

## SAFEGUARDING AND DISPOSING OF PATIENT WRISTBANDS IN VA MEDICAL FACILITIES

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes standards for safeguarding and disposing of patient wristbands in Department of Veterans Affairs (VA) medical facilities. Accurate identification of patients prior to clinical interventions including but not limited to medication administration, specimen collection and performance of invasive and non-invasive procedures is facilitated using wristbands and is critical in mitigating the occurrence of medical errors.

**2. SUMMARY OF CONTENT:** This directive:

a. Sets forth policies and responsibilities for safeguarding and disposing of patient wristbands within VHA health care settings.

b. States requirements that patient wristbands will be handled in a manner that minimizes the possibility that personally identifiable information (PII) and protected health information (PHI) displayed and stored on the wristband is stolen or otherwise wrongfully disclosed.

**3. RELATED ISSUES:** VA Handbook 6507.1, Acceptable Uses of the Social Security Number (SSN) and the VA SSN Review Board, dated September 6, 2011; VHA Directive 1907.09, Identity Authentication for Health Care Services, dated June 6, 2019; VHA Directive 1186, Transfusion Verification and Identification Requirements, dated June 21, 2017; VHA Directive 1605.03(1), Privacy Compliance Assurance Program and Privacy/Freedom of Information Act (FOIA) Continuous Readiness Review and Remediation, dated September 19, 2019; VHA Directive 2012-035, VHA Social Security Number Reduction, dated December 19, 2012.

**4. RESPONSIBLE OFFICE:** The Office of Health Informatics (105), Health Information Governance (105HIG), Information Access and Privacy is responsible for the content of this directive. Questions may be addressed to the VHA Information Access and Privacy Office at [VHAPrivIssues@va.gov](mailto:VHAPrivIssues@va.gov).

**5. RESCISSIONS:** None.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of January 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

January 20, 2022

VHA DIRECTIVE 1605.06

**BY DIRECTION OF THE OFFICE OF THE  
UNDER SECRETARY FOR HEALTH:**

/s/ Mark Upton, M.D.  
Deputy to the Assistant Under Secretary  
for Health for Community Care,  
Performing the Delegable Duties of the  
Deputy Under Secretary for Health

***NOTE:*** All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

**DISTRIBUTION:** Emailed to the VHA Publication Distribution List on January 25, 2022.

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## SAFEGUARDING AND DISPOSING OF PATIENT WRISTBANDS IN VA MEDICAL FACILITIES

### 1. PURPOSE

This Veterans Health Administration (VHA) directive establishes standards for safeguarding and disposing of patient wristbands in Department of Veterans Affairs (VA) medical facilities. Accurate identification of patients prior to clinical interventions, including but not limited to medication administration, specimen collection and performance of invasive and non-invasive procedures, is facilitated using wristbands and is critical in mitigating the occurrence of medical errors. Patient wristbands must be handled in a manner that minimizes the possibility that information displayed and stored on the wristband, including personally identifiable information (PII) and protected health information (PHI), is stolen or otherwise wrongfully disclosed. **AUTHORITY:** 5 U.S.C. § 552a; 38 U.S.C. § 7301(b).

### 2. BACKGROUND

All patient wristbands display PII and PHI. Therefore, loss of a wristband may compromise the privacy of patient data and create a risk of identity theft. Two particular examples of potentially compromising data were revealed in a data call released in Fiscal Year 2020. First, although VHA Directive 2012-035, VHA Social Security Number Reduction, dated December 19, 2012, directs VHA and program offices to develop and implement plans to reduce and, where possible, eliminate the use of the Social Security Number (SSN) as a primary unique identifier, the VHA Information Access and Privacy Office has been made aware that many VA medical facilities display the nine-digit SSN on their patient wristbands. In addition, VA medical facilities are not required to and often do not remove wristbands at patient discharge. These practices may increase the risk that patients' PII and PHI will be exposed. For these reasons, the Health Information Governance (HIG) division of the Office of Health Informatics (OHI) is actively pursuing efforts to standardize practices for safeguarding and properly disposing of patient wristbands across all VA medical facilities.

