

PATIENT IDENTIFICATION POLICY / PROCEDURE FOR ADULTS, CHILDREN AND NEONATES

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1. INTRODUCTION

Patient misidentification is increasingly being recognised as a widespread problem within healthcare organisations. The National Patient Safety Agency (NPSA) has recognised patient misidentification as a significant risk within the NHS and one, which needs urgent attention. Over a 12-month period February 2006 – January 2007 the NPSA received 24,385 reports of patients being mismatched to their care. It is estimated that more than 2,900 of these related to ID bands and their use.

The SHOT (Serious Hazards of Transfusion) Annual Report 2005 identified ‘incorrect blood component transfused’ as the most frequently reported incident related to blood transfusion. Data over 9 years shows that 71.5% of reported blood transfusion incidents involved transfusion of the wrong blood to patients. The outcome of this included the death of 22 patients and major morbidity e.g. conditions requiring ICU admission.

The extent to which patient misidentification happens is widely underestimated by clinical staff, as very often they are unaware that a misidentification has occurred. Patient misidentification can lead to all sorts of serious outcomes and treatment delays for patients. The following types of incidents have been reported:

- Administration of the wrong blood/drug to the wrong patient
- Performing a wrong procedure on a patient
- Mislabelling of a specimen which subsequently gives an abnormal result can then result in the inability to trace the patient to whom the original specimen relates, resulting in treatment delays
- Patient is given the wrong diagnosis
- Patient receives inappropriate treatment e.g. incorrect blood component
- Patient is over-exposed to radiation
- Wrong patient is brought to Theatre
- Mother is given wrong baby
- Cancellation of operations due to the misfiling of results, GP letters and correspondence

Clinical incidents and near misses must be reported via NHS Lothian’s Incident Reporting Procedure. Ensuring correct patient identification poses a challenge in hospitals because of the number of complex interventions that occur to patients, ranging from drug administration, phlebotomy to complicated invasive procedures.

Regardless of the healthcare setting a patient’s identity should be confirmed prior to commencement of any treatment / therapy or administration of medication. It is equally important to do so even in a patient’s own home.

It is acknowledged and accepted that in many outpatient, community settings and Adult Mental Health inpatient wards it is not appropriate to use patient identity bands. However, specific local procedures must be in place to ensure patient safety.

2. PRINCIPLE

To ensure the correct identity of the patient at all times and in particular before they undergo a procedure or receive therapy that requires positive patient identification.

Staff, are reminded that in adhering to the patient identification procedure that they should pay particular attention to other related policies, e.g. blood transfusion, medicines management and consent.

3. POLICY STATEMENT

All inpatients, day case patients and outpatients receiving therapy and including those in the resuscitation rooms of Accident and Emergency, Combined Assessment, Acute Receiving/Assessment Units inclusive of Obstetric Triage and Admission who are undergoing assessment and investigation prior to admission **MUST** wear an ID Band for safety purposes unless the Nurse/Midwife in charge of the shift believes this is contrary to the patients well-being or the patient refuses to wear one. Exceptions to this are detailed in section Patients who do not wear/Refuse to wear an ID band which can be found on Page 8.

The accuracy of patient detail on the identity band is an essential component of the patient checking procedure.

Wherever possible prior to a procedure the patient should be asked for their full name and date of birth and this should be checked against the details on the ID Band confirming that the detail corresponds. Patients should be informed of the importance of this process.

4. SCOPE

This policy applies to ALL staff who come into contact with patients and ALL staff who deal with samples taken from patients.

5. POSITIVE PATIENT IDENTIFICATION

Correct patient identification is an essential component of the care process and is integral to ensuring the correct patient receives successful treatment and interventions intended for the patient. Failure to ensure patients are positively identified can result in patients being mismatched to care and potentially have significant consequences when an error is made. Positive patient identification is essential for the following procedures:

- Blood collection/sampling
 - Blood transfusion
 - Collection of patient tissue or fluid samples
 - Local anaesthesia
 - Therapeutic interventions
 - General Anaesthesia
 - Medicines Administration
 - Confirmation of death prior to last offices
- } See also Blood Transfusion Policy & Procedure

It is important to note those circumstances where identification bands are not used, or practicable i.e. vaccination within community settings where local safety procedures must be put in place.

