LAW ENFORCEMENT PHLEBOTOMY TOOLKIT:

A Guide to Assist Law Enforcement Agencies With Planning and Implementing a Phlebotomy Program

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Introduction

Impaired driving continues to be a significant issue in the United States, with alcohol-related crashes contributing to 28 percent of overall driving fatalities (NHTSA, 2017) and over 1.1 million people arrested for driving under the influence of alcohol or narcotics (FBI 2017) in 2014. All States have "implied consent" laws, which mean a licensed driver has consented to blood alcohol concentration (BAC) or drug testing when driving, by virtue of having a driver's license. Despite this type of driver licensing law and resulting legal consequences, drivers may still refuse to provide a breath, blood, urine or saliva sample for breath alcohol concentration (BrAC) or drug testing.

> The terminology and acronyms used for driving under the influence of drugs or alcohol, driving while intoxicated, or driving while impaired vary across States. For simplicity, this toolkit uses the terms "impaired driving" and "driving while impaired" and the acronym "DWI" to refer to both drug and alcohol impairment.

When a driver refuses to provide a bodily fluid sample, a law enforcement officer can obtain a warrant to draw blood for chemical testing. However, obtaining blood can be a time-intensive and costly process. A law enforcement phlebotomy program is a proven strategy to mitigate the time and cost issues associated with drawing blood from drivers suspected of driving while impaired (DWI) and therefore obtain the evidence necessary to prosecute impaired drivers.

In the simplest terms, a law enforcement phlebotomy program allows law enforcement officers with specialized training to draw blood for investigative purposes. While a warrant is still required to draw blood in most cases, such a program eliminates the need for a suspect to be transported to a hospital or other facility to obtain a blood sample. To implement a law enforcement phlebotomy program, State statutes must allow for officers to draw blood (typically through terminology such as "qualified personnel can draw blood"), officers must complete specialized training, and a department must have protocols and procedures in place for drawing blood.

This toolkit provides information and resources to aid State and local law enforcement agencies in the implementation of a law enforcement phlebotomy program. The information in this toolkit is compiled from existing, successful law enforcement phlebotomy programs. It should be noted that any agency starting a phlebotomy program should seek the advice of their legal counsel and gain leadership support prior to the development and implementation of the program.

Understanding the Need for and Importance of a Law Enforcement Phlebotomy Program

Knowledge of the history behind the implementation of existing law enforcement phlebotomy programs and how these programs have benefitted those agencies is important information to share with stakeholders involved in implementing a program. Stakeholders include law enforcement agency management, traffic unit leadership, State attorneys general, county

prosecutors or district attorneys, traffic safety resource prosecutors, drug recognition experts, State Highway Safety Offices, crime laboratories, State Departments of Health, educational institutions, medical labs, hospitals/medical clinics, community groups, and elected officials. This section presents a background on the need for a warrant to draw blood, background information on how phlebotomy programs were established, and the importance and benefits of having such a program.

The following resources also provide useful background information about law enforcement phlebotomy programs:

- The Role of the Law Enforcement Phlebotomist (www.policechiefmagazine.org/the-role-of-the-law-enforcement-phlebotomist/) – This article, by Robert Ticer (former Lieutenant in the Arizona Department of Public Safety and current Chief of Police for Loveland, Colorado), describes the history of the Arizona Law Enforcement Phlebotomy Program.
- Use of Warrants for Breath Test Refusals: Case Studies (www.nhtsa.gov/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/810852.pdf) – This NHTSA report discusses the use of warrants for drawing blood in Arizona, Michigan, Oregon, and Utah. It also describes law enforcement phlebotomy programs that exist in some of these States.
- The Real Pros of a Law Enforcement Phlebotomy Program (https://register.gotowebinar.com/RECORDING/2664786651188697859) – This is a recording of a webinar presentation by Jared Olson, Idaho Traffic Safety Resource Prosecutor. Registration is required to access the free webinar recording.

The Need for a Warrant to Draw Blood

NHTSA research has found implied consent laws often have penalties inadequate to prevent impaired-driving suspects from refusing to take a breath test, and suspects who avoid testing are often able to avoid being held accountable. In some States, refusal to submit to BrAC testing leads to an administrative license suspension or revocation but no criminal charges. In 2011 (the most recent data available as of the writing of this toolkit), refusal rates were as high as 82 percent, with an average refusal rate of 24 percent (Namuswe, Coleman, & Berning, 2014).

A 2008 NHTSA report to Congress, *Refusal of Intoxication Testing: A Report to Congress*, identified the use of search warrants as a promising strategy to reduce refusal rates (Berning et al., 2008). When a warrant is obtained to draw blood, the suspect is then subject to the State's administrative sanctions for refusal, as well as criminal sanctions if the results show they were driving while impaired.

U.S. Supreme Court Case Law References

- *Schmerber v. California* (1966)
- *Missouri v. McNeely* (2013)
- *Birchfield v. North Dakota* (2016)

Case Law

Case law is important in understanding the circumstances that require a warrant to draw blood from a DWI suspect who refuses breath testing.

The first well-known case on compulsory blood tests was *Schmerber v. California* (1966), in which the United States Supreme Court ruled that the forced blood test at issue in the case did not violate the Fourth Amendment. Based on the facts of the case, it was determined that a warrantless search was reasonable due to exigent circumstances in which the officer might

reasonably have believed that a blood sample needed to be drawn quickly before the alcohol level in the suspect's blood dissipated.

However, in the 2013 *Missouri v. McNeely* ruling, the United States Supreme Court found that because a blood draw is a search under the Fourth Amendment, it typically requires a search warrant. The Court found the natural dissipation of alcohol in the bloodstream alone is not always an exigent circumstance that would allow for blood to be involuntarily drawn without a warrant and in this case, determined the warrantless involuntary blood draw to be unconstitutional. The Court did not define what factors would establish exigency but left that issue open for a case-by-case analysis based on the "totality of the circumstances."

The most recent Supreme Court ruling regarding compulsory blood draws was in *Birchfield v. North Dakota* (2016). In this case, the Court held that law enforcement can conduct warrantless breath tests, but not warrantless blood tests (except under limited circumstances, such as if exigent circumstances exist), on suspected impaired drivers. The Court found while breath tests are non-intrusive and do not result in a biological sample left in the government's possession, blood tests are significantly more intrusive and result in a sample that can be preserved and used to obtain information beyond BrAC results.

Law Enforcement Phlebotomy Program History

The Arizona Department of Public Safety (DPS) is considered the founder of law enforcement phlebotomy, and many States have modeled their programs after the Arizona DPS program. The first law enforcement phlebotomy program began at Arizona DPS in 1995 to address concerns with the number of DWI investigations that resulted in no chemical evidence due to test refusals, the need for officers in rural areas to travel to obtain a blood draw on a DWI suspect, and the refusal or inability of hospital staff to obtain blood samples for law enforcement.

Arizona DPS worked with the Arizona Attorney General's office and other sources to determine if a law enforcement phlebotomy program would be feasible.

A variety of sources were reviewed, including the Arizona law on blood and breath tests. This law states that blood may be drawn in DWI-related cases by a physician, registered nurse, or another qualified person. Arizona DPS viewed the definition of "another qualified person" as anyone who is trained to draw blood, and this was affirmed by the Attorney General's office.

While Arizona DPS officers initially took a semester-long phlebotomy class to become qualified to draw blood, in 1999, a 60-hour Law Enforcement Phlebotomy Program (LEPP) course was developed through Phoenix College. This program focused primarily on drawing blood from adults in a clinical or outpatient setting.

Three colleges in Arizona currently provide LEPP training. Due to the success of the program, many agencies in the Phoenix area now use blood testing as the only means for chemical testing. Law enforcement phlebotomists are also used in Arizona to draw blood for other criminal investigations, such as to obtain DNA samples.

Arizona DPS has worked with agencies in other States to implement similar programs. The Existing Program Examples section of this toolkit highlights some of those initiatives.

Importance and Benefits

A law enforcement phlebotomy program has numerous benefits, but perhaps most importantly it allows for the collection of chemical testing evidence in a timely and efficient manner.

Chemical evidence is key to DWI cases and can mean the difference between a guilty plea or going to trial. However, obtaining and testing blood for alcohol and especially drug levels is time-sensitive, and evidence may be lost forever if the blood draw and testing process takes too long.

Some drug concentrations in the body decrease rapidly while impairing effects persist. For marijuana, THC concentrations fall to about 60 percent of their peak within 15 minutes after the end of smoking and to about 20 percent of their peak 30 minutes after the end of smoking while impairment lasts for 2 to 4 hours (Kelly-Baker, 2014; Logan, 2014).

While the warrant system is beneficial and legally necessary to obtaining blood evidence, it can add significant time to the DWI arrest process. For example, in some cases it can take 2 or more hours for an officer to complete the necessary forms, contact a judge, fax the forms, receive the warrant approval, transport the offender to the location of the blood draw, and wait for a phlebotomist to obtain the sample (Berning et al., 2007). Furthermore, hospitals or private institutions may have the right to refuse to draw blood from a DWI suspect even if there is a warrant in place. These phlebotomists may be concerned about the suspect being uncooperative or violent, becoming a danger to staff and/or other patients. There may also be concerns regarding appearing in court as a witness. When officers are trained as phlebotomists, it eliminates the need for others to conduct the blood draw, thus reducing the time required to obtain the blood, the possibility of others refusing to draw blood, and the need for non-police phlebotomists to testify in court. Furthermore, it enables officers to return to service faster.

A law enforcement phlebotomy program has many other potential benefits. *The Real Pros of a Law Enforcement Phlebotomy Program*, a webinar presented by Jared Olson, Idaho Traffic Safety Resource Prosecutor (https://register.gotowebinar.com/RECORDING/2664786651188697859), describes potential benefits which include the following, in addition to those described above.

- **Cost savings**. Eliminates the need to contract with a phlebotomist and pay hospital fees for drawing and testing blood, reduces administrative hearings and trials, and reduces overtime costs caused by officers having to wait at a hospital to have a suspect's blood drawn. The cost for a contract phlebotomist can range from $40-$100 per blood draw, or even higher depending on location.
- **Better and more complete evidence**. Provides blood evidence in a timely manner, reducing the risk of decreased alcohol or other drug concentrations in the body and allowing law enforcement, prosecution, defendants, and the court system to make better decisions on how a case should move forward.
- **Better witnesses and testimony**. Law enforcement officers may make better witnesses in court as opposed to medical personnel who are not accustomed to testifying.
- **Simplifies the chain of custody**. The chain of custody is simplified when an officer draws blood and then secures it, rather than obtaining it from a civilian technician prior to booking.
- **Blood evidence for cases other than DWI.** Arizona DPS phlebotomists are also used for cases other than DWI, such as to assist local and county law enforcement with sexual assault, assault, and homicide cases when DNA evidence is needed. Having law enforcement phlebotomists also enables agencies to easily obtain all involved drivers' blood in fatal crashes and obtain officers' blood in critical incidents.

Planning and Implementing a Phlebotomy Program

Overview

States that have successfully implemented law enforcement phlebotomy programs have found that there are nine key elements that must be considered prior to starting the program (Olson, 2016):

1. **The Law.** Identify whether State law allows for law enforcement officers to be phlebotomists. Are there administrative rules? Case law? The law will dictate the minimum requirements necessary to establish a program. Refer to the Laws, Policies, and Procedures section of this toolkit for more information.
2. **The Stakeholders**. Identify the stakeholders that should be involved in the planning and implementation of the program. They may include, but are not limited to, law enforcement agency management, traffic unit leadership, State attorneys general, county prosecutors or district attorneys, traffic safety resource prosecutors, drug recognition experts, State Highway Safety Offices, crime laboratories, Departments of Health, educational institutions, medical labs, hospitals/medical clinics, community groups, and elected officials.
3. **The Training**. Develop a partnership with the institution(s) that provide professional training for proper phlebotomy procedures. The key to success is developing a program that produces a qualified, professional phlebotomist who understands and follows the standards of care. The training institution should adhere to the Clinical and Laboratory Standards Institute (CLSI) defined scope of practice and standard of care. Refer to the Training section of this toolkit for more information.
4. **The Standards.** Develop, adopt, and maintain statewide and department standards specific to law enforcement phlebotomy. This includes standards for equipment, blood draw locations, chain of custody, training and certification, and use of force. Refer to the Laws, Policies, and Procedures section of this toolkit for more information.
5. **The Liability**. Liability is often the biggest hurdle to establishing a law enforcement phlebotomy program. Therefore, the law, training, and standards are critical. In short, liability should not be an issue when phlebotomists follow their training and standards. Refer to the Addressing Liability Concerns section of this toolkit for more information.
6. **The Hurdles**. Develop a strategic plan to help clear other potential hurdles in creating and maintaining a quality program. This planning includes such topics as local government, media and community support. Refer to the Barriers section of this toolkit for more information.
7. **The Benefits**. No quality program should continue unless the benefits outweigh the costs. The benefits of a law enforcement phlebotomy program must be understood by all those involved. Refer to the Importance and Benefits section of this toolkit for more information.
8. **The Costs and Funding Sources**. Costs must also be understood by all involved. This includes costs for equipment and training. Funding sources may include State and Federal grants, realignment of agency budgets, and individual funding sources. Refer to the Costs section of this toolkit for more information.
9. **The Management of the Program**. Identify a coordinator within each agency that implements a program and ideally a State coordinator. This person is responsible for monitoring procedures, documentation, and training to identify where changes may be

needed and to mitigate potential problems. Refer to the Laws, Policies, and Procedures section of this toolkit for more information.

