Policy on
Patient/Client Identification

March 2009
<table>
<thead>
<tr>
<th><strong>Name of Policy:</strong></th>
<th><strong>Policy on Patient/Client Identification</strong></th>
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<tbody>
<tr>
<td><strong>Purpose of Policy:</strong></td>
<td>To ensure that Trust has in place appropriate arrangements for the identification of patients and clients accessing care and services within its area.</td>
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<tr>
<td><strong>Directorate responsible for Policy</strong></td>
<td>Executive Director of Nursing / AHP</td>
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<tr>
<td><strong>Name and Title of Author:</strong></td>
<td>Fiona Wright, Assistant Director Nursing Service Governance Christine Armstrong, Practice Development Facilitator</td>
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<tr>
<td><strong>Does this meet criteria of a Policy?</strong></td>
<td>Yes</td>
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<td><strong>Staff side consultation?</strong></td>
<td>Yes</td>
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<tr>
<td><strong>Equality Screened by:</strong></td>
<td>Fiona Wright, Assistant Director Nursing Service Governance Christine Armstrong and Marie Doran, Practice Development Facilitators</td>
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<tr>
<td><strong>Date Policy submitted to RM&amp;PC:</strong></td>
<td>23rd March 2009</td>
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<tr>
<td><strong>Members of RM&amp;PC in Attendance:</strong></td>
<td>C. Graham, D. McKevitt, J. Graham, E. Kilpatrick, M. McIntosh, K. Anderson, M. Austin, C. Weaver, D. Connelly, J. McConville &amp; J. McKay</td>
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<tr>
<td><strong>Policy Approved/Rejected/Amended</strong></td>
<td>Approved with minor amendments</td>
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<td><strong>Communication Plan required?</strong></td>
<td>No</td>
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<td><strong>Training Plan required?</strong></td>
<td>No – training required by directorates</td>
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<td><strong>Implementation Plan required?</strong></td>
<td>Yes/no/not applicable</td>
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<td><strong>Any other comments:</strong></td>
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<tr>
<td><strong>Date presented to SMT</strong></td>
<td>6 May 2009</td>
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<tr>
<td><strong>Director Responsible</strong></td>
<td>Mr. Francis Rice, Executive Director of Nursing / AHP</td>
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<td><strong>SMT Approved/Rejected/Amended</strong></td>
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<td>Approved subject to minor amendments.</td>
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<td>19 May 2009</td>
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### POLICY DOCUMENT – VERSION CONTROL SHEET

| Title | Title: Policy on Patient/client/client/client Identification  
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|---|---|
| **Supersedes** | Supersedes:  
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Previous legacy Trust policies referring to on patient/client/client/client identification |
| **Originator** | Fiona Wright, Assistant Director Nursing Services Governance  
Christine Armstrong, Practice Development Facilitator |
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Title: Executive Director of Nursing / AHP |

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**Circulation List:**

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1.0 Introduction

The Southern Health and Social Care Trust has a responsibility to act in the best interests and maintain the safety of all patients and clients accessing care and services within its area. A key component of maintaining safety is the ability to correctly identify each patient or client. Failure to do so correctly constitutes a serious risk to the health and safety and which could result in minor or major injury to the patient or client.

It is essential that all staff acknowledge and accept that the management and monitoring of patient/client identification is a key component of their role and is an ongoing process rather than an activity which takes place only at initial contact.

This policy has been developed to ensure that all patient/client accessing services provided by the Southern Health and Social Care Trust are identified correctly.

2.0 Purpose

To ensure that the Trust has in place appropriate arrangements for the identification of patients and clients accessing care and services within its area. Appropriate identification processes will minimize the potential for errors resulting in harm to the patient/client.

3.0 Policy Statement

The Southern Health and Social Care Trust has in place arrangements to ensure the correct identification of all patients and clients accessing care and services within its area. To achieve this all staff will adhere to a process of positive patient/client identification prior to initiation of each examination, treatment or care episode. This policy will include situations where a major incident has been declared and staff should adhere to the guidance set out in the Southern Trust’s Major Incident Plan on the identification of patients and clients.

4.0 Scope of the Policy

This policy is applicable to all Southern Health and Social Care Trust staff providing care and services to patients and clients within the Trust area.

