and Short Stay Units.

1.1. About this document

The aim of this document is to provide direction to NSW Health organisations and staff on the importance of providing same gender accommodation in hospitals. This is so that patients and carers experience healthcare in environments that are safe, comfortable, and culturally appropriate.

1.2. Key definitions

Aboriginal patients	The word Aboriginal is used in this document in line with the NSW Health Guideline <i>Communicating Positively: A Guide to Appropriate Aboriginal Terminology</i> Invalid source specified. The word Indigenous is used in this document only when referring to a Commonwealth document.
Exceptional clinical circumstances	Providing specialised or urgent care takes priority over ensuring gender specific accommodation. This applies in Critical care and Short Stay Units.
Children and Adolescents	A person under the age of 16 years. The borderline between childhood and adulthood is not distinct: clinical need and stage of development will need to be considered.
Critical care units	Intensive Care Units (ICUs), Coronary Care Units (CCUs), Emergency Departments (EDs), Recovery Units
Short stay units	Emergency Department Short Stay Units (EDSSUs) and inpatient Short Stay Units
Sexual characteristics	Physical parts of the body that are related to body development/regulation and reproductive systems. Primary sex characteristics are gonads, chromosomes, genitals and hormones.
Gender	One's sense of whether they are a man, woman, non-binary, agender, genderqueer, genderfluid, or a combination of one or more of these definitions.

Intersex people	People who are born with anatomical, chromosomal and hormonal characteristics that are different from medical and conventional understandings of female and male bodies.
Cisgender/Cis	A term used to describe people who identify their gender as the same as what was presumed for them at birth (male or female).
Transgender and gender diverse	These are inclusive umbrella terms that describe people whose gender is different to what was presumed for them at birth. Transgender people may position ‘being trans’ as a history or experience, rather than an identity, and consider their gender identity as simply being female, male or a non-binary identity.
Non-binary	An umbrella term for any number of gender identities that sit within, outside of, across or between the spectrum of the male and female binary. A non-binary person might identify as gender fluid, trans masculine, trans feminine, agender, bigender.
Patient flow systems framework	<p>A whole of health approach to managing patient flow and improving patient experience. The framework is used in conjunction with the NSW Health Patient Flow Portal.</p> <p>For more information please access the NSW Health website http://www.health.nsw.gov.au/pfs/Pages/default.aspx or contact the MoH Patient Flow Portal team at MOH-patientflow@health.nsw.gov.au.</p>

Note: Some definitions for terminology covering sexual characteristics and gender have been sourced from [Child Family Community Australia](#) and [TransHub](#). Further information and definitions can be found at these websites.

2. SAME GENDER ACCOMMODATION

2.1. Same gender accommodation cannot be provided in the short term

When same gender accommodation is not immediately available, every reasonable effort must be made to ensure transfer to a same gender room or bay occurs as soon as possible and within 24 hours.

When not in same gender accommodation, NSW Health staff must ensure patients’ privacy is maintained in sleeping areas and bathroom facilities. Patients and carers must also remain informed about what is being done to address the situation and when same gender accommodation will be provided.

2.2. Mixed gender accommodation

There are exceptional clinical circumstances, such as highly specialised or urgent care and managing clinical circumstances such as infectious diseases, which may take priority over

gender specific accommodation. In Critical Care Units mixed gender rooms or ward bays may be considered clinically appropriate.

In Short Stay Units same gender rooms or ward bays may be sometimes unachievable due to the specialised and rapid care received in these units.

Decisions are to be made on the needs of each individual patient and their clinical needs must take priority. Decisions are to be re-evaluated as the patient's condition improves and must not be based on the constraints of the environment or staff convenience.

2.3. Same gender bathrooms

Every effort must be made to provide patients with access to a same gender bathroom. Patients must not have to walk through a different gender area to reach their own bathroom.

