NHS

Greater Glasgow and Clyde

NHS GG&C - Mental Health Services

Policy & Procedures for the Safe Identification of Patients

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Document Number:	**MHS 21**
Lead Manager:	**A Walker, MH SUM Group**
Responsible Director:	**Lead Associate Medical Director**
Approved by:	**MH Quality & Clinical Governance Group**
Date approved:	August 2022
Date for Review:	August 2025
Replaces previous version: [if applicable]	2.0

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Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
1.0	April 2015	First edition	A Walker
2.0	April 2018	Positioning of introduction and policy statement swapped. Policy statement strengthened to make the use of a clear system mandatory. CHI number added to templates for characteristics and photo labels. The requirement to have an auditable system added to section 6 –verbal confirmation	A Walker
3.0	August 2022	Updated to reflect HEPMA introduction	A Walker

Contents

1. Introduction & Background

The correct identification of patients is necessary for core tasks associated with the provision of safe and effective care within health services. Within general hospital inpatient services, the wearing of an identification wristband assists in identification of patients and is considered standard practice by both healthcare staff and patients. However, in mental health services, the wearing of such wristbands has never been fully established, nor is it considered wholly appropriate or culturally acceptable for all patients/clients. Consequently, there are particular risks associated with the correct identification of patients in a number of situations for example, in the administration of medicines. A commonly reported adverse events reported in the Datix incident reporting system are errors in which medicines have been given to the wrong person. The primary purpose of this policy is to reduce the risk of medication errors and thereby increase patient safety.

This document describes a number of alternative options services may consider using to establish a patient's identity prior to the administration of medicines. Each clinical area should agree and implement the methods they are going to use.

2. Policy Statement

This policy sets out to ensure that:

- Each clinical area across GG&C Mental Health Services agrees and records their procedure for the recording a patient's identity to support safer medicines administration.

- All clinical areas have a robust and auditable system in place to ensure that all clinical staff effectively establish the patients' identity. **This formal process for establishing a patient's identity must be followed by all staff when administering medication.**

- To reduce the risk of medication errors and thereby increase patient safety.

- All staff governed by the GG&C Mental Health & Learning Disability Services and HSCPs accurately establish the patients' identity prior to administering every dose of medication.

All staff involved in administering routine medication must be aware of and apply this policy and relevant professional bodies (NMC, GMC etc) guidance in relation to the administration of medicines.

3. Scope

This policy is applicable to all inpatient mental health services across NHS Greater Glasgow & Clyde Mental Health & Learning Disability Services and should be adopted within community settings where necessary. **This policy does not apply to the Prison Service or Police Custody suites.**

This policy must be applied in conjunction with:
- Adults with Incapacity (Scotland) Act (2000) part 5, Authority to Treat
- Mental Health (Care And Treatment) (Scotland) Act 2004
- NHS Greater Glasgow & Clyde (2008) Safe & Secure Handling of Medicines
- NHS Greater Glasgow And Clyde (2017) Consent Policy On Healthcare Assessment, Care and Treatment
- NHS Greater Glasgow And Clyde (2009) Caldicott, Confidentiality and Data Protection
- NHS Code Of Practice on Protecting Patient Confidentiality
- NHS Greater Glasgow And Clyde (2009) Information Governance Policy

NHS Greater Glasgow and Clyde (2011) Photography & Video Recordings of Patients for Clinical and Service Use

4. **Consent**

Before taking a photograph of any patient consent must be given and recorded with in the patient's record.

5. **Procedure**

This policy requires each clinical area to adopt one of the standard auditable methods of confirming a patient's identity prior to the administration of medicines listed below.

1. **Photographic identification**
2. **Wristbands**
3. **Physical characteristics labels**
4. **Verbal Verification (must be used in conjunction with methods 1 – 3 above)**

Each ward/department/area **must** determine which primary option(s) best suits their situation and then develop a system in line with this policy and procedure to ensure that this option is routinely practiced within the area/ward/department. The principle of **EVERY PATIENT EVERY TIME** applies.

With the introduction of HEPMA there is no paper prescription sheet and photographs therefore will be uploaded as an image added to a patient note within the HEPMA system (Appendix 2)

5.1 Information and Consent

Where services choose to adopt the use of photographic identification, staff members will

- Explain to patient the purpose and use of the photograph i.e. to assist in the safe identification of patients during administration of medicines, missing person procedure (not relevant to community)

- Seek the patient's consent for the photograph to be taken and make a record of this in their case records.

- In instances where a patient lacks capacity to consent, consider the use of Adults with Incapacity (Scotland) Act (2000).

