

Patient Identification Policy

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Lincolnshire Community Health Services NHS Trust

Patient Identification Policy

Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author /Amended by
1	1.1.1, 3.0, 3.1 2.1.1 2.2.1 2.4.2 3.2	Amendments to Service descriptors. Added reference to section 1.1 Changes to printed wristband layout Added in section regarding Prison ID Changes to location of wristbands	01/04/10	S F Temple
2	2.1 Front Cover	Added Policy Statement Added equality impact assessment test for relevance Extended to March 2013 to enable full review incorporating future working requirements	09/04/10 22/04/10 2 nd Sept 12	S F Temple S F Temple S Barnes
3	Whole Document	Complete review and changes made to the following sections 2.1.4, 2.3.5 and 3.2. Formatting throughout, re-numbering, updated EIA. Extended until Jan 16 due to new guidance	9 th Jan 13 17 th Sep 13	S F Temple Kaz Scott
4		Full Review	October 2015	Kim Barr
4.1		Extension Agreed	Feb 2018	Corporate Assurance Team
5	Whole document 1.1 2.1.2 2.2 3.2	Full Review Additional Statement Additional Criteria Line removed Word changed only	Jan 2018	S McKown
6	Whole document Footer Policy Statement	Full Review Update of Chief Executive Grammatical error updated under training. Change to wording to remove	Jan 2020	A Wilson

	1.1 2.2.3	repeat of include. Additional Criteria		
7	2.1.2	Positive Patient Identification – additional criteria	May 2020	A Wilson
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Lincolnshire Community Health Services NHS Trust

Policy for Patient Identification

Contents

i.	Version control sheet	
ii.	Policy statement	
1	Introduction and Purpose	5
2	Scope of the Policy	5 - 7
3	Identification of Bodies	8
4	Removal of ID Bands	9
5	Training	9
6	Monitoring and Review, NHSLA	9
7	References	9
	Appendix 1 - Equality Analysis	10

Lincolnshire Community Health Services NHS Trust

Policy for Patient Identification

Policy Statement

Background	The purpose of this policy is to provide guidance on all aspects of patient identification within areas of Lincolnshire Community Health Services NHS Trust (LCHS) where positive patients' identification is ascertained prior to the administration of medicines or interventional procedures.
Statement	This policy incorporates all relevant legislative changes published by relevant bodies.
Responsibilities	Implementation and compliance of this policy will be the responsibility of all staff.
Training	This policy is a reference document and will be amended when further changes to legislation occur. All managers should ensure staff are working within the guidance set by the policy.
Dissemination	The policy will be disseminated via the Intranet to all staff. Managers will be expected to discuss the policy with staff at team meetings and the policy will also be available on the Organisation's website.
Resource implication	There are no additional resources implications as a result of this policy.

1.0 Introduction

1.1 Purpose of Policy

Under its duty of care Lincolnshire Community Health Services NHS Trust (LCHS) 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 Organisation therefore requires that all in patients wear an accessible identification (ID) band containing the required information in order for staff to confirm the unique identity of the wearer. Individuals required to wear an ID band includes: inpatients, all those undergoing invasive procedures/treatment (including blood transfusion IV), and all those receiving any form of anaesthetic.

1.2 Objective of Policy

The objective of this policy is to ensure all patients attending LCHS facilities are identified correctly.

2.0 Scope

This Policy applies to all LCHS employees, contract staff and third parties working on behalf of the Trust. It applies to all areas in support of the Trustees business objectives, both clinical and corporate.

2.1.1 Responsibility

It is the responsibility of all staff admitting, treating or registering a patient, whether as an in-patient or an outpatient to ensure they have correctly identified the patient. Wristbands must be placed on patients as soon as they are admitted and worn throughout a patients stay as detailed in 1.1.

Who may apply the ID band?

