



Crumlin | Temple Street | Tallaght | Connolly

## CHI NURSING PRACTICE GUIDELINE ON POSITIVE PATIENT IDENTIFICATION

<b>Area of use:</b>	All of organisation <input checked="" type="checkbox"/>	CHI at Connolly <input type="checkbox"/>	CHI at Crumlin <input type="checkbox"/>
		CHI at Tallaght <input type="checkbox"/>	CHI at Temple Street <input type="checkbox"/>
<b>Lead author &amp; title:</b>	Caroline O'Connor, Fionnuala O'Neill and Siobhan O'Connor Nurse Practice Development Coordinators, CHI		
<b>Approved by</b>	Nursing Documentation Approval Committee		
<b>Version:</b>	Version 1	<b>Approval date:</b>	October 2023
<b>Qpulse reference:</b>	CHINPGPPI-COC-SOC-FON-10-23	<b>Revision due:</b>	October 2026

### Version History

Version:	Date approved:	Summary of changes:	Author:

**Practice change-**

1. Patients over two years of age require one ID Band to be placed on the wrist or ankle by the admitting nurse unless sedated, unconscious or attending theatre. Patients **under two years of age must have 2 ID bands** placed on their wrists / ankles by the admitting nurse.
2. Three identifiers for CHI Patient Full name, Healthcare record number and Date of Birth. (HIQA)

## Contents

1.0	Guideline statement .....	3
2.0	Responsibility .....	3
3.0	ID Band .....	3
4.0	Procedure for Entry of Patient Identification Details .....	3
5.0	Procedure for Printing ID Bands .....	4
6.0	Procedure for Management of Incorrect Information .....	4
7.0	Positioning the ID Band.....	4
8.0	Replacing ID Bands.....	5
9.0	Patients refusing to wear ID bands.....	5
10.0	Emergency Department.....	5
11.0	Day Ward Admissions .....	5
12.0	Operating Theatre.....	5
13.0	Patients Admitted Through OPD / Clinics .....	6
14.0	On Discharge .....	6
15.0	Manual ID Bands .....	6
16.0	Major Emergency.....	6
17.0	Frequently asked questions.....	6
18.0	Continuous Review .....	8
19.0	Stakeholder engagement .....	8
20.0	References and Bibliography .....	8

## 1.0 Guideline Statement

All **In-Patients, Emergency Department Attendees and Day Cases** in Children's Health Ireland will have a legible identity band (ID band) secured on their persons and worn at all times whilst an in-patient. The objective of this guideline is to ensure all patients are correctly identified and receive the correct treatment. Failure to correctly identify patients constitutes serious risk to patient safety. The process will be assisted using Positive Patient Identification which is 'where the patient/parent is asked to clearly state their full name, date of birth to a member of hospital staff as part of the overall patient identification process'. The staff member must ask the child or parent to state their full name and date of birth at every point of intervention and confirm that this information exactly matches the information on the child's Identity band and Healthcare record.

## 2.0 Responsibility

All Nursing Staff will adhere to this guideline & the procedures outlined therein.

## 3.0 The ID Band

The ID band consists of pre-printed latex free, antimicrobial, band. It is available in sizes to accommodate all age groups and is secured with a self-adhesive strip.

The ID band will contain the following patient details:

- Full name
- Date of Birth (DOB)
- Healthcare Record Number (HCRN) (Agreed Identifiers for CHI patient full name and HCRN or DOB)
- Gender
- Bar Code

The bar code will provide a link with the Patient Administration System (IPMS).

## 4.0 Procedure for Entry of Patient Identification Details

### Source of Patient Identification Details

#### Patient identification details will be obtained from:

- The parent / legal guardian. If the patient is not accompanied by a parent / legal guardian, the information obtained from the accompanying adult must be verified by the parent / legal guardian on arrival to the hospital. It may be necessary to determine if the accompanying person is the child's legal guardian.
- Integrated Patient Management System (IPMS) which issues each new patient with a unique hospital number i.e. Healthcare Record Number (HCRN).
- Personal papers in the possession of an unconscious patient on admission are not to be used as a means of identification as they may not necessarily be the patient's personal details. The patient should be registered as an Unknown Male or Female and the details verified by a parent / legal guardian on arrival

to the hospital. An infant transferred to the hospital must be registered as baby of –maternal full name– until the infant has been need at which time the registration details are changed.

### Entering Patient Identification Details on IPMS

- Patient Identification details will be entered / verified on IPMS by the administration / clerical staff.
- It is the responsibility of the person entering the data to verify the accuracy of the patient identification details and to confirm that the patient has not previously been assigned a H.C.R.N.

