NHS Greater Glasgow & Clyde
Acute Services Division

Patient Identification Band Policy

NHS GREATER GLASGOW & CLYDE		Custodian: Acute Services Chief Nurses Group
Issue date: Review Date;	October 2011 February 2015	Status:
Version:	1	Review Interval: February 2017

1. Introduction

This policy demonstrates NHS Greater Glasgow and Clyde's (NHSGGC) commitment to patient safety and has been developed to provide staff with an outline as to how positive patient identification should be achieved. The National Patient Safety Agency (NPSA) is involved in research and new technologies promoting safer ways to identify patients.

The NPSA Safety notices used within this document are:

- Safer Patient Notice. (2005) Safer Patient Identification: wristbands for hospital inpatients improves safety. NPSA, November.
- Safer Patient Notice. (2007) Standardising wristbands improves patient safety NPSA, July.
- Safer Patient Notice (2008) Identification of Neonates: Identification and wristbands. NSPA, October.
- Safer Patient Notice (2009) Patient Identifiers for Identity Bands NPSA, March.

2. Scope

This policy applies to all healthcare workers within the Acute Division of NHSGGC. Establishing patient identity will be required to take place in various clinical environments throughout NHSGGC.

For the purposes of this document the following definitions apply:

- A "patient" is defined as any individual receiving care or treatment;
- An "in patient" is defined as any individual who is fully admitted to ward areas;
- "Establishing patient identity" is defined as the process of ensuring that the patient is identified accurately before the start of any procedure or intervention and their relatives or carers are confirmed before sharing of information.

3. Roles and responsibilities

It is the responsibility of all healthcare workers to establish patient identity prior to sharing information and initiation of any procedure, intervention or treatment. Patient details must be verified with the patient, or their relatives or carers and case records.

The healthcare worker admitting the patient is responsible for fully completing the patient details on the identification band before applying and following the procedure detailed below.

Patient, relative or carers, if they notice the details are incorrect or have faded, should alert a healthcare worker to enable a new band to be applied.

4. Procedure

All adult, child and neonatal in patients will have an identification band in place as soon as they are admitted to any care area in NHSGGC.

- The identification band should be placed on the patient's dominant hand (if possible) by a healthcare worker (for neonates: see Appendix 1);
- The identification band must contain the following information: last name, first name, date of birth, the unique patient identification number (e.g. CHI) and gender;
- Hand written, no pre-printed labels to be used;
- The information, if possible, must be checked and confirmed with the patient and their case record;
- The identification band must be worn throughout their hospital stay or treatment. If removed, it must be replaced as soon as possible;
- The identification band is checked prior to any intervention e.g. administration of medication, blood transfusion, IV drugs;
- Only one white identification band to be worn;
- If information on the identification band has faded or become illegible, a new identification band must be applied. The procedure above must be carried out;

- Where identification bands are not used or patient refuses to wear an identification band a risk assessment must be conducted and records retained by Senior Charge Nurse. The risk assessment in the local areas must consider the patient who has treatment or investigations in another area.

Examples of patients who are not in-patients but still require an identification band:

Day cases/ Outpatients	All patients receiving an intervention e.g. blood transfusion, chemotherapy. All patients receiving interventions who are unable to clearly confirm who they are verbally or who are having sedation.
Accident and Emergency	All patients who are receiving medication. All major incident patients, conscious or unconscious Patients for admission If patients in Accident and Emergency longer than 4 hours a risk assessment to be done.

Examples of patients for whom it may not be possible to use identification bands where another method of patient identification may be used after risk assessment.

Maternity Unit	Pre term babies and neonates. The mother and babies CHI number should be on the name band. If the baby has not been given a forename then they should be identified as Baby then the Maternal Surname. Other details as above should be included.
Dermatology	Patient with skin conditions or allergies

5. Review

The implementation of this policy is the responsibility of the Directorates and feedback should be made through local line management systems. This policy will be revised formally at the agreed review date.

6. References

Cleopas, A. et al (2004) Acceptability of Identification Bracelets for Hospital Inpatients *Quality and Safety in Health Care* 13(5): 344-348

Joint Commission International (2007) Patient Identification. Patient Safety Solutions Vol 1, Solution 2.

Rollins, G. (2007) Risk Management: Safety Advocates Seek to End Confusion Over Color-Coded Identification bands Hospitals & Health Networks: 81(10):14, 16.

Safer Patient Notice. (2005) Safer Patient Identification: wristbands for hospital inpatients improves safety. NPSA, November.

Safer Patient Notice. (2007) Standardising wristbands improves patient safety NPSA, July.

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A Impact Assessment

This policy has been equality and diversity proofed.

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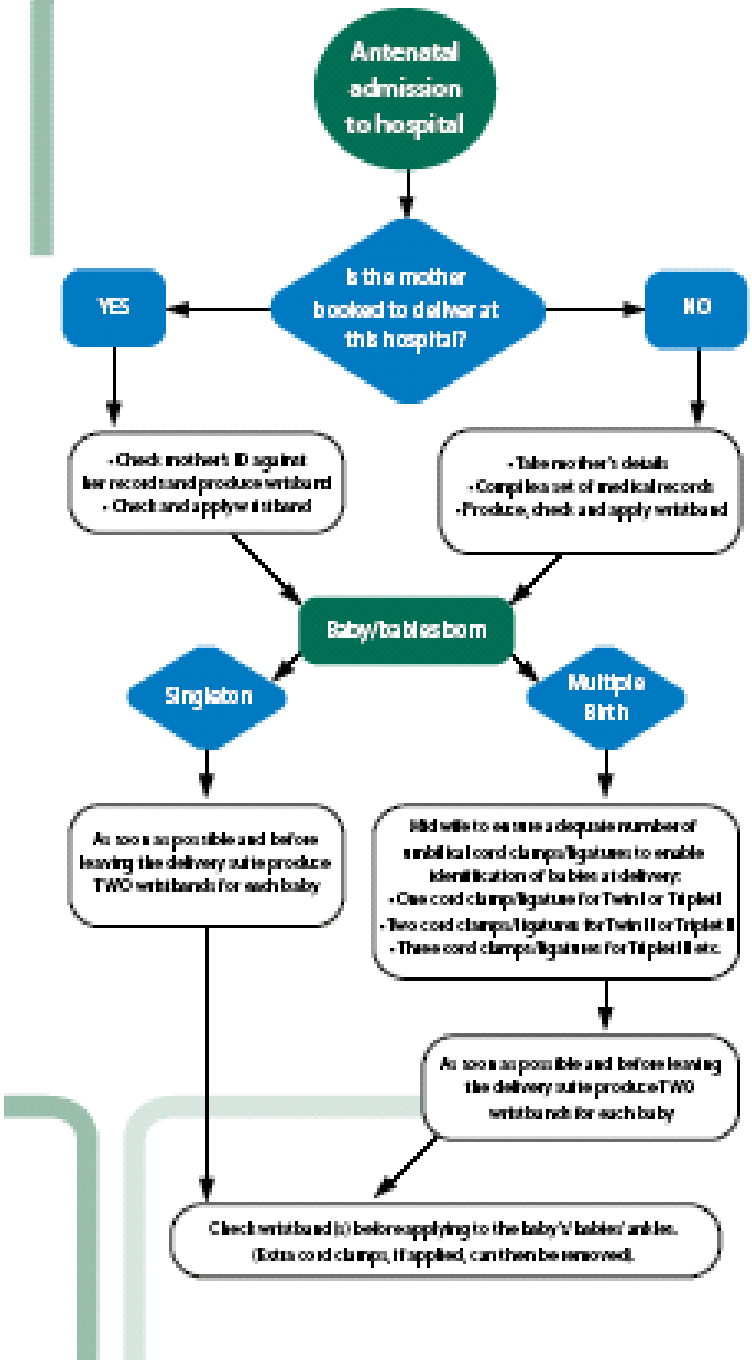
Identification of neonates: antenatal



Identification of newborns

The NPSA uses the term 'wristband' which covers both wristbands and any other form of identity band.

If a wristband is produced by a non-regulated person (i.e. Maternity Care Assistant), it must be counter-checked by a registered professional.

Wristband information: mother

- LAST NAME, first name
- Date of birth
- NHS Number (or local hospital number until this is available)
- Please refer to NPSA *Safer Practice Notice 24: Standardising wristbands improves patient safety* (www.npsa.nhs.uk/nrls/alerts-and-directives/notices/wristbands)

Wristband information: baby

- TWIN/TRIPLET I/II/III if applicable
- Mother's LAST NAME, baby boy/girl
- Date of birth
- Time of birth
- Baby's NHS Number (or local hospital number until this is available).

