

# Specifications for a standard patient identification band

The purpose of these specifications is to set out standards for the useability, content and colour of patient identification bands in Australia.

The specifications are based on design requirements for patient wristbands developed by the United Kingdom National Patient Safety Agency.

There are a number of principles that have guided the development of the specifications. These are as follows:

- Wherever possible inpatients should wear some form of patient identification, and healthcare providers should have a policy in place that guides this identification process.
- The primary purpose of an identification band or other identification mechanism is to identify the patient wearing the band. The use of identification bands to signify clinical alerts is secondary.
- It is up to States, Territories and other health service providers to determine how they meet the specifications for identification bands. The focus is on what patient identification bands should look like and how they should be used, not how they should be created.

## The specifications

These specifications describe the standard features patient identification bands should have. The specifications do not prescribe how these features 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.

The patient identification specifications relate to:

1. Colour
2. Size
3. Comfort
4. Usability
5. Method for recording patient identifiers
6. Information presentation
7. New technology

### 1. Colour

- 1.1. A single white band should be used for patient identification.
- 1.2. It is recommended that no coloured alert bands be used.<sup>1</sup> However if it is considered necessary to have a system for 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.
- 1.3. Only one band should be used. When an alert condition exists the white identification band is replaced by a red band.

- 1.4. Where red bands are used they should comply with all requirements of these specifications. The red patient identification band will have patient identifiers in black text on a white background.
- 1.5. The band should not contain details of the meaning of the alert. This should be recorded in the patient notes. The notes will need to be reviewed to determine the meaning of the alert.

### 2. Size

Patient identification bands must fit the range of sizes of patients, from the smallest newborn babies through to the largest adults. Patient identification bands should therefore be:

- 2.1. Long enough to accommodate:
  - Obese patients
  - Patients with lymphodema
  - Patients with IV lines and bandages.
- 2.2. Small enough to be comfortable and secure for newborns, babies and children.

Accommodating the range of patients that are needed could be achieved by increasing the maximum length available for the identification band. However, if excess length has to be cut from the identification band staff should be able to do this safely, preferably without the use of scissors. Cut ends should not be sharp. Alternatively, identification bands could be made in a variety of sizes.

### 3. Comfort

Patients complain about identification bands being scratchy, itchy, sweaty and hot, and this can contribute to the removal of bands. In particular, identification bands can cause skin damage to newborn babies and to people with delicate or vulnerable skin. In addition, patients can be concerned that identification bands may be a potential source of infection, so they should be easy to clean.

Aspects of the comfort of patient identification bands that need to be addressed include:

- 3.1. Shape - There should be no sharp corners, profiling or edges that can irritate or rub the skin.
- 3.2. Edges – The edges of the band material must be soft and smooth to ensure comfort over prolonged use. This includes any edges that are produced when cutting the band to size.
- 3.3. Fastenings – Fastenings should not press into the skin.
- 3.4. Material – Identification band material should be flexible, smooth, waterproof, cleanable, breathable and non-allergenic.

## 4. Usability

Patient identification bands can be issued and applied by a wide variety of nursing and administration staff, who may or may not have received training in how to do so. Therefore the use of identification bands should be intuitive, including where and how to fill in patient identifiers, checking of information, fastening and removal.

Patient identification bands should be:

- 4.1. Easy to clean.
- 4.2. Waterproof and resistant to other fluids (soap, detergents, gels, sprays, rubs, alcohol cleaning products, blood and other bodily fluids).
- 4.3. Secure and not fall off.
- 4.4. Designed to allow patients to wash.
- 4.5. Quick and easy for all staff to use who may have responsibility for issuing, applying and checking identification bands. Consideration of ease of use should include:
  - Storage
  - Access from storage
  - Filling in patient identifiers
  - Changing or updating information
  - Reading and checking information
  - Putting on patients (including selecting the correct size or adjusting to correct length)
  - Fastening
  - Removal.
- 4.6. The identification band should not catch on clothing, equipment or devices including IV lines. Special attention should be paid to fastenings and free ends.

## 5. Method for recording patient identifiers

Different jurisdictions and health services in Australia will use different methods to generate the patient identifiers to be included on the identification band. In some cases they may be printed directly from the hospital computer, in others they may be hand written. Regardless of the method used to generate the identifiers, the information should be:

- 5.1. Easy to read.
- 5.2. Durable and not wear off throughout the patient's stay.
- 5.3. Easy to read if exposed to water, soap and detergents, gels, sprays, rubs, alcohol cleaning products, blood and other bodily fluids and any other fluids or preparations that the identification band may come into contact with.

Suggestions for achieving these requirements include:

- 5.4. Ensure pre-printed labels fit the available space on the identification band – if labels are too big they may wrap over the band and information will be hidden.
- 5.5. Inserts should be sealed to ensure they are durable, waterproof, secure and tamperproof.

- 5.6. Write-on identification bands should be durable so that information cannot wear off.
- 5.7. Write-on identification bands should not require special pens.

## 6. Information presentation (patient identifiers)

- 6.1. The space available for patient data should be adequate for the patient identifiers to be recorded clearly and unambiguously.
- 6.2. The same layout, order of information and information style should be used on all patient identification bands across the organisation to ensure standardisation. This helps make identification bands easier to read and avoid errors.
- 6.3. Pre-defined spaces for each identifier or a pre-printed format can help encourage standardisation e.g. consider using a title or box for each identifier, but without reducing the space available for the patient identifiers.
- 6.4. If pre-defined spaces are not used, pre-printed lines can be used to help make information easy to read. This is particularly useful for write-on identification bands.
- 6.5. The core patient identifiers on bands should be limited to:
  - Name<sup>2</sup>
  - Date of birth
  - Medical record number.
- 6.6. Date of birth should be recorded in the short format as DD/MM/YYYY (e.g. 07/06/2005).
- 6.7. Family and given names should be clearly differentiated. Family name should appear first using UPPER case letters followed by given names in TITLE case: FAMILY NAME, Given names, e.g. SMITH, John Paul.
- 6.8. There should be enough space to include long names, multiple names and hyphenated.
- 6.9. Identifiers should be in a font size and style that is easy to read. Avoid italic, simulated handwriting and ornate typefaces. Use a common sans-serif typeface like Arial or Helvetica. Use a minimum font size of between 12 and 14 point (equivalent to a height of 2-2.3mm).
- 6.10. Black text on a white background should be used to ensure that the patient identification band is clearly legible in reduced lighting conditions (such as wards at night) and by those with visual impairment.

## 7. New technology

- 7.1. Patient identification bands should allow for the incorporation of new technologies that may be used to assist patient identification such as radiofrequency identification tags, barcode technologies or digital photos, whilst still fulfilling all of the above requirements.

<sup>1</sup> Despite the frequency of their use, there is evidence to suggest that coloured wristbands do not ensure that correct information is available about alert conditions, or assist with reducing the occurrence of incidents or risks indicated by the coloured band. In fact, it appears that the use of coloured wristbands can actually increase the risk of misidentification.

<sup>2</sup> The decision about what name should be recorded on the patient identification band will need to be made at a local policy level. Issues that will need to be considered regarding the use of names to identify patients include: cultural naming conventions, use of preferred names rather than correct names, use of names for neonates.

## MORE INFORMATION

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

Australian Commission for  
Safety and Quality in Health Care  
Level 7, 1 Oxford St, Darlinghurst, NSW 2010  
GPO Box 5480, Sydney NSW 2001

Tel: (02) 9263 3633 Fax: (02) 9263 3613  
Email: [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au)  
[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)