## 5.0 Procedure for Printing ID Bands

The ID Bands will be printed at the time of admission along with the other admission documentation. There will be an automatic trigger from the IPMS based on age with regard to the size of armband that is printed. This may be overridden by clerical staff if necessary. There are two sizes of armbands available. The number of armbands generated is dependent on which area the patient is admitted to and what age group they fall into. Those not directly applied to the patient should be placed in the back of the healthcare record.

All points of admission to the hospital and all clinical areas will have the ability to print armbands. The ability to print armbands will be expanded to include further clinical areas as the project is ongoing.

## 6.0 Procedure for Management of Incorrect Information

- Where inaccurate information is identified on the ID band or IPMS it must be immediately rectified by notifying the Admissions Office during working hours (0800 -1600 hrs) or the Emergency Department Reception if out of hours (1600 - 0800 hours) \*.
- New labels, a data sheet and ID Bands containing correct information will be issued. Incorrect labels, data sheet and ID Bands should be disposed of in a confidential waste bin by the person who has identified the error.
- A Risk **Management Occurrence Form** must also be completed and forwarded to the Risk Management Department.
- Where the information to be changed involves a change of full name please refer to the *see new policies from Health Care Records*.

## 7.0 Positioning the ID Band

- A Registered Nurse must confirm with the patient / parent / legal guardian that patient identification details are accurate and correlate with the patient's data sheet.
- Patients over two years of age require one ID Band to be placed on the wrist or ankle by the admitting nurse. Patients **under two years of age must have 2 ID bands** placed on their wrists / ankles by the admitting nurse. Care must be taken to ensure the ID band is not too tight.

- Patients that are attending theatre, procedures where sedation is required, blood transfusion is unconscious or unknown must have 2 ID bands in place.
- Where compliance with the ID Band guideline is not possible due to the clinical condition of the patient / client, this will be perceived as a high risk situation and will be documented in the patients nursing records and a **Risk Management Occurrence Form** completed and forwarded to the Risk Management Department.
- In the event that a patient is transferred from one clinical area to another a new identity band must be generated, the old one removed and disposed of in the confidential waste, and the new identity band placed on the child's wrist.

## 8.0 Replacing ID Bands

- Where an ID Band is removed by Clinical Staff, the ID band must remain with the patient to assist with the re-verification of identity. **It is ultimately the responsibility of the person who removes the ID band to ensure it is reapplied immediately.** When reapplying an ID band, the identity details must be checked in accordance with the procedure outlined and with another member of the Clinical Team.
- Where a patient / parent / legal guardian removes the ID band, it is the responsibility of the nurse caring for that patient to replace the ID Band.

## 9.0 Patients Refusing to Wear ID Bands

The rationale for wearing ID Bands will be explained to the patient / parent / legal guardian. If the patient still refuses, document in nursing records as this is a breach of hospital guideline. This situation requires re-evaluation with the aim of gaining compliance.

Persistent non-compliance will require the process outlined above to be adhered to.

## 10.0 Emergency Department

- Patients attending the Emergency Department will have ID Bands printed by the Administration staff. One ID Band will be printed for all emergency department attendees. This can be reviewed if a patient is to be admitted as an inpatient.
- The Emergency department nurse will check the details printed on the ID band and will apply it when the patient is first reviewed.
- The ID bands must remain in place until the patient has been discharged from the hospital.

## 11.0 Day Ward Admissions

Patients attending the day ward must have an ID band applied as per guideline.).

## 12.0 Operating Theatre

- Every patient admitted to the Operating Theatre must be identified with two ID Bands in place.

- ID bands and the patient data sheet in the healthcare record must be checked by the Theatre nurse with the nurse accompanying the patient.
- Prior to any anaesthetic or surgical procedure / intervention, a check of patient identification must be undertaken by the peri-operative nurse.

### 13.0 Patients Admitted Through OPD / Clinics

- Patients requiring admission from OPD clinics will be escorted by a nurse and accompanying adult to:
  - The Admissions Office during the hours of 0800 to 1600
  - Emergency Department Reception from 1600 hours.
- The Patient Identification labels and ID Bands will be printed by the above areas and collected by the OPD nurse en route to the relevant clinical area.
- The admitting nurse in the clinical area must apply the ID band.

### 14.0 On Discharge

On discharge, the nurse caring for the patient will remove the ID band (s) and destroy appropriately in the confidential waste bin.

