

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE****NUMBER: 11832****VERSION: 1****SUBJECT/TITLE: CARING FOR THE TRANSGENDER PATIENT**

POLICY: In accordance with California State law – The Gender Nondiscrimination Act (2012), the transgender patient has the right to nondiscriminatory treatment on the basis of gender identity or gender expression. This right is inclusive of privacy and confidentiality during medical treatment or other rendering of care. The following procedures provide healthcare practitioner guides to safe care:

- Effective interaction with transgender patients
- Patient room assignments
- Access to personal items that assist gender presentation
- Access to restrooms
- Access to hormone therapy

PURPOSE: The purpose of this policy is to ensure that the transgender patient receives the same standard of respect, care and non-discriminatory treatment as any other patient. This policy describes the respective issues and provides guidelines specific to the safe care of the transgender patient.

DEPARTMENTS: ALL

DEFINITIONS: **Transgender** is an umbrella term for individuals whose current gender differs from the sex they were assigned at birth.

Cisgender refers to individuals whose current gender aligns with the sex they were assigned at birth.

Intersex is a term that is NOT interchangeable with transgender and is also an umbrella term for people born with variations of sex anatomy or development.

Dyadic is a term for people born without such variations, or non-intersex people. Intersex individuals may or may not be assigned male or female at the time of birth, may or may not be transgender.

Transgender woman/Trans-woman/Trans-female/Trans-feminine: Assigned *male* at birth and whose gender identity is *female*.

Transgender man/Trans-man/Trans-male/Trans-masculine: Assigned *female* at birth and whose gender identity is *male*.

SUBJECT/TITLE: CARING FOR THE TRANSGENDER PATIENT

Policy Number: 11832

Page Number: 2

Non-binary/genderqueer: Assigned male or female or neither (intersex) at birth and identifies as not exclusively male or female or outside the gender binary.

Note: transgender people may identify with multiple of the above identities, such as a non-binary transwoman.

PROCEDURE: **A. Effective Interaction with Transgender Patients**

All patients will be addressed and referred to based on their self-identified gender, using their pronouns and name in use, regardless of the patient's appearance, surgical history, legal name, name registered in the EMR, or sex assigned at birth. The correct gender and pronouns should be reflected in the documentation whenever possible. If the patient's family members suggest that the patient is of a gender different from that with which the patient self-identifies, the *patient's* view should be honored.

Gender-neutral language will be used when addressing patients, avoiding terms such as "Ma'am" or "Sir". Hospital staff will ask "What name would you like me/us to use?" or "How would you like to be addressed?" and "What are your pronouns?"

Hospital staff will not use language or tone that a reasonable person would consider to demean, question, or invalidate a patient's gender identity or expression.

A patient should not be asked about transgender status, sex assigned at birth, or transition-related procedures *unless* such information is directly relevant to the patient's care. If it is necessary to the patient's care for a health care provider to inquire about such information, the provider should explain to the patient:

1. Why the requested information is relevant to the patient's care.
2. That the information will be kept confidential, but some disclosures of the information may be permitted or required.
3. That the patient should consult DHS HIPAA/privacy policy for details concerning permitted disclosures of patient information.

B. Transgender Patient Room Assignments

Where room assignments are gender-based, transgender patients will be assigned to rooms based on their self-identified gender, regardless of whether this self-identified gender accords with how other perceive their physical appearance, surgical history, genitalia, legal sex, sex assigned at birth, or name and sex as it appears in hospital records. Bed Control shall determine a patient's self-identified gender prior to assigning the patient a room by reviewing the

SUBJECT/TITLE: CARING FOR THE TRANSGENDER PATIENT

Policy Number: 11832

Page Number: 3

specific section of the patient's admitting/registration record that asks for a patient's self-identified gender. If the patient has an identified gender that is incorrectly reflected in the medical record, staff will inform the Bed Control and the room assignment will be made accordingly. In the event the patient presents in an incapacitated or unconscious state, information may be gathered from collateral sources.