5.2 Taking the Photograph and Securing to Relevant Documentation

After explaining the purpose and uses of the photograph the staff member will take a 'head and shoulder' photograph of the patient using the digital camera.

The staff member will ensure the following:

(a) The patient removes any hat or other garments/items, which may partially or fully obscure their face in a photograph.

(b) The photograph is taken in an area away from other patients or visitors

(c) The photograph is taken with a blank wall or self-coloured curtain as a background (if possible)

The staff member will check the photograph on the camera viewer to ensure that the image is clear and recognisable. The image will then be added to the patient's HEPMA record as described in appendix 2. Once added to the HEPMA system, the camera memory card and computer files must be cleared immediately.

5.3 Change in Patient's Appearance - Retaking Photograph

If the patient has a significant change in appearance for example weight gain or loss, change of hair colour, a new photograph should be taken, with their consent. The reason for taking a new photograph should be discussed with the patient and consent should be sought again.

In instances where the patient refuses to give further consent, an alternative method such as recording the patient's characteristics should be used and recorded as outlined below.

5.4 Patient Confidentiality - Storage of Records

Once the photograph has been secured to the care Record and prescription sheet it forms part of the patient record and will be treated with the same level of confidentiality as other medical records.

5.5 Photographic Identification Not Suitable

There may be instances where a patient is unwilling to remove garments/items, which may obscure their face, and therefore the use of photography will not aid in the positive identification of the individual. In this circumstance or in instances where the patient does not give consent for a photograph to be taken the staff member will record that the patient has been unwilling to consent to a photograph and where possible give a reason.

5.6 Procedure for Patient Identification Wristbands

In wards where this is deemed to be the preferred method of safe patient identification the patient's identification band must be applied on admission to hospital, or once the patient has entered a department for treatment.

There are three core identifiers that uniquely identify a patient when used in combination. These three core identifiers **must** be included on the wristbands of all patients:

1. First Name
2. Last Name
3. CHI Number

5.7 Procedure for adding Physical Characteristic description as a patient note in HEPMA

To add a note describing the patient's physical characteristics take the following steps:

- Open the patient record on HEPMA and click on the 'PATIENT NOTES' section.

- Add a new note with appropriate title and select 'Note to appear when charting' as the note type.

- Enter the details below as note:

  - Patient's name

  - CHI number

  - Eye colour

  - Hair colour

  - Height

  - Build

  - Distinguishing marks

  - Ethnic origin

6. Procedure for verbally confirming Identity

Before administering medication on each occasion staff should ask the patient to confirm their name and date of birth. The registered nurse should check that this information corresponds with the prescription sheet in front of them. If it does not medicines should not be administered until the identity of the patient can be confirmed.

If a relative/carer or significant other is collecting medication, for example clozapine, on a patient's behalf then staff should ask them to confirm the patients name and date of birth.

REGARDLESS OF THE METHOD CHOSEN BY A TEAM TO CONFIRM A PATIENT'S IDENTITY THE PRINCIPLE OF EVERY PATIENT EVERY TIME WILL APPLY.
i.e. when staff administer medication they are required to use an auditable system to formally identify each patient every time.

Appendix 1

ADULTS WITH INCAPACITY
(SCOTLAND) ACT 2000

Certificate of Incapacity under Section 47 of the Adults with Incapacity (Scotland) Act 2000

I _____ (name)

of _____ (address)

*am the medical practitioner primarily responsible for the medical treatment of; or

*am a person who is *a dental practitioner/an ophthalmic optician/a registered nurse and who satisfies such requirements as are prescribed by the Adults with Incapacity (Requirements for Signing Medical Treatment Certificates) (Scotland) Regulations 2007 and who is primarily responsible for treatment of the kind in question of:

_____ (name)

of _____ (address) (D D M M Y Y) (date of birth)

for whom the *guardian/welfare attorney/person appointed by intervention order/nearest relative/carer

is _____

I have examined the patient named above on (D D M M Y Y) (date). I am of the opinion that *he/she is incapable within the meaning of the Adults with Incapacity (Scotland) Act 2000 ("the 2000 Act") in relation to a decision about the following medical treatment:

_____

because of (nature of incapacity)

_____

_____

This incapacity is likely to continue for _____ months.

