




# Clayton County Police Department PROCEDURES

Subject <b>PHLEBOTOMY</b>		Procedure # <b>D49</b>	
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## I. PURPOSE

This directive establishes the protocol for obtaining a blood draw from a suspect by officers of the Clayton County Police Department (CCPD) who have been trained as law enforcement phlebotomists, or who have been trained in blood draws and meet the statutory definition of a qualified person as set out in the Official Code of Georgia Annotated (OCGA) § 40-6-392 (a)(2).

## II. POLICY

The mission of the Clayton County Police Department (CCPD) 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 Georgia. Safety during a blood draw is paramount, and it is the duty of each phlebotomist to follow the procedures as outlined in this directive. Every phlebotomist who completes a venipuncture shall complete the required documentation including the *Phlebotomy Blood Draw Report* and the *Log of Blood Draws*.

## III. DEFINITIONS

As used in this directive, the following words and terms shall have the meaning ascribed:

Phlebotomist: An individual who is specifically trained and currently qualified to perform venipunctures.

Venipuncture: The drawing of blood and any reference to phlebotomist or phlebotomy shall include any person trained to draw blood as set out in OCGA § 40-6-392 (a)(2).

## IV. QUALIFICATIONS

Georgia law allows qualified persons to draw blood for the purpose of forensic blood alcohol or drug analysis. A properly trained law enforcement phlebotomist is considered a qualified person. OCGA § 40-6-392 (a)(2) specifies the persons qualified to perform phlebotomy.

### A. State Law Requirements

According to OCGA § 40-6-392 (a)(2), "When a person shall undergo a chemical test at the request of a law enforcement officer, only a physician, registered nurse, laboratory technician, emergency medical technician, or other qualified person may withdraw blood for the purpose of determining the alcoholic content therein, provided that this limitation **shall not** apply to the taking of breath or urine specimens. No physician, registered nurse, or other qualified person or employer thereof shall incur any civil or criminal liability as a result of the medically proper obtaining of such blood specimens when requested in writing by a law enforcement officer."

## B. Training

Officers who perform the duties of a forensic phlebotomist shall be qualified through the recognized phlebotomy program of the Georgia Governor's Office of Highway Safety (GOHS). The GOHS in conjunction with the West Georgia Technical College have developed a course to train law enforcement officers in phlebotomy.

1. Participants in the class shall successfully complete all course work required by the program in order to perform phlebotomy duties for the Department. This includes but is not limited to all pre-class work assigned before the beginning of the actual classroom work, all classroom work, the required number of successful venipunctures, as well as passing the practical and written final examinations. Officers who successfully complete and pass this course are required to complete a refresher training course every two (2) years.
2. In addition, an officer who has successfully completed a course other than the course offered by West Georgia Technical College, that designates the officer as a qualified person as set out in OCGA § 40-6-392 (a)(2), shall be allowed to perform blood draws for the Department as set out in this directive. The officer shall be required to undergo refresher trainings as designated by the certification or license held by said officer.
3. Each officer shall be solely responsible for ensuring that their certifications remain current.

## C. Regulations

1. Only officers trained in phlebotomy and who have been approved by the Department may conduct blood draws.
2. Department Phlebotomists performing venipunctures shall adhere to departmental policies applicable law and regulations.
3. Department Phlebotomists not meeting the requirements as set out in this directive shall have their status as a phlebotomist reviewed by the Department or the Phlebotomy Program Coordinator if so designated by the Department.
4. Department Phlebotomists not meeting the requirements shall be subject to suspension from conducting any venipunctures for the purpose of collecting evidence.
5. The Department shall determine the requirements that must be met before a suspended phlebotomist is allowed to conduct further venipunctures. The Department may consult with the Phlebotomy Program Coordinator in making this determination.

## D. Blood Draw Purposes

1. Department Phlebotomists may **only** draw blood in DUI cases. Blood draws by Department Phlebotomists may occur **only** in the following situations:
  - a. Consent provided under the implied consent notice;
  - b. Search warrant obtained pursuant to OCGA § 40-5- 67.1(d.1); and
  - c. Voluntary consent pursuant to OCGA § 40-5-67.1(d.1).
2. Department Phlebotomists **shall not** perform blood draws on the body of a deceased person.
3. Blood draws **shall not** be conducted for an independent blood test pursuant to the implied consent notice or for any other purpose not set out in this section.