### 3. DEFINITIONS

a. **Disposing.** Disposing is the measures used to discard and destroy material by shredding, macerating, incinerating or other destruction methods, such that it is no longer readable or re-constructible in order to protect it against illegal or unethical use.

b. **Patient Wristbands.** Patient wristbands are identification bands provided to patients and worn on the wrist or ankle to establish and confirm the identity of patients throughout their care. At a minimum, the wristband must display in a human readable format the patient's full name and patient's unique identifier, and a bar code that contains the patient's unique identifier.

c. **Personally Identifiable Information.** Personally identifiable information (PII) is information that can be used to distinguish or trace an individual's identity, either alone

or when combined with other information that is linked or linkable to a specific individual. Examples of PII elements include but are not limited to name, SSN and biometric records alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth or mother's maiden name. **NOTE:** *The term "personally identifiable information" is synonymous with "sensitive personal information."*

d. **Protected Health Information.** The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule defines protected health information (PHI) as individually identifiable health information transmitted or maintained in any form or medium by a covered entity, such as VHA. In VHA PHI includes information that is covered by HIPAA but, unlike individually identifiable health information, may or may not be covered by the Privacy Act or Title 38 confidentiality statutes. PHI excludes employment records held by VHA in its role as an employer, even if those records include information about the health of the employee obtained by VHA during employment of the individual.

e. **Safeguarding.** Safeguarding is the measures used to deter, detect and prevent against the loss, misuse, theft, unauthorized access, modification, disclosure or use of classified, controlled unclassified information (CUI) and other unclassified information of a sensitive nature, and the protections afforded to information systems and networks on which such information resides.

#### 4. POLICY

It is VHA policy that PII and PHI on patient wristbands are safeguarded at all times until appropriately disposed, in order to protect patient identity and information.

#### 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health.** The Deputy Under Secretary for Health is responsible for supporting the program office with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

- (1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).
- (2) Assisting VISN Directors to resolve implementation and compliance challenges.
- (3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

(4) Coordinating with other VHA Program Offices, including but not limited to Clinical Services and Patient Care Services on the implementation of this directive.

d. **Director, Office of Information Access and Privacy.** The Director, Office of Information Access and Privacy is responsible for:

(1) Providing expert guidance to the VHA Privacy Office and VA medical facility staff regarding the content of this directive.

(2) Ensuring the inclusion of audit criteria in Privacy Compliance Assurance continuous readiness review and remediation (C3R) activities that address ongoing oversight of the requirements of this directive. **NOTE:** *For information on C3R see VHA Directive 1605.03(1), Privacy Compliance Assurance Program and Privacy/Freedom of Information Act (FOIA) Continuous Readiness Review and Remediation, dated September 19, 2019.*

(3) Advising VHA leadership about appropriate privacy activities related to reducing the use of SSN as patient identifiers on the patient wristband, in support of compliance with VHA privacy policy requirements. **NOTE:** *The VHA privacy policy requirements are found in VHA Directive 1605, VHA Privacy Program, dated September 1, 2017; VHA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016; and VHA Directive 1605.03(1).*

e. **VHA Privacy Operations Officer.** The VHA Privacy Operations Officer is responsible for:

(1) Providing guidance and assistance to VA medical facility Privacy Officers for implementation of this directive.

(2) Issuing guidance through various mechanisms, as needed, on appropriate investigation and reporting of issues raised whenever a patient wristband is lost, including reporting to the Privacy and Security Events Tracking System (PSETS) as required by VA Handbook 6500.2, Management of Breaches Involving Sensitive Personal Information, dated March 12, 2019.

f. **VHA Privacy Compliance Assurance Officer.** The VHA Privacy Compliance Assurance Officer is responsible for administering the audit, oversight and C3R activities to review and report VHA compliance with this directive. **NOTE:** *For further information see VHA Directive 1605.03(1).*

g. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring VA medical facilities within the VISN implement this directive and procedures concerning safeguarding patient wristbands.

