<table>
<thead>
<tr>
<th><strong>Summary:</strong></th>
<th>The purpose of this policy is to provide accurate identification of patients, minimising related medical errors and patient harm.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Keywords (minimum of 5):</strong></td>
<td>Patient, identification, misidentification, id bands</td>
</tr>
<tr>
<td><strong>Target Audience:</strong></td>
<td>All community health staff employed by Southern Health NHS Foundation Trust. This policy does not apply to Mental Health, Learning Disability or Social Care services.</td>
</tr>
<tr>
<td><strong>Next Review Date:</strong></td>
<td>December 2018</td>
</tr>
<tr>
<td><strong>Approved and ratified by:</strong></td>
<td>Quality and Governance Committee</td>
</tr>
<tr>
<td><strong>Date of meeting:</strong></td>
<td>26/01/2010</td>
</tr>
<tr>
<td><strong>Date issued:</strong></td>
<td>December 2015</td>
</tr>
<tr>
<td><strong>Author:</strong></td>
<td>Julia Lake, Head of Nursing and Allied Health Professionals</td>
</tr>
<tr>
<td><strong>Sponsor:</strong></td>
<td>Sara Courtney, Acting Director of Nursing &amp; AHPs</td>
</tr>
</tbody>
</table>
## Version Control

### Change Record

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Version</th>
<th>Page</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.1.15</td>
<td></td>
<td>1</td>
<td></td>
<td>Review date extended to February 2015</td>
</tr>
<tr>
<td>9.3.15</td>
<td></td>
<td>1</td>
<td></td>
<td>Review date extended to May 2015</td>
</tr>
<tr>
<td>27.5.15</td>
<td></td>
<td>1</td>
<td></td>
<td>Review date extended to August 2015</td>
</tr>
<tr>
<td>1.9.15</td>
<td></td>
<td>1</td>
<td></td>
<td>Review date extended to December 2015</td>
</tr>
<tr>
<td>15/12/15</td>
<td></td>
<td>1</td>
<td></td>
<td>Policy reviewed, only technical amendments, change of</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>policy author. Review date extended to Dec 2018</td>
</tr>
</tbody>
</table>

### Reviewers/contributors

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Version Reviewed &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julia Lake</td>
<td>Head of Nursing and Allied Health</td>
<td>Nov 2015</td>
</tr>
<tr>
<td></td>
<td>Professionals</td>
<td></td>
</tr>
</tbody>
</table>
## Contents

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
</tr>
<tr>
<td>2.</td>
<td>Policy statement</td>
</tr>
<tr>
<td>3.</td>
<td>Duties and responsibilities</td>
</tr>
<tr>
<td>4.</td>
<td>Process</td>
</tr>
<tr>
<td>5.</td>
<td>The identification of a body</td>
</tr>
<tr>
<td>6.</td>
<td>Misidentification</td>
</tr>
<tr>
<td>7.</td>
<td>Training and dissemination</td>
</tr>
<tr>
<td>8.</td>
<td>Monitoring</td>
</tr>
<tr>
<td>9.</td>
<td>Equipment</td>
</tr>
<tr>
<td>10.</td>
<td>Supporting references</td>
</tr>
</tbody>
</table>
1. Introduction

Patient misidentification is increasingly being recognised as a widespread problem within healthcare organisations. Failure to correctly identify patients constitutes a serious risk to patient safety. The National Patient Safety Agency (NPSA) has recognised patient identification as a significant risk within the NHS.

Correct patient identification starts with the patient’s first contact with the service and it is the responsibility of all staff involved in the admission process, clinical and administrative to ensure correct details are obtained and recorded and that any inaccuracies or queries are highlighted and dealt with.

It is essential that patients are registered on the Trust’s Patient Administration System (PAS) and wherever possible checks must be made as to whether the person is already registered PAS, as this will minimise the risk of duplicated records being created.