## V. PROCEDURES

- A. The Department Phlebotomist may conduct a blood draw for any other officer. The arresting officer should witness the Department Phlebotomist draw the suspect's blood if circumstances allow for them to do so.
- B. The Department Phlebotomist may conduct a blood draw in a DUI case in which the Department

Phlebotomist is the arresting officer. The Department Phlebotomist is not required to have a witness to the blood draw under these circumstances.

- C. The Department Phlebotomist may request another Law Enforcement Phlebotomist to conduct the blood draw in the case in which the Department Phlebotomist is the arresting officer, if the Department Phlebotomist determines that it would be in the best interest of the officer, suspect, Department, or criminal case.
- D. The Department Phlebotomist is not required to contact a supervisor before a blood draw is conducted.
- E. Assisting Other Agencies or Requesting Assistance from Other Agencies
  - 1. When a Department Phlebotomist is available and requested to perform a blood draw for another law enforcement agency, the Department Phlebotomist may conduct the blood draw. The Department Phlebotomist must confirm prior to the blood draw that the reason for the blood draw is for a purpose as set out in *Section IV. D.* of this policy (i.e., *Blood Draw Purposes*). The request to assist another agency will be honored when reasonably practical. The Department Phlebotomist must complete any blood draw in compliance with departmental procedures, all training, and Georgia law. The *Phlebotomy Blood Draw Report* and the *Log of Blood Draws* must be completed.
  - 2. If a Department Phlebotomist is not available to perform a blood draw for an officer as set out in *Section IV. D.* of this policy (i.e., *Blood Draw Purposes*), the officer may request the services of a law enforcement officer phlebotomist from another law enforcement agency. If possible, the officer shall witness the blood draw performed by the other law enforcement agency's phlebotomist and the *Phlebotomy Blood Draw Report* shall be completed.
- F. Blood Kit
  - 1. General Information
    - a. The Department uses a prepackaged blood kit for the purpose of obtaining blood samples from suspects. The blood kits are an essential piece of equipment. The Department maintains an inventory of these blood kits.
    - b. The Department Phlebotomist shall maintain a sufficient supply of the blood kits in order to perform the duties of a phlebotomist. A minimum of three (3) blood kits should be maintained by the Department Phlebotomist.
    - c. When an officer requests that a Department Phlebotomist or a phlebotomist from another law enforcement agency perform a blood draw, the blood kit should be provided by such officer to the phlebotomist to perform the venipuncture.
      - 1) In the event the officer requests a Department Phlebotomist to perform a venipuncture and such officer does not have a blood kit available, the Department Phlebotomist shall supply the blood kit.
      - 2) If the officer requests a law enforcement phlebotomist from another law enforcement agency to perform a venipuncture and such officer does not have a blood kit available, the phlebotomist may supply the blood kit if the phlebotomist has a blood kit available.
    - d. Department Phlebotomists performing venipunctures for another law enforcement agency should use the blood kit provided by the other agency. If the agency requesting the venipuncture does not have a blood kit available, the Department Phlebotomist shall provide the blood kit.
    - e. Department Phlebotomists shall be familiar with the following components and procedures related to the blood kit:
      - 1) The equipment;

- 2) The proper procedure for completing the paperwork that is included in the blood kit;
- 3) The proper sealing/resealing of the evidence; and
- 4) The chain of custody procedures.

## 2. Blood Kit

The blood kit has an outer cardboard transport module. The Department Phlebotomist shall verify that the blood kit's seal is intact prior to use. If the seal is broken, the blood kit **shall not** be used. The blood kit contains instructions for the requesting officer and for medical personnel. The instructions shall be followed and are set out in further detail below.

## 3. Expiration Date and Lot Number

Department Phlebotomists, prior to the blood draw, shall verify that the expiration date on the outer cardboard transport module matches the expiration date on the enclosed blood tubes. Expired blood kits **shall not** be used. The lot number of the blood kit is also located on the outside container. The Department Phlebotomist shall record both the expiration date and the lot number on the *Phlebotomy Blood Draw Report*.