Carefully considering these nine elements will help ensure the development of a program that can effectively stand up to legal challenges and ultimately help keep impaired drivers off the roads.

The following sections discuss each of these elements in more detail. The Tips for Implementing and Sustaining a Successful Law Enforcement Phlebotomy Program section summarizes the key points from each of these elements.

Laws, Policies, and Procedures

The first step in planning for a law enforcement phlebotomy program is ensuring the State law allows officers to act as phlebotomists in their official capacity. For this reason, it is extremely important that an agency's legal counsel and prosecutors are included in program development and implementation. If it is determined that State laws allow officers to draw blood, an agency may then begin to develop, and ultimately implement, their own phlebotomy policy and procedures that will cover not only the safety of citizens, but also the safety of officers. An agency's phlebotomy policy should include standards for things such as training, equipment, blood draw locations, blood draw protocols and procedures, chain of custody, documentation and reporting, and use of force.

> Always consult your agency or department's legal counsel before beginning to plan for a law enforcement phlebotomy program.

State Law

Examples of laws in States with existing law enforcement phlebotomy programs are shown below. As mentioned in the Liability section, the language used in these laws has been successfully used in trials to show that law enforcement officers can be legally qualified to draw blood.

- ***Idaho Code § 18-8003. Persons Authorized to Withdraw Blood for the Purposes of Determining Content of Alcohol or Other Intoxicating Substances and Restitution Orders Section (1).*** (https://legislature.idaho.gov/statutesrules/idstat/title18/t18ch80/sect18- 8003/): Only a licensed physician, qualified medical technologist, registered nurse, phlebotomist trained in a licensed hospital or educational institution or other medical personnel trained in a licensed hospital or educational institution to withdraw blood can, at the order or request of a peace officer, withdraw blood for the purpose of determining the content of alcohol, drugs or other intoxicating substances therein. This limitation shall not apply to the taking of a urine, saliva, or breath specimen. For purposes of this section: (a) the term "qualified medical technologist" shall be deemed to mean a person who meets the standards of a "clinical laboratory technologist" as set forth by the then current rules and regulations of the social security administration of the United States department of health and human services pursuant to subpart M of part 405, chapter III, title 20, of the code of federal regulation; and (b) the terms "phlebotomist" and "other medical personnel" shall be deemed to mean persons who meet the standards for the withdrawing of blood as designated and qualified by the employing medical facility or other employing entity of those persons.

- ***Minnesota Statute 169A.51. Subd. 7. Requirements for conducting tests; liability*** (www.revisor.mn.gov/statutes/?id=169a.51): Only a physician, medical technician, emergency medical technician-paramedic, registered nurse, medical technologist, medical laboratory technician, phlebotomist, laboratory assistant, or other qualified person acting at the request of a peace officer may withdraw blood for the purpose of determining the presence of alcohol, a controlled substance or its metabolite, or an intoxicating substance. This limitation does not apply to the taking of a breath or urine sample.
- ***Utah Code 41-6a-523. Persons authorized to draw blood -- Immunity from liability. Section (1)*** **(**https://le.utah.gov/xcode/Title41/Chapter6A/41-6a-S523.html?v=C41-6a-S523_2017050920170509): Only the following, acting at the request of a peace officer, may draw blood to determine its alcohol or drug content: a physician; a registered nurse; a licensed practical nurse; a paramedic; as provided in Subsection (1)(b), emergency medical services personnel other than paramedics; or a person with a valid permit issued by the Department of Health under Section 26-1-30.
- ***Washington State Revised Code 46.61.506. Persons under influence of intoxicating liquor or drug—Evidence—Tests—Information concerning tests. Section (5)*** **(**http://app.leg.wa.gov/rcw/default.aspx?cite=46.61.506): When a blood test is administered under the provisions of RCW 46.20.308, the withdrawal of blood for the purpose of determining its alcohol or drug content may be performed only by a physician licensed under chapter 18.71 RCW; an osteopathic physician licensed under chapter 18.57 RCW; a registered nurse, licensed practical nurse, or advanced registered nurse practitioner licensed under chapter 18.79 RCW; a physician assistant licensed under chapter 18.71A RCW; an osteopathic physician assistant licensed under chapter 18.57A RCW; an advanced emergency medical technician or paramedic certified under chapter 18.71 RCW; or a medical assistant-certified or medical assistant-phlebotomist certified under chapter 18.360 RCW, a person holding another credential under Title 18 RCW whose scope of practice includes performing venous blood draws, or a forensic phlebotomist certified under chapter 18.360 RCW. (Revised Code of Washington 18.360.010 defines a forensic phlebotomist as police officer, law enforcement officer, or employee of a correctional facility or detention facility, who is certified according to State code and meets any additional training and proficiency standards of his or her employer to collect a venous blood sample for forensic testing pursuant to a search warrant, a waiver of the warrant requirement, or exigent circumstances.)

Agency Policies and Procedures

In addition to statewide laws and policies on phlebotomy, it is important that agencies develop, adopt, and maintain a policy with standards specific to the law enforcement phlebotomy program. The policy should include standards for things such as training, certification or licensing (if required), equipment, blood draw locations, blood draw protocols and procedures, documentation and reporting, and use of force.

All officers should be trained on and have access to the phlebotomy policy and procedures. The policy and procedures must be reviewed on a regular basis and updated as needed.

An agency should develop its law enforcement phlebotomy program policy and procedures in coordination with all stakeholders involved in the development

of the program. This includes legal counsel, the State Department of Health, local hospitals, traffic safety resource prosecutors, educators, and others as necessary.

A sample policy can be found in the Sample Material section. In general, a law enforcement phlebotomy program policy should include information about:

- purpose and scope of the policy;
- statement or reference to CLSI;
- State law as it applies to blood draws from DWI suspects;
- search warrant protocol;
- required qualifications, certifications, training, and requalification/recertification;
- necessary equipment;
- standard procedures, to include clinical procedures and equipment safety and disposal procedures;
- forced draw procedures, to include only using force that is reasonably necessary, given the nature of the offense, to conduct a blood draw;
- locations where blood can be drawn;
- required documentation;
- what to do in the event of exposure to bloodborne pathogens; and
- phlebotomy program coordinator responsibilities and contact information.

Documentation

Documentation will vary depending on what is required by a law enforcement agency's policy and procedures. An agency may require a Phlebotomy Blood Draw Report with information such as: subject identification, criminal charge, whether or not the blood draw was consensual, case officer's name and badge number, phlebotomist's name and badge number, date and location of the blood draw, blood kit manufacturer and lot number, specialty equipment used, expiration date of the blood kit, where on the subject the blood was drawn, health and medical history of the subject, a narrative describing the blood draw (i.e., was the subject cooperative, did they have to be restrained), and a signature of the subject, the phlebotomist, and any witnesses.

Laws, Policies, and Procedures Key Points

The key points to keep in mind when developing policies and procedures for a law enforcement phlebotomy program include:

- Involve agency legal counsel and prosecutors in program development and implementation.
- Ensure that State law allows for officers to be qualified phlebotomists.
- Standards for things such as training, equipment, blood draw locations, blood draw protocols and procedures, documentation and reporting, and use of force.
- All officers should be trained on the phlebotomy policy and procedures.
- The policy and procedures should be stored in an easily accessible place.
- The policy and procedures must be reviewed and updated as needed on a regular basis.

An agency's phlebotomy program policy should be kept in an easily accessible location in both hard copy and electronically. All officers, even those who are not phlebotomists, should receive training on the policy so that they are aware of the rules and requirements when the need for a phlebotomist arises. The policy should be reviewed and updated on a regular basis, and all officers should be made aware when updates are made.

Training

The training for law enforcement phlebotomists varies by State. This section provides a high-level overview of existing law enforcement phlebotomy training programs within the U.S. Before developing a law enforcement phlebotomy training program, be sure to check on what existing phlebotomy training programs are available in the State, identify the training requirements for phlebotomists, and hold discussions with colleges and other training providers to determine how a law enforcement program might be implemented in coordination with an existing phlebotomy training course.

Arizona's law enforcement phlebotomy training program was the first of its kind in the United States, beginning in 1995. The program includes a phlebotomy course through Phoenix College that was developed specifically for law enforcement. The course includes online pre-class homework, 1 week of classroom training, and 20-30 hours in a clinical setting where officers must conduct 100 or more successful venipunctures. Officers must pass the final practical and written assessment. Following the completion of the phlebotomy training course, law enforcement officers are required to complete a phlebotomy refresher training class every 2 years (Arizona GOHS, 2018).

Many localities use Phoenix College's curriculum as a model for their own curriculum. The textbook "Phlebotomy Essentials," by Cathee Tankersley, is commonly used nationwide for law enforcement phlebotomy training. Additionally, many law enforcement phlebotomy training programs are conducted by colleges, universities or other educational entities (e.g., the Nampa Police Department training in Idaho is presented by the College of Western Idaho). Note that the law enforcement phlebotomy training is generally more condensed than non-law enforcement phlebotomist training, and the law enforcement training focuses only on the key skills, scope of practice, and standard of care necessary for law enforcement phlebotomists.

Through phlebotomy training programs, law enforcement officers learn the appropriate procedures for drawing blood from the inner elbow, top of the hand, or top of the wrist. They also learn how to properly prepare, package, and send blood to the laboratory. Law enforcement phlebotomy training programs vary by State, but typically include:

- Multiple days of training in both academic and clinical settings – a combination of online lessons and homework, classroom training, and hands-on practical application;
- mid-course and/or final examinations – practical and/or written; and
- a required number of successful blood draws.

Law enforcement phlebotomy programs vary by State, but typically include:

- multiple days of training in academic and clinical settings;
- mid-course and/or final examinations; and
- a required number of successful blood draws.

For example, the 2017 law enforcement phlebotomy training program in Idaho was split into two phases with biennial refresher training. Both phases are summarized below (State of Idaho, 2017; Olson, 2016):

- Phase 1 – Academic training
    - 48 hours of pre-homework assignments
    - Mid-course exam following pre-homework assignments
    - 3 days of classroom training
    - 25+ successful blood draws in a classroom setting
    - 80 percent minimum passing score on final exam
    - Examples of classroom training topics include: blood draw equipment, tourniquet tying, venipuncture procedure, blood, patient variables/pre-analytical considerations, and courtroom scenarios
- Phase 2 – Clinical training
    - 100+ successful blood draws in a laboratory setting
- Requalification – Biennial
    - 8 hours of instruction in a classroom or clinical setting
    - Written examination
    - Venipuncture proficiency tested

Another example is the law enforcement phlebotomy training offered in Minnesota through the Dakota County Technical College (DCTC) in 2017. This training course included three phases with annual requalification, as described below (Minnesota, 2017; Marose, 2017):

- Phase 1 – Online training
    - 8-hour online course
    - 3 weeks to complete before the second phase of training
- Phase 2 – Classroom training
    - 24 hours of training, including draws from live and inanimate subjects
    - Examples of classroom training topics include: medical terminology, safety procedures, laboratory processing overview, blood collection procedures, anatomy, physiology, evidentiary requirements and duties, and trial preparation and tactics
- Phase 3 – Clinical training
    - Length of clinical training varies depending on training location
    - 50 successful blood draws in clinical setting
- Requalification – Annual (certification is not required in Minnesota)
    - Two or more successful blood draws, verified by licensed medical personnel
    - Attend requalification course
    - Submit log of all blood draws/reports

Following the successful completion of a phlebotomy training program, law enforcement officers are typically "qualified" to be phlebotomists. However, some States do require that phlebotomists be certified or licensed to legally draw blood. It is important to research specific

Training Key Points

The key points to keep in mind when developing and implementing law enforcement phlebotomy training include:

- Research the phlebotomist training and qualification or certification requirements in your State.
- Research existing phlebotomist training programs in your State to understand what is available.
- Review existing law enforcement phlebotomist training programs to understand the requirements and how they differ from traditional phlebotomist training. Two examples include:
    - Phoenix College - www.phoenixcollege.edu/programs/phlebotomy/law-enforcement-program
    - Dakota County Technical College - dps.mn.gov/divisions/msp/about/Documents/Training%20Announcement%20August%202017.pdf
- Meet with universities and other training providers that offer phlebotomist training to discuss how law enforcement phlebotomy training might be incorporated into their program.

State requirements to ensure that all necessary qualifications, licensing, or certifications are met when serving as a law enforcement phlebotomist.

Addressing Liability Concerns

Liability concerns are perhaps one reason States and agencies are hesitant to implement a law enforcement phlebotomy program. However, States with existing programs have taken measures to protect their agencies and law enforcement officers from liability and have been successful in doing so. These States and agencies have found that liability concerns do not have to be a barrier to implementing a program. Most liability concerns can be overcome by:

- ensuring State law includes language that covers law enforcement officers as qualified phlebotomists. See the Laws, Policies, and Procedures section for more information;
- developing and following phlebotomy policy and procedures. See the Laws, Policies, and Procedures section for more information;
- establishing training protocols and a quality training curriculum and continuing education/requalification/recertification requirements. See the Training section for more information;
- being transparent to the media and the public in terms of educating them about the phlebotomy program, letting them see training material and course information, and even demonstrating blood draws; and
- learning from existing successful programs. See the Existing Program Examples section for more information.

Case Law

To date, there have been very few legal cases involving law enforcement phlebotomy programs. In the few cases, the judges have ultimately ruled in favor of the law enforcement phlebotomist. The cases have focused on the qualifications of the officer to draw blood, indicating the importance of ensuring that State law includes language covering specially trained law enforcement officers as qualified to draw blood. It also indicates the importance of having a well-documented phlebotomy program, to include sufficient training and written policy and guidelines.

