**TRANS RESPECT**

The following informal guidelines are issued to help staff know how to ensure that they treat people who are transitioning with respect. This may be helpful if the trans person is a colleague or a patient.

* Think of the person as being the gender that they say they are.
* Listen to the person, and ask how they want to be treated and referred to. Use the name and pronoun that the person asks you to. If you aren’t sure what the right pronoun is, ask.
* If you make a mistake with pronouns, correct yourself and move on. Don’t make a big deal out of it.
* Use non-gender specific language. Words like parents or partner don’t assume people’s gender.
* If you are unsure how a patient’s circumstance may affect service delivery, talk to them and work it out with them.
* If a trans person is wearing a wig or a prosthetic and it needs to be removed, it should be done with sensitivity and replaced when appropriate.
* Respect people’s privacy. Do not ask what their ‘real’ or ‘birth’ name is. It’s usually inappropriate and unnecessary to ask questions about the social aspects of someone’s transition, and this is a sensitive topic.

* Respect confidentiality. If their trans status is relevant to their healthcare, pass it on to the relevant person; if not, respect the privacy of the patient and do not disclose.
* If documents have to be kept that have the person’s deadname (previous name) and incorrect gender on them, keep them highly confidential.

If the patient is unconscious:-

If you are unable to ascertain an unconscious patient’s gender (after checking ID, medical records, speaking with friends or family) avoid placing them in a gender based service. In order to aid recovery, it is important that a trans person is not placed under unnecessary stress by being placed onto a ward that is not appropriate for their gender.

Female/Male wards:-

Where inpatient wards are divided by sex, trans people will be offered accommodation that matches their gender, as declared by the patient. Failure to do so will constitute discrimination.

However, some male or female only wards are configured to offer specialist after care treatment for sex-specific issues. Many trans people will require post surgical care for clinical issues commonly associated with their birth assigned sex – for example, a trans man may require a hysterectomy. Where these cases occur, trans patients must be involved in all discussions relating to appropriate accommodation.