## 4. Blood Collection Tubes

- a. The included grey-stoppered evacuated blood tubes are used for blood alcohol screening and drug analysis and have two (2) chemical additives inside. These chemical additives are:
  - 1) Sodium fluoride. An anti-glycolytic agent which inhibits the metabolic breakdown of glucose (blood sugar) by the blood cells.
  - 2) Potassium oxalate. An anticoagulation agent.
- b. The phlebotomist shall verify that the integrity of the tubes is intact and visually ensure that the chemical additive is present.
- c. The phlebotomist **shall not** use expired tubes.
- d. The phlebotomist shall collect two (2) grey-stoppered tubes.

## 5. Biohazard Label

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

## 6. Blood Kit Chain of Custody

- a. 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 officer transporting the blood evidence shall ensure the proper chain of custody procedures are followed as outlined in this directive and in CCPD SOP: *E3: Evidence & Property Control*.
- b. The blood tubes shall be kept in the phlebotomist's possession until properly labeled and sealed inside the blood kit.
- c. The below procedures for collecting and packaging the blood evidence into the blood kit shall be followed. The blood kit contains a document titled "Medical Personnel" with the procedures outlined as well as labels with instructions.

The phlebotomist should:

- 1) Open the kit and collect the requested blood specimens. Complete the blood tube labels with the suspect's name, date and time of the draw, and the name of the phlebotomist performing the draw. The blood tube labels shall be adhered to each tube by placing the labels lengthwise on the tube. The containers shall be sealed with

the appropriate clear label indicating "Evidence Seal Do Not Tamper." The date and the initials of the phlebotomist shall be written on the label.

- 2) Appropriately discard all materials used for collection and any unused specimen containers. **Do not send any used or unused syringes to the GBI crime lab.**
- 3) Return the sealed specimens to the foam holder and place into the plastic evidence bag titled "Specimen Bag," peel off the red release liner, and seal the bag.
- 4) Place bag containing specimens in foam holder into cardboard box.
- 5) Seal cardboard box with two (2) red "Box Security Seals". The phlebotomist shall initial and date the red security seals.
- 6) The officer shall fill out the *Blood Alcohol & Toxicology Request Form* which is included in the blood collection kit. The phlebotomist shall fill out the part of the form designated Medical/Law Enforcement Personnel which includes the collector's printed name, date, and time. **Place the submission card in the outside envelope, not inside the sealed evidence bag.**
- 7) If the phlebotomist has conducted a blood draw for an officer of this Department, then the arresting officer shall take possession of the blood kit once the blood draw has been completed, properly packaged and sealed in accordance with the above procedures, if the arresting officer is not the same person as the phlebotomist. In the event the arresting officer is not available to take custody of the blood kit, the Department Phlebotomist shall follow all chain of custody and transporting procedures outlined in this directive.

If the phlebotomist has conducted a blood draw for an arresting officer from another agency, then the arresting officer from the other agency shall take possession of the blood kit once the blood draw has been completed and packaged and sealed in accordance with the above procedures.

- 8) It shall be the investigating/arresting officer's responsibility to transport the completed blood kit to the CCPD Evidence Room, as soon as possible.

Officers will enter the blood kit into the Records Management System (RMS) as evidence, prior to the officer's end of shift and/or tour of duty.

- a) A bar code label will be affixed to the exterior of the blood kit box to ensure tracking and accountability; and
  - b) The blood kit will be securely stored inside an evidence locker.
- 9) Evidence & Property personnel will only accept the blood kit, once it has been properly logged in RMS Evidence, the property intake action has been completed, and the kit has been properly packaged, labeled and/or tagged.

In the event that RMS is inoperable or undergoing maintenance, officers will utilize *Property Receipts* to document the items submitted and chain of custody, in accordance with departmental procedures.

- 10) A member of the Evidence & Property Unit will be responsible for transporting and delivering the blood kit to the Georgia Bureau of Investigation (GBI) crime lab facility during the scheduled weekly transport of other evidence items.

See also CCPD SOP: *E3: Evidence & Property Control*.

## 7. 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 Comments/Explanations section on the *Phlebotomy Blood Draw Report*.

