### Institution Name: Directorate General of Quality Assurance Centre, MoH

### Document Title: Policy & Procedure of Patient Identification

#### Approval Process

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</tbody>
</table>
Table of Contents

1. Introduction .................................................................................................................. 4
2. Purpose.......................................................................................................................... 4
3. Scope: ........................................................................................................................... 4
4. Policy .................................................................................................................................. 4
5. Procedures ....................................................................................................................... 5
   5.8. Identification in Out Patient Department (OPD): ................................................... 6
   5.9. Identification in Hemodialysis unit: ........................................................................ 6
   5.10. Transfer between wards ....................................................................................... 7
   5.11. Maternity ................................................................................................................ 7
   5.12. Blood transfusion ................................................................................................... 8
   5.13. Imaging .................................................................................................................... 8
   5.14. Incompetent patients ............................................................................................. 8
   5.15. Unknown patients ................................................................................................ 9
   5.16. Theatre/sedated patients ....................................................................................... 9
   5.17. Deceased patients ................................................................................................. 9
   5.18. Patients who do not wear identification bands: .................................................. 10
   5.19. If an error occurs: ................................................................................................. 10
   5.20. Monitoring and Review ....................................................................................... 10
6. Responsibility .................................................................................................................. 11
7. Important ........................................................................................................................ 12
8. Document History and Version Control ....................................................................... 13
9. Related Document .......................................................................................................... 13
10. References ..................................................................................................................... 14
1. Introduction
The success of many treatments and activities within the healthcare institution depends on ensuring that correct patient identity has been established. Patient identification is an essential stage in care processes as there could be significant consequences if an error is made.

2. Purpose
To provide a direction on how to perform accurate identification of patients.

3. Scope
National wide

4. Policy

4.1 It is the policy of Ministry of Health to ensure that patients are properly identified prior to any care, treatment or services taking place.

4.2 EXCEPTION

Patients unable to provide identifying information, who experience conditions requiring emergency care will receive treatment prior to identification if such care and treatment is necessary to stabilize the patient’s condition (Example: Patient arriving comatose to Emergency Department).

4.2.1 Small infants and patients with a disease process, injury, or treatment that prevents safe placement of the Identification (ID) band on any extremity.
5. Procedures:

5.1 The identification band must include the following:
   5.1.1 Patient full name (Given Name, Father Name, Grandfather Name and tribe name for Omani patients).
   5.1.2 Medical Record Number.
   5.1.3 Date of birth.

5.2 In the rare event of the patient being unknown, the identification band should state:
   5.2.1 Emergency number (emergency1, emergency2, etc.).
   5.2.2 Medical Record Number.
   5.2.3 Gender.
   5.2.4 Approximate age.
   5.2.5 Ward or Location.
   As more information becomes available the ID band must be updated.

5.3 In absence of electronic printing of ID band, all information should be written clear in blue or black pen and checked with the patient prior to application of the identification band.

5.4 Before any procedure is carried out, check the identification band for the following two identifiers to ensure that the correct patient is involved:
   5.4.1 Patient full name.
   5.4.2 Patient medical record number.

5.5 Staff verbally assesses the patient to assure proper identification, asking the patient’s name and date of birth and matching the verbal confirmation to the written information on the identification band and medical record.

5.6 Procedures Requiring Correct Identification Of Patients:
The list below is not exclusive, Patients should be identified before:
   5.6.1 Blood sampling.
   5.6.2 Blood transfusion.
5.6.3 Collecting of patient bodily fluid samples.
5.6.4 Confirmation of death.
5.6.5 Administration of all medications.
5.6.6 Surgical intervention and any invasive procedure.
5.6.7 Transport / transfer of the patient.
5.6.8 X-rays and imaging procedures.

5.7 **Placement of Patient’s ID Bands**

5.7.1 The name band shall be sited as follows:

A. First choice Right wrist.
B. Second choice Left wrist.
C. Third choice Ankles, right or left e.g. if wrist / arm is swollen / injured.
D. Ensure that it cannot be self-removed. If limbs are too large to use 1 name band then 2 may be joined together.

E. Patients who are at risk of or likely to remove their ID band should ideally have two ID bands in place, one on the wrist and the second on the ankle. The ID band shall only be removed when the discharge procedure is complete.

5.8 **Identification in Out Patient Department (OPD):**

Patients who visit OPD are identified through their National ID (for Omani) and Resident Card (for non-Omani) that medical record already contains, patient introduce his National ID to the nurse that confirms the details with his medical record (National ID contains Patient Name, Date of Birth), No ID band in OPD.

