



## CLINICAL POLICY

### Patient Identification

**A. EFFECTIVE DATE :**

January 20, 2022

**B. PURPOSE :**

To define the process for application and use of identification wristbands to ensure that the correct patient receives the correct care.

To outline the expected use of the wristband snaps as a communication mechanism.

**C. POLICY :**

1. At the time of arriving any patient, staff who arrive patients will request either a photo or non-photo identification from the patient in addition to the verbal verification.
2. All staff will perform the safety absolute and use two (2) unique identifiers to match the correct patient with the correct care before delivering patient care. Identifiers include patient's legal name {which may differ from preferred name}, date of birth, and medical record number.
  - a) It is not acceptable to use non-unique identifiers such as room or bay number.
3. Staff will involve patients in the identify verification process whenever possible. Patient identity will not be assumed regardless of the number of prior interactions between each patient and caregiver. Patient identity will be verified with each interaction.
4. The identification wristband is not a substitute for and does not replace the need to involve lucid patients in the identification process.
5. Any discrepancy in patient identification, however minor, must be investigated and corrected before delivering care.
6. The wrist is the preferred site for identification wristbands. The ankle is an acceptable alternative.
7. Under no circumstances will ID bands be affixed to a patient's bed, stretcher or bedside table.
8. Valid DNR bracelets will be recognized and honored by all UConn Health staff. A valid DNR bracelet shall:
  - a) Be of a design approved by the Connecticut Department of Public Health

- b) Be affixed to the patient's wrist or ankle
- c) Display the patient's name and the attending physician's name
- d) Not have been cut or broken at any time.

9. Inpatients and ambulatory patients undergoing procedures must wear electronically-printed, tamper-proof identification wristbands at all times during the admission or clinical encounter.

- a) In the rare exception that a wristband must be removed during an operative or invasive procedure, the severed band will be secured to the front of the patient's chart.
- b) In the event that a new band cannot be replaced immediately following the procedure, the severed band will be compared to the medical record to ensure proper identification. The wristband must be replaced as soon as it is feasible to do so and preferably prior to patient transfer.
- c) In outpatient areas in which bracelets are not routinely applied, a wristband will be placed if, during the course of the clinical encounter, it is determined that a procedure is necessary. This is consistent with implementation of universal protocol.

Patients who require urgent care and who are unresponsive or confused and are unaccompanied by someone able to verify identity will receive care prior to confirmation of identification. In these circumstances, only a picture identification can be used to identify the patient. Refer to the 5 Core Patient Identifiers and Naming Convention Policy for acceptable documents that can be utilized for patient identification.

- 10. Wrist band snaps are to be implemented in the following JDH areas: inpatient, procedural areas and imaging services.
- 11. Colored wristband snaps serve as a visual cue and alert for caregivers; verification of specific information with the patient's medical record is required.
- 12. Wristband snaps are attached at the point of entry or in ambulatory settings when the need for procedure is determined. They may be applied or removed by licensed health care providers only.
- 13. Wristband snap colors that are specific to UConn Health are:
  - a. Red: allergy to medication, food, environmental or other allergens
  - b. Green: Allergy to **latex** ONLY
  - c. Yellow: Fall Risk
  - d. Purple: Patient Care Directive is in place; check the medical record for details
  - e. Pink : Restricted Extremity; Refer to the medical record to determine the extremity on which procedures are to be avoided. It may not be the one that is banded!
- 14. The accuracy of the wristband snap alerts must be verified during any transitions in care.
- 15. The wristband will be left in place in the event of a patient's death.
- 16. Identification procedures for newborns are delineated in the Obstetrics & Gynecology (OB-GYN) Practice Manual for Identification and Security of Newborns.
- 17. Infants in the Neonatal Intensive Care Unit (NICU) are identified according to the Connecticut Children's Medical Center policies.

**D. SCOPE :**

All JDH inpatient units, JDH procedural areas and JDH imaging services, Ambulatory Clinics, other areas as applicable.

**E. DEFINITIONS :**

**Procedure:** (per Center for Medicare and Medicaid Services) Surgical and other invasive procedures are defined as operative procedures in which skin or mucous membranes and connective tissue are incised or an instrument is introduced through a natural body orifice. Invasive procedures include a range of procedures from minimally invasive dermatological procedures (biopsy, excision, and deep cryotherapy for malignant lesions) to extensive multi-organ transplantation. They include all procedures described by the codes in the surgery section of the Current Procedural Terminology (CPT) and other invasive procedures such as percutaneous transluminal angioplasty and cardiac catheterization. They include minimally invasive procedures involving biopsies or placement of probes or catheters requiring the entry into a body cavity through a needle or trocar. They do not include use of instruments such as otoscopes for examinations or very minor procedures such as drawing blood.

