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EXECUTIVE SUMMARY

Title	Privacy and Dignity
Applicable to	All employees of Dorset County Hospital NHS Foundation Trust
Aim of policy	To provide staff with guidance on service provision and patient care that promotes patients Privacy and Dignity
Main features	Introduction Purpose of policy Scope of policy Standards of practice <ul style="list-style-type: none"> • Environment • Personal consideration and respect • Confidentiality • Privacy dignity and modesty • End of life care Training Monitoring and auditing arrangements Respect for Staff
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POLICY FOR PRIVACY AND DIGNITY

AUTHOR: Caroline Blake

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1. Introduction

1.1 Dorset County Hospital NHS Foundation Trust is committed to providing high quality care to patients at all times. The aim of this policy is to provide staff with guidance on the promotion of aspects of patients' care and service provision, which affect their privacy and dignity. Responsibility for protecting privacy and dignity does not lie with one individual or group but with staff at every level. Staff should deal sensitively with the various circumstances in which the patient's privacy and dignity may be infringed.

1.2 For the purpose of this policy:

Privacy refers to freedom from intrusion and relates to all information and practice that is personal or sensitive to the individual.

Dignity is being worthy of respect.

1.3 This policy will apply to all patients irrespective of age, ethnicity, social, cultural, psychological and physical requirements.

1.4 This policy is not intended to be an exhaustive list of do's and don'ts, but a series of explicit value statements, followed by examples that all staff should be applying to their everyday service provision to patients.

1.5 It is important to remember that on some occasions the seriousness of a patient's condition may override consideration of privacy and dignity. For example, when the patient may be a danger to themselves or others.

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2. Purpose of this policy

- 2.1 The purpose of this policy is to ensure that patients experience care in an environment that actively encompasses respect for individual values, beliefs and personal relationships.
- 2.2 Patients feel they matter and do not experience negative or offensive attitudes and behaviour.
- 2.3 Appropriate staff attitudes and behaviour are promoted including consideration of non-verbal behaviour and body language and the needs of minority groups.

3. Scope

This policy covers privacy and dignity issues for Dorset County Hospital NHS Foundation Trust. This includes:

- Patients
- Employees
- Volunteers
- Agency/locum/bank staff

STANDARDS OF PRACTICE

4. Environment

Patients have a right to:

- Be cared for in a single sex environment

Best Practice:

- 4.1 Aiming to ensure that patients never share a bay with patients of the opposite sex unless in an emergency, whilst waiting to be moved, or whilst being cared for in Critical Care or assessment areas where segregation is not possible.
- 4.2 Ensuring that patients who are admitted to mixed sex accommodation are moved to single sex accommodation with 48 hours (unless segregation is not possible) and where there is a delay or if the patient declines this is recorded in the nursing documentation.
- 4.3 Obtaining patients' consent before admitting them to mixed sex accommodation advising them of their right to defer admission should they find this unacceptable.
- 4.4 Whenever patients are subjected to mixed sex accommodation a risk event form is to be completed.

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4.5 Ensuring patients have access to segregated toilet and washing facilities.

5. Personal Consideration and Respect

Patients have a right to:

- Be treated as individuals
- Be listened to and their views taken into account
- Be treated courteously at all times
- To know who is responsible for the care they are receiving
- Have private discussions about their care and treatment when required

Best Practice:

- 5.1 Staff introducing themselves on initial contact with patients, including phone conversations, and stating their name and role.
- 5.2 Staff wearing identification badges at all times.
- 5.3 Staff asking each patient how they wish to be addressed, e.g. Mrs/Ms and avoid lapsing into over familiarity, using colloquial titles such as “dear” “petal” unless this is acceptable to, and agreed by the patient first.
- 5.4 Dealing with patient’s requests for assistance promptly. Where there is an unavoidable delay ensure an apology is given.
- 5.5 Avoiding personal conversations with co-workers that exclude the patient e.g. talking to a colleague about the rest of the days workload while caring for the patient.
- 5.6 Knocking before entering a room or attaching a notice to curtains saying “do not enter” when the patient is being examined or receiving personal care - and waiting for a reply before opening the curtains.
- 5.7 Being aware of how body language may be interpreted by a patient or carer for example standing at the foot of a patient’s bed, with arms folded and avoidance of eye contact, may lead a patient to feel that an interaction was impersonal and or intimidating.
- 5.8 Ensuring that a patient who does not speak or understand English has access to an interpreter in a timely manner.
- 5.9 Ensuring patients with other communication impairments such as deafness or a learning disability are provided with the appropriate communication aids.

