



## BRITISH ASSOCIATION OF DAY SURGERY

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### POSITION STATEMENT: DSSA IN DAY SURGERY, MARCH 2010. BRITISH ASSOCIATION OF DAY SURGERY

After discussions with the Department of Health regarding the 'Delivering Same Sex Accommodation' (DSSA) agenda, the British Association of Day Surgery (BADs) has published a position statement that has been developed and checked for factual accuracy by the DH.

- Day Surgery is a process of care by which suitable patients are managed with admission, treatment and discharge on the same calendar day, ideally within a dedicated, ring fenced environment.
- The management plan for a Day Surgery patient should begin at the first referral by Primary Care Services, as an integrated process encompassing appropriate choice and provision of information regarding the importance and expectations of privacy and dignity within any care environment. This ethos should be maintained throughout the patient pathway that incorporates timely pre-assessment, notification of admission dates, treatment on the day, and provision of aftercare following discharge.
- DSSA Principles apply to Day Surgery Units, including the provision of separate bed/trolley/recliner areas, changing rooms and bathroom/toilet facilities for men and women.
- Within the integrated pathway for Day Surgery, there may be occasions where patient safety overrides the intention to separate the sexes. DSSA guidance states that, *'there are some exceptional circumstances where providing effective care for the patient may take priority over ensuring same sex accommodation. Decisions should be based on the needs of each individual patient, not the constraints of the environment, or the convenience of the staff'* [1,2]. This guidance should be carefully considered and applied appropriately.
- Of particular note is the management of First Stage Recovery in a Day Surgery Unit where patients are cared for immediately after a procedure under general anaesthesia or sedation. Within the context of DSSA requirements, this area is the equivalent of an operating theatre recovery unit, and as such, Department of Health guidance states: *'The same principles apply to theatre recovery units where patients are cared for immediately following surgery, before transfer to the ward. While separate male and female recovery units are not required, some degree of segregation remains the ideal. High levels of observation and nursing attendance means that all patients can have their modesty preserved while unconscious'* [1]. This guidance has been reaffirmed in a recent publication in the *Annals of the Royal College of Surgeons of England* [3].
- When patients have been sedated, for example following an endoscopic procedure, the requirement for separate male and female recovery facilities, while always the ideal, depends on whether the level of nursing care is sufficient to ensure that the patient's modesty can be maintained. As a general rule, where the environment is the same as that used for immediate post operative recovery of the anaesthetised patient, then high levels of observation and nursing attendance mean that patient's modesty can be preserved, *and segregation is not an absolute requirement* [1]. Where the environment is more like a ward facility, with lower nursing staff levels, separate male and female facilities are required.
- BADs has sought clarification from the Department of Health regarding potentially contradictory statements in its publications, where it has been stated that, *'As a starting point, if the patient is in a hospital gown, and may have difficulty preserving their own modesty due to sedation or anaesthesia, then segregation should be the norm'*. This has been perceived as directly conflicting with the advice that has been simultaneously promulgated for care for the immediate recovery environment after general anaesthesia or sedation. The Department of Health has since reaffirmed that *patient safety is*



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*the overriding ethos for care, and that, while segregation of male and female patients throughout may remain the ideal, the high levels of observation and nursing attendance in immediate recovery areas are expected to preserve modesty, privacy and dignity, and that the principles set out for Theatre Recovery Units in the 'Dear Colleague' [1] letter apply to Day Surgery First Stage Recovery Facilities and Endoscopy environments where immediate care after sedation mandate similar vigilance.*

However, once patients are no longer in need of close monitoring and can safely be left without a nurse in immediate contact, then segregation should be the norm.

- The Association is in full support of the ethos that “patient preference should be sought, recorded and where possible, respected. Ideally this should be in conjunction with relatives or loved ones” [1].

#### **British Association of Day Surgery Recommendations:**

- **Separate male/female theatre recovery units are not mandated by the DSSA agenda, though the highest consideration should be given to review of the environment with maintenance of modesty, privacy and dignity by appropriate staffing levels and vigilance of the First Stage Recovery Nursing Team.**
- **All other parts of Day Surgery Units, apart from any reception/discharge waiting areas where patients are fully clothed, should provide separate facilities for men and women. This includes bed/trolley/recliner areas used for second stage recovery, changing rooms and pre-operative waiting areas, and bathroom/toilet facilities.**

#### **References**

1. Eliminating Mixed Sex Accommodation. Department of Health, May 2009. Downloadable from [http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefnursingofficerletters/DH\\_098894](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefnursingofficerletters/DH_098894)
2. Delivering Same Sex Accommodation – Self Declaration. Department of Health, Feb 2009. Downloadable from [http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_112180](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_112180)
3. Pottinger S. Delivering Same-Sex Accommodation. *Annals of the Royal College of Surgeons of England* 2010;**92(Suppl)**:8-9.