**Safety Absolute:** An act having the highest level of risk or consequence to patient or employee safety if not performed exactly, each and every time. As a Safety Absolute, accurate identification of patients and the corresponding care/treatment has the highest priority for exact compliance.

**F. MATERIAL(S) NEEDED :**

Patient Identification bracelets  
Patient Identification stickers  
Wristband snaps

**G. PROCEDURE :**

**Wristband Application:**

1. A staff member will apply the identification wristband at the point of entry or when it is determined that a procedure will be performed. The staff member placing the bracelet on the patient will:
  - a. Ascertain if the patient is wearing any identification bracelet or hospital alert bracelet from another facility, if so, remove it. Exception is a valid DNR bracelet.
  - b. Determine if the patient is wearing any "social cause" or other community bracelets and request that they be removed. Explain that this is to prevent confusion with our wristband snap system.
  - c. Ask the patient to state and spell his/her name; clarify with males if there is a family line suffix designation such as senior or junior.
  - d. Ask the patient to state his/her date of birth.
  - e. Ask all patients their preference for how they are addressed, and document these details in the medical record :
    - i. Gender identity
    - ii. Pronouns in use

- iii. Preferred name
- f. If no family member/significant other/designated caregiver is available, ask a practitioner that has previously identified the patient.
- g. Verify that the responses match the information in the medical record and then immediately place the wristband on the patient.
- h. To promote patient comfort and maintain skin integrity, two (2) linked bands may be used; secure so that they are comfortable but not removable.

**Verification of Identity Using the Wristband, staff will:**

1. Verify that the identification bracelet is legible.
2. Replace any wristbands that are faded, damaged or unreadable.
3. Use open ended questions when verifying identity, such as "What is your name?" rather than questions that can be answered "yes" or "no", such as "Are you Mrs. Smith?"
4. Explain that the verification of identification is done multiple times to ensure patient safety.
5. Compare the information on the wristband to the medical record or requisition if the patient is unable to participate reliably in the identification process.

**Using the Wristband Snaps (JDH Inpatient, JDH procedural areas and JDH imaging services), staff will:**

1. Educate patients, families, significant others and designated caregivers about the purpose for and the meaning of the color-coded wristband snaps. Let them know that these are not the **same** for all Connecticut hospitals.
2. The nurse must verify that the colored alert wristband snaps reflect the *current* medical condition of the patient. If any changes are needed, the nurse must update the medical record and then remove or apply the appropriate snap.
3. Explore and resolve any discrepancies in patient identity or wristband alerts. This may necessitate generating a new patient identification bracelet.
4. Leave the wristband/snaps in place at discharge. Instruct the patient, family, significant other, and/or designated caregiver to remove the wristband and snaps once they are discharged, and to destroy them as they contain personal information.

**H. ATTACHMENTS :**

None

**I. REFERENCES :**

TJC National Patient Safety Goal 01.01.01 Use of Two Patient Identifiers  
Connecticut Hospital Association: Safety Absolute  
Connecticut Department of Public Health Statute 19a-580d-1 inclusive to 19a-580d-9 Recognition and Transfer of  
“Do Not Resuscitate” Orders

**J. SEARCH WORDS :**

Allergy, DNR, Fall Risk, ID Bands, ID Bracelets, Identification, Patient Identification, Latex Allergy, Safety Absolute,  
Snaps, Wristbands

**K. ENFORCEMENT:**

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with  
University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining  
agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any  
procedures document related to this policy.

**L. STAKEHOLDER APPROVALS :**

On File

**M. COMMITTEE APPROVALS :**

None

**N. FINAL APPROVAL :**

- |  |                                   |
|--|-----------------------------------|
| <p>1. <u>Bruce T. Liang, MD (Signed)</u><br/>Bruce T. Liang, MD<br/><b>Interim Chief Executive Officer &amp; EVP for Health Affairs<br/>Dean, School of Medicine</b></p>         | <p><u>02/8/2022</u><br/>Date</p>  |
| <p>2. <u>Anne Horbatuck (Signed)</u><br/>Anne D. Horbatuck, RN, BSN, MBA<br/><b>Clinical Policy Committee Co-Chair</b></p>   | <p><u>02/04/2022</u><br/>Date</p> |
| <p>3. <u>Scott Allen, MD (Signed)</u><br/>Scott Allen, MD<br/><b>Clinical Policy Committee Co-Chair</b></p>  | <p><u>02/04/2022</u><br/>Date</p> |
| <p>4. <u>Caryl Ryan (Signed)</u><br/>Caryl Ryan, MS, BSN, RN<br/><b>Interim Chief Operating Officer, JDH<br/>VP Quality and Patient Services &amp; Chief Nursing Officer</b></p> | <p><u>02/07/2022</u><br/>Date</p> |

**O. REVISION HISTORY :**

Date Issued:

Revised: 12/2017, 7/2021, 01/2022

Reviewed: