

Patient Identification Policy

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MDPOL002

NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET

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Examples of reasons for presenting to the group	Examples of outcomes following meeting
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Shetland NHS Board

Policy for Patient Identification

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1.0 INTRODUCTION

1.1 Purpose of the policy

Under its duty of care Shetland NHS Board has a Responsibility to act in the best interests and maintain the safety of all the patients for whom it is responsible. A key component of maintaining safety is the ability to correctly identify each patient.

The Board requires that patients wear an accessible identification (ID) band containing the required information in order for staff to confirm the unique identity of the wearer. Patients required to wear a band include:

- a) All inpatients
- b) All patients admitted onto the Day Surgery Unit
- c) Out-patients receiving invasive procedures eg blood transfusion or infusion of medication including chemotherapy, except patients receiving routine dental care.
- d) All patients attending X-ray from A & E but other patients attending X-ray will be identified using the Medical Imaging Department IR(ME)R Ionising Radiation Medical Exposure Regulations Procedure RA3

1.2 Objective of the Policy

To ensure that all patients attending hospital are correctly identified.

2.0 Scope

This policy applies to all Shetland Health Board employees.

2.1.1 Responsibility

It is the responsibility of all staff admitting, treating or registering a patient, whether an inpatient or outpatient to ensure that they have correctly identified that patient.

Wristbands must be put on patients as soon as they are admitted and worn throughout a patients stay.

Who may apply the ID band?

- Registered nurses and midwives
- Medical staff
- Allied Health Professionals
- Student nurses/midwives under the supervision of a registered nurse/midwife.

2.1.2 POSITIVE PATIENT IDENTIFICATION (4 steps)

There are FOUR steps to identify patients. They should be undertaken in the following order (if the first is not possible, undertake the second etc):

1. By asking the patient to tell you their name, date of birth and address. Check this is compatible with the patient ID band.
2. If the patient is unable to tell you their name, refer to the ID band and, if possible, verify the information by asking family, relatives or another member of the clinical staff who knows the patient.
3. By asking that the patients relative to identify the patient by name, date of birth and/or address.
4. By the A&E Department identification number.

***NB.** This number indicates the episode of patient stay/treatment. This is not linked to identification of a specific patient but to the identification of a specific episode of stay.*

The hospital number is the only number that can be used to identify a particular patient and should always be used in preference to the A&E number.

Unknown patients

For unknown and unconscious patients (such as trauma patients), identification is made by Resuscitation or A&E staff until a unique identification has been made by means of a number on a band, or until the patient's true identity is established.

Theatre/sedated patients

Patient identification is confirmed by theatre staff prior to being anaesthetised according to operating theatre procedures. A member of this team identifies the patient prior to the intervention. The patient identification band should be immediately accessible during the procedure. A second identification band should be applied if necessary.

Deceased patients

All deceased patients **MUST** be correctly identified with 2 identification bands - one attached to the wrist and one attached to the ankle. If a limb(s) is missing then attach one label to an available limb and the other to the patient's skin using transparent tape.

Neonates

Two identification bands are put on the baby immediately after birth (1 on the arm and 1 on the leg). The ID band must also include the mother's name. This should state "baby of... (Mother's name)".

The baby **MUST** have the mother's name and not the father's on the labels (if they are different) even if the baby will be registered with the Father's name.

The identification bands should be checked with the parents prior to being attached and again each day the baby stays in the unit.

If the baby needs to be taken into a different room, for example for a blood sample to be taken, the identification bands should be checked with the Mother prior to the baby being moved and when the baby is returned.

2.2

INFORMATION TO BE ON THE IDENTIFICATION BAND

The identification (ID) band should be printed using the SCI system.

The identification (ID) band will contain the following information:

SURNAME	FORENAME
DATE OF BIRTH	CHI NUMBER
ADDRESS	GENDER

2.3 LOCATION OF IDENTIFICATION (ID) BAND

2.3.1 Identification (ID) band should be placed at the wrist on the non dominant arm. Where this is not practical staff should use their own professional judgement as to the most appropriate place.

2.3.2 The Identification (ID) band should be secure, but comfortable at all times.

2.3.3 Nurses allocated the care of patients on a shift are responsible for ensuring that each patient wears an Identification (ID) band.
The nurse must replace the name band immediately if it is found to be illegible, missing or incorrect. If this is required, then the incident must be reported via the datix system.

2.3.4 Any health care professional removing an Identification (ID) band (e.g. to perform a procedure) is responsible for ensuring another is applied immediately.

2.3.5 If an error occurs in patient identification, then this must be brought to the attention of the senior nurse on duty, and a datix report compiled.

2.3.6 PATIENTS REFUSING TO WEAR AN IDENTIFICATION (ID) BAND

Patients must be informed of the importance of wearing an Identification (ID) band. The decision of a patient not to wear an Identification (ID) band must be clearly documented in the medical record.

2.3.7 PATIENTS UNABLE TO WEAR AN IDENTIFICATION (ID) BAND

Patients unable to wear an Identification (ID) band for whatever reason must still be clearly identified.

Appropriate risk assessments must be carried out to ensure the safety of the patient concerned. E.g. if a patient is allergic to the Identification (ID) band then it may be appropriate to apply the Identification (ID) band over a lightweight dressing.

3.0 PROCEDURES REQUIRING POSITIVE IDENTIFICATION

The list below is not exclusive. In-patients should ***always*** wear an identification band.

- Blood sampling
- Blood transfusion
- Collecting of patient bodily fluid samples
- Confirmation of death
- Administration of all medicines
- Surgical intervention and any invasive procedure
- Transport / transfer of the patient
- X-rays and imaging procedures

ALERT!

DO NOT PROCEED with any procedure if the patient has no ID band

The ID band must be replaced by the nurse/midwife caring for the patient before the procedure can begin

4.0 REMOVAL OF IDENTIFICATION (ID) BANDS

Identification (ID) bands must not be removed until the discharge procedure is complete.

5.0 COMMUNICATION ARRANGEMENTS

This policy will be made available on the internal and external pages of the NHS Shetland website it will also be

advertised on 'Message of the Day' and posted on the intranet as part of the clinical portal.

6.0 REFERENCES

- National patient Safety Agency, Wristbands for hospital inpatients improves safety. Safer practice notice 11; November 2005
- National patient safety agency, right patient, right blood. Safer practice notice 14: November 2006
- National patient safety agency, standardising wristbands improves patient safety Safer practice notice 24; July 2007
- Serious hazards of Transfusion (SHOT) annual report 2008

Appendix A
 Organisation chart denoting reporting and accountability lines for Governance at NHS Shetland in 2011.