Since 1995, Arizona has conducted tens of thousands of officer blood draws with no apparent successful civil litigation. There have been two civil lawsuits brought against individual departments. In both cases, the lawsuits were dismissed without merit. There have also been two cases in Arizona regarding the legality of officer phlebotomists. In both, the court determined that a law enforcement phlebotomist is qualified through training and experience. One of these cases was the *State of Arizona v. May* (2005). The defense argued that the procedure used to obtain blood from a driver suspected of DWI was not performed in a reasonable manner because it was done while standing at the rear of a police car and thus violated his Fourth Amendment right against unreasonable search and seizure. The defense also claimed that the law enforcement officer who drew the blood was not a "trained phlebotomist." The court found the blood draw was reasonable due to only a "slightly higher" risk of complications in a field setting as opposed to a clinical setting. The court also found that the officer was considered a "qualified person" to draw blood under Arizona statute.

Immunity From Liability

The best way for law enforcement phlebotomists to mitigate liability risk is to follow proper procedures learned in their training and remain within the defined standard of care and scope of practice defined by CLSI. If a law enforcement phlebotomist is staying within the medical community's standard of care, the law enforcement phlebotomist should be safe from liability. Even so, it is recommended that immunity provisions be included in State law to cover law enforcement phlebotomists, or that law enforcement agencies ensure immunity is included as part of their employment as a law enforcement officer. Examples of State law specific to the liability of law enforcement phlebotomists include:

- ***Idaho Code 18-8002. Tests of Driver for Alcohol Concentration, Presence of Drugs or Other Intoxicating Substances — Penalty and Suspension Upon Refusal of Tests. Subsection (6)*** (https://legislature.idaho.gov/statutesrules/idstat/title18/t18ch80/ sect18-8002/)**:** No hospital, hospital officer, agent, or employee, or health care professional licensed by the State of Idaho, whether or not such person has privileges to practice in the hospital in which a body fluid sample is obtained or an evidentiary test is made, shall incur any civil or criminal liability for any act arising out of administering an evidentiary test for alcohol concentration or for the presence of drugs or other intoxicating substances at the request or order of a peace officer in the manner described in this section and section 18-8002A, Idaho Code; provided that nothing in this section shall relieve any such person or legal entity from civil liability arising from the failure to exercise the community standard of care. This immunity extends to any person who assists any individual to withdraw a blood sample for evidentiary testing at the request or order of a peace officer, which individual is authorized to withdraw a blood sample under the

provisions of section 18-8003, Idaho Code, regardless of the location where the blood sample is actually withdrawn.

- ***Minnesota Statute 169A.51. Subd. 7(c).Requirements for conducting tests; liability*** (www.revisor.mn.gov/statutes/?id=169a.51): The physician, medical technician, emergency medical technician-paramedic, medical technologist, medical laboratory technician, laboratory assistant, phlebotomist, registered nurse, or other qualified person drawing blood at the request of a peace officer for the purpose of determining the concentration of alcohol, a controlled substance or its metabolite, or a hazardous substance is in no manner liable in any civil or criminal action except for negligence in drawing the blood.
- ***Utah Code 41-6a-523. Persons authorized to draw blood -- Immunity from liability. Subsection (2)*** (le.utah.gov/xcode/Title41/Chapter6A/41-6a-S523.html?v=C41-6a-S523_2017050920170509): The following are immune from civil or criminal liability arising from drawing a blood sample from a person whom a peace officer has reason to believe is driving in violation of this chapter, if the sample is drawn in accordance with standard medical practice: (a) a person authorized to draw blood under Subsection (1)(a); and (b) if the blood is drawn at a hospital or other medical facility, the medical facility.
- ***Washington State Revised Code 46.61.508. Liability of medical personnel withdrawing blood*** (app.leg.wa.gov/rcw/default.aspx?cite=46.61.508): No physician licensed under chapter 18.71 RCW; osteopathic physician licensed under chapter 18.57 RCW; registered nurse, licensed practical nurse, or advanced registered nurse practitioner licensed under chapter 18.79 RCW; physician assistant licensed under chapter 18.71A RCW; osteopathic physician assistant licensed under chapter 18.57A RCW; advanced emergency medical technician or paramedic certified under chapter 18.71 RCW; or medical assistant-certified or medical assistant-phlebotomist certified under chapter 18.360 RCW, person holding another credential under Title 18 RCW whose scope of practice includes performing venous blood draws, or forensic phlebotomist certified under chapter 18.360 RCW, or hospital, or duly licensed clinical laboratory employing or utilizing services of such licensed or certified health care provider, shall incur any civil or criminal liability as a result of the act of withdrawing blood from any person when directed by a law enforcement officer to do so for the purpose of a blood test under the provisions of a search warrant, a waiver of the search warrant requirement, exigent circumstances, or any other authority of law: PROVIDED, That nothing in this section shall relieve such licensed or certified health care provider, hospital or duly licensed clinical laboratory, or forensic phlebotomist from civil liability arising from the use of improper procedures or failing to exercise the required standard of care.

Qualification and/or Certification

Quality and adequacy of training are also common concerns in implementing a law enforcement phlebotomy program. States and agencies may fear blood draws conducted by law enforcement phlebotomists will not hold up in court because the court may consider the officer to not be properly trained or qualified to draw blood. However, as shown in the cases highlighted in the previous section and in the training programs described in the Training section, this is a concern that is easy to overcome.

Before beginning a law enforcement phlebotomy program, it is important to review and understand State phlebotomy requirements. Rules vary among States, and not all States require phlebotomists to be licensed or certified. There are no Federal requirements for phlebotomy licensure or certification. In most cases, it is the classroom and clinical training that makes both officers and medical professionals "qualified" to draw blood.

Location of Blood Draws

The location of blood draws conducted by law enforcement is also a common concern. Visuals come to mind of officers drawing blood on the unsanitary roadside or on the hood of their vehicle. In reality, that is not the case. Law enforcement phlebotomists should follow very specific policies and procedures for conducting safe blood draws. Agency policies and procedures should either include or reference CLSI and Occupational Safety and Health Administration (OSHA) standards and guidelines. Policies and procedures also should require documentation of where the blood draw took place.

Conducting a blood draw requires a clean setting, but it does not require a sterile setting.

Arizona has DWI vans that are equipped with a phlebotomy chair, telephone, and electronic warrant system. Some agencies have a phlebotomy room within the law enforcement station, containing all the necessary equipment, including a phlebotomy chair. The room may also be used for other purposes (e.g., file storage, fingerprinting), but it provides a safe place to draw blood. Agencies may allow draws in a non-controlled environment if the procedures used meet CLSI guidelines and agency policy.

Liability Key Points

The key points to keep in mind when addressing liability concerns include the following.

- Ensure State law and agency regulations cover liability and immunity.
- All officer phlebotomists need to stay within their training, as well as the defined standard of care and scope of practice as defined by CLSI.
- Conducting a blood draw requires a clean setting, but it does not require a sterile setting.

States with existing programs have taken measures to protect their agencies and law enforcement officers from liability and have been successful in doing so.

Barriers

The previous sections have provided an overview of the elements necessary to implement a law enforcement phlebotomy program. This section summarizes potential barriers and provides a summary of how some States have overcome each barrier.

Legislation

Lack of legislation allowing law enforcement officers to legally draw blood is the primary barrier to implementing a law enforcement phlebotomy program. Those States that have law enforcement phlebotomy programs in place have legislation that allows for anyone who is "qualified" to draw blood for drug and alcohol testing.

Liability

Liability concerns are a common barrier to implementing a law enforcement phlebotomy program. As discussed in the Addressing Liability Concerns section, liability issues can be resolved by:

- ensuring State law includes language that covers law enforcement officers as qualified phlebotomists;
- maintaining compliance with CLSI guidelines for training and venipunctures;
- developing and following phlebotomy policy and procedures, including specific procedures regarding the use of force to explain how/when to use force and to ensure that officers only use force that is reasonably necessary;
- establishing training protocols and a quality training curriculum and continuing education/requalification/recertification. Ensure that trained law enforcement use their phlebotomy skills on a regular basis;
- being transparent to the media and the public in terms of educating them about the phlebotomy program, letting them see training material and course information, and even demonstrating blood draws; and
- learning from existing successful programs.

Bias That Law Enforcement Officers Cannot Safely Draw Blood

Some believe law enforcement officers cannot draw blood as safely or as effectively as healthcare providers. However, law enforcement officers can receive training that is more than sufficient to safely and effectively draw blood.

Other concerns include the belief that law enforcement phlebotomists do not have appropriate locations to draw blood, or the ability to properly handle and store blood.

These concerns can be reduced by ensuring law enforcement phlebotomists have access to appropriate and safe locations for drawing blood and that all law enforcement phlebotomy programs have clearly defined and comprehensive policies and guidelines. Policies and guidelines should include training, use of force, safety procedures, and meet CLSI guidelines in both training and law enforcement venipunctures and OSHA standards regarding handling and storing blood and cleaning after blood draws. The goal is to not only protect those who are having their blood drawn, but also to protect the officers from injury or being exposed to bloodborne pathogens during blood draws.

Public Perception

Public perception of law enforcement officers drawing blood can also hinder the ability to implement a law enforcement phlebotomy program. This barrier is similar to the barrier regarding bias that officers cannot safely draw blood; the public will likely have thoughts of officers drawing blood in unsanitary conditions, without proper equipment or procedures in place. It is important that States and agencies looking to implement a law enforcement phlebotomy program work with the media and conduct public outreach to allow the public to develop a comfort level with the program.

The Nampa, Idaho, Police Department issued a press release to notify the media and public about their program. The press release included information on training, how the program was modeled after Arizona's long-standing program, and the benefits of the program. The press release also invited members of the media to attend a presentation where they could observe the law enforcement phlebotomy class in action and witness officers performing blood draws. During

this presentation, the media had the opportunity to photograph an officer drawing blood and talk to officers involved in the program. The Department also offered the media the opportunity to set up interviews with phlebotomy instructors and the Department Phlebotomy Coordinator. Examples of press related to the Nampa program include:

- Idaho Press-Tribune: *Police Support Blood Draws* (www.idahopress.com/news/police-support-blood-draws/article_795f6b85-75f3-5086-8dd2-883664655764.html)
- Idaho-Press Tribune: *Nampa PD Blood-Draw Program Promising* (www.idahopress.com/editorials/nampa-pd-blood-draw-program-promising/article_23c66463-40d8-500c-8921-4f0d1052277e.html)
- Idaho Press-Tribune: *Meet Nampa's Phlebotocops* (www.idahopress.com/members/meet-nampa-s-phlebotocops/article_f503d41a-55b9-11e4-9b65-6381d9f37899.html)

Funding

Another barrier that can hinder the implementation of law enforcement phlebotomy programs is funding. However, funding sources (e.g., grants) are available to reduce the program costs to law enforcement agencies. For example, in Minnesota, all program costs are absorbed by a grant through the Minnesota Department of Public Safety's Office of Traffic Safety. Additionally, Arizona receives funding for law enforcement training from the Governor's Office of Highway Safety.

Overcoming Barriers: Key Points

The key points to keep in mind to overcome barriers to setting up a law enforcement phlebotomy program include:

- Bias: Policies and procedures, documentation, training, and being transparent with the general public and media all help overcome the bias that law enforcement officers cannot safely draw blood.
- Public Perception: Work closely with the media to provide facts about the program to educate the public and increase acceptance of the program.
- Funding: Look for available grants and other funding sources to help cover program costs.

Costs

Law enforcement phlebotomy program costs depend on numerous factors and may fluctuate over time. This section discusses examples of potential costs, but it is important to understand the costs specific to each individual State or agency prior to implementing a program.

The following table provides a representative range of potential costs based on existing law enforcement phlebotomy programs (Arizona GOHS, 2016; Idaho, 2017; Berning, Beirness, Hedlund, & Jones, 2007; Utah, 2017; Hedlund, 2017). Actual costs will vary depending on the factors described after Table 1.

Table 1. Potential Phlebotomy Program Costs

Program Element	Cost Range
Initial Training (per student)	$200 – $600
Requalification/recertification training	$70 – $150
Venipuncture equipment (per year)	$1,000 – $1,500
Blood sample analysis (per sample)	No cost – $300

Factors affecting the costs associated with law enforcement phlebotomy programs include:

- training source (e.g., college, university, law enforcement organization);
- location of the program (e.g., ranges from $310/student to $600/student) (Berning, Beirness, Hedlund, & Jones, 2007);
- available funding sources (e.g., a grant from the Minnesota Department of Public Safety's Office of Traffic Safety absorbs all law enforcement phlebotomy program costs in Minnesota, the Governor's Office of Highway Safety provides funding for law enforcement training in Arizona) (GOHS, 2016);
- equipment used (e.g., a mobile laboratory or a phlebotomy room set up in the station) and the cost of replacing equipment over time;
- blood sample analysis laboratory fees (may be provided at no cost by a State or regional crime lab); and
- salary increases for qualified law enforcement officer phlebotomists. An agency must determine if it plans to provide a pay differential for officers who are qualified phlebotomists.