6. PATIENT IDENTIFICATION BANDS

In healthcare settings patient identification bands are the main means of identifying patients. In healthcare settings errors in patient identification are frequently associated with missing or incorrect information on ID bands and missing ID bands.

7. MONITORING AND REVIEW OF PRACTICE

The Clinical Management Teams should put in place local procedures to monitor the adherence to this policy and procedure document. In addition to this, random spot checks will be conducted throughout the year and observation on the use of identity bands will be included as an integral component of on going audit i.e. PEAT, professional nursing audits and patient safety initiatives.

PROCEDURE

IN PATIENTS

When to apply ID band

For all admissions to hospital an ID Band must be applied. In addition, ID bands are advised in the following circumstances:

- Patients in Accident and Emergency Department and the acute admission wards that are receiving opiates and/or are confused secondary to trauma or physical presentation.
- Patients who are undergoing invasive procedures.
- Patients having blood samples taken (*see Outpatient Department*)
- Patients having medicines including chemotherapy
- Patients having blood transfusion.
- Patients transferring between wards / departments and sites
- Patients undergoing imaging procedures (*see Imaging*)
- Any treatment which could result in the patient being unable to identify himself or herself i.e. sedation / general anaesthesia e.g. prior to surgery

Staff responsibilities

It is the responsibility of the healthcare worker who admits the patient to follow the policy and ensure that:

- An ID Band stating the patient's last name (surname), first name, date of birth and CHI number (if available) and where appropriate the ward, is attached to an appropriate limb.
- Where the patient is known to have an **allergy**, this must be clearly stated on an additional **RED** band and should contain **ONLY** the allergy information, ensuring that where this is a drug allergy that this information is contained in both the healthcare record and drug karex.
- Where a patient has multiple allergies the word **multiple allergies** must be written on the **RED** band and staff **must** check healthcare records to reaffirm this information. This applies particularly to staff to which the patient is not known.
- The patient ID band should be placed on the wrist of the patient's dominant hand.
- If a limb is not available, for example during surgery, the ID Band must be securely attached to the patients skin, using a see through plastic adhesive film, on an area of the body which is clearly visible or alternatively by marking an appropriate area of skin with patient details using an indelible pen i.e. shoulder or upper arm.
- It has been agreed that where it is appropriate for patient safety that the name of the ward and the sex of the patient should be identified on the ID band. This is particularly important where patients are prone to being confused / leaving the ward.
- Where clinical areas have identified that it is not appropriate for the patient to wear an ID band this will be particularly relevant in areas where the clinical therapy precludes the wearing of a band i.e. dermatology and / or the clinical

treatment being given may render the patient's skin sensitive to the ID band then alternative methods of identifying the patient should be considered.

NB. At the time of writing this policy, work is ongoing in relation to the type and style of bands to be used throughout the organisation (August 2010).

Patients who do not wear / refuse to wear a band

There may be situations where this is the circumstance e.g.

- Where the patient has multiple intravenous sites
- When the patient refuses to wear/removes the ID Band. This may be as a result of choice or altered cognitive impairment
- The patient has a clinical condition resulting in the ID Band causing irritation to the skin
- The patient has a clinical condition, e.g. dermatological or rheumatological and it is not possible to wear an ID band

It is acknowledged that patients have the right to choose whether or not to wear an identification band. Some patients may not be capable of making a clear informed decision in relation to the risk of not wearing an ID band. Patients may also be unable to comply with the request to wear an ID band. In the event of any of the above, the patient and where appropriate their relative or carer must be informed of the potential risks of not wearing an ID Band. An appropriate alternative should be discussed (see Appendix 1). This discussion and the reason for the patient not wearing an ID Band; **MUST** be documented in the patient's healthcare records.

