

ADMINISTRATIVE POLICY NO.: SC.017.2

SUBJECT: **Blood Alcohol (Legal)**

Effective Date: 8/07

Supersedes: 6/05

Medical Director: _____

Written By: Carolyn Smith, CPT (IAPS) Revised 6/05 by Nicole Voda; revised 08/07 by Brenda Karr/Karen Piersall

Annual Review: _____

Purpose:

Legal alcohols are to be processed using the Kentucky State Police “Blood/Urine Collection Kit for Alcohol and/or Drug Determinations” kit. Whole blood specimens are collected by laboratory personnel, returned to investigating officer, placed in special collection box, sealed, then transported to State Police Forensic Laboratory (by police officer).

Legal alcohols are not to be analyzed at St. Luke Hospital Laboratories

Material:

1. Request form for “Blood and/or Urine Sample Collection By Law Enforcement Agency” NS-10
2. Forensic Laboratories Kentucky State Police “Blood/Urine Collection Kit for Alcohol and/or Drug Determinations” containing:
 - a. 10 ml blood tube containing sodium fluoride/potassium oxalate (gray top tube).

This gray tube is to be used to collect legal alcohols.
 - b. 10 ml blood tube containing EDTA (purple top tube).

This purple top tube is also drawn at the same time as gray top tube.
 - c. 60 ml plastic screw-cap container (for urine specimen).

This is only used when specifically requested by State Police Officer (for urine drug screens).

- d. The kits for legal alcohols are found in ER and Patient Service center draw room. Lab manager will order them from Northern Kentucky Crime Lab. (572-5521).
 - e. Direction sheet.
 - f. Police evidence seals for resealing kit box after collection of evidence.
 - g. Zip-lock bag
3. Soap and water are used instead of iodine. Iodine has a small percentage of alcohol, so this is no longer used.
 4. Sterile venipuncture needle with adapter.
 5. 2 x 2 gauze sponges.
 6. Bandage

Procedure:

- A. Legal alcohols are not ordered in hospital HIS.
 1. A form titled: "Request for Blood and/or Urine Sample, Collection by Law Enforcement Agency" is given to police officer by laboratory.
 2. If the patient is not to be seen by a physician in the emergency room, the collection is to occur in the laboratory (not in the emergency room).
- B. Collection Procedure.
 1. Request form for "Blood and/or Urine Sample Collection by Law Enforcement Agency" (NS-10) is completed.
 - a. Patient must read and sign.
 - b. Collector must fill out and sign.
 - c. Officer must fill out and sign.
 - d. Witness must sign.
 See example on pages 5 - 7 of this policy.
 2. Obtain the Forensic Laboratories Kentucky State Police "Blood/Urine Collection Kit for Alcohol and/or Drug Determinations" located in the Emergency Department or in the Laboratory Draw Room.
 3. Open kit, remove styrofoam box, remove gray top tube and purple top tube.
 4. Venipuncture collection must be observed by the police officer:

- a. Cleanse skin with soap and water.
 - b. Draw blood with a vacutainer needle and/or syringe.
 - c. Add sample to gray top blood tube and purple top blood tube by vacutainer method. Do not remove stoppers.
 - d. To insure proper mixing of the anticoagulants, slowly invert the tubes completely at least five times. Do not shake vigorously.
5. Labeling Blood Specimen Tubes:
- a. The phlebotomist will label specimen tubes with following information:
Name of Subject
Blood Collector's Initials
Date and Time Collected
- Note: All other information is to be recorded by Kentucky State Police officer.
- b. The police officer will label specimen tube with the police officer's initials.
6. The police officer will place the gray top tube and the purple top tube inside the styrofoam box, cover with lid.
7. The phlebotomist is to sign and date the label on the box.

C. Investigating Officer's Report

This report is located on top of the styrofoam box. It is to be completely filled out by the police officer. The phlebotomist does not complete any of this report.

D. Disposing of Specimens

The Kentucky State Police Officer will:

1. Place the gray and purple top tubes inside the styrofoam box along with the completed Investigating Officer's Report.
2. Place the styrofoam box inside the cardboard box the kit came in.
3. Reassemble kit box and affix red evidence seals where indicated on box top, one on each box end.

The seals should be placed so that half is on the top of the box and half on the bottom of the box.

4. **IMPORTANT:** Police officer will initial each red evidence seal.

E. Handling of Form: "Request for Blood and/or Urine Sample Collection by Law Enforcement Agency".

1. Copy the consent form three times
 - a. One copy for police
 - b. One copy for collector
 - c. One copy for witness
 - d. Original to Lab Manager

F. Handling of Subpoena

1. Medical Records receives subpoena and forwards to laboratory management.
2. Laboratory facilitates completion of page three of “Request for Blood and/or Urine Sample Collection by Law Enforcement Agency” form (NS-10).
3. Laboratory management ensures verification is properly notarized by authorized St. Luke associate. A copy is kept with original consent form.
4. Laboratory management sends a copy of page one and two of completed form plus the original verification sheet to address of requestor on subpoena.

References:

Package Insert: Forensic Laboratories, Kentucky State Police, Blood/Urine Collection Kit for Alcohol and/or Drug Determination.

Name of Sample Donor John Doe (print) Date 8/14/00
(Print Name)

Requesting Police Officer Inspector Twelve Medical Record No. _____
(Print Name)

Law Enforcement Agency Fort Thomas Police

Sample Collected X Blood and/or _____ Urine

I. The undersigned, an officially authorized police officer at Fort Thomas Police hereby requests that a blood or urine sample (circle one or both) from the apprehended party (sample donor) be obtained by a medically qualified person. The sample donor named below has been arrested on charges relating to the ingestion of intoxicating beverages or other substances which may impair one's driving ability. The sample will be submitted to a state laboratory for the purposes of determining a blood alcohol level and/or other chemical drugs. The Police agency takes responsibility for seeing that charges for procurement of these samples will be paid.

Inspector Twelve
(Police Officer's Signature)

II. I have been advised of my rights by the officer named above and the charges with which I have been accused. I am aware that I may refuse to consent to the taking of the blood or urine sample(s). However, I have chosen to consent to the taking of the blood or urine sample(s) by the medically qualified person who has signed below. I am aware of the sample collection procedure and certify that I consent thereto. I authorize the release of the sample to the police authority, and release this document to law enforcement authority including the County Attorney or Commonwealth Attorney.

John Doe
(Sample Donor's Signature)

ADDRESSOGRAPH

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The St. Luke Hospitals

Health AllianceSM

REQUEST FOR BLOOD AND/OR
URINE SAMPLE COLLECTION BY
LAW ENFORCEMENT AGENCY
(Pursuant to KRS 189A.103 and 500 KAR 8:030)

Originated: 5/00
Medical Record

Form No. NS-10

III. Certification of Qualifications of Samples Collector and Handling of Sample (BLOOD)

Upon the official request of the above-named police officer and with the full knowledge, consent and cooperation of the above-named sample donor, I, Lab Techie (name), collected the sample of blood on 8/14/00, 2000 at 0030 am/pm., from the named sample donor. I am a physician, registered nurse, phlebotomist, medical technician, or medical technologist (circle one), and I am trained and experienced in the medical collection of blood samples and I am not otherwise prohibited by law from collecting blood samples of any person submitting to a test. No alcohol or other volatile organic substance was used to clean the skin where the sample was collected. All samples were collected with needles and syringes or vacuum-type collecting containers approved by the licensing agency of The St. Luke Hospital. Blood collecting containers did not contain an anticoagulant or preservative, which could interfere with the intended analytical method. Each container was appropriately and securely sealed and labeled with the name of the donor, date and time of collection, collecting attendant's name and agency identification, complete uniform citation number, and requesting officer's name and agency identification. There was no tampering, alteration, contamination, or tainting of the blood sample from the time it was obtained until the time the samples were delivered to the Police Officer for analysis for the presence of alcohol or other drugs in the sample. The blood sample(s) was (were) obtained in the presence of above-named officer.

IV. Certification of Qualifications of Sample Collector and Handling of Sample (URINE)

Upon the official request of the above-named officer and with the full knowledge, consent and cooperation of the above-named donor, I, Lab Techie, collected one (1) sample of urine from the named donor on 8/14/00 2000, at 0030 am/pm. A person of the same sex as the donor obtained the urine sample. The donor emptied his/her bladder for the urine sample. The urine sample was collected in a clean, dry container, which did not contain any preservative. The urine container was appropriately and securely sealed and labeled with the name of the donor, date and time of collection, collecting attendant's name and agency identification, complete uniform citation number, and requesting officer's name and agency identification. I certify that I am a St. Luke Hospital employee and experienced in the medical collection of urine samples and I am not otherwise prohibited by law from collecting urine sample of any person submitted to a test. The collecting containers are approved by St. Luke Hospital. There was no tampering, alteration, contamination, or tainting of the urine sample from the time it was obtained until the time the samples were delivered to the Police Officer for analysis for the presence of alcohol or other drugs in the samples.

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The St. Luke Hospitals

Health AllianceSM

**REQUEST FOR BLOOD AND/OR
URINE SAMPLE COLLECTION BY
LAW ENFORCEMENT AGENCY**
(Pursuant to KRS 189A.103 and 500 KAR 8:030)

Originated: 5/00
Medical Record

Form No. NS-10

VERIFICATION

I, _____, state that I have read the foregoing Statement Certification, and that the statements contained therein are true and correct to the best of my knowledge and belief.

(Sample Collector)

I, _____, witnessed, _____
sign the above Verification on _____ day of _____, 20 _____.

(Verification Witness)

V. "The records for which this certification is made are true and complete reproductions of the original records which are housed in St. Luke Hospital. The original records were made in the regular course of business, and it was the regular course of St. Luke Hospital to make such records at or near the time of the matter recorded. This certification is given pursuant to KRS 422.300, et. seq. By the custodian of the records in lieu of her/his personal appearance."

Signed _____

Date _____

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE, at _____
Kentucky, this _____ day of _____ 20 _____.

(Notary)

My Commission Expires _____

ADDRESSOGRAPH
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The St. Luke Hospitals



REQUEST FOR BLOOD AND/OR
URINE SAMPLE COLLECTION
BY LAW ENFORCEMENT AGENCY
(Pursuant to KRS 189A.103 and 500 KAR 8:030)

Originated: 5/00
Medical Record

Form No. NS-10