When planning for a law enforcement phlebotomy program, it is important to identify and understand all costs that will be involved and clearly articulate to decision-makers how the benefits will outweigh the costs. Also understand the costs of not having a law enforcement phlebotomy program. For example, the Utah Highway Patrol completed a cost comparison between using vendors or trooper phlebotomists and determined they saved nearly $30,000 in the

Costs Key Points

The key points to keep in mind when identifying costs for implementing a law enforcement phlebotomy program:

- Costs will vary by State or agency depending on location, training requirements, equipment, and lab fees.
- Costs to the agency may be defrayed by grants. It is important to research the potential for funding grants from the Governor's Highway Safety Office or other agencies/organizations.
- Agencies must determine if they intend to provide pay increases or other benefits to officers who are qualified phlebotomists.
- Agencies must be able to demonstrate how the benefits outweigh the costs.

first year of their law enforcement phlebotomy program. The cost of using a contract phlebotomist can range from $40-$100 per blood draw, or even higher depending on the location and agency needs. Additional costs include hospital fees and time for the contract phlebotomist to appear in court as a witness. In addition, agencies should consider lost productivity costs from law enforcement having to transport a suspect and wait at the hospital for a blood draw.

Tips for Implementing and Sustaining a Successful Law Enforcement Phlebotomy Program

Benefits of a Law Enforcement Phlebotomy Program

- Allows for the collection of chemical testing evidence in a timely and efficient manner
- Allows blood evidence to be collected before drug concentrations in the body decrease
- Cost savings
- Simplifies chain of custody
- Law enforcement phlebotomists may provide better testimony in court than private phlebotomists
- Allows officers to more quickly remove unsafe drivers from the roads
- Results in saved lives and safer communities

Stakeholders

- Involve the department's legal counsel, traffic safety resource prosecutors, and local prosecutors in program development and implementation.
- Work with the Governor's Office of Highway Safety and other organizations or advocacy groups to garner support for the program.
- Generate media to raise awareness of the program. Hold a press conference to introduce the program and host an open house for reporters and provide demonstrations of officers drawing blood.

Laws, Policies, and Procedures

- Ensure State law includes the appropriate "who" and "where" that enable law enforcement officers to draw blood, (e.g., who is legally allowed to draw blood and where can it be drawn).
- Develop phlebotomy protocols, policies, and procedures that have guidance and/or requirements for:
    - obtaining a search warrant;
    - use of force;
    - training;
    - clinical procedures;
    - chain of custody;
    - officer and suspect safety; and
    - documentation.
- Determine where and how blood draws will take place. This may be in a room in a station or the jail/detention facility, in a mobile processing van, or even the roadside if the proper procedures regarding sanitation are in place and used.
- Consider the use of audio and video recording in the designated room to protect the integrity of the evidence.

- Document all blood draws.
- Adopt a system to allow law enforcement to obtain a warrant quickly.

Training

- Ensure quality training from a reputable phlebotomy training program.
- Review existing law enforcement phlebotomist courses to develop the agency's or State's training program.
- Work with colleges that provide phlebotomy training to design a course specifically for law enforcement.
- Select colleges or training providers that teach CLSI standards, scope of practice, and standard of care.
- Be aware of the State's requirements regarding qualification/certification and requalification/recertification, as well as licensing requirements.

Costs/Funding

- Understand all costs involved with implementing a program and be prepared to demonstrate how the benefits outweigh the costs.
- Work with the Governor's Office of Highway Safety and other organizations to obtain grants or determine additional funding sources.
- Understand that costs may change over time, as training costs rise or equipment costs increase.
- Take into consideration that aging equipment will need to be replaced or upgraded.
- Determine if law enforcement phlebotomists will receive additional pay for their role.

Program Management

- Identify a law enforcement phlebotomy program coordinator within each agency and ideally also within the State.
- The program coordinator(s) should be responsible for monitoring procedures, documentation, and training to identify where changes may be needed and to mitigate any potential cause for concern before it turns into a bigger issue.
- Meet with program managers of existing programs to understand their successes and challenges.

Frequently Asked Questions

Benefits

What are the benefits of a law enforcement phlebotomy program?

The following are the primary benefits of a law enforcement phlebotomy program.

- Allows for the collection of chemical testing evidence in a timely and efficient manner, which can be provided to the court, removing impaired drivers from the roads, and resulting in saved lives and safer communities.
- Eliminates the need for civilian technicians to conduct the blood draw, thus reducing the costs involved in obtaining blood, the time required to obtain the blood, the possibility of others refusing to draw blood, and the need for non-police phlebotomists to testify in court.
- Enables officers to return to service faster.
- Simplifies the chain of custody. The officer draws the blood and then secures it and submits it for testing, rather than having to first obtain the evidence from a civilian technician.
- Blood evidence can be used for cases other than DWI, such as sexual assault, assault, and homicide cases when DNA evidence is needed. Having law enforcement phlebotomists also enables agencies to easily obtain all involved drivers' blood in fatal crashes and obtain officers' blood in critical incidents.

Additional information can be found in the Importance and Benefits section of this toolkit.

Legislation

What is the first step a State or agency should take when interested in starting a law enforcement phlebotomy program?

The first step when starting a law enforcement phlebotomy program is to ensure that State law allows law enforcement officers to become qualified/certified phlebotomists. An agency's legal counsel should be included early in the program development phase.

Additional information can be found in the Laws, Policies, and Procedures section of this toolkit.

What are the steps to ensure proper legislation is in place to allow law enforcement officers to draw blood?

Existing legislation permitting certain entities to become qualified/certified phlebotomists varies by State. As such, the first step is to consult the appropriate legal counsel, and determine the specific language within existing State law regarding phlebotomists. The Laws, Policies, and Procedures section has examples of existing legislation.

If current State legislation allows for law enforcement officers serving as phlebotomists, then the agency should focus on creating comprehensive agency policies and procedures for their law enforcement phlebotomy program, in consultation with legal counsel, the Department of Health, local hospitals, traffic safety resource prosecutors, educators, and others as necessary.

This issue and other barriers are discussed in further detail in the Barriers section of this toolkit.

Training

What training is required, both initial training and continuing education?

The law enforcement phlebotomy training requirements vary by State. However, training programs typically contain multiple phases over multiple days. Phases may include classroom/online training and clinical training. In addition, recertification/requalification training is typically required every year or two. As part of the classroom/online and clinical training sessions, mid-course and/or final examinations are required along with a certain number of successful blood draws.

Additional details regarding existing training programs are included within the Training section of this toolkit.

Is the term "qualified" or "certified" used when referring to a law enforcement phlebotomist?

Most State training programs qualify law enforcement officers to serve as phlebotomists; however, some States require law enforcement officers to become a certified phlebotomist before they can draw blood.

Liability

Have existing programs encountered any legal or liability trouble?

As of yet, there have not been many legal cases concerning existing law enforcement phlebotomy programs. Of the cases that have occurred, the final rulings were ultimately in favor of the law enforcement phlebotomists. These legal cases have emphasized the importance of ensuring that appropriate State legislation is in place allowing law enforcement officers to become qualified or certified phlebotomists and that all policies and procedures regarding the law enforcement phlebotomy programs are recorded and strictly followed.

Specific examples of legal cases involving existing law enforcement phlebotomy programs are described within the Case Law section of this toolkit.

How do you address concerns that blood draw locations are not as sanitary as a hospital or a doctor's office?

According to OSHA standards, a blood draw requires a clean setting, not a sterile setting, as often required in hospital or doctor's office settings. Cleanliness standards for blood draws within phlebotomy rooms and mobile phlebotomy labs should be fully outlined within the law enforcement phlebotomy program policies, in accordance with OSHA guidelines, to protect blood draw recipients and the law enforcement phlebotomists conducting the blood draws.

These details are further discussed within the Bias That Law Enforcement Officers Cannot Safely Draw Blood section of this toolkit.

What are the differences between consensual draws and draws made under a warrant?

Consensual blood draws occur when the suspect provides permission for his or her blood to be drawn when suspected of DWI; however, drivers may refuse to provide a blood sample for BAC or drug testing. When consent is not provided, law enforcement agencies generally must obtain a search warrant for drawing the suspect's blood, which exposes the suspect to potential refusal and criminal sanctions. All States have "implied consent" laws, which mean that all licensed drivers have indirectly consented to BAC or drug testing by virtue of holding a license and/or driving. However, a 2016 Supreme Court decision in *Birchfield v. North Dakota* ruled that a search warrant still must be obtained to draw blood.

Refer to the Need for a Warrant to Draw Blood section of this toolkit for more details.

Do law enforcement phlebotomists require medical malpractice insurance?

The level of liability that law enforcement phlebotomists hold is dependent on the specific language within the State legislature. For example, in Utah, a bill was passed in 2012 that provided immunity to qualified technicians (i.e., law enforcement phlebotomists) from liability to civil or criminal lawsuits. When implementing a new law enforcement phlebotomy program, it is essential that agencies coordinate with their insurance provider and legal counsel to ensure that State law exempts law enforcement phlebotomists from liability, as long as they are properly trained/certified and have followed all outlined policies and procedures.

More information regarding liability concerns associated with a law enforcement phlebotomy program can be found within the Addressing Liability Concerns section of this toolkit.

Costs

What are the associated costs?

Costs associated with implementing a law enforcement phlebotomy program vary greatly depending on numerous factors, including the training source, the State delivering the training, available funding sources, equipment used, blood sample analysis laboratory fees, and if qualified law enforcement officer phlebotomists receive pay differential. When attempting to establish a law enforcement phlebotomy program, it is extremely important to compare the benefits versus the costs and be able to present that information to stakeholders and potential financial supporters.

Although there are costs associated with implementing a law enforcement phlebotomy program, it is important to understand the costs of not having a program. The Utah Highway Patrol completed a cost comparison between using contract phlebotomists or trooper phlebotomists and determined they saved nearly $30,000 in the first year of their law enforcement phlebotomy program. The cost of using a contract phlebotomist can range from $40-$100 per blood draw, or even higher depending on the location and agency needs. Additional costs include hospital fees and time for the contract phlebotomist to appear in court as a witness. In addition, agencies should consider lost productivity costs from law enforcement having to transport a suspect and wait at the hospital for a blood draw.

The Costs section of the toolkit provides more detailed information, including an example range of potential costs and factors affecting program costs.

How do agencies typically obtain funding for a phlebotomy program?

Funding can be obtained through grants, the State, and/or individual department funding. For example, in Minnesota, all law enforcement phlebotomy program costs are covered by the Minnesota Department of Public Safety's Office of Traffic Safety. In Arizona, the Governor's Office of Highway Safety financially supports the law enforcement phlebotomy training program.

Processes and Procedures

What locations are typically used to perform blood draws?

Locations for performing blood draws vary by law enforcement agency; however, all law enforcement phlebotomy programs outline specific guidelines, typically following OSHA standards, requiring that all blood draws be conducted in a controlled setting and on a stable surface (i.e., not on the trunk of a car or in the back seat of a car). Some agencies use fully dedicated or semi-dedicated phlebotomy rooms within their law enforcement stations to safely draw blood. In Arizona, law enforcement phlebotomists use a mobile lab.

Additional details are located within the Location of Blood Draws section of this toolkit.

What happens after a blood sample is obtained?

It is important that law enforcement agencies develop, adopt, and maintain a policy and standards specific to the law enforcement phlebotomy program. The policy should include standards for important details such as training, equipment, blood draw locations, blood draw protocols and procedures, documentation and reporting, and use of force. The policy and procedures should include information about chain of custody that describes what happens after a blood sample is obtained. This may include a requirement for blood tubes to be kept in the phlebotomist's possession until they are labeled and sealed into a blood kit and mailed to the appropriate laboratory. It may also include requirements for refrigeration or for a maximum timeframe the blood may be held until it is sent for testing.

More information can be found within the Agency Policies and Procedures section and the Sample Material section of this toolkit.

What type of documentation is required for each blood draw?

The documentation will vary depending on what is required by a law enforcement agency's policy and procedures. An agency may require a Phlebotomy Blood Draw Report with information such as: subject identification, criminal charge, whether or not the blood draw was consensual, case officer's name and badge number, phlebotomist's name and badge number, date and location of the blood draw, blood kit manufacturer and lot number, specialty equipment used, expiration date of the blood kit, where on the subject the blood was drawn, health and medical history of the subject, a narrative describing the blood draw (i.e., was the subject cooperative, did they have to be restrained), and a signature of the subject, the phlebotomist, and any witnesses.

Is the process different for drawing blood from a juvenile versus an adult?

The process can be different dependent on the law enforcement's agency/department-specific policy. For example, some agencies/departments require a warrant for juveniles even if the

draw is consensual. The process can also differ by agency for supervisor notifications, duty log entry, etc. The actual venipuncture procedure itself does not vary for juveniles.

Are there any instances where a law enforcement phlebotomist would not draw blood (e.g., an extremely impaired driver that may require medical attention, or someone who states they have a medical issue that prevents their blood from being drawn)?

Yes. If the subject has medical complications or conditions specific to one side of the body (e.g., a mastectomy), the phlebotomist should not be allowed to draw from that side of the body due to increased risk of infection and complication. For more severe complications or conditions, the phlebotomist should only draw with physician approval. If the person is so impaired as to create medical risk, then medical treatment takes priority over the draw. Blood will also not be drawn if the subject has no available site (no vein can be located, severe injury preventing the draw, extreme burns that cover the blood draw area, a medical condition that prevents their blood from being drawn, etc.).

How many phlebotomists are needed in a law enforcement agency/department to make the program beneficial?

This will vary depending on the law enforcement agency/department size, geographic region covered by the agency/department, available funding, and agency/department needs. Ideally, an agency should have a phlebotomist available 24/7, whether that is one phlebotomist per shift or by having someone on call as needed. Some agencies/departments that have only one phlebotomist typically schedule that person to work on high DWI arrest shifts, periods, or weekends. Other agencies may establish a callout list that is available to staff and dispatch so they are aware of who can be called when a phlebotomist is needed.

