Patient Identification Bands

Summary Provides direction for standardised specifications for, and use of, patient identification bands across NSW Health services.

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Distributed to Public Health System, Government Medical Officers, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes
Audience All staff
PATIENT IDENTIFICATION BANDS

PURPOSE

The purpose of this policy directive is to describe the specifications for, and use of, patient identification bands.


MANDATORY REQUIREMENTS

1. Where patient identification bands are used they must comply with the specifications set out in this policy directive.
2. The patient must be correctly identified immediately before the identification band is placed on the patient.

IMPLEMENTATION

Chief Executives, Health Service Executives, Managers are required to:
- Assign responsibility, personnel and resources to implement this policy directive.
- Ensure local procedures are in place in each health care setting to support implementation.

Directors of Clinical Governance are required to:
- Ensure regular auditing of patient identification bands for compliance with this policy directive and reporting of audit outcomes within the health service.

All staff are required to:
- Comply with this policy directive.

REVISION HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved by</th>
<th>Amendment notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD2014_024</td>
<td>Secretary</td>
<td>This is a new policy directive designed to ensure that specifications for, and use of, patient identification bands are standardised across NSW public health services.</td>
</tr>
</tbody>
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ATTACHMENT

1. Patient Identification Bands - Standard
Patient Identification Bands

Issue date: July-2014
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1 BACKGROUND

1.1 Introduction

Correct identification of a patient promotes patient safety and prevents complications including wrong procedures, medication errors, transfusion errors and diagnostic testing errors.

The primary purpose of a patient identification band is to identify the patient wearing the band. Identification bands are a critical tool to prevent errors associated with mismatching patients and their care. Identification bands contain important information about the patient and are essential for establishing and checking identity of the patient throughout the care process.

Health services should have local procedures in place to identify which patients require a patient identification band.

This policy directive should be read in conjunction with the NSW Health policy directive and guideline on client registration.1

1.2 Key definitions

<table>
<thead>
<tr>
<th><strong>Care</strong></th>
<th>For the purposes of this policy directive, is clinical care provided to a patient and includes procedures, treatments, investigations and general care eg. providing nutrition.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Must</strong></td>
<td>“Must” means that the requirements stated in this policy directive are mandatory and are required to be carried out.</td>
</tr>
<tr>
<td><strong>Should</strong></td>
<td>Refers to recommended best practice, but allows a degree of flexibility when applied in the Local Health Districts / Specialty Health Networks (LHD / SHN).</td>
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</tbody>
</table>

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2 SPECIFICATIONS FOR PATIENT IDENTIFICATION BANDS

The following describes the specifications for patient identification bands. The application of these specifications to identification bands should be done in a way that is relevant to the specific circumstances of the patient and the health care setting.

2.1 Number of bands

- Patients are to wear **one** identification band, either a white / clear band or a red band (Refer to 2.2 Colour).

**Exception: Patients undergoing procedures**
- A patient identification band may be removed during a procedure where the band interferes with the procedure.
- Two or more patient identification bands should be placed on a patient undergoing a procedure, such as a surgical procedure, where it is likely that a band may be removed or become inaccessible to staff during the procedure.\(^2\)
- One patient identification band should be visible and accessible to staff throughout the procedure without unstrapping the patient’s arm from the table, without disturbing the procedural drapes and without asking the proceduralist to pause, move or adjust equipment.

**Exception: Newborns**
Newborns should have patient identification bands placed on each ankle as soon as practicable after birth.\(^3\)

2.2 Colour

- A white identification band or a clear identification band with a white insert must be used with black text to record patient identifiers on the white background.

**Exception:** Where a patient has a documented allergy and / or adverse reaction to a medicine the white / clear patient identification band should be replaced with a red patient identification band with a white panel. The red identification band must have black text to record patient identifiers on the white panel.

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\(^3\) Babies should be labelled with two bands as the bands come off easily and the two bands should be applied to the lower limbs to prevent facial scratching. At birth the baby should be “labelled” before being separated from the mother. In the event of a baby requiring resuscitation, the baby should be labelled while on the resuscitator, and must be labelled before leaving the birthing room or operating theatre.
Patient Identification Bands

The allergy and / or adverse reaction to a medicine must not be recorded on the identification band. Staff should refer to the patient’s health care record for details of the allergy and / or adverse reaction to a medicine.\(^4\)

The red identification band must not be used to signify or act as an alert for any other patient condition.

Refer to 4 Coloured Alert Bands for further information.

2.3 Size

- Identification bands must be available in a variety of sizes to fit patients from the smallest newborn through to the largest adult and to accommodate recording of patient identifiers (Refer to 2.7 Patient Identifiers).
- Identification bands should be small enough to be comfortable and secure for newborns, babies and children.
- Identification bands should be long enough to accommodate, for example, obese patients, patients with lymphoedema, and patients with intravenous lines and bandages.

2.4 Comfort

Identification bands must comply with the following.

- Shape - No sharp corners, profiling or edges that can irritate or rub the patient’s skin.
- Edges and ends – Soft and smooth to ensure patient comfort over a prolonged time. Care must be taken not to leave any rough or sharp edges if the band is cut to size.
- Fastenings – Fastenings that do not press into the patient’s skin.
- Material – Flexible, smooth, waterproof, cleanable, breathable and non-allergenic (for example latex free bands for patients with a known latex allergy).
- Configuration - Band should not catch on clothing, equipment or devices including intravenous lines.

2.5 Usable by patients

Identification bands must be:

- Designed to allow patients to wash.
- Waterproof and resistant to fluids (eg. soaps, detergents, gels, sprays, rubs, alcohol cleaning products, blood and other bodily fluids).