5.0 Responsibilities

5.1 Responsibility of the Chief Executive

As Accountable Officer the Trust Chief Executive has overall responsibility for ensuring that staff are compliant with this policy.

5.2 Responsibility of Senior Management

All Trust Directors, Assistant Directors, Heads of Service and Senior Managers have responsibility for the effective implementation of this policy. They must ensure that suitable arrangements are in place to audit adherence to this policy.

This Southern HSC Trust policy supersedes all legacy Trust policies referring to the correct identification of patients and clients accessing care and services within its area. Heads of Service / Team Managers must ensure the removal of all
related legacy trust policies no later than 4 weeks after the date the policy is ratified by the Senior Management Team (SMT).

5.3 **Responsibility of Trust staff**

All Trust staff employed within the Southern Trust have a responsibility to adhere to the aims of this policy, the good practice guidance as set out in Appendix 1 and to comply with any direction necessary to ensure compliance with this policy.

5.4 **Responsibility of patients/clients and their carers**

Patients and clients and their carers or relatives have a responsibility to ensure that correct information is provided on correct identification of all patients and clients accessing care and services. The Trust cannot be held liable for the actions of its staff in providing care to patients or clients who they believe are clearly identified. Where deliberate actions have been taken by patients or clients or their carers to provide false information further action may be taken by the Trust.

6.0 **Legislative Compliance, Relevant Policies, Procedures and Guidance**

- Clinical Resource Efficiency Support Team (CREST) (2006), *Protocol for the Inter Hospital Transfer of Patients/ Clients and their records*.
- Department of Health, Social Services and Public Safety (2009) Safer Practice Circular - Risk to patient safety of not using the H+C Number as the regional identifier for all patients and clients, circular reference; S&Q Learning Communication 05/09, Date of Issue 30 March 2009.
- Nursing and Midwifery Council (2008), *The Code Standards of Conduct, Performance and Ethics for Nurses and Midwives*.
- Nursing and Midwifery Council (2008), *Standards for Medicines Management*.
- Southern Health and Social Care Trust (2008), *Southern HSC Trust Major Incident Plan*.
- Southern Health and Social Care Trust (2008), *Policy on Gaining Consent*

7.0 **References**

None

8.0 **Equality and Human Rights Considerations**

Equality Considerations

This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1988. Equality Commission of Northern Ireland Guidance states that the purpose of screening is to identify those policies that are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them. Using the Equality Commission’s
screening criteria no significant equality implications have been identified. This policy will therefore not be subject to an equality impact assessment.

**Human Rights Considerations**

This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention of Human Rights contained in that Act. This policy will be included in the Trust’s register of screening documentation and maintained for inspection whilst it remains in force. This document can be made available on request in alternative formats, for example Braille, disc, and audio-cassette and in other languages to meet the needs of those who are fluent in English.

**9.0 Copyright**

The supply of information under the Freedom of Information does not give the recipient or organization that receives it the automatic right to re-use it in any way that would infringe copyright. This includes, for example, making multiple copies, publishing and issuing copies to the public. Permission to re-use the information must be obtained in advance from the Trust.

**10.0 Sources of advice and further information**

Further advice and information regarding this policy can be obtained from the Senior Manager Patient/Client Safety, Medical Directorate or Assistant Director of Nursing Services Governance.
Appendix 1

Good practice guidance for the correct identification of patients and clients (in hospital settings)

1.0 All staff should adhere to standards and guidelines from their professional regulating body and to specific procedures within their area of practice for patient/client identification for example – newborn babies and mothers/patient/client/client identification following death

2.0 First contact

Ensuring that the Trust secures the correct patient and client identification information begins at first contact. It is the responsibility of all staff, i.e., clinical and administrative, at the first contact to elicit the correct information from the patient/client and to detail the information on an appropriate health or social care record. Any anomalies or identification queries highlighted in relation patient/client details should be reconciled and clearly recorded.

3.0 Subsequent contacts

At subsequent contacts, e.g., at in-patient or out-patient facility or unit, it is the responsibility of the admitting staff to ensure the patient/client information recorded at first contact remains correct. If there are changes to the patient/client’s biographical details these should be clearly and unambiguously recorded in the health or social care record.