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6. Confidentiality

Patients have a right to expect that:

- Patient information is shared to enable care, with their consent.

Best Practice:

- 6.1 Only sharing information that a patient discloses, with staff who are directly involved in the patient's care and with the patients verbal consent.
- 6.2 Obtaining patients consent before disclosing information to family and friends. If appropriate, ask patient on admission to nominate one key person who will be responsible for liaising directly with nursing and medical staff and record the name of this person in the nursing notes.
- 6.3 Being aware of and alert to anyone who may overhear staff conversations, e.g. when handing over, at bedside, and when on the phone. It is **not** acceptable to discuss clinical information in public areas even if a patients name is not used.
- 6.4 Ensuring written patient information e.g. handover sheets, medical data which contain confidential details are disposed of correctly and are not left in public places.
- 6.5 Precautions are taken to prevent information being shared inappropriately, computer screens being viewed and white boards being read.

7. Privacy, Dignity and Modesty

Patients have the right to:

- Be treated with dignity at all times
- To have their modesty protected
- To remain autonomous and independent wherever possible.

Best practice:

- 7.1 Closing curtains fully and positioning screens correctly in all areas where patients are required to undress, including outpatient settings.
- 7.2 Not asking a patient to take off more clothing than is necessary.
- 7.3 Following physical examination, patients should have an opportunity to re-dress before consultation continues.
- 7.4 Checking with patient that they give permission to be washed/examined by a person of the opposite sex, and respect their wishes where this is possible.
- 7.5 Offering a chaperone to patients and giving them a choice as to who is present during examinations and treatments.

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- 7.6 Encouraging patients to dress in their own clothes during the day
- 7.7 Encouraging patients to wear their own night attire to sleep in. When this is not appropriate or possible, patients should have access to hospital clothing that protects their modesty and is acceptable to them.
- 7.8 Adequately covering a patient if they do not have their own clothing or are too unwell to be dressed prior to leaving the ward.
- 7.9 A patient's dietary needs, preferences and assistance needed at meal times should be assessed, recorded and referred to by frontline staff.
- 7.10 Where assistance with eating is required this should be provided discreetly to avoid embarrassment and loss of dignity. Adapted cutlery and crockery should be provided to enable people to feed themselves where appropriate.
- 7.11 Give patients time to eat without rushing and aim to avoid interruptions to mealtimes by other routine tasks such as the administration of medicines.

8. End of Life Care

- 8.1 A person who is dying will be cared for sensitively with extra services brought in if required. Death will be handled with dignity and sensitivity and in accordance with cultural and religious beliefs of the individual person and their family. Bereaved relatives and friends will be supported through the process. Using The Liverpool Care of the Dying Pathway, which includes a holistic patient assessment, will ensure the patient a dignified death.

9. Training

- 9.1 Staff awareness of Privacy and Dignity will be raised at Corporate Induction Programmes.
- 9.2 The Education Department will ensure that staff can access the training they need on dignity and respect. These areas are covered in Equality and Diversity Training and Customer Care courses.
- 9.3 Resource folders will be available on wards and other selected areas providing material for raising awareness of privacy and dignity issues, this should be reviewed as part of the appraisal process.

10. Monitoring /Auditing Arrangements

- 10.1 Problems in relation to standards and guidelines on privacy and dignity in care of patients will be monitored and reported through risk events, complaints or clinical governance processes.
- 10.2 Monitoring of patient privacy and dignity issues within the clinical area will be audited on an annual basis, utilising standards as set by Essence of Care benchmark for Privacy and Dignity.

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11. Respect for Staff

11.1 Staff expect patients, relatives, and other visitors to treat them with respect at all times.

The following behaviors are not acceptable on Trust premises, as described in the Violence and Aggression policy:

- Inappropriate excessive noise, e.g. loud or intrusive conversation or shouting.
- Threatening or abusive language involving excessive swearing or offensive remarks
- Derogatory racial or sexual remarks
- Malicious allegations relating to members of staff, other patients or visitors
- Offensive sexual gestures of behaviour.
- Abusing drugs or alcohol in hospital
- Drug dealing
- Wilful or malicious damage to Trust property
- Theft
- Threats or threatening behaviour
- Violence of any description

The Violence and Aggression policy outlines the sanctions to take when presented with the above mentioned behaviours from patients or visitors.

Please read in conjunction with

1. Equal Opportunities Policy
2. Violence and Aggression Policy
3. Improving Privacy and Dignity Resource Folder