There may be circumstances where the patient finds it difficult to wear an ID band and it would be excessive and intrusive to write on the patient's skin or use adhesive labels, in these circumstances local procedures must be put in place (see Appendix 1). These procedures must be a result of appropriate risk assessment of the individual patient.

ID Bands

There are two types of ID bands:

- 1) Laserband Patient Identification Bands which are generated from TRAK:
 - Information that is produced Laserband:
 - Last name (surname)
 - First name
 - Date of Birth
 - CHI Number
 - Gender
 - Ward may be included if the patient is currently at a high risk of leaving the ward / or absconding / or is confused. This can be added to the band before it is sealed.
- 2) Red Alert ID Bands

All patients must be asked if they are allergic to anything when they are admitted / treated. It is recommended that for patients with a confirmed allergy that they wear both a standard ID band and a red ID band together on the same dominant wrist / limb where they can be easily seen. Allergies should be identified in the patient's healthcare record. Where it is a drug allergy this should also be noted in the drug kardex under allergy section.

See Clinical Warning Alerts Policy – Clinical warning alerts must only be added to healthcare records when there is an urgent clinical need for the information to be made available to staff.

Unknown / unconscious patient

Unknown / unconscious or patients incapable of identifying themselves who are admitted to the Accident and Emergency Department / Assessment Unit, must be identified as "Unknown Male / Female" and be given a unique A&E record number.

NB. In the event of multiple emergencies, the Major Incident Policy must be followed.

As soon as more details are available, a new ID Band including the surname, first name, date of birth, and CHI number, **MUST** be attached to the patient **IMMEDIATELY**.

Addressograph labels

Addressograph labels represent a risk to the patient because they are prepared in advance of the patient being present and may have been inadvertently filed in the wrong notes. Addressograph labels should not be used for this purpose.

ID labels (not addressograph)

Some areas within NHS Lothian have access to patient ID labels from the Trak system. These should not be used with Laserband Patient Identification Bands as the information contained is generated from TRAK. In the event of TRAK being unavailable or the printer being unavailable the Laserband Patient Identification Bands can be hand written.

Under **NO CIRCUMSTANCES** should either of these labels be applied to pre-transfusion sample tubes as this is known to increase the likelihood of inadequate patient identification.

Procedure for identifying patient

The nurse / midwife in charge of the clinical area must ensure that there is a process in place to ensure that each patient admitted has an ID Band throughout his or her stay in hospital.

If this ID band is removed for any reason the responsibility for prompt replacement lies with the person who removed the ID band or the staff member that first noticed that the band was missing.

In situations where it is inappropriate to attach the ID Band to the wrist, place the ID Band on the ankle (pay particular attention should the patient have oedematous extremities) *see also theatre / sedated patient.*

If the patient is known to have an allergy this **MUST** be clearly identified. This information should also be confirmed with the patient if possible. A RED ALERT band must be used. NB. Some patients claim to have an allergy when what they have has been a side effect from previous treatment. This can be detrimental if treated as an allergy either in the provision or the non-provision or withholding of appropriate treatment.

There are **TWO** steps to positive patient identification. These steps should be undertaken before any intervention.

1. Wherever possible ask the patient to tell you their full name, date of birth or address as appropriate and explain to the patient why you are checking this information.
2. The name and date of birth given must be checked against the ID band for accuracy.

NOTE. A relative or responsible adult known to the patient can be asked to identify the patient when the patient is incapable of doing so. Within community settings local procedures must be in place.

For all newborn babies in the Maternity Units, the Maternity guidelines will be followed.

For all babies admitted to the Neonatal Intensive / Special Care Baby Unit, the Neonatal Department guidelines will be followed.

The Edinburgh Fertility and Reproductive Endocrine Centre (EFREC) have Human Fertilisation and Embryology Authority (HFEA) guidelines on patient identification of bodily fluids.

Administration of the ID band

NHS Lothian is currently using the Laserband Patient Identification Bands for all patients within the Acute Hospitals. These Patient Identification Bands are generated from TRAK.