3.1 Where a patient or client requires to be admitted to an in-patient facility or unit the admitting health care professional is responsible for ensuring that a patient/client identification wristband is applied. The patient/client must be advised as to the safety importance of wearing an identification wristband during his/her in-patient stay. The identification wristband must include the following information and must be written clearly in ballpoint pen: -

- Patient/Client Name
- Date of birth
- Hospital number
- Gender
- Ward/Department

3.2 Where two patients or clients with the same name are admitted to a facility or unit at the same time an alert sticker should be applied to both patient/client’s health care notes and highlighted in all other relevant documentation.

3.3 If an identification wristband needs to be removed for any reason it is the responsibility of the health care professional to replace the identification wristband immediately or as soon as it is appropriate to do so.

3.4 If a patient/client is found not to have an identification wristband in place at any time during his/her stay it is the responsibility of health care professional to ensure it is replaced, or to request that it is replaced, immediately.
4.0 Checks required prior to procedures

Before carrying out any procedure health care staff should always check that verbal information given to them by the patient/client corresponds with the information on the identification wristband. Staff should ask open questions such as ‘What is your name?’ rather than ‘Are you Mrs. Smith?’.

5.0 In emergency situations

In emergency situations the need for immediate clinical intervention/care may take priority over attaching an identification wristband to the patient/client. When this occurs the healthcare professional in charge must take appropriate steps to identify the patient/client and maintain safety until full identification is verified.

6.0 Administration of Blood and Blood Products

Where the administration of blood, blood components or blood products is required, identity checks on the patient/client must be undertaken by two staff both of whom must be either a registered nurse or midwife or a registered doctor. The checks must be completed independently i.e., both staff must check the identity of the patient/client and the unit of blood / blood product separately and agree the result and this must take place at the patient/client’s bedside, with the final check of the patient’s identification wristband. Only in an emergency situation, where two staff members are not available, is one registered nurse/midwife/doctor permitted to check the identity of the patient/client and the unit of blood / blood product. All staff must adhere to the Southern Health and Social Care Blood Transfusion Policy (2007).

7.0 Major Incident

Should a major incident be declared all staff must adhere to the guidance set out in the Southern Trust’s Major Incident Plan on the identification of patients and clients.

8.0 Transfer of a Patient/Client to another hospital or facility

Where a patient/client is to be transferred to another hospital or facility, the registered nurse co-ordinating the transfer is responsible for ensuring that all details recorded on the identification wristband correspond with those on the patient/client’s health care record and other supporting documentation being transferred with the patient/client.

9.0 Patients/clients unable to wear an identification wristband

In situations where patients/clients are unable to wear identification wristbands or in areas where it is considered inappropriate for patients/clients to wear an identification wristband appropriate risk assessments must be carried out to ensure the safety of patients/clients. Staff must continue to adhere to a process of positive patient/client identification prior to initiation of each examination, treatment or care.
Appendix 2

Good practice guidance for the correct identification of patients and clients (in community settings)

1.0 All staff should adhere to standards and guidelines from their professional regulating body and to specific procedures within their area of practice for patient/client identification.

2.0 First contact

Ensuring that the Trust secures the correct patient and client identification information begins at first contact. It is the responsibility of all staff, i.e., clinical and administrative, at the first contact to elicit the correct information from the patient/client and to detail the information on an appropriate health or social care record. Any anomalies or identification queries highlighted in relation to patient/client details should be reconciled and clearly recorded.

Staff must adhere to a process of positive patient/client identification prior to initiation of each examination, treatment or care. This includes verifying the patient’s name, date of birth, address and general practitioner.

If there is any doubt as to the patient’s identity, the health care professional should contact the referrer or the next of kin.

3.0 Subsequent contacts

Biographical details

At subsequent contacts, e.g., within the patient’s/client’s home it is the responsibility of all healthcare staff to ensure the patient/client information recorded at first contact remains correct. If there are changes to the patient/client’s biographical details these should be clearly and unambiguously recorded in the health or social care record.

Episodes of examination, treatment or care

Staff must always continue to adhere to a process of positive patient/client identification prior to initiation of each examination, treatment or care throughout subsequent contacts with the patient/client.

3.1 Where two patients or clients with the same name are receiving treatment an alert sticker should be applied to both patient/client health care notes where applicable and highlighted in all other relevant records, including electronic notes. District nursing sisters will notify all staff within their team of patients with the same name who are receiving similar treatments. Staff should always be alert if two patients with the same or similar names are living at the same address.