*I therefore consider it appropriate for the authority conferred by section 47(2) of the 2000 Act to subsist from:

(D D M M Y Y) (date of examination) until (D D M M Y Y) , being a period which does not exceed one year from the *date of the examination on which this certificate is based/date of revocation of the certificate issued previously by me; or

*I am of the opinion that (a) *he/she is suffering from *a severe or profound learning disability/dementia/a severe neurological disorder; and (b) *what he/she is suffering from is unlikely to improve within the meaning of the Adults with Incapacity (Conditions and Circumstances Applicable to Three Year Medical Certificates) (Scotland) Regulations 2007/ (Y Y) and therefore consider it appropriate for the authority conferred by section 47(2) of the 2000 Act to subsist until:

(D D M M Y Y) being a period which does not exceed three years from the *date of the examination on which this certificate is based/date of revocation of the certificate issued previously by me.

The authority conferred by section 47(2) of the 2000 Act shall subsist for the period specified above or until such earlier date as this certificate is revoked.

In assessing the capacity of the patient, I have observed the principles set out in section 1 of the 2000 Act.

Signed _____ Date (D D M M Y Y)

*delete as appropriate

**Appendix 2: Procedure For Adding JPEG Image to HEPMA Patient Note**

- Obtain a digital image of the patient e.g. take a photo using an NHS digital camera, email to an NHS email address, open email and save/download image onto a NHS PC/laptop.

- Open 'File Explorer' and locate the downloaded file.

- Right click on the file and select 'Open with' then 'Paint'. The Image should then open in the Microsoft Paint Program.
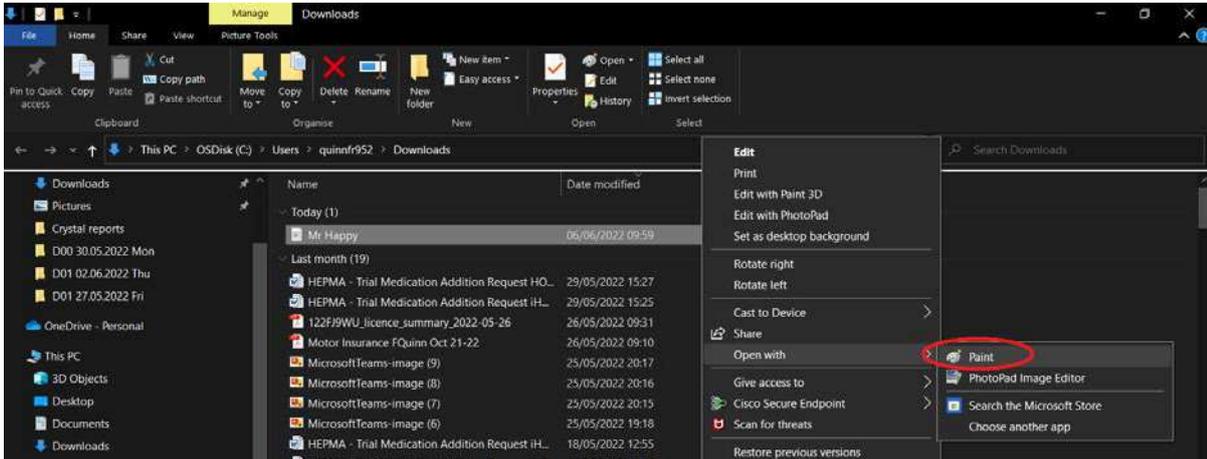
Resizing and Saving

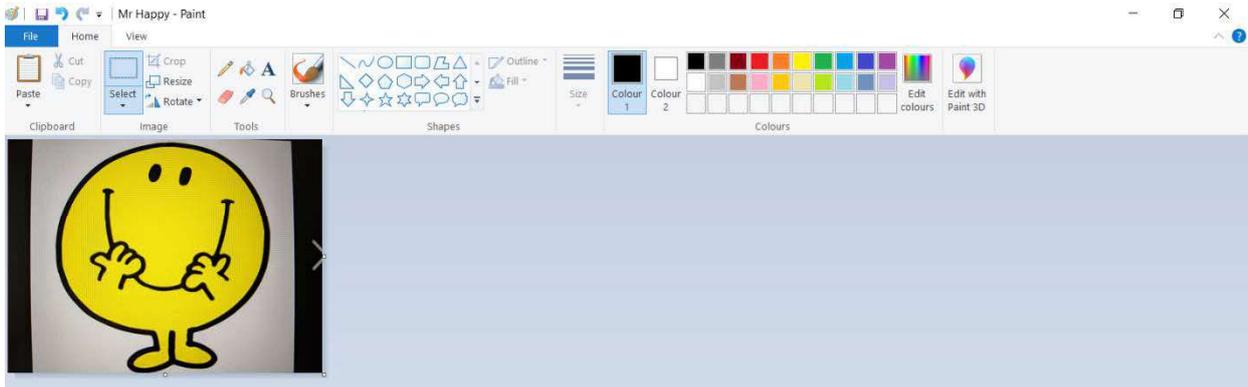The image may have to be resized if too large.