The following core patient identifiers are on the ID band:

- Last name (surname)
- First name
- Date of Birth
- CHI Number/unit number
- Gender
- Ward may be included if the patient is currently at a high risk of leaving the ward / or absconding / or is confused. This should be written in Black, before sealing the Laserband Patient Identification Band

In the event of TRAK being offline or the printer being unavailable for a period of time, the Laserband Patient Identification Bands can be handwritten.

In clinical areas that do not have Laserband Patient Identification Bands the following information should be included on the patient identification bands.

- Last name (surname)
- First name
- Date of Birth
- CHI Number/unit number
- Ward may be included if the patient is currently at a high risk of leaving the ward / or absconding / or is confused
- Gender may also be included, if thought necessary

Black text should be used on a white/yellow background.

- Patient details should be recorded on the ID band at the patient's bedside
- Acknowledgement of accuracy of detail on the band should be confirmed in the patient's healthcare records and signed for by the patient or an appropriate other

NB. Previous comments re identifying the patient's ward base (see section "staff responsibilities").

Transferring / Moving of patients – Portering responsibilities

When a Porter is asked to report to a ward or department to move a patient for transfer to another department for admission, to the discharge lounge, or to a therapy department for treatment then the Porter is asked to ascertain:

- 1) From the work list the name of the patient
- 2) Identify who the patient is on the ward
- 3) Confirm prior to moving the patient that the patient's identity band can be matched with their request and / or that the patient can confirm who they are against the identity band.

If this is not the situation then the Porter should ask the Nursing / Midwifery staff to rectify this situation by putting on an identity band, where appropriate or confirming that an alternative means of identification has been agreed for this particular patient.

A patients' care should not be compromised as a result of a missing identity band and Porters are asked to be respectful of this situation when having to wait for a band to be applied.

Transfer to the ward from Accident and Emergency / CAA / ARAU

Patients who have been admitted to the wards following treatment in any of the above units **MUST** have a CHI / hospital number and not an A&E number on their ID Band, unless the patient still requires formal positive identification. The patient's ID Band should be checked and amended if necessary on arrival in the ward.

Transfer between wards

Where patients are transferred from one ward to another the band should be renewed on arrival in the new ward. Where an ID Band is in poor condition or inaccurate, it should be replaced with a new one.

Imaging (e.g. X-Ray, Ultrasound, CT, MRI, etc)

It is ultimately the responsibility of the Operator to ensure that the correct patient is being examined according to the request that has been made.

If the patient details stated on the request form are incomplete or have not been completed correctly, further information must be obtained before an exposure is performed. Except in life or limb threatening situations the exposure must not be performed until the patient's identification has been verified.

Imaging Outpatients

The operator must correctly identify the patient prior to performing any exposure:

- Ask the patient to state their full name, date of birth and address. **DO NOT** ask them to confirm the details against those on the request form.
- Check the details given against those on the request form. If the details match, proceed with the investigation / treatment. **NB** If there is more than one patient on the radiology information system with the same name double confirm the identity by asking the patient their home address.

Imaging Inpatients

- When collecting a patient from a ward, portering staff must ask the ward staff to identify the patient. Details of the patient to be collected are then checked against the patient's ID Band. Except in cases of threat to life or limb patients without ID Bands **MUST NOT** be moved from the ward until an ID Band has been supplied and fitted. Porters will refuse to move an inpatient from one clinical area to another unless there is an ID band in situ with the correct core patient identifiers, except those patients that are not required to have an ID band in situ and those who have refused.
- Except in cases of threat to life or limb at the imaging department the patient **MUST** be positively identified by asking for a full name and date of birth, which should be checked against the ID Band and the request form prior to exposure.
- Exceptions are those patients who present in Accident and Emergency Departments and have been deemed by Accident and Emergency Staff to be "walking wounded", and able to identify themselves and the reason for their examination.
- If an inpatient arrives for an radiographic / radiological examination without an ID Band:
 - They must be identified by asking for their full name and date of birth provided that the patient is capable of doing so

- Staff should check the request card to ensure they are the correct person for the investigation / procedure
- Wherever possible, if this is the situation, the ward must be informed that the patient is not wearing an ID band and
- If an inpatient a nurse should be asked to come to the department and fit one, unless the patient refuses

Children

As per policy and in addition where the child is under 13 or is unable to verify information then the parent / carer should confirm.

