

Delivering Same-Sex Accommodation (DSSA)

Principles

Seventeen principles have been developed to ensure each organisation delivers the highest standards of privacy and dignity within all areas of a hospital, other trusts and providers. The principles support existing DSSA policy and guidance and aim to further clarify DSSA clinical definitions amongst leaders and staff within the NHS. It is intended for the principles to be used in conjunction with other guidance to drive forward improvement and ensure sustainability within each organisation.

Section Two - DSSA Principles

1. There are no exemptions from the need to provide high standards of privacy and dignity.
2. Men and women should not have to sleep in the same room, unless sharing can be justified by the need for treatment, or by patient/service user choice.
3. Men and women should not have to share mixed bathing and WC facilities, unless they need specialised equipment such as hoists or specialist baths.
4. Patients/Service users should not have to pass directly through opposite-sex areas to reach their own facilities.
5. In some circumstances, mixing of the sexes can be justified. Decisions should be based on the needs of each individual patient/service user, not the constraints of the environment, or the convenience of staff.
6. Where mixing of sexes does occur, it must be acceptable and appropriate for *all* the patients/service users affected.

Further detail

7. When mixing of the sexes is unavoidable, the situation should be rectified as soon as possible. The patient, service users, relatives, carers and/or advocate should be informed why the situation has occurred, what is being done to address it, who is dealing with it, and an indication provided about when the situation will be resolved.
8. If a patient/service user is assessed as lacking capacity is admitted to mixed-sex accommodation, their family, carer or advocate should be consulted.
9. Patients/service users should be protected at all times from unwanted exposure, including casual overlooking and overhearing.
10. On mixed-sex wards, bedroom and bay areas should be clearly designated as male or female accommodation.
11. In all areas, toilets and bathrooms should be clearly designated as male or female.
12. Transgender people should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use. (see PL/CNO/2009/2)
13. For many children and young people, clinical need, age and stage of development may take precedence over gender considerations. (see PL/CNO/2009/2)
14. Greater segregation should be provided where patients'/service users' modesty may be compromised (eg when wearing hospital gowns/nightwear, or where the body (other than the extremities) is exposed. (see PL/CNO/2009/2)
15. Greater protection should be provided where patients/service users are unable to preserve their own modesty (for example following recovery from a general anaesthetic or when sedated). (see PL/CNO/2009/2)
16. Staff should make clear to the patient/service user that the trust considers mixing to be the exception, never the norm.
17. Patient/service user preference should be sought, recorded and where possible respected. Ideally, this should be in conjunction with relatives or loved ones.

For further information visit: www.dh.gov.uk/samesexaccommodation