

## Patient Identification Bands

**Summary** This Policy Directive provides direction on patient identification bands and supports the correct identification of a patient.

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**Distributed to** Ministry of Health, Public Health System, NSW Ambulance Service

**Audience** All Clinical Staff, Nursing, Administration Staff

## PATIENT IDENTIFICATION BANDS

### POLICY STATEMENT

This Policy Directive supports health services' compliance with the [National Safety and Quality Health Service Standards](#), second edition in particular [Action 6.5](#) relating to patient identification bands. The use of patient identification bands supports the correct identification of a patient within NSW Health.

### SUMMARY OF POLICY REQUIREMENTS

Patient identification bands are to be white or clear with a white panel/ insert.

Red patient identification bands are to be used where the patient has a documented allergy to a medicine and/ or a documented life-threatening allergy to a food, or a documented adverse reaction to a medicine. These bands are to be red with a white panel/ insert.

As a minimum, the three approved patient identifiers are to be included on the patient identification band.

#### Patient identification bands

Health services are to develop local procedures to identify which patients require a patient identification band.

Health services are to develop local procedures consistent with this Policy Directive where technology, such as a patient identifier barcode, is part of, or attached to, the patient identification band.

Patient identification bands are to be destroyed in a way that maintains confidentiality of patient details.

#### Alert bands

Coloured alert bands must not be used except for yellow bands for patients who have undergone vitreoretinal surgery involving insertion of an ocular gas.

### REVISION HISTORY

Version	Approved by	Amendment notes
August-2021 (PD2021_033)	Deputy Secretary, Patient Experience & System Performance	Replaces PD2014_024 and clarifies the use of coloured alert bands.
PD2014_024 July 2014	Secretary	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.

### ATTACHMENT

1. Patient Identification Bands: Procedures.

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# 1 BACKGROUND

The use of patient identification bands supports the correct identification of a patient. Correct identification of a patient promotes patient safety and minimises the risk of complications such as wrong procedures, medication errors, life-threatening food allergies, transfusion errors and diagnostic testing errors.

Health services are to develop local procedures to identify which patients require a patient identification band.

## 2 PATIENT IDENTIFICATION BANDS

### 2.1 Colour

A white identification band or a clear identification band with a white panel/ insert is to be used.

#### Exception

A red patient identification band with a white panel/ insert is to be used where the patient has a:

- Documented allergy to a medicine and/ or a documented life-threatening allergy to a food
- Documented adverse reaction to a medicine.

The patient's allergy and/ or adverse reaction is not to be recorded on the identification band. Health workers are to refer to the patient's medical record for this information.

### 2.2 Patient Identifiers

Black text is to be used to record patient identifiers on a patient identification band.

#### Core patient identifiers

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

- Name: Family name to appear first using UPPER case letters followed by given names in Title case e.g. SMITH, John Paul.
- Date of birth: Standardise the format across the health service e.g. DD/MM/YYYY (26/06/1983), DD-MM-YYYY (26-06-1983), DDMMMYYYY (26Jun1983).
- Medical Record Number.

### Exception: Newborns

To minimise the risk of mismatching a newborn and mother, especially if urgent separation occurs for example, newborn requiring admission to a special care nursery/ neonatal intensive care unit, the following identifiers are to be recorded on the newborn's identification band.

- Family name of mother in UPPERCASE then "baby of (given name of mother)" e.g. SMITH, baby of Jane.
- Date of birth.
- Time of birth to distinguish between multiple births.

The newborn's identification band is to be replaced with a new band when the newborn's own Medical Record Number is available.

### Confirmation of patient identifiers

The patient's identity is to be confirmed before the identification band is placed on the patient to reduce the risk of misidentification. The patient, or their family/ carer, is to be asked the question "Can you please tell me your full name and date of birth?" The response to this question is to be compared with the patient's identification band and the patient's medical record, admission form, medication charts or request forms.

The information on the identification band is to be confirmed at intervals appropriate for the health care setting. Where the core patient identifiers are missing, inaccurate or unreadable the band is to be replaced immediately.

The identification band is to be disposed of in a way that maintains confidentiality of the patient details.

## 2.3 Number of patient identification bands

Patients are to wear **one** identification band.

### Exception: Patients undergoing procedures

Two or more identification bands are to be placed on a patient undergoing a procedure where a band may be removed or become inaccessible to health workers during the procedure.

During the procedure one identification band is to be visible and accessible to health workers without interrupting the procedure. For example, unstrapping the patient's arm from the table, disturbing the procedural drapes, asking the proceduralist to pause, move or adjust equipment.