5.9 **Identification in Hemodialysis Unit:**

Hemodialysis patients are identified through ID card containing patient name, date of birth and Medical Record Number.
5.10 **Transfer between Wards**

Patients who are transferred from one ward to another should have their ID band checked as part of the admission/transfer process. If details are incorrect/missing they must be given a new ID band with the correct details and the old one must be removed, an incident form should also be completed. Do not write over the old ID band.

5.11 **Maternity**

5.11.1 Mothers' ID band

The mother’s ID band should include all the mother details as per policy statement.

5.11.2 Babies’ ID band

Two ID band should be applied to two separate baby limbs and checked daily. Information to be read:

A. First ID band:
   i. Full name of mother (Given Name, Father Name, Grandfather Name and tribe name for Omani patients).
   ii. Mother Medical Record Number.
   iii. Mother date of admission, age, and nationality.
   iv. Mode of delivery.

B. Second ID band:
   i. Infants Gender followed by mother full name.
   ii. Infant Medical Record Number.
   iii. Infants Date and Time of Birth.
   iv. Birth order if multiple birth.
5.11.3 The mother confirms the details with the nurse. Following delivery, the ID band is applied to the infant's ankle.

5.11.4 On discharge a nurse removes the first ID band and the details checked with the mother. The second ID band is left in place for the mother to remove at home.

5.11.5 No infant is found without wearing any identification band even at discharge.

5.12 Blood Transfusion

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

5.12.2 Two practitioners are responsible for correct patient identification.
   A. Check verbally.
   B. Check ID band.

5.12.3 If you are not sure – DO NOT give blood until the patient has an accurate ID band.

5.13 Imaging

5.13.1 It is the ultimate responsibility of the operator to ensure that the correct patient is being examined according to the request that has been made.

5.13.2 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. The exposure must not be performed until the patient's identification has been verified.

5.13.3 Outpatients
   The operator must correctly identify the patient prior to performing any exposure:
   A. Ask the patient to state their full name and date of birth. Do not ask...
them to confirm the details against those expected according to the request form.

B. Check these details against those given on the request form. If the details match, proceed with the exposure.

5.13.4 Inpatients

A. When collecting an inpatient from a ward, partnering staff must ask the ward staff to identify the patient. Details of the patient to be collected are then checked against the patient’s identification band. Patients without bands MUST NOT are moved from the ward until an ID band has been supplied and fitted. At the imaging department the patient identity on the form must be checked against the ID band prior to any exposure.

B. If a ward nurse is not available, the patient must be returned to the ward and the nurse-in-charge informed of the situation.

C. Do not examine any inpatient on the ward that is not wearing an ID band. Request that a ward nurse who is assigned to the patient fits an ID band.

D. The patient’s details on the request form must be checked against those on the patient’s band before the exposure.

5.14 Incompetent Patients

An accompanying capable adult must answer on behalf of patients who are incapable of confirming their own identity (too young, incoherent, language difficulties). An interpreter must be used if there is a language problem.
5.15 **Unknown Patients**

For unknown and unconscious patients (such as trauma patients), identification is made by resuscitation or emergency staff until a unique identification has been made.

5.16 **Theatre/ Sedated Patients**

Patient identification is confirmed by theatre staff prior to being anaesthetized. A member of this team identifies the patient prior to the medical exposure.

5.17 **Deceased Patients**

5.17.1 All deceased patients MUST be correctly identified with two identification bands - one attached to the wrist and one attached to the ankle. If a limb(s) is missing then attach one label to an available limb and the other to the patient’s skin using transparent tape.

5.17.2 PRINT the patient's name, medical record number, date of birth and religion (if known).

5.17.3 In the event of the patient's name not being known then the identification band should state UNKNOWN MALE/FEMALE. It should also include the Date of Admission.

5.17.4 The Mortuary Register must be accurately completed. All details known about that patient should be entered.

5.17.5 All deceased patients MUST be correctly identified with two identification bands - one attached to the wrist and one attached to the ankle. If a limb(s) is missing then attach one label to an available limb and the other to the patient’s skin using transparent tape.

5.17.6 PRINT the patient's name, medical record number, date of birth and religion (if known).
5.17.7 In the event of the patient's name not being known then the identification band should state UNKNOWN MALE/FEMALE. It should also include the Date of Admission.