(3) Ensuring VA medical facilities within the VISN establish processes for the disposal of patient wristbands as outlined in this directive.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Providing oversight to ensure that VA medical facility staff comply with this directive.

(2) Ensuring that staff members understand how to properly safeguard and dispose of patient wristbands.

(3) Ensuring that the disposal of patient wristbands is completed and documented as outlined in this directive.

(4) Ensuring that service chiefs, supervisors and staff are made aware of this directive and receive training by the VA medical facility Privacy Officer in the processes related to safeguarding and disposing of patient wristbands as outlined in this directive.

(5) Removing barriers or mitigating circumstances that inhibit the timely and proper disposal of patient wristbands in accordance with this directive (i.e., no longer than the next shred cycle or the next pickup for incineration), including the number and placement of shredding bins, shredders or other equipment to render PHI unreadable or re-constructible to any degree.

(6) Ensuring any incidences of identity theft resulting from the disclosure of PII and PHI concerning patient wristbands are reported and handled in accordance with VA Handbook 6500.2.

i. **VA Medical Facility Privacy Officer.** The VA medical facility Privacy Officer is responsible for:

(1) Reporting in PSETS and investigating any issues raised concerning loss or misuse of patient wristbands.

(2) Entering incidents related to loss or misuse of PII and PHI on patient wristbands into the PSETS within 1 hour of notification. For more information see VA Handbook 6500.2.

(3) Conducting monitoring to ensure wristbands are appropriately destroyed.

(4) Providing training and assistance to VA medical facility clinical leadership regarding implementation of this directive. This training can be in the form of individual training services based on needs or specific questions.

(5) Reporting any suspected, observed or reported cases of identity theft received from VA medical facility staff to the VHA Privacy Office at [VHAPrivIssues@va.gov](mailto:VHAPrivIssues@va.gov) and to the VA Chief of Police and VA Office of the Inspector General.

j. **VA Medical Facility Supervisor.** The VA medical facility Supervisor is responsible for:

(1) Ensuring that the disposal of patient wristbands is completed and documented as outlined in this directive.

(2) Training staff who place and remove patient wristbands on the implementation of this directive.

(3) Ensuring that staff members involved in printing, scanning and disposing of patient wristbands are aware of and follow the guidance set forth in this directive.

(4) Establishing and implementing a process for investigating non-compliance with this directive and ensuring that corrective action is taken when non-compliance is found to prevent a recurrence.

(5) Ensuring any incidences of potential identity theft resulting from the disclosure of PHI on patient wristbands or loss of patient wristbands are reported to the VA medical facility Privacy Officer as required by VA Handbook 6500.2.

k. **VA Medical Facility Employees.** VA medical facility employees who place or remove patient wristbands are responsible for:

(1) Informing patients verbally or in writing of the process for disposing of the patient wristbands upon their discharge and the potential for the loss of PHI if the patient declines to allow VA medical facility employees to remove the wristband.

(2) Complying with the processes outlined in Appendix A of this directive.

(3) Destroying patient wristbands removed from the patients according to this directive so that the PII and PHI is unreadable or can no longer be reconstructed.

(4) Reporting all non-compliance with this directive to their supervisor, Information System Security Officer and VA medical facility Privacy Officer as outlined in VA Handbook 6500.2 and paragraph 6 of this directive.

(5) Reporting any suspected, observed or reported cases of potential theft of the patient's identity to their supervisor and VA medical facility Privacy Officer.

## **6. TRAINING**

There are no formal training requirements associated with this directive, however the VA medical facility Privacy Officer will train VA employees who place or remove patient wristbands on the aspects of this directive.