Where the identification bands are not visible during the procedure, health services are to develop local risk-based practices to ensure correct identification of the patient during the procedure.

**Exception: Newborns**

Two identification bands are to be used. An identification band is to be placed on each ankle of a newborn as soon as practicable after birth that is before separation from the mother and before the newborn leaves the birthing room or operating theatre.

If the newborn requires resuscitation the identification bands are to be placed on the newborn while the newborn is on the resuscitaire.

**3 COLOURED ALERT BANDS**

Coloured alert bands are *not* patient identification bands.

Coloured alert bands *must not* be used.

**Exception: Yellow bands and vitreoretinal surgery**

A yellow band (picture below) is applied to patients who have undergone vitreoretinal surgery involving insertion of an ocular gas. The bands are to be applied by the surgeon and the surgeon arranges removal.

The gas company supplies the bands. At the time of surgery, the surgeon records the name and contact number of the surgeon/ consultant and the date of surgery. The bands are not to be removed by health workers except for emergency access or if oedema of the limb is present. A new yellow band is to be applied if the band comes off or is removed except as arranged by the surgeon.

The yellow band advises the wearer to:

- Wear the band up to a specific date
- Absolutely avoid nitrogen protoxide anaesthesia
- Absolutely avoid pressure variation (elevation, travel by plane, diving with or without cylinders, hyperbaric chamber treatment).

This information is on the band in six languages.



## 4 APPENDIX – INFORMATION ABOUT PATIENT IDENTIFICATION BANDS

### 4.1 Size

Identification bands are to be available in a variety of sizes to fit patients, from the smallest newborn to the largest adult, as relevant to the health care setting. Identification bands are to be long enough for obese patients, patients with lymphoedema, patients with intravenous lines and bandages.

### 4.2 Comfort for the patient

Use bands that are comfortable to the patient. Ensure no sharp corners, edges, ends or fastenings that can irritate, rub or press into the patient's skin. Due to the tapering shape of infant and toddler's limbs and the absence of a flaring out of the circumference at wrists and ankles, identification bands can fall off. If put on tightly enough to prevent slipping on the infant or toddler sharp edges can irritate the skin and be uncomfortable.

Use material that is flexible, smooth, waterproof, resistant to fluids (e.g. soaps, detergents, gels, sprays, rubs, alcohol cleaning products, blood and other bodily fluids), cleanable, breathable and non-allergenic (e.g. latex free bands).

Check the band does not catch on clothing, equipment or devices e.g. intravenous lines.

### 4.3 Ease of use by health workers

Use bands that are easy for health workers to:

- Store and remove from storage
- Add, read, check, change or update patient information
- Place on a patient e.g. select the correct size, adjust to the correct length
- Remove from the patient.

### 4.4 Recording patient identifiers

Standardise the layout, order and style of information across the health service. Use pre-defined spaces for each patient identifier, a pre-printed format or pre-printed lines. Allow enough space for long names, multiple names and hyphenated names.

- **Printed labels:** use an easily readable style and font size. Ensure the label fits the available space on the identification band. Where possible print labels directly from the client registration database.
- **Handwritten labels:** print clearly in an easily readable size.
- **Write-on identification bands:** only use where a printed band/ label/ insert is not available.

Ensure information cannot wear off and does not require special pens. Inserts are to be sealed to ensure the insert is durable, waterproof, secure and tamperproof.

### 4.5 Placement of patient identification bands

Placement of the identification band is to be safe and comfortable for the patient and visible, accessible and easily readable to health workers providing care. Care is to be taken to ensure the peripheral circulation is not restricted by the identification band or the band is not causing a pressure injury especially in children. Monitor the size of the band for patients such as premature/ newborn patients who may outgrow their band.

Avoid placing the identification band on a limb with for example, epidermolysis bullosa, burns, an intravenous access, an arteriovenous fistula or graft, a limb to be operated on, or a limb with bandages or compression stockings.

Place bands on the lower limbs of newborns to prevent facial scratching.

Consider how to attach a patient identification band when limbs are not available for example,

- Apply a transparent adhesive dressing/ film over the band and onto the patient's skin in a readily accessible, visible body area. Check for allergies/ adverse reactions to the dressing/ film and check the skin integrity for pressure injuries.
- Attach the band to the patient's clothing or items attached to the patient such as arm boards in a way that is safe for the patient, and visible and accessible to health workers. Re-attach the band when clothing/ item is changed or removed.