#### 8. Instructions for Requesting Officer

The blood kit instructions for the requesting officer are set out in a document enclosed in the blood kit and shall be followed by the requesting officer. The instructions include the following procedures for the requesting officer:

- a. **Do not** use kits beyond their expiration date.
- b. The kit seal is only to be broken by the phlebotomist conducting the blood draw. The phlebotomist's name, agency, and badge number shall be entered on the *Phlebotomy Blood Draw Report*.
- c. Ensure your agency's return address is placed on the outside of the kit box.
- d. Complete the top portion of the submission card.
- e. Return completed submission card and a completed DOFS online submission form printed from website to the outside envelope.
- f. Securely seal outside envelope with all submission forms prior to sending the kit to the GBI-DOFS.
- g. The officer must retain all collection information for court.
- h. If no alcohol test is needed, then request drugs testing.

#### G. Phlebotomy Blood Draw Report

The *Phlebotomy Blood Draw Report* contains information the phlebotomist is required to document during the course of contact with the suspect.

##### 1. Incident Report Number

The *Incident Report* number shall be recorded in the "Case Number" box on the *Phlebotomy Blood Draw Report*.

##### 2. Other Agency Protocol

If a Department Phlebotomist administers a blood draw for another law enforcement agency, the Department Phlebotomist shall record the other agency's incident report number in the space provided on the *Phlebotomy Blood Draw Report*. The Department Phlebotomist shall keep a copy of the *Phlebotomy Blood Draw Report*.

##### 3. Suspect Identification

- a. The officer shall identify the suspect and complete the top portion of the *Phlebotomy Blood Draw Report*, unless the phlebotomist has already done so. The criminal charge shall be recorded (if applicable). The check boxes for search warrant, consent to draw, and felony shall be marked appropriately.
- b. Both the arresting officer and the phlebotomist's name, badge number, and agency shall be documented on the *Phlebotomy Blood Draw Report*.

##### 4. Blood Draw

- a. The phlebotomist shall record information for each blood draw in the appropriate space on the *Phlebotomy Blood Draw Report*.
- b. When a second blood draw is performed by a phlebotomist on the same suspect, the information shall be documented on the same form in the space provided for the second draw.

- c. In the event two (2) unsuccessful blood draws have occurred, the phlebotomist **shall not** attempt a third blood draw.
- d. If a third attempt is necessary due to two (2) unsuccessful blood draws, the third attempt shall only be attempted:
  - 1) By another phlebotomist; and
  - 2) With the consent of the suspect or, in the absence of consent, a search warrant issued by a judge authorizing the blood draw.
- e. If a third or subsequent blood draw is performed, document the blood draw on a second *Phlebotomy Blood Draw Report* or in the Comments/Explanations portion of the original *Phlebotomy Blood Draw Report*.
- f. It is the phlebotomist's responsibility to ensure the safety of the suspect and cleanliness of the draw area.
  - 1) The seated surface area where the blood draw occurs shall be cleaned with disinfectant (e.g., Clorox wipes, Lysol wipes) prior to the blood draw.
  - 2) The venipuncture site shall be cleaned in accordance with the standards of the Clinical and Laboratory Standards Institute.
- g. The following information shall be included on the form for each blood draw:
  - 1) Date, time, and physical location (e.g., jail, ambulance, etc.) where the blood draw was performed;
  - 2) Blood kit manufacturer;
  - 3) Lot number of the blood kit;
  - 4) Specialty equipment used during the blood draw such as a butterfly needle;
  - 5) Type of gloves used for the procedure;
  - 6) Expiration date of the blood kit; and
  - 7) Site location of the blood draw on the suspect, e.g., left arm, right arm, etc.

#### 5. Medical Questions and Observations

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

The following information shall be documented on the form:

- a. Medical Problems: It is important to attempt to identify medical problems that could complicate the procedure.
- b. Allergies: Determination shall be made as to whether or not the suspect has any known allergies. Allergies to prescription medications or over the counter medications should also be documented.
  - 1) In cases where the suspect is allergic to latex, use a non-latex tourniquet and gloves.
  - 2) Allergies to shellfish or iodine may preclude use of a povidone-iodine or betadine swab. A benzalkonium chloride swab or other nonalcoholic site cleaner should be used in these cases.
- c. Infectious Diseases: Determination shall be made as to whether or not the suspect has any known infectious diseases.
- d. Medications Taken: Determination shall be made as to whether or not the suspect takes any medications. The suspect 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.