## **7. RECORDS MANAGEMENT**

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records

Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

## 8. REFERENCES

- a. 38 U.S.C. § 5701.
- b. 38 U.S.C § 5705.
- c. 38 U.S.C. § 7332.
- d. 38 C.F.R. §§ 1.460–1.582.
- e. 45 C.F.R. §§ 160, 164.
- f. OMB 2007 Memorandum 07-16: ‘Safeguarding Against and Responding to the Breach of Personally Identifiable Information.’
- g. VA Handbook 6500.2, Management of Breaches Involving Sensitive Personal Information, dated March 12,2019.
- h. VA Handbook 6507.1, Acceptable Uses of the Social Security Number (SSN) and the VA SSN Review Board, dated September 6, 2011.
- i. VHA Directive 1605, VHA Privacy Program, dated September 1, 2017.
- j. VHA Directive 1605.01, Privacy and Release of Information, dated August 31, 2016.
- k. VHA Directive 1605.03(1), Privacy Compliance Assurance Program and Privacy /Freedom of Information Act (FOIA) Continuous Redness Review and Remediation, dated September 19, 2019.
- l. VHA Directive 2012-035, Social Security Number Reduction, dated December 19, 2012.

## PROCEDURES FOR SAFEGUARDING AND DISPOSING OF PATIENT WRISTBANDS IN THE HEALTH CARE SETTING

### 1. PATIENT WRISTBAND SAFEGUARDING

a. Department of Veterans Affairs (VA) medical facilities should exclude information from patient wristbands that changes or is no longer needed during treatment, including but not limited to clinical warnings, do not resuscitate (DNR) status, unit and room number. This practice will reduce the frequency of reprinting patient wristbands and minimizes the opportunity to introduce loss or exposure of personally identifiable information (PII) and protected health information (PHI).

b. The patient wristband will be affixed to the patient by VA medical facility nursing staff or other designated staff in a manner to render it tamper proof and non-transferrable. Location of the patient wristband is determined by the VA medical facility nursing staff or other designated staff at the time of placement.

c. Patients should be informed of the importance of wearing a patient wristband during their hospital or outpatient stay and should be instructed to not remove the wristband until it is removed by the VA staff member managing their discharge.

d. Social Security Numbers (SSN) displayed on wristbands should be hidden from plain view if possible, by ensuring that it is printed on the fold-down flaps of the patient wristband or in an otherwise shielded location.

e. Patient wristbands must remain affixed to patients until discharge.

### 2. PATIENT WRISTBAND DISPOSAL

a. VA medical facilities must ensure that language about the removal and proper disposal of patient wristbands is incorporated into their patient discharge checklist to include education regarding the potential consequences, such as the loss of PHI, if the patient declines to allow VA medical facility employees to remove the wristband.

b. Nursing or other designated staff members who are responsible for patient discharge must remove the patient wristband with blunt-tipped or safety scissors and destroy it at the time the patient is discharged or during the discharge process. This includes but is not limited to:

(1) Placing the wristband in a locked and tamper-resistant receptacle designated for the disposal of documents containing sensitive information. **NOTE:** *If receptacles are for disposal by shredding, the vendor must be contacted to ensure that they are able to shred plastic wristbands. If this is not an option with the vendor, then another option must be used.*

(2) Destroying the wristband using a government furnished shredding machine that renders the band not readable or re-constructible to any degree.

(3) Marking or cutting the sensitive information on the wristband in a manner so that the information is no longer readable or re-constructible to any degree.

c. The following applicable information will be documented in the patient discharge note by the discharging VA medical facility nursing staff:

(1) "Patient wristband was removed and destroyed by <insert statement regarding how the wristband was disposed>."

(2) "Patient refuses to have patient wristband removed at discharge. Patient was educated on the risk of improper disposal of patient wristband containing PII and PHI."

d. Designated VA medical facility staff members must also dispose of patient wristbands that are replaced during a hospital stay due to damage or other issue.

e. Patient wristbands will remain on patients who are deceased to facilitate proper identification upon release to a funeral home or medical examiner office. Designated VA medical facility staff must remove and dispose of the patient wristband at the time the decedent's remains are provided to the funeral home or medical examiner.