Patient Identification Bands

- Easy to clean if soiled.
- Secure and sized correctly.

2.6 Usable by staff

Identification bands must be easy to:

- Store and remove from storage.
- Complete patient identifier information.
- Place on patients (including selecting the correct size or adjusting to correct length).
- Read and check information.
- Change or update information.
- Remove.

2.7 Patient identifiers

The following three core patient identifiers must be recorded on the patient identification band.

- Name (family and given names).
- Date of birth.
- Medical Record Number (MRN).

If a red patient identification band is used the allergy and/or adverse reaction to a medicine must not be recorded on the identification band (Refer to 2.2 Colour).

Inclusion of additional patient identifiers on the patient identification band should be described in local procedures.

**Exception: Newborns**

The following three core patient identifiers must be recorded on the identification band.

- Family name of mother in UPPERCASE, followed by “baby of (given name of mother)” eg. SMITH, baby of Jane.
- Date of birth.
- Time of birth (this will also distinguish between multiple births as time of birth will be different for each baby).

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5 Includes medical record number, unique identifier, unique patient identifier and unit record number.
Patient Identification Bands

The baby's identification band should be replaced with a new band which includes the baby's own MRN when the MRN is available.

Compliance with these requirements should minimise the risk of a baby / mother mismatching incident especially in the case of an urgent separation, such as the baby requiring admission to a special care nursery / neonatal intensive care unit.

2.8 Method for recording patient identifiers

- Pre-printed labels should fit the available space on the identification band.
- Inserts should be sealed to ensure they are durable, waterproof, secure and tamperproof.
- Where possible labels should be printed directly from the client registration database, such as the Patient Administration System (PAS).
- Write-on identification bands should only be used where a printed band / label / insert is not available.
- Write-on identification bands should be durable so that information cannot wear off.
- Write-on identification bands should not require special pens.

2.9 Presentation of patient identifiers

- Space on the identification band should be adequate for the three core patient identifiers to be recorded clearly and unambiguously.
- Layout, order of information and information style should be standardised across the health service. Pre-defined spaces for each patient identifier or a pre-printed format can encourage standardisation. If pre-defined spaces are not used, pre-printed lines can be used to help make information easy to record and to read. This is useful for handwritten identification bands.
- Family name should appear first using UPPER case letters followed by given names in TITLE case, for example SMITH, John Paul.
- There should be enough space to include long names, multiple names and hyphenated names.
- Date of birth should be recorded in a standardised way across the health service, eg. DD/MM/YYYY (26/06/1983), DD-MM-YYYY (26-06-1983), DDMMMYYYY (26Jun1983).
- Identifiers should be in a style and a font size that is easy to read. Handwritten labels must be clearly printed in a size which is easy to read. Italic, simulated handwriting and ornate fonts must not be used.
3 USE OF PATIENT IDENTIFICATION BANDS

3.1 Patient identification

The patient must be correctly identified at the time of placing an identification band on the patient to reduce the risk of patient misidentification. Refer to local procedures, which are consistent with the NSW Health policy directive and guideline on client registration, for identification of a patient.\(^6\)

3.2 Placement of identification bands

The band should be placed on the patient in such a way that it is safe for the patient, and visible and accessible to staff providing care. Consider the following when placing an identification band on a patient.

- Avoid placing the identification band on a limb with an intravenous access, an arteriovenous fistula or graft; a limb to be operated on; or a limb with bandages or compression stockings in place.
- Ensure peripheral circulation is not restricted, eg. for an adult patient two fingers fit comfortably under the band.
- If limbs are not available then attach to the patient’s skin using see through plastic adhesive dressing / film (first checking for allergies / adverse reactions to the adhesive dressing / film). The skin integrity should be checked for the occurrence of a pressure injury. Alternatively attach the band to the patient’s clothing using a method that is safe for the patient and in an area that is visible and accessible to staff. The band must be re-attached when clothing is changed.

3.3 Ongoing verification of identification bands

- Procedure/s must be in place to verify the patient is wearing an identification band and the information on the patient’s identification band is correct.
- The frequency of verification should be appropriate for the health care setting.

3.4 Patients with missing or incorrect identification bands

Any staff member removing an identification band from a patient, discovering a band is missing, or noticing a band contains inaccurate / unreadable information must assume responsibility or must actively transfer responsibility for the following.

- Verification of the patient’s identity and replacement of the missing / incorrect identification band.

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Patient Identification Bands

- Destruction of the incorrect identification band (Refer to 3.5 Disposal of identification bands).

3.5 Disposal of identification bands

- Identification bands should be removed and replaced if contaminated with blood or body fluids and / or if the text becomes unreadable.

- Identification bands should be removed on patient discharge.

- Where identification bands are retained by the health service they must be destroyed in a way that maintains confidentiality of patient details eg. cutting or shredding the band.

4 COLOURED ALERT BANDS

- Coloured alert bands, apart from the red patient identification band to signify an allergy and / or adverse reaction to a medicine, must not be used as patient identification bands for the identification of patients.

- Coloured alert bands have been used to signify patients with specific conditions such as patients with lymphoedema, patients at risk of falls and patients who are not for cardiopulmonary resuscitation.

- The use of coloured alert bands will be addressed in revisions to this policy directive or in related policy directives and / or guidelines.

- In the interim refer to the Australian Commission for Safety and Quality in Health Care (ACSQHC) website for guidance on the use of coloured bands to signify patient alerts.7

5 MONITORING COMPLIANCE

Health services should monitor compliance with this policy through regular audits.

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