- To select the whole image for resizing, click 'Select' then 'Select all'.
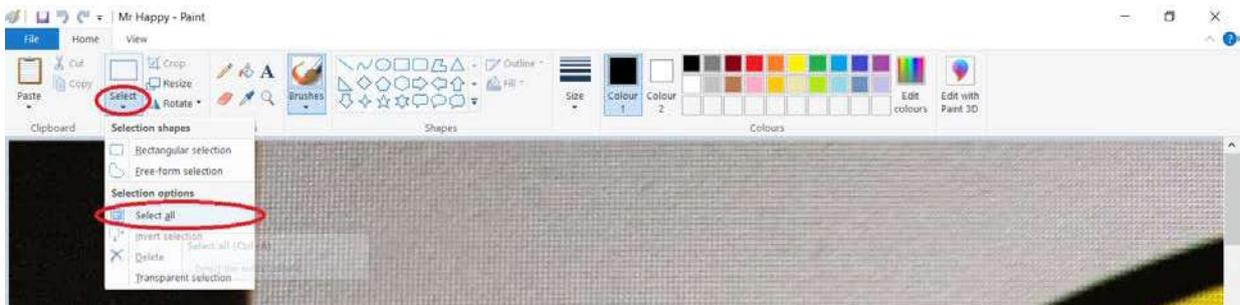
- Click 'Resize' and enter values as a percentage for required resize.

- Click 'OK' and if the file size is acceptable, click File>Save As>JPEG Picture.

Copying and Pasting to HEPMA Patient Note

- Open the JPEG file.

- Select the whole image as per earlier instructions then right click on the image and click 'copy'.

- Open the patient record on HEPMA and click on the 'PATIENT NOTES' section.

- Add a new note with appropriate title and select 'Note to appear when charting' as the note type.

- Right click in the main body of the note and click 'paste' to insert the image. Text is also required in addtion to the image (e.g. Patients name) then the note can be saved.
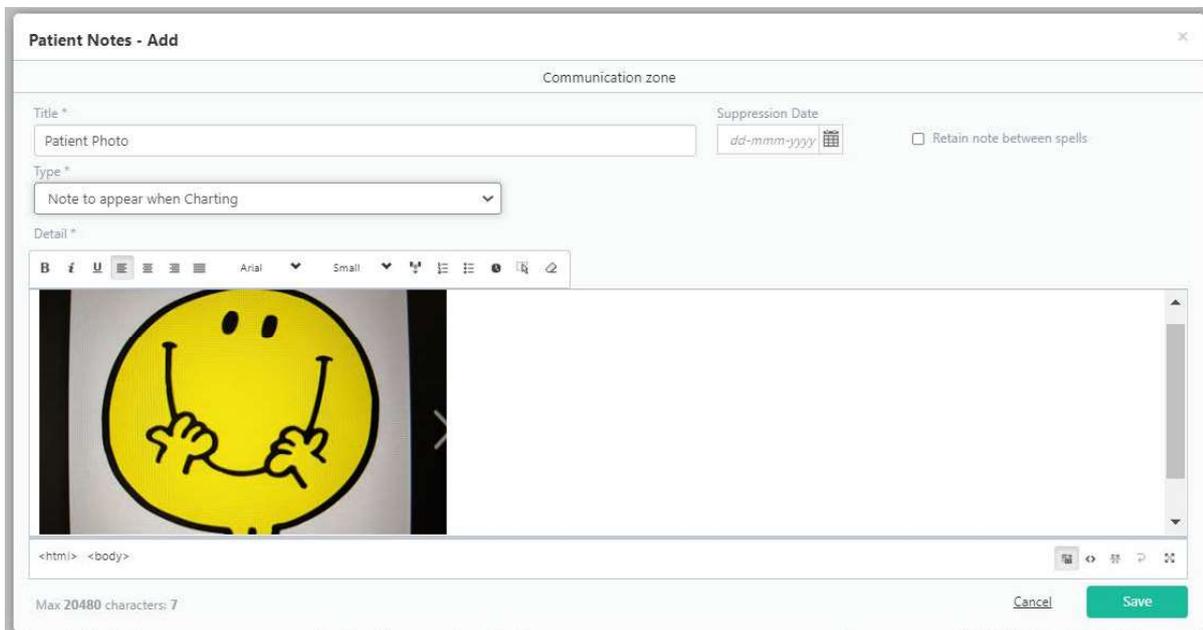
Any saved documents/images of the patient other than the HEPMA note must be deleted from all devices when this process is complete