Do law enforcement phlebotomists typically receive additional compensation or benefits for being a qualified phlebotomist?

This will vary by law enforcement agency and funding availability. In some agencies/departments law enforcement phlebotomists do not receive any extra pay, while in others they may receive a one-time stipend when training is completed, or they may receive extra salary for their role. In addition, due to the nature of the job, law enforcement phlebotomists may also qualify for overtime pay if the agency/department makes that available.

Are law enforcement phlebotomists used to draw blood for cases other than DWI arrests?

This will vary by law enforcement agency policy. Some agencies/departments do use law enforcement phlebotomists for other cases such as criminal investigations, fatal car accidents, DNA testing, communicable disease testing, and drawing of officers' blood as needed.

Existing Program Examples

Brief histories of some existing law enforcement phlebotomy programs are provided below. This is not an exhaustive list of programs but is meant to illustrate those programs that are considered pioneers in law enforcement phlebotomy. Points of contact change on a frequent basis and therefore are not included in this toolkit. However, for more information about each program it is recommended that you visit the agency or department website for contact information.

Arizona

As described in *Law Enforcement Phlebotomy for Safer Roads*, by Alberto Gutier, Director of the Arizona Governor's Office of Highway Safety (GOHS) (www.azgohs.gov/programs/LEL%20042016%20PhlebotomyNewsArticle.pdf), the first law enforcement phlebotomy program began at Arizona DPS in 1995. DPS began this program to address concerns with the number of DWI investigations that resulted in no chemical evidence due to test refusals, the need for officers in rural areas to efficiently obtain a blood draw on a DWI suspect, the refusal or inability of hospital staff to obtain blood samples for law enforcement and the continuing need to increase the safety of the public through effective DWI enforcement.

When the program started, the trooper attended a two-semester clinical-phlebotomy class at a local community college. As the number of trained phlebotomists increased, GOHS and DPS realized a more efficient solution was needed for training. In 2000, with GOHS support, Cathee Tankersley, Program Director for Phoenix College, developed and implemented a 60-hour Law Enforcement Phlebotomy Program (LEPP) course. This program focused primarily on drawing blood from adults in a clinical or outpatient setting. Officers who took the training were required to complete all of the course homework before attending the course and then complete the actual course in 5 days. The course currently takes a bit more time. It has been expanded to other community college districts and is now used to train officers from agencies all over the State. Arizona now has more than 70 police agencies with at least one trained phlebotomist and more than 550 law enforcement phlebotomists, spread across each county, each Highway Patrol District, and most municipalities.

While the majority of DWI investigations involving Arizona law enforcement phlebotomists used consensual draws, there were some cases where the subjects refused. In 1998, GOHS Director Alberto Gutier supported the development of telephonic and tele-fax search warrant systems by Phoenix Police Department and DPS. With this type of warrant, local Justices of the Peace, who oversee most DPS criminal cases, had fax machines in their homes, allowing officers to contact the Justices directly after hours. A standard fill-in-the-blank search warrant form was developed and used. This system streamlined the search warrant process for blood draws, reducing the time to obtain a warrant from several hours to an average of 20-30 minutes. GOHS has since implemented the use of electronic warrants statewide, which is even more efficient.

The primary source of funding for the Arizona Law Enforcement Phlebotomy Program is provided by GOHS through NHTSA Section 402 and 405 program areas. GOHS funds phlebotomy courses, textbooks and instructors. Arizona has constant phlebotomist coverage through a combination of funding from GOHS and law enforcement agencies.

There are only two known civil law suits that have been brought against an individual department since the inception of the LEPP in Arizona. Both of these suits were dismissed for lack of merit.

When the LEPP was started in 1995, Arizona had a 20-percent refusal rate. By 2007, this rate had dropped to 8.56 percent statewide, and as of 2016 it was at 5 percent. It appears refusal rates may have dropped in large part due to increased public awareness. The public is more aware that if one refuses to have a blood draw after an arrest for DWI, a 1-year license suspension will result, and law enforcement can easily obtain a search warrant to draw blood, with judges available 24 hours a day to process warrants through electronic warrants.

Arizona GOHS has worked with or supported agencies in Colorado, Idaho, Illinois, Minnesota, Utah, and Washington to help implement similar programs in those States.

Idaho

In 2008, the Nampa Police Department implemented a no-refusal blood draw policy for all DWI cases. As a result, they began to explore options for drawing blood, including at a hospital, civilian contract phlebotomists, paramedics, and law enforcement phlebotomists. It was determined that hospitals and civilian contract phlebotomists were cost prohibitive. Fire department paramedics were a plausible option, but they were unavailable at times leading to diminishing evidence. In addition, using fire department paramedics added complexities to the chain of evidence, they weren't always available for testimony, and it was using another agency's resources. Law enforcement phlebotomists were the ideal solution. NHTSA provided the Nampa Police Department with grant funding to begin a program following the Arizona model.

The Nampa LEPP began in August 2009, with 10 trained law enforcement phlebotomists. Training is provided by the College of Western Idaho and includes 48 hours of online pre-course work, 30 hours of in-class training, and 40 hours of clinical training and assessments.

The Nampa Police Department spent a notable amount of time educating the media about the program, explaining that blood draws are only performed when a breath test is refused or unavailable, blood draws are only conducted in a controlled environment, and that officers are trained phlebotomists. This was done through numerous media releases prior to implementation, inviting the media to observe blood draws during the final day of training at the initiation of the program, and inviting the media to interview officers in training, instructors, and prosecutors.

With the implementation of the LEPP in Nampa, the refusal rate has declined, and more offenders are agreeing to take a breath test. Due to the success of the Nampa program, several other departments in Idaho have also implemented LEPPs, including Caldwell Police Department, Homedale Police Department, Owyhee County Sheriff's Office, Twin Falls Police Department, Coeur d'Alene Police Department, and Pocatello Police Department.

Minnesota

In 2011, Minnesota began training law enforcement professionals as phlebotomists to bolster law enforcement officers' and agencies' abilities to obtain evidence in impaired-driving cases. This training is funded by Minnesota Department of Public Safety's Office of Traffic Safety with funds from NHTSA. In conjunction with Dakota County Technical College (DCTC), a phlebotomy training curriculum specific to law enforcement professionals was developed. Recognizing that there was no need to train law enforcement officers to draw samples from children or from areas other than the arm and hand, DCTC's full phlebotomy course was adapted for law enforcement purposes.

The Minnesota Law Enforcement Phlebotomist curriculum includes an 8-hour online course, 24 hours of classroom training that includes draws from both live subjects and inanimate training aids, and 50 successful blood draws in a clinical setting. The classroom training portion includes sessions on medical terminology, safety procedures, overview of laboratory processing, blood collection procedures, anatomy, physiology, evidentiary requirements and duties, and trial preparation and tactics.

In addition to successfully completing the initial training, law enforcement phlebotomists must maintain their authorization through annual requalification requirements. Law enforcement phlebotomist annual requirements include the following.

- Perform a minimum of two successful venipunctures witnessed and verified by qualified, licensed medical personnel;
- Attend a requalification course in phlebotomy techniques through DCTC;
- Maintain a log of blood draws to show proficiency; and
- Submit the log and all reports to the Minnesota State law enforcement phlebotomy coordinator.

Law enforcement phlebotomists not adhering to the annual requalification requirements will be removed from the program, and their authorization to complete blood draws will be voided.

As of 2018, Minnesota had 48 law enforcement phlebotomists representing 22 law enforcement agencies throughout the State.

Utah

In 2005, Utah Highway Patrol (UHP) officers began phlebotomy training after working with Arizona DPS officers to conduct blood draws for DWI investigations near the Arizona/Utah border. Since then, training has expanded throughout the State to include all law enforcement agencies. Training was, and continues to be, provided by Phoenix College through the Utah School of Phlebotomy, with 65 officers initially trained as phlebotomists. Since 2005, training has expanded throughout the State to include all law enforcement agencies. As of 2018, there were over 350 law enforcement officer phlebotomists with a current permit from the State Health Department to draw blood for drugs and alcohol.

Washington State

The Lakewood Police Department was the first department in Washington State to implement a LEPP, launching the program in March 2017 with six trained officers. In March 2018, the Pierce County Sheriff's Department joined the program by training 20 additional LEPs to better serve the region. The Lakewood program was paid for with a $50,000 grant and Pierce County received $93,000 from the Washington Traffic Safety Commission. Training occurs through Bates Technical College to obtain a certificate in Phlebotomy. Under the Lakewood/Pierce County LEPP, blood is drawn in one of four locations, including a former interview room in the police station, which now houses a phlebotomy chair. The room has audio and video recording capabilities.

The Lakewood PD worked closely with the media to share information about the program. This included issuing a press release about the program (http://www.cityoflakewood.us/communications/blog/1573-lakewood-police-officers-first-in-washington-to-do-in-house-blood-draws-on-suspected-duis), holding a press conference, offering demonstrations, and posting a video on YouTube showing the Lakewood Police Chief having his blood drawn by a trained officer (www.youtube.com/watch?v=cJnOZ6Dk-14).

As of January 2018, the department had conducted 150 draws, and the success of the program led to other departments in Washington requesting funds to implement their own phlebotomy programs. In 2018, the Lakewood Police Department was awarded a Municipal Excellence Award for the Phlebotomy Program. A short video about the program is available at www.youtube/0XIxq5GiLcA.

Talking Points for Media, the Public, and Decision-Makers

Agencies and States that have successfully implemented a law enforcement phlebotomy program have found that there are several key points that were helpful when giving presentations and holding discussions to obtain buy-in from decision makers, as well as to gain support of the media and public. These key points include:

- Prosecutors need definitive evidence and effective witnesses (law enforcement) to successfully convict a driver of DWI, especially drug-impaired driving. A law enforcement phlebotomy program provides both.
- Obtaining and testing blood for BAC and drug content is time-sensitive. If the blood is not obtained and tested in a timely manner, the evidence is lost. For example, Delta 9-THC (marijuana) levels in blood can decline significantly within a few hours (Compton, 2017).
- Training is robust, and it mirrors training received by medical personnel.
- Officers are not drawing blood at the roadside; it is done in a phlebotomy chair, in a safe and contained environment, with the proper equipment, and meets healthcare standards.
- A law enforcement phlebotomy program allows the officer to return to service faster. This is especially beneficial to smaller or more rural agencies, where a DWI arrest may take an officer off the road for a long period of time while they obtain blood evidence at a hospital or other location.
- The chain of custody is simplified when an officer draws blood and then secures it, rather than obtaining it from a civilian technician prior to booking.
- A law enforcement phlebotomy program eliminates the ethical issues faced by medical personnel when a patient refuses a blood draw.
- A law enforcement phlebotomy program reduces costs by eliminating payments to medical facilities that perform blood draws.
- Agencies and departments in Arizona, Colorado, Idaho, Maine, Minnesota, Texas, Utah, Washington State, and other States have successfully implemented law enforcement phlebotomy programs with no significant legal issues to date.

In addition to these key points, agencies that have implemented a law enforcement phlebotomy program have found that being as transparent as possible with the media is beneficial to obtaining favorable press coverage. The following examples show how the Lakewood, Washington, Police Department worked closely with the media to share information about their phlebotomy program when it was first launched, including inviting them to watch an officer do a blood draw on the police chief.

- Press Release – www.cityoflakewood.us/communications/blog/1573-lakewood-police-officers-first-in-washington-to-do-in-house-blood-draws-on-suspected-duis
- YouTube Video demonstrating how a blood draw is conducted – www.youtube.com/watch?v=cJnOZ6Dk-14
- Lakewood law enforcement officers to do blood draws to speed DUI cases – March 2014 article in the News Tribune about the Lakewood (Washington) law enforcement department phlebotomy program - www.thenewstribune.com/news/local/ crime /article136373773.html
- Municipal Excellence Award Video discusses the benefits of the program and shows a demonstration of a blood draw – youtube/0XIxq5GiLcA

Links to More Information

Articles

- Blood Draw Program to Target Habitual Offenders – July 2017 article in the Bonner County Daily Bee about the Coeur d'Alene (Idaho) law enforcement phlebotomy program (www.bonnercountydailybee.com/local_news/20170714/blood-draw_program_to_ target_habitual_offenders)
- Lakewood law enforcement officers to do blood draws to speed DUI cases – March 2014 article in the News Tribune about the Lakewood (Washington) law enforcement department phlebotomy program (www.thenewstribune.com/news/local/ crime /article136373773.html)
- Law Enforcement Phlebotomy for Safer Roads – Article in the April 2016 issue of Law Enforcement Improving Traffic Safety, authored by Alberto Gutier, Arizona's Governor's Highway Safety Representative (www.azgohs.gov/programs/LEL%20042016%20PhlebotomyNewsArticle.pdf)
- Meet Nampa's Phlebotocops – October 2014 article in the Idaho Press about the Nampa, Idaho law enforcement phlebotomy program (www.idahopress.com/members/ meet-nampa-s-phlebotocops/article_f503d41a-55b9-11e4-9b65-6381d9f37899.html)
- Officers' New Tool Against DWI: Syringe – September 2009 Associated Press article about law enforcement phlebotomy programs (www.nytimes.com/2009/09/14/us/14blood.html)
- For the Road Newsletter – Quarterly newsletter that helps Idaho prosecutors and law enforcement officers successfully prosecute cases involving impaired driving (www.tsrp-idaho.org/newsletter_00.html)