All patients must be able to be identified at all times whilst being assessed or undergoing procedures / treatments within the organisation. Therefore all hospital inpatients must wear an accurate and valid identity bracelet (referred to as ID Band in this policy), and in some cases more than one will be worn. As set out in National Patient Safety Agency (NPSA) Safer Practice Notice 2005/11 documentation – “All hospital inpatients in acute settings should wear ID Bands with accurate details that correctly identify them and match them to their care”.

This policy has been developed to ensure the correct identity of their patients at all times, and especially before undergoing procedures or treatments.

The national Serious Hazards of transfusion (SHOT) Annual Reports have identified ‘incorrect blood component transferred’ as the most frequently reported incident related to blood transfusion. This is frequently as a result of misidentification. About 70% of reported blood transfusion incidents, involved transfusion of blood to the wrong patients, resulting in major morbidity or even death.

2. Policy Statement

All patients must be able to be identified at all times whilst being assessed or undergoing procedures / treatments within the organisation.

All inpatients and certain other patients MUST wear at least one ID Band for safety purposes.

2.1 Aims and Objectives

- To ensure patient safety at all times
- To provide assured mechanisms to verify correct patient identification
- To ensure a corporate and standardised approach to patient identification
- To promote the use of patient wristbands and reduce the risk of medicine and treatment errors
- In every case, the staff member providing care of any form must be certain that the patient’s identity has been established beyond question.
• To ensure policy is adhered to in all clinical areas in the Trust for the purpose of correct patient identification.

2.2 Definitions

2.2.1 ID Band – Wristband
The name given to the encircling, semi-permanent strip(s) provided to all inpatients and worn on the wrist (or ankle) for identification purposes.

3. Duties / Responsibilities

3.1 Who may apply the ID band?

• Registered Nurses and Midwives
• Medical Staff
• Allied Healthcare Professionals
• Healthcare Support Workers
• Porter/Caretaker – for deceased patient only
• Student Nurses/Student Midwives/Cadets - under the supervision of a Registered nurse/ midwife

3.2 The Director of Nursing will ensure that the Trust has a Policy for Patient identification. Part of the Governance Strategy and NHSLA.

3.3 Locality Managers and Modern Matrons are responsible for ensuring that this policy is implemented operationally and monitored. They will ensure all staff in their areas are aware of and understand the policy and that it is implemented into practice locally. They will investigate failures to comply with the policy and ensure corrective action is taken to prevent a recurrence.

3.4 Ward Managers are responsible for:

• Ensuring that patients are aware of the identification policy by means of appropriate patient information.
• Ensuring patients understand the importance of wearing an ID Band for their own safety at all times during their hospital this should be explained to patients by means of pre-admission information, relevant leaflets or posters.
• Ensuring that staff in their areas are aware of and understand the policy and that it is implemented into practice locally.
• Ensuring that failures to comply with the policy are reported via the incident reporting system and the appropriate action is taken to prevent a recurrence.
• Investigating failures to comply with the policy and ensure corrective action is taken to prevent a recurrence.

3.5 Clinical and non-clinical staffs are responsible for:

• Maintaining the standards in this policy and accepting accountability for their practice
• Reporting all failures to comply with the policy via the risk incident system
• Ensuring that patients are identified using accurate personal details
• Ensuring that all patient details entered by them onto electronic or hardcopy records or ID Band are valid and accurate
• Ensuring that any ID Band that is removed by them (or where more appropriate, another member of staff) is replaced immediately and the information on the
replacement wristband is valid and accurate. If immediate replacement is not possible then it is the responsibility of the member of staff to make clear alternative arrangements for the patient's correct identification

- Nursing and midwifery staff will generally be responsible for the application of patient an ID Band, however, the use of an ID Band does not remove the clinician's responsibilities for checking patient identity before administering medication or treatment
- Very occasionally a patient will refuse to wear an ID Band, this should be discouraged in all cases clear documentation must take place and alternative means of identifying the patients should be found.
- In extreme emergencies and possible life threatening situations, clinical care may take priority over attaching an ID Band to the patient. When this occurs the accountable nurse responsible for patient care must take appropriate steps to identify the patient and maintain safety until full identification is possible
- Any member of staff discovering a patient does not have an ID Band has to assume responsibility for correctly identifying them.
- In general it will be either Nursing or midwifery staff who will be responsible for the generation and application of an ID Band. However it is the responsibility of all staff to check the validity and accuracy of patient identification before carrying out any actions relating to patient care
- All healthcare providers should always verify that the person they are attending to is the one for whom the treatment is intended, and match the treatment to that person.

