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## Patient Identification - The Red Rule - POLICY

### Purpose Statement

The objective of this policy is to support the consistent use of person- specific identifiers to confirm that patients receive the service or procedure intended for them can avoid harmful incidents.

### Policy Statement

It is the policy of Bluewater Health that patients will have two approved patient identifiers checked prior at the point of every interaction, service or procedure intended for them.

#### Approved patient identifiers include:

- Patient name (first and last name)
- Patient date of birth
- Patient address
- Medical Record Number

Patient identification is considered a “red rule” at Bluewater Health.

#### Red Rule:

A red rule is a rule that cannot be broken because of the serious harm and outcomes associated with breaking the rule. Red rules must be followed exactly as specified except in rare or urgent situations (ISMP, 2008).

### Applicability or Scope

This rule applies to all staff, physicians, affiliates, students, and volunteers. It includes, but **is not limited to** patient interactions such as:

- Admission
- Prior to the provision of any service

- Medication administration
- Blood sample collection
- Blood transfusion
- Lab specimen/sample collection (urine, swabs, sputum, etc.)
- Specimens for pathology
- Allergy verification
- Confirmation of death
- Surgical or Invasive procedure
- Meal tray distribution
- Transfer of care
- Discharge
- Release of Personal Health Information

## Responsibilities/Accountabilities

### Staff Responsibilities

- At every interaction, two approved patient identifiers must be utilized to identify the patient at every point of interaction.
- If a patient is unable to identify him/herself due to cognition, age, or condition, a substitute decision maker (SDM) will be used. An SDM may be a parent/guardian, or capable adult known to the patient who is able to provide information to staff. In specified units where a patient picture is on file (Continuing Care) a picture may be used in collaboration with a second patient identifier.
- In rare emergent situations, situations where it is not possible to obtain patient identifiers, staff may break the red rule and proceed with treatment.
- The patient identifier band must remain on at all times; if it is wet or soiled, it is to be replaced as soon as possible. If a patient refuses to wear the identification band, staff must explain the risks to the patient including but not limited to, wrong medication, wrong site surgery, permanent harm or death, and document in the medical record.

### Accountabilities

Bluewater Health promotes a “just culture” and follows the “Just Culture Decision Tree”, if a policy is well known and in routine use, and there is evidence a staff member took an unacceptable risk, discipline must be applied. The Red Rule is considered a widely known policy, and staff know the risks associated with disregarding the Red Rule.

Bluewater Health follows the red rule algorithm to ensure patient safety and assign learning opportunities and discipline. Therefore, any member of Bluewater Health who at the conclusion of an investigation is found to have broken the Red Rule will be subject to discipline up to and including termination. (See Appendix B)

## Contact information

For clarification of this policy please contact Director of Professional Practice or Manager of Quality , Patient Safety and Risk Management.

# Evaluation

This policy will be reviewed in accordance with Bluewater Health's Standard of every three years.

# Authority

This policy was authored in consultation with the following stakeholders:

- Director and Manager of Human Resources
- Director of Professional Practice
- Manager of Quality, Risk and Patient Safety
- Clinical Managers, Directors and Professional Practice Supervisors
- Corporate Practice Team
- Chief Nurse Executive

This policy is issued and approved by the Executive Council.

# References

Some red rules shouldn't rule in hospitals. (2008, April 24). Retrieved December 04, 2017, from <https://www.ismp.org/newsletters/acutecare/articles/20080424.asp>

Accreditation Canada. (January, 2017). *Required Organizational Practices, Handbook 2017, Version 2.*

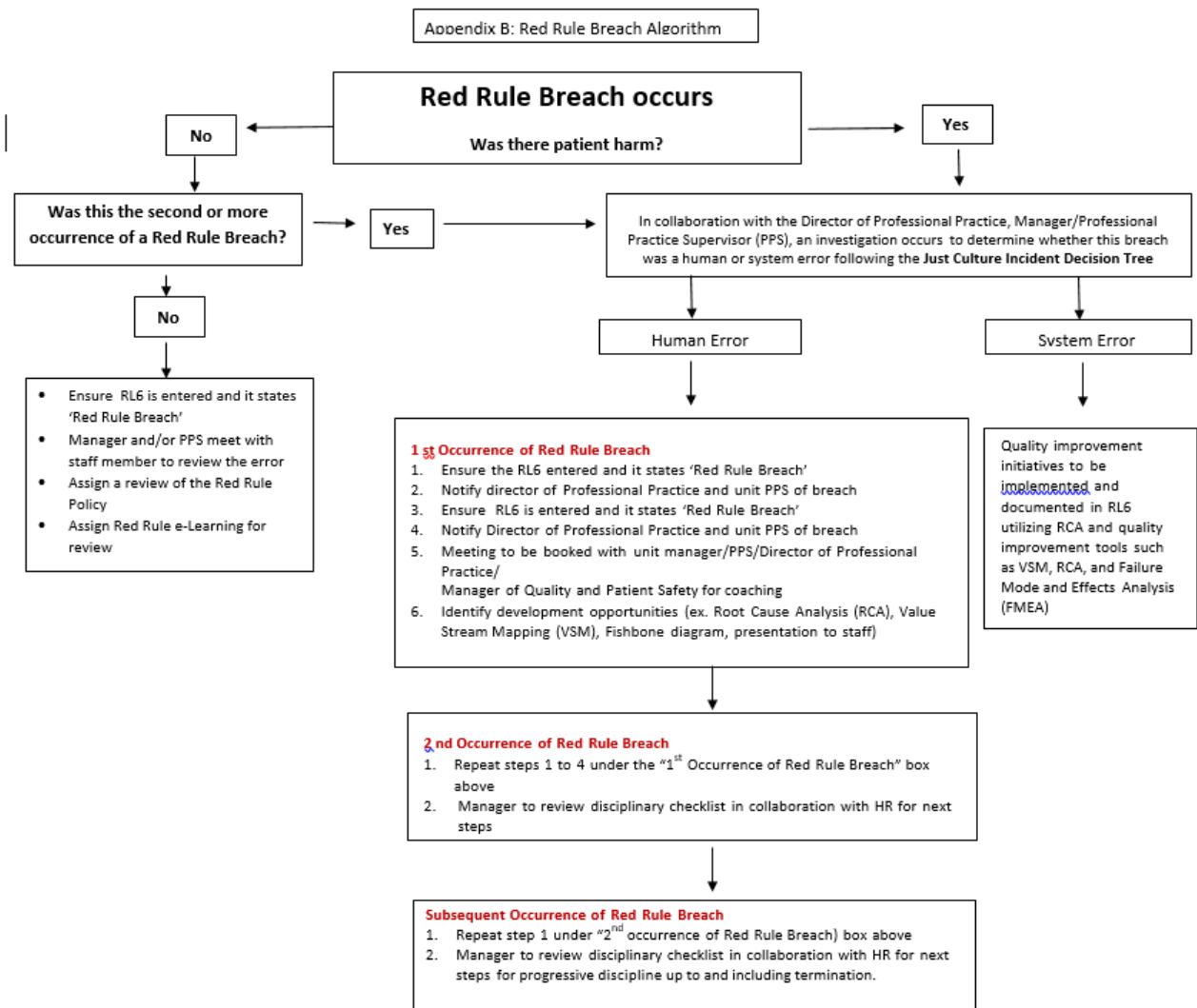
# Definitions

*Not Applicable*

# Related Documents

Appendix A: Just Culture Decision Tree

# Appendix B: Red Rule Breach Algorithm



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## Approval Signatures

Step Description

Approver

Date