Reports

- Driving While Impaired Arrest Process Improvement – NHTSA report that describes six case studies of strategies used by law enforcement, including law enforcement phlebotomists, to reduce the cost and time of processing a DWI arrest (www.nhtsa.gov/staticfiles/nti/pdf/812308-DWI-Arrest-Process-Improvement.pdf)
- Traffic Safety Facts: Breath Test Refusals – NHTSA brief that describes the use of warrants to draw blood as a promising strategy to combat breath test refusals (www.nhtsa.gov/sites/nhtsa.dot.gov/files/810871.pdf)
- Use of Warrants to Reduce Breath Test Refusals: Experiences from North Carolina – NHTSA report that presents case studies from three counties in North Carolina describing the effectiveness of a search warrant program to draw blood for DWI cases (www.nhtsa.gov/sites/nhtsa.dot.gov/files/811461.pdf)

Press Releases/Media

- Lakewood police first in state to do blood draws on suspected DUIs – Press release from the city of Lakewood, WA (www.cityoflakewood.us/communications/blog/1573-lakewood-police-officers-first-in-washington-to-do-in-house-blood-draws-on-suspected-duis)
- Unique Phlebotomy class offered to local peace officers needing training to take DWI blood samples – Press release from Lone Star College (Texas) announcing their law enforcement phlebotomy training program (www.lonestar.edu/news/14236.htm)

Videos

- Video of Lakewood, WA police chief having blood drawn by an officer phlebotomist (www.youtube.com/watch?v=cJnOZ6Dk-14)
- 2018 Lakewood Municipal Excellence Awards video – Discusses how the Lakewood LEPP was started, how Lakewood convinced decision makers about the benefits of the program, and demonstrates how blood draws are conducted discusses the benefits of the program and shows a demonstration of a blood draw (www.youtube/0XIxq5GiLcA)

Webinars

- The Real Pros of a Law Enforcement Phlebotomy Program – Recording of a May 2016 webinar sponsored by the National Traffic Safety Resource Prosecutor program (www.nlelp.org/tsrp-traffic-tuesdays-webinar-recordings/)

Websites

- Arizona Governor's Office of Highway Safety Phlebotomy Program – Website describing the history, funding, training, and benefits of Arizona's program (www.azgohs.gov/programs/default.asp?ID=48)

Sample Material

The appendices to this toolkit include several templates that can be used as a starting point for developing policies, procedures, reports, and other documentation for a law enforcement phlebotomy program. These templates have been developed using documentation from existing law enforcement phlebotomy programs. Agencies/departments should customize these templates to their needs based on State legislation, agency/department size, funding, training requirements, and other parameters that are unique to each State and agency/department. In addition, this material should be developed through a coordinated effort with all law enforcement phlebotomy program stakeholders and reviewed by legal counsel before finalization. The material may need to be updated over time as policies and guidance change based on the needs of the program.

- **Appendix A: Standards for Law Enforcement Phlebotomists** – Some agencies maintain a list of standards that all law enforcement phlebotomists must follow. These standards may summarize the agency/department's Phlebotomy Policy and Guidelines.
- **Appendix B: Policy and Guidelines** – All agencies/departments should have documentation of their phlebotomy program policy and guidelines. This document includes high-level information on what phlebotomists must do for all blood draws, as well as guidelines and recommendations for what they may do depending on the circumstance.
- **Appendix C: Blood Draw Report** – This report is used by the phlebotomist to document all blood draws and contains information regarding the procedures used, timeframes, any documented medical issues or concerns about the subject, and other pertinent information to maintain evidence and documentation of the draw. The sample blood draw report is described in the sample Law Enforcement Phlebotomy Manual.
- **Appendix D: Phlebotomy Log** – Some agencies/departments maintain a log of all blood draws in addition to maintaining copies of blood draw reports. The log allows an agency/department to easily determine how many draws were performed in a particular timeframe, see who made the draws, and track inventory of blood draw kits.
- **Appendix E: Law Enforcement Phlebotomy Manual** – The manual is similar to the policy and guidelines, but it goes into more detail about the required procedures, storage of blood after it is drawn, disposal of equipment, and handling combative subjects.

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Appendix A: Standards for Law Enforcement Phlebotomists

This is an example only. These standards are not representative of any one law enforcement phlebotomy program and will need to be revised based on an individual agency or department's needs.

1. All blood draws will strictly adhere to **[state/county/agency/department]** policies.

2. Law enforcement phlebotomists successfully completing the **[training program name]** Law Enforcement Phlebotomy training program will be recognized as qualified for drawing blood samples for legal purposes.

3. Law enforcement phlebotomists will be allowed to complete blood draws on all DWI arrestees, regardless of the arresting officer.

4. Law enforcement phlebotomists will make every effort to complete the evidentiary blood kit paperwork and seal and package the completed blood kit in the subject's presence.

5. Law enforcement phlebotomists shall make every effort to complete the blood draw in a controlled setting; minimizing the chance of discomfort and injury. A draw should only occur if the subject is in a safe and secure position, and the law enforcement phlebotomist is comfortable with the setting.

6. Law enforcement phlebotomists should consider having the draw witnessed by another officer or supervisor particularly with uncooperative or combative subjects.

7. Law enforcement phlebotomists shall use evidentiary blood kits supplied by **[name of supplier]**. Ancillary equipment required for a successful blood draw may be used (e.g., tourniquets) as needed and required. Ancillary equipment **[will/will not]** be provided by **[state/county/agency/department]**.

8. Annual requalification requirements as outlined must be completed as required by **[training program name]** policies. Law enforcement phlebotomists who do not successfully complete annual requalification training will be removed from the program, and their authorization to complete blood draws will be voided.

9. Law enforcement phlebotomists must maintain a log of all blood draws made. Copies of logs must be maintained by the law enforcement phlebotomist. Law enforcement phlebotomists must submit a completed log of draws to the program coordinator annually.

Appendix B: Law Enforcement Phlebotomy Policy and Guidelines

1. Purpose and Scope

This policy establishes protocol and guidelines for the performance of those officers trained in phlebotomy to ensure a uniform approach is used for all blood draws.

2. Definition and Qualifications

A. Definition of Law Enforcement Phlebotomist

1. Those trained through a recognized phlebotomy program that meets the requirements necessary to award course credits and is comparable with training offered at **[NAME OF PHLEBOTOMY TRAINING PROGRAM USED BY DEPARTMENT/AGENCY]**.
2. Any other qualified person that meets the definition of "qualified person" as outlined in **[NAME SPECIFIC STATE STATUTE]**.

B. Continued Qualification for Law Enforcement Personnel

1. Perform a minimum of **[TYPICAL NUMBER IS 2-4]** successful venipunctures per year as witnessed and verified by qualified, licensed medical personnel.
2. Attend a requalification course in phlebotomy techniques when offered by the **[AGENCY/DEPARTMENT]** Phlebotomy Coordinator every 2 years.

3. Regulations

A. Law enforcement phlebotomists performing venipuncture should adhere to the policies of their licensing agency/State regulations.

B. Only law enforcement officers trained in phlebotomy, who have been approved of by the agency/department to perform phlebotomy may conduct blood draws.

C. Blood will not be drawn without a search warrant or lawful exception to a warrant requirement.

D. Law enforcement phlebotomists are authorized to draw blood for alcohol/drug content or hazardous substances in accordance with **[NAME SPECIFIC STATE STATUTE]** (DWI and CVO cases).

4. Procedures

A. Arresting officers should:

1. Contact a supervisor prior to requesting a phlebotomist.
2. Witness the blood draw.

B. Law enforcement phlebotomists performing venipuncture are obtaining evidence and should make notes in reference to the suspect's statements and actions which may aid in prosecution.

C. Who may draw blood? A law enforcement phlebotomist performing venipuncture may:

1. Draw blood from a suspect he/she has personally arrested for DWI and/or Criminal Vehicular Operation.
2. Summon another Law Enforcement Phlebotomist to collect the specimen, if the officer/phlebotomist feels that it would be in the best interest of the officer, subject, agency, and criminal and civil cases.

D. Testing procedures. Law enforcement phlebotomists performing venipuncture should:

1. Ensure the arresting officer witnesses the blood draw when available.
2. Select an alternative subject site if a second draw attempt is necessary.
3. Not exceed two attempts (in two separate subject sites) to complete a successful draw.
4. Offer alternative testing after two unsuccessful draw attempts.
5. Only use force that is reasonably necessary, given the nature of the offense, to conduct a blood draw. Subjects who physically resist a blood draw may be subject to additional charges which may include obstruction and/or assault. The behavior of the subject should be documented.

E. Documentation. Law enforcement phlebotomists performing venipuncture should:

1. Complete a Blood Draw Report (pursuant to agency/department policies) for each subject blood draw.
2. Include a copy of the supplemental report with the case file related to the investigation
3. Forward a copy of the supplemental report to the **[AGENCY/DEPARTMENT]** Law Enforcement Phlebotomy Coordinator.
4. Complete a Law Enforcement Phlebotomist Log of Blood Draws (Log) pursuant to agency/department policies.
5. Submit the Log annually to the **[AGENCY/DEPARTMENT]** Law Enforcement Phlebotomy Coordinator.
6. Complete all pertinent documentation contained in the **[DEPARTMENT/AGENCY]** blood collection kit.

F. After the blood draw. Law enforcement phlebotomists performing venipuncture should:

1. Turn over the completed kit to the arresting officer or submit it into evidence per agency/department policies.
2. Keep blood evidence samples in a refrigerator or a cooler. The specimen should be delivered to the toxicology lab as soon as possible.
3. Locate a facility in the area they work where the biohazardous waste can be destroyed. Local hospitals would be the best option for this service. All biological hazardous waste will be properly destroyed.

G. Equipment

The needle, hub, and other venipuncture supplies should be disposed of according to recommended OSHA and agency/department guidelines.

H. Law enforcement phlebotomists should maintain a professional image at all times.

1. Lab coats and/or a law enforcement uniform (OSHA requirement) should be worn when collecting blood specimen.
2. Protective exam gloves must be worn by anyone performing blood draws.

5. Assist Other Agencies

There may be occasions where other law enforcement agencies request the services of a law enforcement agency/department phlebotomist. To assist with such cases, the phlebotomist must confirm that a valid search warrant, pursuant to SOP and DWI and implied consent statutes, has been obtained prior to proceeding with a blood draw. Those requests will be honored when reasonably feasible. However, the officer will be considered to be on duty as a **[NAME OF AGENCY/DEPARTMENT]** law enforcement officer while acting at the request of another law enforcement agency, and must complete any blood draw in compliance with Department SOP and **[IDENTIFY STATE STATUTE]**.

6. Law Enforcement Phlebotomy Coordinator Responsibilities

The Law Enforcement Phlebotomy Coordinator is responsible for:

1. Coordinating initial training of law enforcement phlebotomists.
2. Coordinating requalification training of active law enforcement phlebotomists.
3. Disseminating information from the State Highway Safety Office.
4. Selecting and overseeing officer enrollment.
5. Maintain training and enforcement records for all law enforcement phlebotomists.

Appendix C: Blood Draw Report

PHLEBOTOMY BLOOD DRAW REPORT

DR NUMBER

OTHER AGENCY DR NUMBER

SUBJECT

LAST NAME	SUFFIX	FIRST NAME	M.I.	DATE OF BIRTH (mm/dd/yyyy)

STREET ADDRESS	CITY	STATE	ZIP CODE

CHARGES	SEARCH WARRANT	CONSENT TO DRAW	FELONY (Pressing Circumstances)
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

OFFICER'S BADGE NO.	OFFICER NAME (PRINTED)	AGENCY

PHLEBOTOMIST BADGE NO.	PHLEBOTOMIST NAME (PRINTED)	AGENCY

FIRST DRAW

DATE (mm/dd/yyyy)	TIME (24 Hour)	PHYSICAL LOCATION OF BLOOD DRAWN	BLOOD KIT MANUFACTURER	BLOOD KIT LOT NO.

OTHER EQUIPMENT (maximum 40 characters)	TYPE OF GLOVES USED FOR PROCEDURE	BLOOD KIT EXPIRATION (mm/yyyy)
	☐ LATEX ☐ NITRILE ☐ OTHER	

BLOOD DRAWN FROM

☐ LEFT ANTECUBITAL FOSSA ☐ RIGHT ANTECUBITAL FOSSA ☐ LEFT DORSAL HAND/WRIST ☐ RIGHT DORSAL HAND/WRIST ☐ OTHER

SECOND DRAW

DATE (mm/dd/yyyy)	TIME (24 Hour)	PHYSICAL LOCATION OF BLOOD DRAWN	BLOOD KIT MANUFACTURER	BLOOD KIT LOT NO.

OTHER EQUIPMENT (maximum 40 characters)	TYPE OF GLOVES USED FOR PROCEDURE	BLOOD KIT EXPIRATION (mm/yyyy)
	☐ LATEX ☐ NITRILE ☐ OTHER	

BLOOD DRAWN FROM

☐ LEFT ANTECUBITAL FOSSA ☐ RIGHT ANTECUBITAL FOSSA ☐ LEFT DORSAL HAND/WRIST ☐ RIGHT DORSAL HAND/WRIST ☐ OTHER

MEDICAL QUESTIONS

YES	NO		SITE CLEANER USED	HAND WASHING	SUBJECT'S POSITION DURING PROCEDURE	NUMBER OF MINUTE(S) FOR BLOOD TO CLOT AT SITE OF VENIPUNCTURE	RIGHT THUMBPRINT
☐	☐	MEDICAL PROBLEMS	☐ POVIDONE IODINE	☐ SOAP / WATER	☐ SEATED		
☐	☐	ALLERGIES	☐ BENZALKONIUM CHLORIDE (BZK)	☐ SANTITIZER	☐ LYING DOWN		
☐	☐	INFECTIOUS DISEASE	☐ OTHER	☐ OTHER	☐ OTHER		
☐	☐	MEDICATIONS TAKEN			☐ RESTRAINED		
☐	☐	SICK OR INJURED					
☐	☐	HISTORY OF FAINTING					

EXPLAIN "YES" RESPONSES BELOW — *EXPLAIN "OTHER" RESPONSES BELOW*

BRIEF EXPLANATION (maximum 800 characters)

I have granted permission for the blood sample to be taken.
Yo Doy permiso que toman una muestra de mi sangre.