4. Process

4.1 In Minor Injuries Units

- A patient who is in the department, when it has been decided to admit him/her to a hospital ward will have a wrist band in place.
- A patient in the department, where no decision to admit has yet been made but who is perceived at being at risk of misidentification.
- A patient in the department, where no decision to admit has yet been made but who is to undergo an invasive procedure and/or investigation.

4.2 Reasons for ID Bands

- All in-patients receiving care and treatment.
- All patients who have impaired conscious levels
- Any patient who has blood taken from them that may be used at any time to cross match blood against (group and save, cross match)
- Patients to whom medicines are administered
- Patients who receive blood or blood products
- Patients having surgical or invasive procedures
- Patients being transferred or transported
- Patients who attend out patients clinics where safety concerns are raised, for example confused patients
- Deceased patients – need two patient ID bands

4.3 Identifying the Patient

Accurate patient identification starts with the patient's first contact with the service and it is the responsibility of all staff involved in the admission, clinical and
administrative processes to ensure correct details are obtained and recorded and that any inaccuracies or queries are highlighted and dealt with.

As a minimum staff must check:

- the patient’s name
- the patient’s date of birth
- NHS Number
- the patient’s address
- check this is compatible with the information you have

When dealing with patients an open question should be asked e.g. "What is your name?" rather than "Are you Mrs Smith?".

If the patient is unable to respond due to their condition or lack of competence if possible verify identification with family or relatives. Ask the relative the patient’s name, date of birth and address

If the patient is unable to state their name then any ID Band generated must be checked by two members of staff with the health records available to ensure all details match. It may be necessary to use an interpreter or language line.

Where there are patients with the same name, but either or both use a variation of that name, i.e. Richard Bloggs, but one prefers to be called Dickie and the other prefers Richie each patient’s preferred name must be made know to staff. However, the person’s legal name must be recorded in full on both the patient’s hard copy notes and the Trust’s PAS system. Health records use a “Warning, patient with same/similar name” sticker, to highlight patients with the same name.

It is critical that all staff acknowledge and accept that the management and monitoring of Patient Identification is an ongoing process and not something that happens only on admission. All staff must always check patient details to be sure that they are dealing with the right person, clerical staff should always validate the information given by the patient with the information held on the Trust’s records (hard copy and electronic).

Clinical staff must always validate that the verbal identification given by the patient (or their relatives) matches the information on the patient’s ID Band before carrying out any procedure, administering any prescribed medications, instigating examinations, investigations or treatments as appropriate.

If the person is already wearing an ID Band, check the details with your information, this is a positive check to confirm all information

If the patient’s preferred language is not English an interpreter must be obtained as soon as possible to ensure correct patient details are obtained and a full clinical assessment can be undertaken. If there are problems with identification and communication due to disability an appropriate sensory impairment communicator should be sought. Ensure that the full birth-registered name of the patient is recorded. If this is not the same as the name that the patient likes to be known by this must be noted.