### 15.0 Manual ID Bands

In the event of non-availability of pre-printed ID Bands, a stock of ID bands which can be completed by hand will be available in all clinical areas and centrally in Nursing administration.

### 16.0 Major Emergency

The guideline outlined above for the Pre Printed ID Bands applies in all instances except that of a major emergency, in which case all ID Bands required to deal with the major emergency will be manual as the patients in that situation are captured manually and not on IPMS.

### 17.0 Frequently asked questions

<b>Transfer of patients between clinical areas</b>	When a patient is transferred to another clinical area the patient’s identification details should be rechecked on arrival to the new clinical area involving the patient in the procedure where possible.
<b>Deceased Patients</b>	All deceased children must be properly identified with two ID bands prior to transfer to the mortuary. <b>An addressograph label must also be placed on a visible location on the patient’s gown and on the outside of the plastic body sheet.</b> Patient details are entered in writing into the mortuary register. In the event of a person being brought in dead by ambulance /Gardai/ funeral directors, and if the parents / legal guardians are not present, then the accompanying ambulance personnel/funeral director are responsible for identifying the patient to the receiving doctor/nurse or pathology technician. The receiving doctor/nurse/pathology

	technician then completes the register and attaches an ID band/s to the deceased child. If out of hours this is placed by the transfer nurse.
<b>Child’s identity is unknown</b>	If the patient’s identity is unknown, then a unique ID band must be applied that states UNKNOWN MALE/ FEMALE, the date and time of death, if known, and the full name and contact details of the person bringing the child in. Blank ID bands for this purpose are available in the Autopsy Suite (drawer of cabinet under phone). The ID band and HCRN (which needs to be generated) is used to label all documentation relating to the unknown patient e.g. post-mortem examination details, until such time as a formal identification of the child is performed.
<b>Identification by Gardai</b>	When a coroner orders a post mortem, a formal identification of the child must be performed by the Gardai. The child’s parents / guardians will first identify the child to the Garda, and the Garda will then identify the child to the Pathologist and Pathology Technician. This identification is recorded in the Mortuary Diary and incorporated into the final autopsy report. Refer to the local hospital Major Incident Plan regarding specific details on identification of deceased patients during a major incident.
<b>Review of incorrect information</b>	If the patient, relative or a member of the hospital staff discovers / reports inaccurate information on the ID band or the PAS it must be immediately rectified by notifying the Admissions Office/ED who will issue new labels and patient data sheet. ID band, labels and data sheet containing incorrect information should be disposed of in a confidential bin. Interventions should be delayed until the correct ID band is applied. The clinical decision should be in keeping with the degree of urgency. The justification for proceeding in the presence of discrepancies should be documented in the patient’s healthcare record. The error and management actions should be reported on an Incident / Near Miss report form

## 18.0 Continuous Review:

This guideline and procedure shall be reviewed and updated at least every two years by the Chairperson of Nurse Practice Committee or other designated person in order to determine its effectiveness and appropriateness. It shall be assessed and amended as necessary during this period to reflect any changes in best practice, law, substantial organisational change and professional or academic change.

## 19.0 Stakeholder review

The following were consulted in the review of this document.

Warren O ‘Brien	NPDC	CHI at Crumlin
Fionnuala O ‘Neill	NPDC	CHI
Siobhan Gilboy	CNM 3 NPDC	CHI at Temple Street
Siobhan O ‘Connor	NPDC	CHI at Tallaght

## 20.0 References and Bibliography

1. Agency for Healthcare Research and Quality:  
<http://www.ahrq.gov/cpi/portfolios/innovations/index.html>
2. Birmingham Children’s Hospital (2011), *Patient Identification Guideline*,
3. BCSH: Guideline on the administration of blood components  
[http://www.bcsguidelines.com/documents/Admin\\_blood\\_components\\_bcs 05012010.pdf](http://www.bcsguidelines.com/documents/Admin_blood_components_bcs 05012010.pdf)

4. Commonwealth of Pennsylvania Patient Safety Authority:  
<http://patientsafetyauthority.org/EDUCATIONALTOOLS/PATIENTSAFETYTOOLS/WRISTBANDS/Pages/home.aspx>
5. HIQA (2012) *National Standards for Better Safer Healthcare*, Health Information and Quality Authority, Dublin, Ireland.
6. NHS (2020) *Positive Identification of Patients Guideline*, Sherwood Forest Hospitals, UK.
7. National Patient Safety Agency (2007) *Design and Specification of Patient Wristbands: Evidence from Existing Literature, NPSA Facilitated Workshops and a NHS Trusts Survey*. London: NPSA