X

SUBJECT'S SIGNATURE | DATE | TIME (24 Hour)

PHLEBOTOMIST SIGNATURE	BADGE NO.	DATE (mm/dd/yyyy)	TIME (24 Hour)
X			
WITNESS SIGNATURE	BADGE NO.	DATE (mm/dd/yyyy)	TIME (24 Hour)
X			

DISTRIBUTION: *Copy 1 – OFFICER Copy 2 – PHLEBOTOMIST Copy 3 – PHLEBOTOMY COORDINATOR*

Appendix D: Phlebotomy Log

[STATE NAME] LAW ENFORCEMENT PHLEBOTOMIST PROGRAM

LOG OF BLOOD DRAWS

NAME _____ **AGENCY** _____ **PAGE** ___

SUSPECT'S NAME	DOB	ARREST DEPT.	DATE/TIME	KIT NUMBER	ARM USED	MISCELLANEOUS (Arresting Officer, Etc.)

Appendix E: Law Enforcement Phlebotomy Manual

The following example Law Enforcement Phlebotomy Manual provides more details about the Phlebotomy Program requirements than the Standards in Appendix A and Policy and Guidelines in Appendix B. The processes, procedures, and terminology used in this example manual may not be used by all law enforcement agencies, and therefore if an agency chooses to use this manual, they should revise it based on their needs.

[DEPARTMENT/AGENCY NAME]

Law Enforcement Phlebotomy Program Manual

Last Revised: **[ENTER DATE]**

Prepared by: **[AGENCY/DEPARTMENT NAME]**

Manual Issue Date: **[DATE]**

Approved By:

[SIGNATURE OF AGENCY/DEPARTMENT REPRESENTATIVE AUTHORIZED TO APPROVE MANUAL]

Introduction

The mission of the **[Agency/Department]** Law Enforcement Phlebotomy Program is to promote public safety with a safe, secure means to collect blood for evidentiary purposes, and to accomplish the procedure with integrity and accountability to the citizens of the State of **[STATE NAME]**. This manual provides direction for agency/department employees who are trained as law enforcement phlebotomists.

Throughout this manual, the term "phlebotomist" is used to designate an individual who is specifically trained and currently qualified to perform venipunctures. Safety during a blood draw is paramount, and it is the duty of each phlebotomist to follow the procedures as outlined in this manual. Every phlebotomist who completes a venipuncture shall complete the required documentation; such as the Phlebotomy Blood Draw Report form **[OR OTHER REQUIRED FORM]**.

This manual shall also function as direction for properly completing departmental forms associated with the blood draw.

The **[Agency/Department]** Phlebotomy Coordinator is responsible for the Phlebotomy Program, manual, and forms.Any questions should be directed to the Phlebotomy Coordinator for review.

I. Qualifications

[STATE NAME] law allows qualified persons to draw blood for the purposes of forensic blood alcohol or drug analysis. A properly trained law enforcement phlebotomist is considered a qualified person. **[STATE STATUTE NAME AND NUMBER]** specifies the persons qualified to perform phlebotomy.

A. State Law Requirements

[INCLUDE STATE LAW SPECIFICS RELATED TO PHLEBOTOMY]

B. Training

Troopers who perform the duties of a forensic phlebotomist shall be qualified through a recognized phlebotomy program. **[PROVIDE DESCRIPTION OF ALLOWED TRAINING PROGRAM(S)]**.

Students spend **[NUMBER OF HOURS]** hours in a clinical setting where they complete more than **[NUMBER]** successful venipunctures. Students take practical and written final examination where they must meet all competencies as prescribed. Officers who successfully complete and pass this course are required to complete a refresher training course every **[NUMBER OF YEARS]**.

Officers intending to become department phlebotomists should check with the **[Agency/Department]** Law Enforcement Phlebotomy Program Coordinator for current class locations and cost.

C. Phlebotomist Responsibilities

1. Phlebotomists shall adhere to an on-going requalification process as designated by the **[Agency/Department]** Law Enforcement Phlebotomy Program Coordinator. This process includes: **[DESCRIBE REQUALIFICATION PROCESS]**

2. Agency/department phlebotomists not meeting the above requirements shall have their program status reviewed by the **[Agency/Department]** Phlebotomy Coordinator.

   a. Agency/department phlebotomists not meeting the above requirements shall be suspended from conducting any venipunctures for the purposes of collecting evidence or infection control until they meet the above requirements and are approved to do so by the **[Agency/Department]** Law Enforcement Phlebotomy Program Coordinator.

   b. The **[Agency/Department]** Law Enforcement Phlebotomy Program Coordinator shall require a suspended department phlebotomist to demonstrate proficiency by conducting an instructor- or coordinator-observed training venipuncture.

II. Blood Kit

A. General Information

1. **[The agency/department]** uses a standard blood kit for the purposes of obtaining blood samples from subjects. The blood kits are an essential piece of equipment. **[NAME]** maintains an inventory of these blood kits.

2. The phlebotomist shall be familiar with the following components and procedures related to the blood kit:

   a. The equipment

   b. The proper procedure for completing the included paperwork

   c. The proper sealing/resealing of the evidence

   d. The chain of custody procedures

3. The blood kit contains forms used for identification and documentation of the blood draw.

B. Blood Kit

[DESCRIBE BLOOD KIT] Example: the blood kit has an outer cardboard transport module and an inner container. The phlebotomist shall verify the blood kit's seal is intact prior to use. If the seal is broken, the blood kit shall not be used.

C. Expiration Date and Lot Number

The phlebotomist, prior to the blood draw, shall verify the expiration date on the outside container is valid. The expiration date will coincide with the expiration dates on the enclosed blood tubes. The lot number of the blood kit is also located on the outside container. The phlebotomist shall record both the expiration date and lot number on the Phlebotomy Blood Draw Report **[OR OTHER REQUIRED FORM]**.

D. Blood Collection Tubes

[DESCRIBE TUBES, EXAMPLE PROVIDED BELOW]

1. The included gray-topped evacuated blood tubes are used for blood alcohol screening and have two chemical additives inside. These chemical additives are:

   a. Sodium fluoride. An antiglycolytic agent which inhibits the metabolic breakdown of glucose (blood sugar) by the blood cells.

   b. Potassium oxalate. An anticoagulation agent.

2. The gray-topped tubes may be used for collection of deoxyribonucleic acid (DNA) or communicable disease samples when the other types of tubes are not available.

3. The phlebotomist shall verify that the integrity of the tube is intact and visually ensure that the chemical additive is present.

4. The phlebotomist shall not use expired tubes.

5. Lavender-topped tubes containing the anticoagulant Ethylenediaminetetraacetic acid (EDTA) are used for collection of DNA specimens. Lavender-topped tubes are also used for collection of blood for analysis/screening of specific hallucinogenic and/or inhalant drugs or metabolites. The phlebotomist shall verify that the integrity of the tube is intact and visually ensure that the chemical additive inside is present.

6. Blue-topped tubes (containing the anticoagulant sodium citrate) are used for collection of blood for analysis/screening of specific synthetic stimulants and synthetic cannabinoids. The phlebotomist shall verify that the integrity of the tube is intact and visually ensure that the chemical additive inside is present.

7. When collecting lavender- or blue-topped tubes for drug analysis, the phlebotomist shall also collect two grey-topped tubes.

8. Serum Separator Tubes (SST), which are red and black “tiger top” or gold tubes, should be used to collect samples for communicable disease testing. Serum separator tubes have a gel inside that will separate the blood serum from the other parts of the whole blood. When an SST is used for collection, centrifuge the sample within 30 minutes of venipuncture.

9. For additional information on communicable disease exposure procedures, see Section VII, Bloodborne Pathogen Exposure and the Centers for Disease Control website.

E. Biohazard Label

A biohazard label shall be affixed to the outside of the outer transport module if the container is not already labeled.

F. Blood Kit Chain of Custody

1. After the phlebotomist has completed the blood draw, proper chain of custody procedures shall be followed to ensure that the blood evidence is secure prior to transport. The phlebotomist or employee transporting the blood evidence shall ensure the proper chain of custody using the procedures outlined in the **[NAME OF MANUAL OR AGENCY/DEPARTMENT REGULATION]**.

2. The blood tubes shall be kept in the phlebotomist's or arresting officer's possession until properly labeled and sealed into the blood kit.

3. The following guidelines for packaging the blood evidence into the blood kit shall be followed.

    a. Mark the tubes with the name or identification of the subject, date and time of the draw, report number, and the name or initials of the phlebotomist performing the draw. The blood kit contains labels that the phlebotomist may use or the information may be written directly on the tube label.

    b. Place the marked and sealed blood tubes into the inner container.

    c. Once the tubes have been placed in the inner container, place the evidence seal on the junction of the box opening.

    d. The inner container shall be placed into the self-closing plastic bag and then placed in the outer transport container.

    e. The outer transport container shall be closed and then sealed using the tamper-evident kit shipping seal.

    f. The outer container of the blood kit shall be marked with the report number and the package or item number.

    g. The final seal on the blood kit shall be evidence-packaging tape.

h. The phlebotomist shall initial the evidence tape in accordance with procedures outlined in the **[NAME OF AGENCY/DEPARTMENT'S EVIDENCE MANUAL OR REGULATION]**.

4. Once the blood kit has been sealed, the phlebotomist may transport or turn over the blood kit to the arresting officer or third party for transport.

G. Butterfly Needles and Syringes

During the course of a blood draw, the phlebotomist may encounter situations where equipment not supplied in the blood kit is used. Use of this equipment, such as butterfly needles and syringes, shall be documented in the space provided on the Phlebotomy Blood Draw Report **[OR OTHER REQUIRED DOCUMENTATION]**.

III. Phlebotomy Blood Draw Report

NOTE: THE INFORMATION IN THIS SECTION CORRESPONDS WITH THE SAMPLE BLOOD DRAW REPORT TEMPLATE. THIS SECTION WILL NEED TO BE REVISED TO MATCH WITH THE INFORMATION INCLUDED IN THE BLOOD DRAW REPORT THAT THE DEPARTMENT/AGENCY USES.

The *Phlebotomy Blood Draw Report* contains information the phlebotomist is required to document during the course of contact with the subject. This form shall be used for each blood draw and shall include the information listed below.

A. Report Number

The report number shall be recorded in the appropriate location on the form.

B. Other Agency Protocol

If a department phlebotomist administers a blood draw for another law enforcement agency, the phlebotomist shall record the other agency's report number in the space provided on the *Phlebotomy Blood Draw Report*.

C. Subject Identification

1. The phlebotomist or arresting officer shall identify the subject and complete the top portion of the report. The phlebotomist shall record the criminal charge (if applicable). The check boxes for search warrant, consent to draw, and felony shall be marked appropriately.

2. The arresting officer's name and badge number shall be documented in the space provided. The phlebotomist's name, badge number, and department shall be documented in the proper space provided.

3. The phlebotomist may gather additional information to identify the subject later; for example, a photograph or fingerprint of the subject in the space provided on the *Phlebotomy Blood Draw Report*.

D. Blood Draw

1. The phlebotomist shall record information for each blood draw in the appropriate space on the *Phlebotomy Blood Draw Report*.

2. When a second blood draw is performed by a phlebotomist on the same subject, the information shall be documented on the same form in the space provided for the second draw.

3. Third and subsequent blood draws may be documented on a second *Phlebotomy Blood Draw Report* or in the narrative portion of the report.

4. The phlebotomist shall only perform blood draws on the side of the road inside a patrol car under exigent circumstances. It is the phlebotomist's responsibility to ensure the safety of the subject and cleanliness of the draw area.

    a. Area of blood draw shall be cleaned with disinfectant prior to draw.

    b. Venipuncture site is cleaned in accordance with Clinical and Laboratory Standards Institute (CLSI) standards.

    c. Subject shall be sitting or lying and shall be immobilized with use of a seatbelt or additional officer.

5. The following information shall be included on the form for each blood draw.

    a. Date, time, and physical location where blood draw was performed

    b. Blood kit manufacturer

    c. Lot number of the blood kit

    d. Specialty equipment used during the blood draw such as butterfly kit or syringe

    e. Type of gloves used for the procedure

    f. Expiration date of the blood kit

    g. Site location of the blood draw on the subject

E. Medical Questions and Observations

To protect the health of the subject, the phlebotomist, other persons assisting with the blood draw, and personnel performing the blood analysis, every attempt should be made to obtain information from the subject relating to health and medical history of the subject.

The following information shall be documented on the form:

1. Medical Problems

It is important to attempt to identify medical problems that could complicate the procedure.

2. Allergies

Determination shall be made as to whether or not the subject has any known allergies. Allergies to prescription medications or over the counter medications should also be documented.

a. In cases where the subject is allergic to latex, use a non-latex tourniquet and gloves.

b. Allergies to shellfish or iodine may preclude use of a povidone-iodine or betadine swab. A benzalkonium swab or other non-alcoholic site cleaner should be used in these cases.

