# Standard Operating Procedure

## PATIENT IDENTIFICATION BANDS

## Purpose

Patient Identification Bands are a critical tool to prevent errors associated with establishing and checking identity.

Australian Health Ministers have endorsed a national standard patient identification band, as per specifications developed by the Australian Commission for Safety and Quality in Health Care (ACSQHS), for use in public and private health services in Australia.

This standard operating procedure (SOP) aims to reduce the potential for patient identification errors arising from misinterpretation of different identification bands.

The primary purpose of a patient identification band is to identify the patient wearing the band. The use of identification bands to signify a clinical alert is secondary.

## Scope

This SOP provides information for use by all staff and relates to ACT Health inpatients (with the exception of mental health patients).

All outpatient services should use patient identification bands when performing invasive procedures or procedures with significant known risks or potential complications and include this in local policies or SOPs. For example, patient identification bands must be used for blood transfusions in all outpatient services (See Blood and Fresh Blood Products Administration policy).

## Procedures

**1. Use of Patient Identification Bands**

1.1 Patient identification bands are to be worn by all inpatients of ACT Health throughout hospital admission, with the exception of mental health patients

1.2 Application of patient identification bands is initiated on admission. The patient information on the band must be checked for correctness, i.e. patient identity must be confirmed with the patient when the band is applied. Refer to SOP Patient Identification – Correct Patient, Correct Site, Correct Procedure, 2.2 Confirming Identification with the Patient.

1.3 Patient identification wristbands that have been applied by another facility must be removed on admission to an ACT Health facility

1.4 Wristbands other than ACT Health approved patient identification bands should be removed. This includes 'social message' wristbands. If this is not possible or the patient is non-compliant, cover the band with a bandage or medical tape.

1.5 If a member of staff removes an ACT Health approved patient identification band in order to perform clinical treatment it is their responsibility to immediately replace an identification band on another limb.

If a patient cannot wear a patient identification band (as a result of their clinical condition or treatment) or is noncompliant there should be formally risk-assessed alternatives implemented for these patients and this must be documented in the clinical record.

## 2. Patient Identification Band Specifications

2.1 A single white patient identification band must be used (unless the patient has an 'alert condition', see 2.3)

2.2 Core patient identifier information must be recorded in black text on a white background (to provide best contrast and enhance legibility). An ACT Health patient identification label should be used, where possible, to avoid transcription errors

2.3 When an alert condition exists, the white identification band should be replaced with a single red patient identification band

2.4 The red band should record core patient identifier information only, in black text on a white background

2.5 The meaning of the alert **must not** be included on the band. Allergies, known risks and alerts are identified in the patient's clinical record. The clinical record will need to be reviewed to determine the meaning of the alert, and

2.6 **No other coloured patient identification bands are to be used to indicate alerts**.

## 3. Core Patient Identifiers

3.1 Core patient identifiers only are to be recorded on patient identification bands and these are:

- Name – Family and given names should be clearly differentiated. Family name should appear first using UPPER case letters followed by given names in TITLE case e.g. SMITH, John Paul
- Date of Birth (Recorded in short format as DD/MM/YYYY), and
- Medical Record Number.

3.2 A bar code will be displayed on the patient identification band. **No other Information is to be recorded on patient identification bands.**

**Name: SMITH, John Paul**
**DOB: DD/MM/YYYY**
**MRN: 0000000000**

**4. Reporting incidents**

4.1 Staff should submit a RiskMan incident report (to the ACT Health Incident Management System) relating to any patient safety incidents including near misses, where patients do not have the correct wristband or have one with incorrect information.

## Evaluation

**Outcome Measure**

- There will be no reported incidents, specific to patient identification bands, of patients undergoing an incorrect clinical activity.

**Method**

- This SOP will be evaluated as part of the annual evaluation of the overarching policy.

- Patient Safety and Quality Unit (PSQU) will monitor and review RiskMan incident reports relating to wrong patient, wrong site, wrong procedure incidents.

- PSQU will perform an annual compliance audit for this policy and related SOPs.

## Related Legislation and Policies

**Legislation**

*Health Practitioner Regulation National Law (ACT) Act* 2010
*Health Records (Privacy and Access) Act* 1997
*Health Regulation (Maternal Health Information) Act* 1998
*Human Rights Act* 2004
*Privacy Act* 1988
*Children and Young Peoples Act* 2008
*Guardianship and Management of Property Act* 1991
*Medical Treatment (Health Directions) Act* 2006
*Mental Health (Treatment and Care) Act* 1994
*Powers of Attorney Act* 2006

**Standards**

ACHS EquIP Standard 1.5 (The organisation provides safe care and services)
ACHS EQuIP Standard 1.5.6 (The organisation ensures that the correct patient receives the correct procedure on the correct site)

**Policies**

TCH Clinical Record Documentation Policy
TCH Clinical Records Policy
TCH Clinical Record Forms Design Policy
ACT Health Consent to Treatment Policy
ACT Health Consent to Treatment Procedure

ACT Health Open Disclosure Policy
ACT Health Patient Identification and Pathology Specimen Labelling Policy
ACT Health Significant Incident Reporting Policy
ACT Health Significant Incident Response Policy

## Definitions of Terms

Clinical activity – in this document the term 'activity' includes non-invasive and invasive interventions and procedures.

Invasive procedure – any procedure requiring insertion of a medical instrument or device into the body through the skin or body orifice for diagnosis or treatment.

## References

Specifications for a standard patient identification band, Australian Commission for Safety and Quality in Health Care (www.safetyandquality.gov.au)

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