- e. Sick or Injured: The suspect shall be asked about any recent illness or injury.
  - f. 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.
  - g. Hand Washing: The phlebotomist shall document the hand washing technique utilized by marking the appropriate box on the form.
  - h. Suspect's Position During Procedure: The phlebotomist shall document the suspect's position during the blood draw by marking the appropriate box on the form.
6. Comments/Explanations Section of the *Phlebotomy Blood Draw Report*

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

- a. Physical characteristics or statements made during the contact with the suspect (e.g., mood swings, refusal to submit); and
  - b. Whether the suspect resisted or did not resist the blood draw.
7. Signatures

- a. The *Phlebotomy Blood Draw Report* includes a signature line on which the suspect can document their consent to the blood draw.
  - 1) If the suspect verbally consents, but refuses to sign, the phlebotomist shall write "Refused to Sign" in the signature block and shall document the date and time of such. The phlebotomist shall then document further information in the Comments/Explanations section of the report.
  - 2) 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.
- b. The phlebotomist shall sign the *Phlebotomy Blood Draw Report* and document the date and time signed.
- c. 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.

8. Copy Distribution

The officer may use either the triplicate form *Phlebotomy Blood Draw Report* or an electronic version of the Report. The *Phlebotomy Blood Draw Report* shall be distributed as follows:

- a. Original is maintained by the officer. If electronic version is used, it will be maintained electronically in the appropriate location on the CCPD's computer system.
- b. The phlebotomist shall also maintain a copy of the report.
- c. A third copy shall be provided to the suspect.

H. Phlebotomy Log of Blood Draws

- 1. The *Phlebotomy Log of Blood Draws* contains information the phlebotomist is required to document during the course of contact with the suspect. This form shall be documented for each blood draw and shall include the following information: suspect's name, date of blood draw, case number, charges, and whether there was a successful blood draw.
- 2. A new log form shall be started for each new month.
- 3. The Department Phlebotomist shall maintain a copy of each month's log of blood draws. Additionally, only Department Phlebotomists who have completed training through the West



Georgia Technical College Law Enforcement Phlebotomy Program shall submit the monthly *Log of Blood Draws* to the Phlebotomy Program Coordinator by the 6th of each month for the previous month's blood draws. The Department Phlebotomist shall also maintain a copy of the monthly *Log of Blood Draws* in the appropriate location on the CCPD's computer system.

4. Officers who have been trained in blood draws and meet the statutory definition of a qualified person as set out in OCGA § 40-6-392 (a)(2) are responsible for maintaining monthly logs of blood draws and storing them in the appropriate location on the CCPD's computer system.

## I. Search Warrant Protocol

### 1. Search Warrants

Officers may encounter situations where obtaining a search warrant for blood is necessary during the course of a DUI investigation. When a search warrant is obtained, jurisdictional procedures shall be followed.

- a. The officer shall be responsible for completing the affidavit and search warrant.
- b. Once the search warrant for blood is received by the arresting officer, the phlebotomist is given the authority by court order to retrieve the blood sample from the suspect.
- c. A copy of the warrant shall be served on the suspect prior to the blood draw and a copy of the *Phlebotomy Blood Draw Report* shall be given to the suspect upon completion of the blood draw.

### 2. Combative Suspects

- a. In obtaining a blood sample from a combative or uncooperative suspect, officers shall take all steps necessary to ensure only reasonable force is used in accordance with CCPD SOP: A5: *Use of Force*.
- b. A supervisor, the arresting officer, or the phlebotomist shall make the determination on whether or not to execute the warrant if the suspect is combative and a threat to safety. If a supervisor determines, based on the circumstances, that a blood draw cannot be performed safely, then a blood draw **shall not** be performed. In all other circumstances, the phlebotomist should make the final determination on whether the circumstances or situation is sufficiently safe for all present, including the suspect.
- c. Officers **shall not** use a restraint chair, a restraint table, a restraint bed, or any other similar equipment in which a suspect can be strapped down, any Conducted Energy Weapon (CEW), hard impact weapons, chemical irritants, or any other weapon to subdue the suspect during the blood draw.