3. Infectious Diseases

Determination shall be made as to whether or not the subject has any known infectious diseases.

4. Medications/Blood Thinners

Determination shall be made as to whether or not the subject takes any medications. The subject shall be asked about prescription, over the counter medication, and drug use—legal or illegal. Medications such as aspirin, Coumadin (generic warfarin), and steroids are blood thinners and may increase clotting time.

5. Sick or Injured

The subject shall be asked about recent illness or injury.

6. Site Cleaner Used

The phlebotomist shall document information regarding the cleansing agent used at the location of the venipuncture by marking the appropriate box on the form.

7. Hand Washing

The phlebotomist shall document the handwashing technique utilized by marking the appropriate box on the form.

8. Subject's Position During Procedure

The phlebotomist shall document the subject's position during the procedure by marking the appropriate box. The subject shall be seated safely in a secure position, or in a supine position, depending on the location and environment in which the blood draw is performed. The phlebotomy blood draw shall not be performed while the subject is in a standing position.

9. Number of minute(s) for blood to clot at site of venipuncture

The clotting time shall also be documented on the form in the appropriate space. Normal clotting takes approximately 1 to 2 minutes. The phlebotomist shall request the assistance of paramedics or additional professional medical care when the patient continues to bleed more than 5 minutes.

F. Report Narrative

Document and describe any affirmative answers from the medical questions block. The narrative may also contain the following information:

1. Physical characteristics or statements made during the contact with the subject; for example, mood swings, refusal to submit.

2. Whether the subject resisted or did not resist the blood draw; for example, was the subject cooperative, was the subject escorted to the restraint chair, held down, handcuffed?

G. Signatures

1. A subject signature block has been provided to allow the phlebotomist to document consent of the blood draw on the

Phlebotomy Blood Draw Report.

a. If the subject verbally consents, but refuses to sign, the phlebotomist shall write "Refused to Sign" in the signature block. The phlebotomist shall then document further information on the narrative portion of the form. A witness shall be present in these instances. If a witness is not available, an audio or video recording of verbal consent may be used.

b. If the blood draw is not a consent draw, the phlebotomist shall document the type of draw, such as "search warrant" in the signature block.

2. The phlebotomist shall sign the *Phlebotomy Blood Draw Report* and document the date and time signed.

3. If there is a witness to the blood draw, the witness should sign the *Phlebotomy Blood Draw Report* and document the date and time signed.

H. Copy Distribution

The *Phlebotomy Blood Draw Report* is a triplicate form. The copy distribution is as follows:

1. White, original is maintained by the arresting officer for forwarding to **Records** – officer may retain a photocopy.

2. Yellow copy is maintained by the phlebotomist.

3. Pink copy is forwarded to the Department Phlebotomy Coordinator.

IV. Search Warrant Protocol

A. Search Warrants

Officers may encounter situations where obtaining a search warrant for bodily fluids is necessary during the course of a criminal investigation. When a search warrant is obtained, jurisdictional procedures shall be followed. **[DESCRIBE PROCEDURES]**

B. Combative Subjects

1. In obtaining a blood sample from a combative or uncooperative subject, officers shall take all steps necessary to ensure only reasonable force is used in accordance with **[NAME GENERAL ORDER REGARDING USE OF FORCE]**

2. An on-duty supervisor, the arresting officer, or the phlebotomist shall make the determination on whether or not to execute the warrant if the subject is combative and a threat to safety. The phlebotomist shall make the final determination on whether the circumstances or situation is sufficiently safe for all present, including the subject.

3. Officers shall use only the amount of force necessary to execute the warrant. Officers shall not use an electronic control weapon (ECW), hard impact weapons, chemical irritants, or any other weapon to subdue the subject during the blood draw.

4. The subject should be placed in a restraint chair. If a restraint chair is unavailable, officers may use other means of physical restraint.

5. The phlebotomist shall:

    a. Remain professional and maintain decorum.

    b. Be responsible for obtaining the blood sample.

    c. Direct other officers who may be assisting with the procedure.

    d. Be the final authority in determining whether to discontinue the procedure for safety reasons.

    e. Through proper training, be familiar with the restraint chair and straps prior to use.

6. When a search warrant is served to the subject, the phlebotomist arresting officer shall explain to combative subjects the following hazards and ramifications of resisting:

    a. Not complying with the execution of a search warrant may be a violation of **[IDENTIFY STATE STATUTE]**.

    b. If an officer is assaulted during the blood draw due to the subject becoming combative, the subject may be charged with a violation of **[IDENTIFY STATE STATUTE]**.

C. Disease Testing

For information on communicable disease exposure and testing procedures, see Section VII, Bloodborne Pathogen Exposure and the Centers for Disease Control website.

V. Clinical Procedures

A. Blood Draw

1. The blood draw shall be administered in accordance with all training received by the phlebotomist.

2. The phlebotomist is responsible for the selection of a safe and clean physical location for the blood draw. If necessary, the phlebotomist should cleanse the physical area where the blood draw will be performed with an OSHA-approved disinfectant prior to and after the blood draw.

3. The phlebotomist shall gently invert the filled blood tubes to ensure that the tube additives are thoroughly mixed with the blood.

    a. Gray-topped tubes should be inverted gently eight to ten times. Additional inversions may be necessary to thoroughly mix the powdered anticoagulant with the blood.

    b. Lavender-topped tubes should be inverted gently eight to 10 times.

    c. Blue-topped tubes should be inverted gently three to four times.

    d. Serum separator tubes (SSTs) should be inverted gently five times.

4. The phlebotomist shall ensure that the blood tubes are completely and clearly labeled.

5. The phlebotomist shall ensure that medical personnel are contacted, as soon as practical, when any complications associated with the blood draw occur. The complications shall be documented [IDENTIFY WHERE DOCUMENTATION SHOULD OCCUR].

B. Subject

1. The phlebotomist or arresting officer is responsible for verifying the identification of the subject, including the subject's full name and date of birth, through such means as a government-issued photo ID or fingerprints.

2. The subject shall be seated safely in a secure position, or in a supine position, depending on the location and environment that the blood draw is performed. The phlebotomy blood draw shall not be performed while the subject is in a standing position.

C. Equipment

1. Needles used shall be sterile, single use items, and all other items used shall be clinically clean. Phlebotomists are responsible for ensuring that such supplies are available prior to the venipuncture. Evacuated Tube System (ETS) tube holders/hubs shall only be used once and shall be visually determined to be clean prior to use.

2. Sharps shall be directly disposed into the sharps container; other contaminants shall be disposed of in biohazard waste bags.

D. Protective Procedures

1. If there is a significant biological contamination, such as blood or other contaminates, then the phlebotomist shall cleanse the area with an OSHA-approved disinfectant.

2. The phlebotomist shall follow proper hand washing/sanitizing procedures prior to and after the procedure. Visible dirt or debris on hands requires hand washing. Otherwise, non-ethyl alcohol hand sanitizer shall be used.

3. The phlebotomist shall wear gloves and personal protective equipment (PPE) during the venipuncture.

4. A new pair of gloves shall be used for each suspect and removed when the procedure is completed. Nonsterile, disposable latex, vinyl, or polyethylene examination gloves are acceptable.

5. Other PPEs such as face shields or lab coats are at the discretion of the phlebotomist and may be used.

VI. Sharps Safety and Disposal

In the course of conducting a blood draw, the phlebotomist will handle needle sharps, blood tube holders, and other biohazard material. The sharps containers that contain used biohazard materials shall be submitted to **[IDENTIFY WHERE THEY WILL BE SUBMITTED]** to be handled and disposed of appropriately. OSHA requirements and the guidelines identified in this manual shall be followed. See the Centers for Disease Control's website for additional information.

A. Sharps Safety and Disposal Procedures

Removing the needle from a used blood draw/phlebotomy device is rarely, if ever, necessary. Because such devices involve the use of double-ended needles, such removal exposes the employee to additional risk, as does the increased manipulation of the contaminated device. Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, or reused for any purpose.

1. Blood tube holders, with needles attached, shall be discarded immediately into a sharps container after the device's safety feature has been activated.

2. Blood tube holders, with needles attached, and other sharps should not be passed directly from hand to hand and handling should be kept to a minimum.

3. Dispose of syringes and needles intact. When the needle and blood tube holders are attached for the procedure, dispose of both together.

4. Needles shall not be bent or broken at any time.

5. Always dispose of sharps at the point of use in a suitable sharps container.

6. Needles shall not be re-sheathed.

7. Sharps containers shall not be filled above the manufacturer's marked line.

8. Sharps containers shall be disposed of when the manufacturer's marked line has been reached.

9. Sharps shall not be disposed of with other clinical waste.

B. Sharps Container Safety and Disposal Procedures

The used sharps containers have biohazard materials inside and shall be handled and disposed of in the appropriate manner.

1. The sharps container shall be locked and sealed according to the manufacturer's instructions prior to transport for disposal.

2. The sharps container shall remain in an upright position. Do not invert or place a sharps container on its side; this may result in leakage of biological and hazardous waste.

3. Used sharps containers shall not be placed or sealed into any other container for transport. Do not place used sharps containers in yellow bags or other containers for disposal.

4. Damaged used sharps containers shall be placed in a large secure rigid container which is properly labeled.

5. Sharps containers shall be transported to **[IDENTIFY LOCATION]** for disposal.

6. In the case of emergency disposal of a sharps container, the container may be transported to a hospital, fire department, or other medical facility.

VII. Bloodborne Pathogen Exposure

All **[agency/department]** phlebotomists and employees with a risk of exposure to bloodborne pathogens shall follow the procedures in this manual in the event of an exposure (i.e., contact with human blood, human waste, or needle sticks).

A. Communicable Disease Exposure

In the event an officer, phlebotomist or other employee is exposed to Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), Hepatitis B (HBV), or Tuberculosis (TB), immediate action shall be taken. When an employee is exposed to blood from a needle stick, or blood or bodily fluid comes into contact with mucous membranes or an open wound, contact a supervisor immediately to open a claim with **[IDENTIFY CLAIM DEPARTMENT]**. **[IDENTIFY CLAIM DEPARTMENT]** shall be contacted within 24 hours of exposure. Seek medical attention as soon as possible. Treatment within 2 hours could limit infection.

B. Accidental Needle Stick

The following action is recommended in the event of an accidental needle stick injury:

1. Make the wound bleed, if possible.

2. Clean well with copious amounts of soap and running water.

3. Apply an occlusive dressing. An occlusive dressing is defined as a bandage or dressing that closes the wound and keeps it from the air.

4. Attempt to identify the source of the sharp.

5. Attempt to obtain sufficient information to identify the subject from whom the blood was drawn and the phlebotomist or the person that was exposed.

C. First Aid

Prompt medical advice and care is critical as soon as possible after exposure. The person exposed and the immediate supervisor shall ensure that advice on first aid is sought and the appropriate documentation is completed.

[DESCRIBE AGENCY/DEPARTMENT STANDARDS FOR INJURY REPORTING]

D. Collection of Blood for Disease Testing

If a subject assaults an officer, phlebotomist, or other individual, during the blood draw procedure and/or there is the transfer of bodily fluid or bodily fluid contact from a subject to the trooper, phlebotomist or other individual, a phlebotomist shall attempt to obtain blood for the purpose of testing for communicable disease pursuant to **[IDENTIFY STATE STATUTE]**

1. The blood obtained for this purpose shall be either from a court order or a voluntary draw. Applicable policy and procedure shall be followed in obtaining a court order.

VIII. Law Enforcement Phlebotomy Program Coordinator

[Agency/Department]'s Law Enforcement Phlebotomy Program shall have a designated person responsible for the coordination of the program statewide. This person shall be a qualified phlebotomist.

A. Responsibilities

The Law Enforcement Phlebotomy Program Coordinator duties shall include:

1. Teaching.

2. Providing phlebotomists with information regarding **[the Agency/Department]**'s phlebotomy policies and procedures, case law, and other information essential to the program.

3. Identifying qualified department phlebotomists as instructors or instructional assistance.

4. Scheduling instructors and students.

5. Identifying funding sources.

6. Acting as liaison between phlebotomy school faculty, **[the Agency/Department]**, and the State Forensic Phlebotomy Program Coordinator.

7. Maintaining a file for each department phlebotomist.

8. Retaining a copy (pink) of the *Phlebotomy Blood Draw Report* performed by each department phlebotomist.

9. Maintaining a list of essential equipment for the program and the authorized vendors for that equipment or ensuring that such equipment is available from a secondary source.

10. Obtaining funding for training, equipment, and supply expenditures for the Department Law Enforcement Phlebotomy Program.

11. Designating assistant phlebotomy coordinators.

B. Phlebotomy Equipment, Supplies, and Forms

Medical supplies and associated equipment for the Law Enforcement Phlebotomy Program are requisitioned from authorized vendors as needed. Forms, medical supplies, and associated equipment are available through the **[Agency/Department]** Phlebotomy Coordinator.

C. Assistant Phlebotomy Coordinators

In order to maintain contact with agency/department phlebotomists across the State, the Department Phlebotomy Coordinator identifies potential assistant phlebotomy coordinators, and with the concurrence of management, appoints assistant phlebotomy coordinators as needed.

1. The assistant phlebotomy coordinators are responsible for coordination of initial phlebotomy training and refresher training in their respective areas.

2. The assistant phlebotomy coordinators shall report to the **[Agency/Department]** Phlebotomy Coordinator, who shall retain overall responsibility for the program statewide.

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