- Registered Nurses and Midwives
- Medical Staff
- Allied Healthcare Professionals
- Healthcare Support Workers
- Student Nurses/Student Midwives/Cadets - under the supervision of a Registered nurse/ midwife

2.1.2 Positive Patient Identification

Positive patient identification is essential in all aspects of healthcare and will be adopted by all staff as best practice for both in-patients and out patients in both community and residential/nursing home settings. Staff will check as a minimum the patient's name, date of birth and address. When dealing with patients always ask an open question that needs more than a 'yes' or 'no' answer i.e. "What is your name?" Rather than "Are you Mrs Smith?"

If the patient is unable to state their name then any identity band generated must be checked by two members of staff with the health records available to ensure all details match, if possible establish the NHS number. It may be necessary to use an interpreter or language line to facilitate this.

When patients reside in a nursing or care home, which does not use name badges (environment classed as patient home), all staff administering care to patients need to be assured the care being delivered is to the right patient. In the absence of name badges, the community staff must be accompanied by care staff familiar with the identity of the patient. If community staff have any concerns over whether a positive patient identification is made, additional checks should be considered i.e. photo identification.

Patients attending Urgent Treatment Centres, who are unaccompanied and unable to communicate after handover to the service, should have a wrist band applied. This will ensure the correct patient is

identified if they have been moved within the department and require interventions such as medication administration.

Where possible the possession of an ID band should not be the only confirmation of identity. If the patient is wearing an identity band, always check that the verbal identification given by the patient matches the information on the identity band before carrying out any procedure, administering any prescribed medications, instigating examination, investigation or treatment as appropriate.

To reduce further the risk of misidentification, additional confirmation of identity must be sought from the patient, relative and/or healthcare professional by asking them to give details of name, date of birth and address.

2.1.3 Identification Number

Majax (Major incident) numbers should only be used on ID bands in exceptional situations. Once the name, date of birth and address are known, this band must be replaced with an ID band identifying the patient as indicated in 2.2.2. Details and healthcare records generated from the number created for the 'unknown' patient are then amalgamated onto the patients' unique healthcare records and SystemOne (S1).

2.2 Information to be on the ID Band

2.2.1 Wristband printers should be in use in all inpatient areas and the information displayed on these is detailed in section 2.2.2. Where wristbands are required to be written by hand the same format should be adopted.

2.2.2 The information should be laid out as follows:

SURNAME
Forename
Date of Birth
NHS Number

SMITH John 03/03/1908 NHS NO: 784 235 0379

2.2.3 Patients with a known allergy should be issued with a red ID band to highlight to practitioner's the need to check with the patient and the patient record any potential risk before providing treatment. If an allergy is not identified until after admission, the white name band should be removed and replaced with a red band.

2.3 Location of ID Band

2.3.1 ID band should be placed on the patient's wrist on their dominant arm. Where this is not practical, staff should use his/her professional judgement to identify the most appropriate location to secure the ID band.

The ID band should be attached comfortably but securely at all times.

2.3.2 Nurses allocated the care of patients on a shift are responsible for ensuring that each patient has an ID band. Any nurse finding an ID band that is illegible, missing or incorrect is responsible for replacing it **immediately**. Any member of staff discovering a patient without a wristband must assume responsibility for identifying them and applying a wristband **immediately**.

2.3.3 Any healthcare professional who removes a name band (e.g. to perform a procedure) is responsible for ensuring another is applied immediately.

2.3.4 If an error occurs in patient identification you should inform appropriate clinical staff. It must also be reported using the Datix Incident reporting system, either as a near miss, where the error has

been detected before an incident has taken place, or as an incident. Any discrepancy between verbal information given and any written information should be dealt with appropriately i.e. inform the appropriate Health Records department if the notes are wrongly labelled so the problem can be rectified, before any treatment or intervention is carried out.

2.4 Patients refusing to wear ID Band

Patients must be informed of the importance of wearing an ID band and the risks involved if they do not comply so that they can make an informed decision. The decision of a patient not to wear a name band must be clearly documented in the healthcare records.

2.4.1 Patients unable to wear a Wristband

Patients unable to wear a wristband for whatever reason must still be clearly identified. Appropriate risk assessments must be carried out to ensure the safety of the patient unable to wear a wristband. It may be necessary to apply a wristband to clothing and reapply when the garment is changed. In the case of allergy it may be necessary to apply the wristband carefully taped over a lightweight bandage. The responsibility for correct identification remains with the staff caring for the patient at that time.

2.4.2 Patients seen within Prisons or secure settings

Patients seen within prisons do not wear wristbands and so their identity should be checked as follows:

At all times: Name, Number and Location
 Date of birth
 Photograph on prescription chart
 Prison ID No: / PNOMIS

In addition (where applicable): Iris recognition scanning

3.0 Identification of Bodies

- **The identification of a body is a legal requirement**

Bodies arising from death in the community or in the Minor Injuries Units, Urgent/Emergency Care Centres requiring identification will be dealt with in the following manner.

3.1 Identification of bodies within normal working hours

- (a) Identification of bodies arising from deaths in the Minor Injuries Units, Urgent/Emergency Care Centres should, whenever possible, take place within the Unit under the supervision of nursing staff and/or police officers.
- (b) 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 or other circumstances that may lead to an investigation by the Coroner (see c below).
- (c) If there is any possibility of a coronial investigation, then a formal identification must be made by the person who will (if required) give evidence of identification to the Coroner. Liaison with the Coroner's Officer at an early stage will facilitate this.

3.2 Removal of Bodies

Bodies from within the hospital

The clinical staff must ensure that in addition to the wristband already placed on the dominant arm that an ID Label is attached to the outer sheet covering the body by the ward nursing staff before transferring the body to the undertakers. An additional wristband should also be placed on the opposite lower limb where possible.

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.

Bodies brought in dead (BID)

Bodies brought into the ambulance bay of urgent care centres (BID) by ambulance they will be pronounced dead in the ambulance by Dr and then it is the ambulance crews responsibility to report to the Police.

4.0 Removal of ID Bands

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

5.0 Training

5.1 All staff should be trained, during their local induction to the department, on Trust policy and procedures for identification of patients.

5.2 Patient Awareness – The importance of wearing a wristband must be explained to all elective patients as part of the pre-admission process (in pre-assessment and out-patient clinics, in letters and in information sent out to patients).

6.0 Monitor and Review

Local audit and review of the policy will include:

- Annual update of the policy with amendments made, as necessary and cascaded to staff
- Risk management review of safety incidents relating to wristbands, involving, if necessary, root cause analysis
- Audit will be carried out on five patients every month as part of the quality audit identifying any reasons why individuals may not wear wristbands and the efficacy of alternative arrangements.
- Maintaining and review of policy
- Annual Update as per policy regarding policy implementation

NHSLA Monitoring

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring /audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Standards	Review / Audit / Reports	HOC and Matrons	Monthly	Q and R	Local Governance group	EPAG

7.0 References

Mallet, J. and Dougherty, L. (2000) The Royal Marsden Hospital Manual of Clinical Nursing Procedures, 5th Edition, Oxford, Blackwell Science

NPSA (2004) Right Patient Right Care, Framework for Action

NPSA (2005) Safer Practice Notice 11: Wristbands for Hospital Inpatients

NPSA (2007) Safer Practice Notice 24: Standardising Wristbands Improves Patient Safety

NHSLA Risk Management Standards for Community Trusts

Equality Analysis

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	The policy has been reviewed to ensure that it meets the requirements set by the NHSLA and the clinical governance committee in meeting the appropriate identification of Patients/clients – particularly within the inpatient setting		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	All inpatients into the Community Hospitals and those clients treated within Prison settings by members of the LCHS Team. Patients are also included in the community where medicines administration is involved.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? Please give details	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Angela Wilson		
Date:		June 2020		