If same gender bathrooms cannot be provided, patients and carers must be told what is being done to address the situation and the bathroom options available. Staff must make it clear that NSW Health considers mixed bathroom facilities to be the exception and not normal practice. When mixed bathroom facilities are unavoidable, each patient must have their privacy and dignity constantly maintained.

2.4. Nightingale wards

Nightingale wards are long rectangular wards with a row of beds on each side. Every effort must be made to separating genders on these wards, using fitted partitions or bedside curtains as a minimum. This is intended to maintain patient privacy and dignity, as well as protect patients from exposure, including casual overlooking or overhearing.

2.5. Child and adolescent units

Respecting the privacy and dignity of children and adolescents at all times during their health care experience involves the assumption that they do not have to sleep in the same room or ward bay as adult patients or share bathroom or recreational facilities.

Adult patients must not have to pass through children and adolescent units to reach their own facilities. Similarly, children and adolescents are not to be asked to pass through an adult ward to access facilities. This is intended to protect children and adolescents from unwanted exposure, including casual overlooking or overhearing.

Where possible adolescent patient preference must be sought, recorded and where possible respected. Bathroom facilities do not need to be designated as gender specific as long as they accommodate only one patient at a time and can be locked by the patient (with an external override for emergency use only).

2.6. Aboriginal patients

An important factor to achieve a culturally safe experience for Aboriginal patients in hospital is through providing same gender accommodation where possible. Mixed gender accommodation is considered culturally inappropriate for many of communities.

Providing same gender accommodation will minimise Aboriginal patients discharging against medical advice.

It is also recommended that Aboriginal patients and their families be provided access to an Aboriginal Health Worker and a designated waiting room or other culturally safe space as part of this process. Ongoing professional development for hospital staff to further support Aboriginal patients to feel culturally safe is strongly supported.

Local processes to develop same gender accommodation for Aboriginal patients need to be implemented in all hospitals for patients identifying as Aboriginal.

The Australian Commission on Safety and Quality in Health Care's report *Vital signs 2015: The State of Safety and Quality in Australian Health Care* outlines that episodes of incomplete care may be an indication of 'how safe, welcome and understood an Indigenous person feels and an indirect indicator of the extent to which services respond to an Indigenous patient's needs'.

The Bureau of Health Information (2016) 'Patient Perspectives – Hospital care for Aboriginal people' found that there were 'gaps' in experiences of care between Aboriginal and non-Aboriginal patients. It also found that there were differences in Aboriginal patients' experiences of care across the state.

2.7. Transgender and gender diverse patients

Transgender and gender diverse patients are people whose gender does not match their assigned sexual characteristics at birth. For staff to deliver effective care to transgender and gender diverse patients it is important that staff are well informed about the diversity of genders, bodies and sexualities.

All staff must be educated and trained on these areas so that they are capable and confident in working with the diversity of patients they meet.

When caring for patients, it may not always be appropriate or necessary to ask a person's gender. When a patient does share their gender, this must be respected, even if this conflicts with staff perceptions or what has been recorded in legal documents.

Staff are to make accommodation arrangements led by the needs of each patient. Given some transgender and gender diverse people have experienced stigma, discrimination and trauma in health settings, all staff should be guided by insights and advice that patient's chose to share, and by checking on their sense of safety and comfort.

2.8. Intersex patients

NSW Health staff are to understand who intersex people are and have an awareness of their health needs, experiences with health care, and potential sensitivities in health settings.

Intersex people are born with anatomical, chromosomal and hormonal characteristics that are different from medical and conventional understandings of female and male bodies. Intersex people therefore may have been assigned a gender at birth which is incorrect.

It is important to acknowledge that many people with intersex variations have undergone medical interventions associated with their intersex variation/s. In some cases, these interventions are undertaken in adulthood, while in other cases they are undertaken in infancy or childhood.

When providing care to intersex patients and placing them in a gendered space, ask the patient if they feel comfortable with that placement and work with them to meet their needs, sense of safety and comfort.

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