5.17.8 The Mortuary Register must be accurately completed. All details known about that patient should be entered.

5.18 **Patients Who Do Not Wear Identification Bands:**

There are some situations where a patient may not wear an ID band:

5.18.1 The patient refuses to wear the band.

5.18.2 The band causes skin irritation.

5.18.3 The patient removes ID band.

The patient MUST be informed of the potential risks of not wearing an ID band. This discussion and the reason for the patient not wearing an ID band MUST be documented in the patient record.

5.19 **If An Error Occurs:**

If you have discovered a patient identification error please report it immediately to the ward/department person in charge. Complete and submit an Incident Reporting System form. This would include an incident that has occurred as a result of misidentification and also ‘near miss’ situations where the error has been detected before an incident has taken place.

5.20 **Monitoring and Review:**

There is an annual audit of compliance with this policy within each division led by the Senior Nurse, which includes:

5.20.1 Number and percentage of patients wearing name bands.
5.20.2 Accuracy and legibility of the information included on them

5.20.3 Any reasons why patients are not wearing name bands is fully documented.

6. Responsibility

6.1 The patient verifies identification details entered into the medical records. The person writing the details on the name band is responsible for ensuring that the details are accurate.

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<th>Category of Patient</th>
<th>Person Responsible</th>
<th>Timescale</th>
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<td>In-Patients</td>
<td>Admitting nursing staff</td>
<td>At time of admission</td>
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<tr>
<td>Day Case Patients</td>
<td>Admitting nursing staff</td>
<td>At time of admission</td>
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<td>Emergency</td>
<td>Individual leading treatment i.e. Nurse</td>
<td>Before any interference</td>
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<tr>
<td>New Born</td>
<td>Nurse/midwife staff</td>
<td>Immediately after delivery</td>
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<td>Deceased Patients</td>
<td>Staff who perform last offices shall apply 2nd name band</td>
<td>During the last offices</td>
</tr>
<tr>
<td>Patients brought in dead direct to the mortuary</td>
<td>Person accompanying body i.e. police/ mortuary technician</td>
<td>At time of entry in to the mortuary</td>
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6.2 Staff Responsibility

6.2.1 Each time the patient is transferred the ID band should be checked with the patient and/or records for accuracy, this may be from one unit to another.
6.2.2 Any clinician (doctor, nursing staff or healthcare professional) who removes an ID band (perhaps to perform a procedure) is responsible for ensuring another is applied.

6.2.3 The clinician performing any treatment is responsible for checking the ID band beforehand to ensure the correct patient.

6.2.4 It is the responsibility of all supervisors/heads in healthcare institutions to ensure that all their staff are aware of this policy and implement what it says.

7. Important

7.1 Never be complacent, always check the patient’s identity.

7.2 Do not perform two tasks at the same time that require patient identification, e.g. intravenous drugs, venipuncture.

7.3 No procedure shall be conducted when the patient’s identity cannot be verified because the ID band is illegible or missing.

7.4 ID bands however do not remove individual clinician’s responsibility to check patient’s identity; they are an important way of validating identification.

7.5 Do not rely on patient’s to correctly identify themselves; some patients will agree to anything you say to them.

7.6 Check legibility of ID band each time, replace if incorrect or illegible.
8. Document History and Version Control

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<th>Review Date</th>
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<td>01</td>
<td>Initial Release</td>
<td>Dr. Khaled Alhussainy Abulmajd</td>
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Written by: Dr. Khaled Alhussainy Abulmajd
Reviewed by: Concerned Team
Approved by: Minister of Health

9. Related Documents:

9.1 P&P Informed Consent, MOH/DGQAC/005/Vers.1.0
9.2 P&P Safe Surgery, Preoperative Communications MOH/DGQAC/006/Vers.1.0
9.3 P&P Safe Surgery, Ensure correct patient, procedure and correct site for invasive/surgical procedures, MOH-DGQAC/007/Vers.1.0
## 10. References:

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<th>Year of publication</th>
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<td>Policy For Security And Identification Of The New Born</td>
<td>MCHT Trust</td>
<td>2002</td>
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<td>Patient Identification Policy</td>
<td>The Whittington Hospital NHS Trust</td>
<td>2004</td>
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<td>Patient Identification Policy</td>
<td>Wrightington, Wigan &amp; Leigh NHS Trust</td>
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<td>Incorrect blood components transfused.</td>
<td>SHOT (Serious Hazards of Transfusion) report</td>
<td>2006</td>
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<td>Identification Band Policy</td>
<td>South Manchester University Hospitals Trust</td>
<td>2003</td>
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<td>South Glasgow University Hospitals NHS Division</td>
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<td>Safe patient, Safe procedure</td>
<td>K.A. Abulmajd</td>
<td>2006</td>
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