Also consider Checking with ID, e.g. a driving license
4.4 In-patient

- At the commencement of every shift the incoming nurse in charge and the outgoing nurse in charge walk around the ward/unit together to check all patients and the outgoing nurse introduces all the patients to the incoming nurse, stating their name and room number. They must ensure that any new patients have been fully introduced. It is then the responsibility of the nurse in charge to introduce all patients to all the staff on duty for that shift. Any bank or agency staff who don’t work regularly work on the ward must be introduced to each patient at the start of the shift.
- On an in-patient unit there must always be one regular member of staff who knows the patients on duty on every shift. Where this is not possible due to sudden sickness the bleep holder must be informed.
- Any in-patient attending Out Patients or another department for examination or treatment must be escorted by a nurse.
- It is the duty of all staff involved in patient care to ensure correct patient identification.
- All in-patients must have two wristbands during their hospital stay. When a transfer occurs, the receiving staff member should check the patient ID Band, with the patient, (if the patient has the capacity to do so), along with the medical notes for positive patient identification. The wristband will be changed to identify to which ward the patient has been admitted.
- If the patient wristband is removed, faded damaged or unreadable, a replacement wristband will be applied immediately, by the nurse or midwife caring for the patient.
- Before any intervention or procedure is carried out, it is the responsibility of the member of staff undertaking the intervention or procedure to check the patient’s identity.
- When two patients in the service have the same name an alert to this effect this must be clearly marked on the medicine card and on their notes.
  - The patient’s date of birth must be recorded on all medicine charts.
  - When taking blood or other samples from a patient check verbally that the details of the patient matches the details on a fully completed request form, especially if another member of the healthcare team has completed the form. Label samples taken from the patient straight away. The safest way is to label the bottles after the sample has been taken and before leaving the patient.
- When a patient is to be admitted to Theatres it is the responsibility of the member of staff who meets the patient prior to admission to Theatres to check the patient’s identity with:
  - the nurse transferring the patient to theatre
  - the patient
  - the patient’s notes

4.5 Out-Patient

In the Outpatient clinic setting, it is not always necessary for patients to wear an ID Band, as verification of the patient will be made by the reception staff when the patient arrives and books onto the clinic (exceptions detailed below). Reception staff will ask the patient or their carer/relative to state:

- the patient’s full name
- the patient’s date of birth
• the patient’s address
• NHS Number - this is a requirement of NSPA/2008/SPN001. Patient must be encouraged to know their NHS numbers

The Reception staff will be responsible for validating the information given by the patient and/or their carer/relative with the Trusts PAS and the Patient Demographics Service (PDS) for checking their NHS number and GP registration

There are exceptions where an Outpatient must wear a wristband and these relate to those patients who are attending as an Outpatient to undergo therapy. This includes:

• Chemotherapy
• Intravenous Drug Therapy
• Blood transfusions
• Patients who return for regular assessment of anti-coagulant therapy must have their full details checked against the Trust PAS, their patient notes and therapy card and the specimen request form and specimen bottle before the sample is obtained.

4.6 Community

When a Community based patient has capacity and is assessed to be a reliable informant, clinicians can simply request verbal confirmation of identity from the patient, asking them to confirm their name and date of birth (if there are 2 or more patients with identical name and date of birth ask for a further variable).

Staff should not read the patient’s details to them and allow them to passively agree with you. Instead staff should ask the patient to give their full details.

The capacity or reliability of some patients can fluctuate
If the patient does not have the capacity to identify him or herself or otherwise does not have consistent reliability as an informant e.g. does not have English as a first language or is not well enough (including all in-patients) the identification must initially be confirmed by another member of staff who knows the patient, family member or other appropriate person - if necessary accompanied by another member of staff who knows the patient, family member or other appropriate person.

However, when this is not the case (including patients cared for within in-patient or residential units where it cannot be guaranteed that a member of staff who knows the patient will always be on duty) one of the following methods must then be used:

If the patient has capacity to agree, a passport photograph with the patient’s name, date of birth and hospital number can be attached to the patient’s notes and to the medicine card. If a patient lacks capacity (or is otherwise at significant risk) then a decision could be made under the Mental Capacity Act 2005, that it is deemed to be in the patient’s best interest to have a photograph attached to the notes and medicine card, providing this has been discussed with next of kin/Lasting Power of Attorney or a Court appointed deputy. When photographs are used they are to be checked each time before an intervention.

In all cases where an ID Band is being applied, it needs to be positioned so that any member of staff needing to check the patient’s identity can easily access and read the information.
Ideally the ID Band must not be removed until the discharge procedure is completed and the patient leaves the ward/department or clinical area. Exceptions to this practice are given below.

4.7 Exceptions to the Application and Removal of patient ID Band

There are some rare and exceptional situations where a patient cannot wear an ID Band or the ID Band wristband needs to be removed.

- Clinical condition or treatment e.g. intravenous access lines or dermatology conditions and treatment
- Refusal to wear a wristband despite clear explanation of the risks of not doing so
- Allergy to the materials used in the wristband
- Lack of Mental Capacity and are non-compliant with wearing an ID band - a passport photograph with the patient’s name, date of birth and hospital number can be attached to the patient’s notes and to the medicine card. If a patient lacks capacity (or is otherwise at significant risk) then a decision could be made under the Mental Capacity Act 2005, that it is deemed to be in the patient’s best interest to have a photograph attached to the notes and medicine card, providing this has been discussed with next of kin/Lasting Power of Attorney or a Court appointed deputy. When photographs are used they are to be checked each time before an intervention.

If and when such a situation arises it is important that staff assess and manage the associated risks for correct identification of the patient. This will include:

- Documenting details in the patient’s nursing notes.
- Staff will need to be even more vigilant in ensuring that the correct patient is identified prior to any procedure or intervention.
- Staff must ask the patient to identify themselves by stating:
  - Their full name
  - Address
  - Date of Birth

Where a patient is incapable of identifying themselves, verification of identity should be made by asking the carer or relative and checking the patient’s medical records. Photographs may be used when all other methods of patient Identification have been exhausted and it is considered to be in the patient’s best interests.

4.8 Details needed for positive identification on the Patients ID Band

The ID Band should contain the following information:

- Surname
- Forename
- Unit Number
- Date of Birth
- NHS Number
- Ward
- The information must be clear and legible, printed in block capitals using black indelible ink
- Information must be checked with the patient / carer/relative and health record prior to application
• A clear explanation of the importance of wearing an ID Band for safety reasons at all times during their hospital stay or Outpatient attendance should be given and their consent gained.
• If the patient is confused or unable to respond, the same explanation should be given to the relative/carer so that they are aware.
• The ward staff should check on a daily basis at least to ensure that the information on the ID Band is clear and legible. If it is not, then the ID Band must be replaced immediately.
• The ID Band should be placed on each wrist as a first choice. If unable to use both wrists, then the patient wristbands should be on the dominant wrist and one ankle. As a final option, if arms are swollen, injured, then both ankles should be used. Location of ID Band should be documented in Nursing Notes.
• If the patient’s limbs are too large, then 2 ID Bands may be joined together. (ideally a variety of sizes should be available) The ID Band should be applied to be comfortable but secure enough that it cannot be removed by the patient.
• Where a patient is unconscious or unaccompanied and there is no possibility of positively identifying the patient the information will be taken from the Health Records. The patient wristband must contain the following information:
  - Unknown Male / Unknown Female
  - Ward
  - Unit number
• The patient wristband shall only be removed when the whole discharge process has been completed for the patient.
• **Allergy status** - Once identified the patients allergies should be written clearly in black ink on a red identification band with the NAME OF ALLERGY PRINTED CLEARLY IN CAPITAL LETTERS and attached to the same limb (preferably an arm) as the original identification band to ensure it is visible.
• For infection control purposes identification bands should be changed if they become visibly soiled, otherwise they are not a risk.

5. The identification of a body

Identification arising from death in the community or in the Minor Injuries Unit requiring identification will be dealt with in the following manner:

• All deceased patients MUST be properly identified with 2 identification bracelets one on the wrist and one on the ankle before leaving the ward or department.
• Should a patient not have an identity bracelet it is the responsibility of the nursing staff from the transferring ward or department to go to the mortuary to affix the bracelet.
• In the event of the patient’s name not being known, then the identification bracelet must state: UNKNOWN MALE / FEMALE
• Notification of death: one copy of the notification of death card must be taped securely to the shroud. The second notification of death card must be taped securely to the outside of the sheet or body bag.
• PRINT the patient’s name, hospital number, NHS Number, date of birth and religion (if known).
• Identification of bodies arising from deaths in the Minor Injuries Unit under the supervision of nursing staff and/or police officers.
• With regard to identification of bodies, if a person dies in the presence of a relative, established acquaintance or friend, or is found dead by the same and the death is confirmed either at the scene or on arrival at hospital, then it is not
necessary for a further formal identification to be made to a police officer except in specific cases, e.g. homicide, road traffic accident

- If an inquest is likely to be required, then a formal identification must be made by the person who will (if required) give evidence of identification to the Coroner or other court but if the circumstances of the previous paragraph apply, then no further identification is necessary

5.1 Reception of Bodies in the Mortuary

5.1.1 Bodies from within the hospital
The porter must ensure that an ID Label is attached to the outer sheet covering the body by the ward nursing staff before transferring the body to the mortuary. The identification of bodies from within the hospital must be thoroughly checked on arrival at the mortuary by the Porter/Caretaker who must examine the ID band for name, ward and date of birth. A body transfer sheet will have been taped by the ward to the shroud – this sheet should also contain details of any valuables remaining on the body which must be recorded in the appropriate column in the mortuary register. When a body is moved from a ward the porter will be responsible for placing the body into a refrigerated store, labelling the door of the fridge and registering the body within the mortuary register.

5.1.2 Bodies brought in dead (BID)
Bodies brought into the hospital (BID) by ambulance will be pronounced dead in Minor Injuries Unit before being taken to the mortuary. Bodies having been pronounced dead at the scene of death will be brought directly to the mortuary by an undertaker (contacted by the coroner) or by ambulance. The police, coroner’s officer or ambulance control will telephone the duty Porter/Caretaker via the hospital switchboard to give advance notice of the arrival of a body.

6. Misidentification

Patient misidentification can lead to various serious outcomes for patients.

The following types of incidents are possible:

- Administration of the wrong drug to the wrong patient
- Performance of the wrong procedure on a patient
- Serious delays in commencing treatment on the correct patient e.g. mislabelling of an abnormal blood sample or tissue sample. If you have an abnormal result, which has been wrongly labelled – who was it really taken from?
- Patient is given the wrong diagnosis
- Patient receives inappropriate treatment
- Patient is over-exposed to radiation
- Wrong patient is brought to Theatre
- Cancellation of operations due to the miss filing of results, GP letters and Correspondence

Interventions occur in a variety of locations and are provided by large teams of clinical staff, many of whom work shifts and some are temporary workers. In the Trust we treat patients who can be frightened or confused, as well as caring for an ethnic population who may not have English as a first language. Patients, who have any kind of barrier to communication, are not always capable of responding to questions in relation to their identity. Staff must also be aware that some patients might either deliberately or inadvertently mislead staff by giving a false identity, and must
therefore not simply rely on patient self-identification as the sole means of patient identification. It is the responsibility of all clinical staff to ensure that all health care interventions are carried out with care and caution and staff must be sure they are giving the right treatment to the right patient, at the right time on every occasion.

6.1 Reporting patient identification errors

Please refer to Trust Policy on incident reporting.

If an error occurs this must be reported immediately to the person in charge of the service such as the ward manager or Community Team manager and an incident report must be completed. This must include any error where an incident has occurred as a result of misidentification and also near miss situations where a potential error is detected before an incident occurs.

Any error must also be documented into the patient’s notes, accurately describing the error and detailing the action that was taken afterwards.

Any actual error must be explained to the patient involved and to relatives/carers if the patient consents to this. The patient should be kept fully appraised of the action the staff have taken and any necessary future action.

The ward or team manager must investigate the error, and consider whether more senior action needs to be taken. This will depend on the nature of the error and the seriousness of the outcome. The manager can discuss necessary action with their line manager. This might include further training, or a period of supervised practice. If there is an error in administration of medication the patient must be physically assessed by a doctor and any physical signs such as pulse rate and blood pressure monitored as necessary. All this must be fully documented.

7. Training and Dissemination

Patient identification is a fundamental part of patient care and as such must be included in many aspects of staff training and development throughout the organisation. This policy will be incorporated into local training programmes, along with local induction for all clinical staff.

If specific training needs are identified then the ward manager should ensure this is provided at a clinical level using this policy as training material.

