

STRATEGIES FOR WHEN PATIENTS REFUSE TO WEAR AN ID BAND

There are numerous situations where a patient may refuse to wear an ID band or it is not appropriate. Some of these situations have already been identified within the policy procedure document. Clinical areas need to consider alternative ways of positively identifying patients where this is the situation. Verbal checking of name and DOB can also be difficult for some people who may find answering these questions challenging and there is a risk for some patients who have cognitive / language impairment or during an acute phase of illness that they may acquiesce to the request wrongly.

Where local alternatives have had to be implemented the clinical staff should regularly review the procedure and this may be required for each individual patient as there may be a point where they will agree to the wearing of an identity band.

Alternatives to the wearing of an identity band that might be considered are:

- Making a reasonable adjustment to meet specific patient requirements.
- Positive identification by another who has been assessed as knowing the patient well (staff should be cautious if using social care staff as often these staff are transient and may not have known the patient long).
- Placing the ID band on the ankle instead of the wrist.
- Taping the addressograph to the shoulder / not visible to the patient. However this approach may also be considered an abuse to the patient. It also may prove difficult to gain access and compromise patients' dignity.
- Writing with indelible ink on the patients' skin – again could be seen as an abuse to the patient and disrespectful.
- Photographic ID might be possible but would require to be up-to-date and a good likeness if there is not the ability to photograph the patient on the ward. The photograph and details should not be displayed in such a way to contravene data protection.
- Develop an ID badge that can be pinned to the patient's clothing.

Whatever alternatives are decided this must be documented in the patient Healthcare Record.

Rapid Impact Assessment

This policy was impact assessed in August 2008 and updated September 2010.