- 1) If a hospital staff member, jail employee or other qualified facility personnel present affirmatively states that they have been trained in the use of restraint, the officer may elect to have such persons restrain the suspect so that the phlebotomist may perform a blood draw, as long as a search warrant has been secured to do so.

Officers shall not attempt to apply any restraint device or technique that is not authorized by this Department. Officers may assist such person(s) in restraining the suspect, but shall not attempt to apply any restraint device (e.g., restraining straps, straitjackets, tie down stretchers, etc.) or technique not approved by the Department.

- 2) Any officer or Department Phlebotomist present while such restraint is used shall exercise sound judgement to ensure that the restraint used by these non-departmental persons is the least restrictive intervention available, and that the restraint used is effective to protect the suspect, hospital, jail or other facility personnel, and officers present.

- d. The Department Phlebotomist shall request the name, title, employer, work address, and other relevant contact information from any non-department personnel involved in restraining a suspect. This information shall be included on the *Incident Report* and/or the *Phlebotomy Blood Draw Report*.
- e. An officer or phlebotomist may use handcuffs when deemed necessary to ensure both the suspect's and the officer's safety.
- f. The phlebotomist shall:
  - 1) Remain professional, calm and polite;
  - 2) Be responsible for obtaining the blood sample; and
  - 3) Direct others who may be assisting with the procedure.
- g. When a search warrant is served on a suspect, the phlebotomist or officer shall explain to the combative suspect the following hazards and ramifications of resisting:
  - 1) Not complying with the execution of a search warrant may be a violation of Georgia law.
  - 2) If an officer is assaulted during the blood draw, due to the suspect becoming combative, the suspect may be charged with a violation of Georgia law.

## J. Clinical Procedures

### 1. Blood Draw

- a. The blood draw shall be administered in accordance with all training received by the phlebotomist.
- b. The phlebotomist is responsible for the selection of a safe and clean physical location for the blood draw. The phlebotomist shall disinfect the physical area where the blood draw will be performed both before and after the blood draw.
- c. The phlebotomist shall gently invert the filled blood tubes to ensure that the tube additives are thoroughly mixed with the blood.
  - 1) Grey-stoppered tubes should be inverted gently approximately five (5) to ten (10) times.
  - 2) Additional inversions may be necessary to thoroughly mix the powdered anticoagulant with the blood.
- d. The phlebotomist shall ensure that the blood tubes are completely and clearly labeled.
- e. 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 in the Comments/Explanations section of the *Phlebotomy Blood Draw Report*.

### 2. Suspect

- a. The officer is responsible for verifying the identification of the suspect, including the suspect's full name and date of birth, through such means as a government-issued photo identification or fingerprints.
- b. The suspect 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 suspect is in a standing position.

### 3. Blood Draw Location

- a. The blood draw **shall not** be performed inside a patrol vehicle or outside on the side of a roadway.

- b. The blood draw shall occur in a controlled environment out of public view in one of the following locations:
  - 1) A jail;
  - 2) A law enforcement facility;
  - 3) A hospital;
  - 4) A medical vehicle;
  - 5) A fire department; or
  - 6) Another controlled environment.
- c. If a hospital or other facility at which medical care is rendered refuses to grant the Department Phlebotomist access to a suspect regarding whom a search warrant authorizing a blood draw has been obtained, the Department Phlebotomist **shall not** attempt to override this decision. The Department Phlebotomist or arresting officer, as soon as practicable, can instead apply for a search warrant directing the hospital or other facility to produce medical records pertaining to the suspect's blood test results. The Department Phlebotomist or arresting officer may also apply for a search warrant to obtain a sample of the suspect's blood drawn by hospital personnel.

#### 4. Equipment

- a. 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.
- b. Sharps shall be directly disposed of in a sharps container; other contaminants shall be disposed of in biohazard waste bags.

