Policy and Procedure Template

Policy name: Color-coded Wristbands

1. Purpose

To have a standardized process that identifies and communicates patient-specific risk factors or special needs by standardizing the use of color-coded wristbands based upon the patient’s assessment, wishes, and medical status.

2. Objective - Color-coded Wristbands

Objectives are:
A. To reduce the risk of confusion associated with the use of color-coded wristbands.
B. To communicate patient safety risks to all healthcare providers.
C. To include the patient, family members, and significant others in the communication process and promote safe healthcare.
D. To adopt the following risk reduction strategies:

1. A preprinted written descriptive text is used on the bands clarifying the intent (i.e., “Allergy,” “Fall Risk,” or “DNR”).
2. Except in emergent situations, no handwriting is used on the wristband.
3. Colored wristbands may only be applied or removed by a nurse or licensed staff person conducting an assessment.
4. If labels, stickers, or other visual cues are used in the medical record to communicate risk factors or wristband application, those cues should use the same corresponding color and text to the colored band.
5. Social cause wristbands, such as the “Live Strong” and other causes, should not be worn in the hospital setting. Staff should have family members take the social cause wristbands home or remove them from the patient and store them with his/her other personal items. This is to avoid confusion with the color-coded wristbands and to enhance patient safety practices.
6. To involve the patient and his/her family members as a partner in the care provided and safety measures being used, patient and family education should be conducted regarding:
   a) The meanings of the hospital wristbands and the alert associated with each wristband; and
   b) The risks associated with wearing social cause wristbands and why they are asked to remove them.

AHA wishes to acknowledge the Pennsylvania Color of Safety Task Force, which developed the initial policy that is the basis for this document.
3. **Definitions**

The following represents the meaning of each color-coded band:

<table>
<thead>
<tr>
<th>Band Color</th>
<th>Communicates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>Allergy</td>
</tr>
<tr>
<td>Yellow</td>
<td>Fall Risk</td>
</tr>
<tr>
<td>Purple</td>
<td>DNR</td>
</tr>
</tbody>
</table>

4. **Identification (ID) Bands in Admission, Pre-Registration Procedure, and/or Emergency Department**

The colorless or clear admission ID wristbands are applied in accordance with procedures outlined in organizational policy on patient ID and registration. These ID bands may be applied by non-clinical staff in accordance with organizational policy.

5. **Color-coded “Alert” Wristbands**

During the initial patient assessment, staff collects data to evaluate the needs of the patient and a plan of care unique to the individual is initiated. Throughout the course of care, reassessment is ongoing and may uncover additional pertinent medical information, trigger key decision points, or reveal additional risk factors about the patient. It is during the initial and reassessment procedures that risk factors associated with falls, allergies, and DNR status are identified or modified. Because this is an interdisciplinary process, it is important to identify who has responsibility for applying and removing color-coded wristbands, how this information is documented, and how it is communicated. The following procedures have been established to remove uncertainty in these processes:

A. Any patient demonstrating risk factors on initial assessment will have a colored band placed on the same extremity as the admission ID band by the nurse or licensed professional, if the nurse is unavailable.

B. The application of the band is documented in the chart by the nurse, per hospital policy.

C. If labels, stickers, or other visual cues are used to document in the record, the stickers should correspond to wristband color and text.

D. Upon application of the colored wristband, the nurse will instruct the patient and his/her family member(s) (if present) that the wristband is not to be removed.
E. In the event that any color-coded wristband has to be removed for a treatment or procedure, a nurse will remove the wristband. Upon completion of the treatment or procedure, a new wristband will be made, risks reconfirmed, and the wristband reapplied immediately by the nurse. This same procedure applies if more than one colored wristband is involved.

6. **Social Cause Wristbands**

Following the patient ID process, a licensed clinician, such as the admitting nurse, examines the patient for “social cause” wristbands. If social cause wristbands are present, the nurse will explain the risks associated with the wristbands and ask the patient to remove them. If the patient agrees, the wristband will be removed and given to a family member to take home, or stored with the other personal belongings of the patient. If the patient refuses, the nurse will request the patient sign a refusal form acknowledging the risks associated with the social cause wristbands (see attached document). In the event that the patient is unable to provide permission, and family member(s) or a significant other is also not present, the licensed staff member may remove the wristband(s) in order to reduce the potential of confusion or harm to the patient.

7. **Patient/Family Involvement and Education**

It is important that the patient and family members are informed about the care being provided and the significance of that care. It is also important that the patient and his/her family member(s) be acknowledged as a valuable member of the healthcare team. Including them in the process of color-coded wristbands will assure a common understanding of what the wristbands mean, how care is provided when the wristbands are worn, and their role in correcting any information that contributes to this process. Therefore, during assessment procedures, the nurse should take the opportunity to educate and re-educate the patient and his/her family members about:
A. The meanings of the hospital wristbands and the alert associated with each wristband;
B. The risks associated with wearing social cause wristbands and why they are asked to remove them; and
C. Notification of the nurse whenever a wristband has been removed and not reapplied or when a new wristband is applied and they have not been given explanation as to the reason.

Patients and families have available to them a patient/family education brochure (see attached) that explains this information as well.
8. **Hand-off in Care**

The nurse will reconfirm color-coded wristbands before invasive procedures, at transfer, and during changes in level of care with patient/family, other caregivers, and the patient’s chart. Errors are corrected immediately.

Color-coded wristbands are not removed at discharge. For home discharges, the patient is advised to remove the wristband at home. For discharges to another facility, the wristbands are left intact as a safety alert during transfer. Receiving facilities should follow their policy and procedure for the banding process.

9. **DNR (Do Not Resuscitate)**

DNR status and all other risk assessments are determined by individual hospital policy, procedure, and/or physician order written within and acknowledged within that care setting only. The color-coded wristband serves as an alert and does not take the place of an order. Do Not Resuscitate orders must be written and verification of Advanced Directives must occur.

10. **Staff Education**

Staff education regarding color-coded wristbands will occur during the new orientation process and be reinforced as indicated.

*(Note to Hospitals: You should insert your specific language in this section so it matches your annual processes and competencies, should you decide to include color-coded wristbands in that process.)*

11. **Patient Refusal**

If the patient is capable and refuses to wear the color-coded wristband, an explanation of the risks will be provided to the patient/family. The nurse will reinforce that it is the patient’s and his/her family’s opportunity to participate in efforts to prevent errors, and it is the patient’s and his/her family’s responsibility as part of the team. The nurse will document in the medical record patient refusals, and the explanation provided by the patient or his/her family member. The patient will be requested to sign an acknowledgement of refusal by the completion of a release.