For babies needing urgent transfer to Neonatal Intensive Care Unit (NICU) or specialist unit post delivery

- Before the baby is removed from the delivery suite, some form of reliable identification must be applied - wherever possible this should be as outlined opposite.
- However, when babies are very premature some wristbands may cause damage to their skin and an alternative method of identification may be more appropriate and practical as an interim measure.

Checking wristbands

- Check all wristbands with the mother and her birth partner (or member of staff where necessary) before applying.
- The wristbands must be checked every day by a member of staff during the daily examination.

If a wristband becomes detached from the baby:

- Produce and apply a new wristband.
- If both wristbands are lost:
  - inform the midwife in charge of the shift;
  - check every other baby's wristbands on the ward before wristbands are replaced;
  - complete an incident form.
- If two or more babies do not have wristbands, follow local policies for identification.

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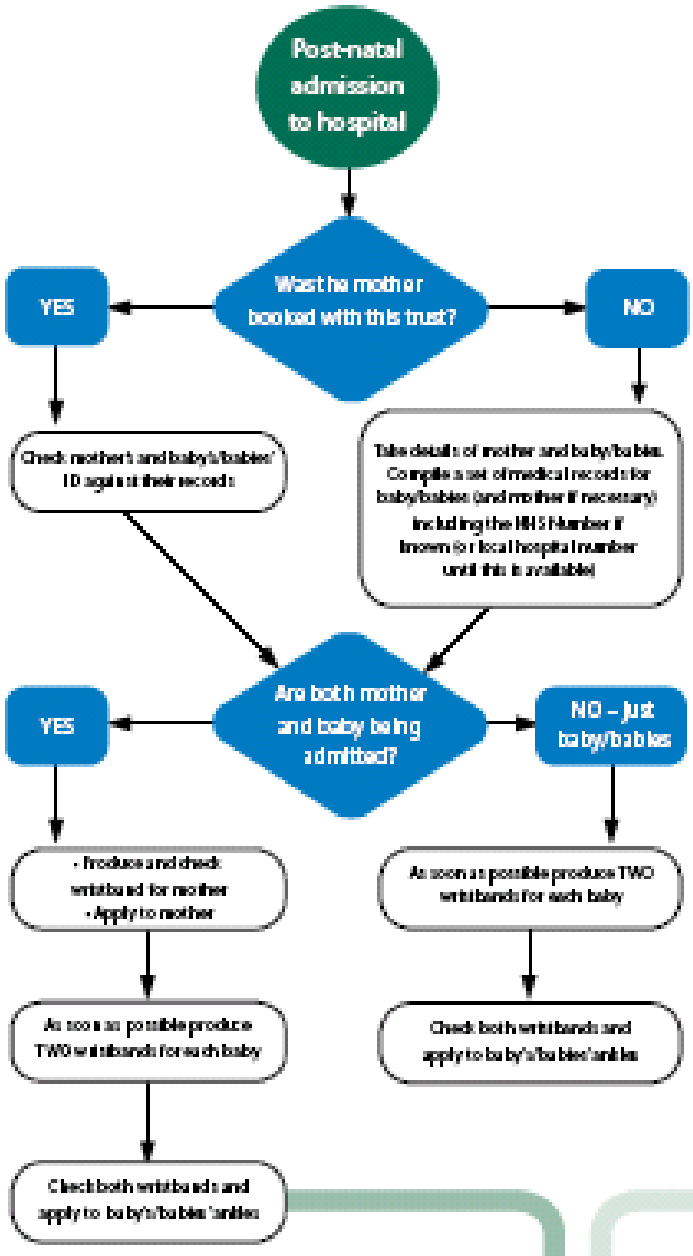
Identification of neonates: post-natal



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- Please refer to NPSA *Safer Practice Notice 24: Standardising wristbands to improve patient safety* (www.npsa.nhs.uk/nrls/alerts-and-directives/notices/wristbands)

Wristband information: baby

- TWIN/TRIPLET (1/2/3 if applicable
- Mother's LAST NAME, baby boy/girl
- Date of birth
- Time of birth
- Baby's NHS Number (or local hospital number until this is available).

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