It is the responsibility of directorate or department to ensure that:

- staff are aware of any new or newly revised policies
- Patient identification policy is appropriately filed and that old ones removed and destroyed (keeping one copy centrally for archiving purposes)

7.1 Information for patients

Information for patients can be found by visiting the NHS National Patient Safety Agency website www.npsa.nhs.uk/advice and typing ‘patient information’ into the search filter.
8. Monitoring

The Ward/Team managers and their line managers are responsible for the local audit of patient misidentification errors through the auditing of incident reports. All incidents should be discussed with the team at the team meeting following the incident and a review should be undertaken by the team, identifying any necessary actions to prevent future errors.

The Risk Management department are responsible for collecting and collating data from incident forms and near misses relating to patient misidentification on a Trust wide basis.

The Clinical Risk Group will identify any trends in misidentification errors, identify any solutions or necessary.

Clinical audit will include on-going audit of procedures checking:

- The number and percentage of patients wearing ID bracelets
- The accuracy and reliability of the information included on them
- The reasons why patients may not be wearing bracelets,
- The efficacy of alternative arrangements,
- Safety incidents related to misidentification action plans that will be fed back to the appropriate local manager for action.

Apart from regular audit, at local level all incidents should be discussed with the team at team meetings following an incident and where appropriate a review undertaken, identifying any actions necessary to prevent future errors.

The Governance and Risk Department are responsible for collecting and collating data from the incident forms. This data is presented to directorates and departments for discussion at their local Governance & Risk meetings, and used to help identify any solutions or necessary actions. Patient Identification errors should be included in the quarterly patient safety report;

- Annual update of the policy with amendments made, as necessary and cascaded to staff.
- Risk management review of safety incidents relating to ID Bands, involving, if necessary, root cause analysis.
- Maintaining and review of policy.
- Annual Update as per policy regarding policy implementation

9. Equipment

Your guide to implementing standard ID Band

This guidance to the NHS in England and Wales has been developed in consultation from NHS Purchasing and Supplies Agency and Welsh Health Supplies and has benefited from consultation with NHS staff and suppliers from the ID Band industry. The ID Band (also known as wrist band) design requirements relate to:

1. Size
2. Comfort
3. Usability
4. Method for recording patient identifiers
5. Information presentation
6. Coloured wristbands
7. New technology

9.1 Size

ID Bands must fit the range of sizes of patients, from the smallest newborn babies through to the largest adults. Wristbands should therefore be:

9.1.1 Long enough to accommodate:

- bariatric patients
- patients with oedema (swelling)
- patients with IV lines and bandages

9.1.2 Small enough to be comfortable and secure for newborns, babies and children.

9.2 Comfort

9.2.1 Shape - There should be no sharp corners, profiling or edges that can irritate or rub the skin.

9.2.2 Edges – The edges of wristband material must be soft and smooth to ensure comfort over prolonged use. This includes any edges that are produced when cutting the wristband to size.

9.2.3 Fastenings – Fastenings should not press into the skin.

9.2.4 Material – Wristband material should be flexible, smooth, waterproof, cleanable, breathable and non-allergenic.

9.3 Usability

Wristbands should be:

9.3.1 Easy to clean

9.3.2 Waterproof and resistant to other fluids (soap, detergents, gels, sprays, rubs, alcohol cleaning products, blood and other bodily fluids)

9.3.3 Secure and not fall off

9.3.4 Designed to allow patients to wash

9.3.5 Quick and easy for all staff to use, this includes:

- Storage
- Access from storage
- Filling in patient identifiers
- Changing or updating information
- Reading and checking information
- Putting on patients (including selecting the correct size or adjusting to correct length)
- Fastening
- Removal
9.3.6 The wristband should not catch on clothing, equipment or devices including IV lines. Special attention should be paid to fastenings and free ends.

10. **Supporting References**

- National Patient Safety Agency (18 September 2008), Safer Practice Notice NPSA/2008/SPN001, Risk to patient safety of not using the NHS Number as the national identifier for all patient wristbands
- [www.saferhealthcare.org.uk](http://www.saferhealthcare.org.uk)
- [www.npsa.nhs.uk](http://www.npsa.nhs.uk)