#### 5. Protective Procedures

- a. If there is a significant biological contamination, such as blood or other contaminants, then the phlebotomist shall clean the area with a disinfectant.
- b. The phlebotomist shall follow proper hand washing/sanitizing procedures prior to and after the blood draw. Visible dirt or debris on hands requires handwashing. Otherwise, non-ethyl alcohol hand sanitizer shall be used.
- c. The phlebotomist shall wear gloves and a mask during the venipuncture.
- d. 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.
- e. Other personal protective equipment, such as face shields and goggles, may be used at the discretion of the phlebotomist.

#### K. 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 Department Phlebotomist shall keep a sharps container in their patrol vehicle to dispose of said items in the event a sharps container is not available at the location where the blood draw occurs. A sharps container that contains used biohazard materials shall be submitted to a facility that accepts such materials to be handled and disposed of appropriately (e.g., fire department, hospital, pharmacy, or other medical facility).

##### 1. 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

officers 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.

- a. Blood tube holders, with needles attached, shall be discarded immediately into a sharps container after the device's safety feature has been activated.
- b. 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.
- c. Dispose of syringes and needles intact. When the needle and blood tube holders are attached for the procedure, dispose of both together.
- d. Needles **shall not** be bent or broken at any time.
- e. Always dispose of sharps at the point of use in a suitable sharps container.
- f. Needles **shall not** be re-sheathed.
- g. Sharps containers **shall not** be filled above the manufacturer's marked line.
- h. Sharps containers shall be disposed of when the manufacturer's marked line has been reached.
- i. Sharps **shall not** be disposed of with other clinical waste.

## 2. 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.

- a. The portable sharps container shall be locked and sealed according to the manufacturer's instructions prior to transport for disposal.
- b. The portable sharps container should 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.
- c. Used portable 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.
- d. Damaged used portable sharps containers shall be placed in a large secure rigid container which is properly labeled.
- e. Portable sharps containers shall be transported to a facility that accepts such materials to be handled and disposed of appropriately (e.g., fire department, hospital, pharmacy, or other medical facility).

## L. Blood Borne Pathogen Exposure

All Department Phlebotomists and officers with a risk of exposure to blood borne pathogens shall follow the procedures in this directive, and in CCPD SOP: *D46: Communicable Disease Prevention*, in the event of an exposure, (e.g., contact with human blood, human waste, or needle sticks).

### 1. Communicable Disease Exposure

In the event a Department Phlebotomist, officer, or assisting non-department member is exposed to Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), Hepatitis B (HBV), or Tuberculosis (TB), seek medical attention as soon as possible. Treatment within two (2) hours could limit infection. When an officer 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 and fill out all appropriate duty injury forms and follow all worker's compensation

procedures in accordance with departmental policies and procedures. Seek medical attention as soon as possible.

2. Accidental Needle Stick

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

- a. Make the wound bleed, if possible;
- b. Clean well with copious amounts of soap and running water;
- c. Apply an occlusive dressing (i.e., a bandage or dressing that closes the wound and keeps it from the air);
- d. Attempt to identify the type of needle; and
- e. Attempt to obtain sufficient information to identify the suspect from whom the blood was drawn and the phlebotomist or the person that was exposed.

3. 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.

M. Law Enforcement Phlebotomy Program Coordinator

The Law Enforcement Phlebotomy Program shall have a designated person responsible for the coordination of the program statewide for those officers who have been trained through the West Georgia Technical College Law Enforcement Phlebotomy Program.

1. Department Phlebotomists trained through the West Georgia Technical College Law Enforcement Phlebotomy Program shall submit their monthly *Log of Blood Draws* to the Phlebotomy Program Coordinator. The phlebotomist's monthly *Log of Blood Draws* for the previous month shall be submitted to the Phlebotomy Program Coordinator no later than the 6th of the following month.
2. The Phlebotomy Program Coordinator will maintain the phlebotomy training records and certifications of the Department's law enforcement phlebotomists.
3. The Phlebotomy Program Coordinator will coordinate the recertification training of active Department law enforcement phlebotomists.

N. Assistant Law Enforcement Phlebotomy Coordinator

An Assistant Law Enforcement Phlebotomy Coordinator may be added at the Department's discretion.

**VI. CANCELLATION**

This procedure amends and supersedes the following standard operating procedure: *D49: Phlebotomy*, dated August 5, 2024.