Maternity

Mother ID Band on Admission: (this includes admission to triage and for External Cephalic Version) mother's ID Band should contain:

- Last name
- First name
- Date of birth
- CHI number
- Ward may be included if the patient has a high risk of wandering from the ward area or absconding

Baby ID Ankle band

Best practice is to attach the ID bands before the cord is cut. One ID ankle band should be applied to each leg where not possible alternatives sought and **must** include:

- Baby surname
- Boy/Girl
- Date of birth
- Time of birth

The baby's ankle bands should be checked with the mother or father before being put on the baby. The baby must have the same name as its mother for the duration of the hospital stay.

If the baby needs to be taken away for resuscitation, either in theatre, labour ward or Labour, Delivery, Recovery and Postnatal (LDRP) **checked** namebands, should be taken along with the baby by the midwife and applied as soon as appropriate, prior to baby being returned to mum or transferred to neonatal unit. On admission to the postnatal ward the babies ankle bands should be re-checked by two midwives and reaffirmed with the mother or father.

Baby identification policy must also be adhered to when baby delivered outwith maternity unit but within the hospital e.g. HDU.

Local procedures should be in place in the event that a baby is found to have no band.

Separation of Mothers and Babies

Ideally this should not happen. If the baby is separated from the mother, the ID bands should be checked with the mother prior to separation and checked again with the mother on the baby's return.

Exceptions

It may be inappropriate to put ID bands on very small / preterm infants (>24 – 28 weeks). The ID bands should accompany the baby to the Neonatal Unit where they will be attached to the incubator.

Dead babies of < 20 weeks gestation **need** to be identified. The ID band in some instances may be placed around the baby's waist.

In the case of multiple births, the babies should be numbered in the order that they were born and identified as e.g. Twin 1 Boy etc. This information must be updated with the appropriate demographics as soon as they are known.

Babies admitted to Neonatal Intensive / Special Care Baby Unit.

The ID bands **MUST ONLY** include the baby's details to avoid confusion.

This should read:

- Boy / Girl Infant's last name (full name if applicable)
- Date of birth
- Time of Birth

Theatre / Sedated patients

All patients going to theatre must have on, at minimum, two name bands. It is suggested one on both arms or alternatively one on the leg and one on the arm or as per local procedure. For example, within Neurosciences it is recommended that three ID bands are in situ, as it is known that numerous lines are used and access to limbs may be difficult, therefore local procedures must be adhered to. Once the patient has been received within theatre:

- The patient must be asked for their full name and date of birth by reception staff.
- These details must be exactly the same as the details on the theatre list and healthcare records, to ensure the correct patient is being received.
- This details must be checked against the ID Band, which the patient **MUST** be wearing.
- Where a limb is not accessible the identification band should be taped to a visible area i.e. chest or alternatively mark with an indelible pen the patient details to an appropriate area of skin i.e. the shoulder or upper arm. In some circumstances it may be appropriate when no direct accessible area of a patient is available that identification is made by securing a name band to the catheter mount of the anaesthetised patient – see local procedure

Unknown patients

- For unknown or unconscious patients (such as trauma patients) identification will be made by Resuscitation or Emergency Room staff by means of a unique A&E number on an ID Band, this number should be used until the patient's true identity is established.

People with communication difficulties i.e. adults with incapacity, patients whose first language is not English and / or they have a sensory impairment
It is especially important that these patients have an ID Band to assist identification.

- An accompanying adult may be asked to give the patient's full name and date of birth, where the patient is incapable of doing so for himself or herself e. g young children, unconscious, confused, language difficulties.
- Wherever possible an interpreter **MUST** be used if there is a language problem
- Staff should be aware that in some ethnic minority communities naming structures are different to that of European names, reference should be made to the religion and cultures handbook ([NES Handbook](#)).