Transgender patients shall be assigned to inpatient rooms in the following order of priority:

1. If a transgender patient requests to be assigned to a room with a roommate of the patient's same gender identity and such a room is available, the request should be honored.
2. If a transgender patient requests a private room and there is one available, it should be made available to the patient.
3. If a transgender patient does not indicate a rooming preference the patient shall be roomed according to clinical necessity and typical hospital policy (e.g., if the patient would typically be roomed in a shared room with the same gender, the patient shall be offered a shared room with another patient of their identified gender). If a private room is not available and the transgender patient does not wish to share a room with a roommate, the transgender patient shall be assigned an empty double room with the second bed blocked.
4. If there is no private room or empty double room available, the patient shall be assigned to a room with a patient of the gender with which the transgender patient identifies.
5. If there is no private or empty double room available and a transgender patient does not wish to share a room, other patients may be moved to make a private room available if doing so would not compromise the health or safety of the patient(s) being moved.
6. If there is no private or empty double room available for admission, the transgender patient refuses to share a room and no other patient can safely be moved to make a private room available, the transgender patient shall be allowed to remain in the Emergency Department or ambulatory clinic area until a private room becomes available.
7. **Psychiatric Units:** a private room will be used only if requested by the patient. Placing patients in single rooms is an action often reserved for patient who are disruptive to the milieu and require "isolation." On the psychiatric units, socialization is important and part of the therapeutic milieu and should not be denied based on gender.

SUBJECT/TITLE: CARING FOR THE TRANSGENDER PATIENT

Policy Number: 11832

Page Number: 4

Complaints from another patient related to a roommate's gender identity or expression do not constitute grounds for an exception to this room assignment protocol, as would be the case for other patients protected by nondiscrimination policy, standards and/or law. Should hospital staff receive such complaints, they should remedy the situation by using curtains or other room dividers to increase the privacy of both patients. A patient making ongoing complaints should be moved to another room as long as relocating the patient would be medically safe.

Should a transgender patient complain that the patient's roommate is subjecting them to harassment based on the patient's gender identity or expression, a hospital administrator or Patient Relations personnel (preferably trained in cultural competency) shall intervene and relocate the roommate if medically safe. If the roommate cannot be relocated for medical reasons, the transgender patient may be moved.

C. Access to Personal Items that Assist Gender Presentation

Transgender and gender-nonconforming patients shall have access to personal items that facilitate gender expression (e.g. clothing, makeup) to the same extent that other patients have access to these items, regardless of gender. In addition, transgender and gender-nonconforming patients may also have access to other personal items that assist in their gender presentation, such as those used in binding, padding and tucking (these accessories may be brought from home if not available through hospital supply). In locked units, these items will be allowed when determined to be safe by clinical staff in accordance with OVMC Policy #1207 - Contraband.

D. Access to Restrooms

All patients of the hospital may use the restroom that matches their gender identity. Transgender and gender-nonconforming patients shall not be required to show identifying documentation in order to gain access to the restroom that corresponds to their gender identity. All single occupancy restrooms shall be designated unisex.

E. Access to Hormone Therapy

The purpose is to ensure that hormone therapy will be provided for transgender patients in a manner consistent with the prevailing standard of care.

Transgender patients who have been receiving hormone therapy prior to admission should have that therapy continued without interruption unless medically contraindicated. Health care providers unfamiliar with this aspect of care will consult with providers who have this expertise as well as with the patient's prescribing physician if possible.

SUBJECT/TITLE: CARING FOR THE TRANSGENDER PATIENT

Policy Number: 11832

Page Number: 5

References: Affirmative Care for Transgender and Gender Non-conforming People. National LGBT Health Center The Gender Nondiscrimination Act, California State Law (2012). Diagnostic and Statistical Manual of Mental Disorders, 5 th Ed., 2013. University of California, San Francisco, Center of Excellence for Transgender Health, Hormone Administration, http://www.transhealth.ucsf.edu/trans?page=protocol-hormones . DHS Policy 322 – Patients’ Bill of Rights OVMC Policy 212 - Patient Rights and Responsibilities OVMC Policy 1207 - Contraband	
Approved by: Bonnie Bilitch (Chief Nursing Officer), Judith Maass (Chief Executive Officer), Rima Matevosian (Chief Medical Officer)	Date: 01/29/2020
Review Date(s): 01/29/2020	Revision Date:
Next Review Date: 01/29/2023	
Distribution: Hospital Administration	
Original Date: Not Set	