

Specifications for a standard patient identification band

The Australian Commission for Safety and Quality in Health Care has developed specifications for a standard national patient identification band. These specifications have been endorsed by Health Ministers for use in public and private health services in Australia. The purpose of these specifications is to reduce the variety of patient identification bands used, and reduce the potential for patient identification errors arising from misinterpretation of different identification bands. The specifications will also ensure that all essential information is included in the identification band, and that information is presented in a legible way.

This document addresses some of the commonly asked questions regarding the specifications.

1. Why do we need a national standard patient identification band?

Standardising the processes of care, such as patient identification bands, is an important way of reducing patient safety risks. Having nationally agreed specifications for the colour, content, design and information on identification bands will help to improve patient safety. In addition, the use of a standard identification band will mean that wherever healthcare staff work in Australia they will know what to expect regarding identification bands.

2. What are the specifications?

The specifications describe the standard features patient identification bands should have. They cover the following features of identification bands:

- Colour
- Size
- Usability
- Method for recording patient identifiers
- Presentation of information
- Use of new technology.

3. What information is to be included on patient identification bands?

The Commission recommends that the core patient identifiers only should be used on patient identification bands. These are: name, date of birth and medical record or other identifying number.

The specific details of what name is recorded will need to be considered at a local policy level. Issues that will need to be considered regarding the use of names to identify patients include, but are not limited to, cultural naming conventions, use of preferred names and use of names for neonates.

If there are additional identifiers thought to be necessary to include on the band (such as address), then their inclusion should be formally risk assessed.

4. Why is it recommended that patient identification bands are white with black text?

It is recommended that patient identification bands have black text on a white background as this provides the best contrast, which is an important factor in legibility.

5. Why do the specifications require the use of only one white patient identification band?

The specifications are based on the principle that the primary purpose of an identification band or other identification mechanism is to identify the patient wearing the band. The use of the identification bands to signify clinical alerts or risk factors is secondary. The Commission considers that the safest and most reliable way of presenting this information is with a single white band.

6. Why do the specifications recommend that no colours be used to signify alert conditions or high risk patients?

There is currently inconsistent use of colours of patient identification bands in hospitals throughout Australia. This is confusing and a risk to patient safety. Evidence from the literature suggests that there are a number of problems with colour-coded bands and little evidence to support their use. For example, in one study where red bands were used to indicate patients at risk of falls, this did not contribute to a reduction in falls, as had been anticipated. Other research has shown that there are problems about the accuracy of information provided by patients and included on identification bands. In line with other international approaches to the standardisation of identification bands, the Commission considers that using a white band is the safest and most reliable form of identification.

7. Is there any scope to use a coloured band with the specifications?

The Commission considers that it is safest to only use a white identification band. However, we realise that there is considerable support for use of a colour to indicate particular patient risks. If it is considered necessary to have a system or identifying a known allergy or other known risk, the patient identification band should be red only. No other colours should be used to indicate alerts. The red band should comply with the requirements of the specifications and only contain identification information on a white panel. The meaning of the red alert should not be included on the band, but should be established from the patient records.

8. We currently use red wristbands to identify if a patient has an allergy. The system has been in place for many years and is recognised practice so why should we change it?

Please see the previous questions and answers about colour coding and why the Commission considers it is safest to only use a white band. Best practice is to check the medication record for allergies before prescribing, dispensing and administering medication.

9. Green bands are used for patients at risk of falls. How do we protect them now?

Please see the previous questions and answers about colour-coding and why the Commission considers it is safest to only use a white band. The specifications include a provision for a red alert band if it is considered necessary. For guidance on reducing falls please see the national falls prevention guidelines that are available on the Commission's website: www.safetyandquality.org/internet/safety/publishing.nsf/content/FallsGuidelines-2008Downloads

10. We currently use pink and blue bands for neonates. Should we continue to use these?

Please see the previous questions and answers about colour-coding and why the Commission considers it is safest to only use a white band. While the pink or blue band may identify the gender of the baby quickly, best practice would require not relying only on these colours to properly identify the baby. Therefore the Commission considers that white bands should also be used for neonates.

11. Why do the specifications require the potential to incorporate new technologies such as barcoding and radio frequency identification?

Barcodes and other technologies such as radio frequency identification are increasingly being considered as potential solutions to many problems associated with patient misidentification. Because of the potential for barcodes, radio frequency tags and digital photographs to be used to improve patient identification, it will be important for them to be able to be incorporated into these national specifications. The specifications state that patient identification bands should allow for the incorporation of new technologies that may assist patient identification, while still fulfilling all other requirements. Given that the use of these technologies in patient identification is still evolving, it is not appropriate at this stage to be more specific about how these technologies should be incorporated into a patient identification band.

12. How should the specifications be implemented?

The specifications describe the standard features that patient identification bands should have. They do not prescribe how they should be achieved. The application of the specifications to specific patient identification bands needs to be done in a way that is relevant to the particular circumstances of patients and facilities. States, Territories and health service providers will need to review their existing arrangements and policies for patient identification bands to determine how they correspond with the specifications and also liaise with their own suppliers regarding the development of a patient identification band that meets these specifications.

13. What about patients who cannot wear a patient identification band?

The specifications have been developed based on the principle that wherever possible, inpatients should wear some form of patient identification. There are some situations where a patient may not be able to wear a patient identification band. There should be formally risk-assessed alternatives implemented for patients for whom it is not possible to wear a patient identification band. These may include but are not restricted to:

- Mental health patients
- Patients who refuse to wear the patient identification band
- Patients who cannot wear a patient identification band because of their clinical condition or treatment.

MORE INFORMATION

Further information, along with copies of the specifications, this document and a fact sheet, is available from:

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