People with mental health problems / learning disabilities including dementia and Aspergers

Within Adult Mental Health and Learning Disabilities it is not essential that patients wear identity bands. All patients admitted or being cared for within the healthcare setting should have their identification confirmed at the point of admission.

Within inpatient settings for psychiatry of old age it is expected that identity bands will be worn. The patient's identity should be confirmed by the patient, carer, relative or by accompanying staff. In some circumstances it may be appropriate to keep photographic records of each patient attached to the patient's nursing / healthcare record. This should be kept along side the recording of the patient's name, date of birth and CHI number.

All new patients admitted to a unit should be introduced to staff and where visiting staff are attending to patients to undertake an assessment or intervention for the first time the patient's identity should be confirmed with both the patient and with other staff within the unit.

Where it is considered practice not to use a patient identification band within such settings constant review of the situation should be undertaken to look at strategies that will allow positive patient identification.

OUTPATIENTS / COMMUNITY

All community, outpatients and emergency department attendees must have their personal and demographic details checked at each attendance.

Patients who require any treatment or diagnostic investigations should have their personal and demographic details confirmed against their health records either paper based or electronic. Any inaccuracies discovered should be amended as appropriate. It is acknowledged that it is not practicable for all community/outpatients requiring blood sampling to have an ID band put in place, however mechanisms to ensure correct patient identification and subsequent labelling of samples must be in place.

Patients identity in the community / homecare setting

Staff visiting patients in their home will at first contact with the patient confirm their identity. The patient's identity should be confirmed with the patient, relative or carer prior to staff initiating any treatment or intervention with the patient.

Staff visiting a patient in a residential home, nursing home, or other care establishment will at first contact confirm the patient's identity whenever possible with the patient and always verify the patient's identity with a member of the care staff, prior to undertaking any treatment or intervention with the patient.

BLOOD TRANSFUSION

Blood Transfusion collection

This has been identified as an area where errors occur (Annual Reports, Serious Hazards of Transfusion 1996-2005)

The correct identification, collection, transport, delivery and hand over of blood and blood components is the responsibility of the member of staff who is collecting that blood / blood component.

Staff removing blood from the blood fridge should have undertaken specific training provided by the Transfusion Practitioner.

They must take information to the blood fridge with them including:

- The patient's full name
- Date of birth
- CHI number
- Component/s for collection and quantity.

Blood Transfusion Administration

The bedside check is the last opportunity to discover an error prior to administration (Serious Hazards of Transfusion (SHOT))

The bedside check is a vital step in preventing transfusion error.

- Two people, one of whom must be a registered Doctor, Nurse or Midwife are responsible for checking blood.
- The patient must be positively identified by asking them to give their full name and date of birth.
- The patient must wear an ID Band for transfusion and the information on it must match the information that the patient has given verbally. (check A&E)
- The patient's identification details on their band must then be checked against the patient's identification details on the blood component pack.
- Where the identity of an unconscious patient has been verified and detail on name band is correct then the transfusion nurse may confirm procedure.

If you are unsure-**DO NOT** give blood until the situation is clarified and alternative volume replacement should be considered.

Deceased patients

All deceased patients **MUST** be properly identified with 2 ID bands. One should be applied to the ankle and one should be applied to the wrist. Both ID bands **MUST** include the patients:

- Last name
- First name
- Date of Birth
- CHI number

In the event of the patient's name not being known, then the identification ID Band must state **UNKNOWN MALE / FEMALE** with a unique A&E record number.

Two mortuary cards DC 1 and DC 2 **MUST** be available at the time the deceased is being removed from the ward or department. DC 1 should be handed to the Porter and DC 2 should be attached to the sheet or on the outside of the body bag.

REFERENCES

National Patient Safety Agency (2005) Bands for hospital inpatients improves safety. Safer Practice notice 11

Serious Hazards of Transfusion, (SHOT) Annual Report 2005

[Religions and Cultures Handbook \(NES\)](#)

NHS Lothian Clinical Warning Alerts Policy

NHS Lothian Blood Transfusion Policy

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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.