Request for Funding – September 2026
Law Enforcement Phlebotomy Program

Project Description:

The Indiana Criminal Justice Institute (ICJI) is soliciting applications for the **FFY 2027 Law Enforcement Phlebotomy Program (LEPP)**. This grant supports the statewide development, delivery, and oversight of training for certified law enforcement phlebotomists. Through this program, ICJI aims to ensure every blood draw performed under LEPP adheres to uniform, evidence-based standards that protect public safety, safeguard the integrity of impaired-driving investigations, and enhance the capacity of Indiana's law enforcement agencies.

A **law enforcement phlebotomist** is a sworn law enforcement officer (as defined in Ind. Code § 5-2-1-2(1)) who has successfully completed an Indiana Law Enforcement Training Board-sanctioned phlebotomy program, is appointed to a law enforcement agency, and maintains proficiency under ICJI's statewide oversight. These officers operate under physician-signed protocols authorized by IC § 9-30-6-6(i)–(k), granting them authority to collect blood samples in impaired-driving investigations.

Purpose Areas:

The purpose of the LEPP is to:

- Establish a unified, consistent, and medically sound phlebotomy program available to law enforcement agencies statewide.
- Support specialized training that equips officers with the skills needed to safely and legally collect blood samples during impaired-driving investigations.
- Reduce impaired driving by ensuring blood collection is timely, reliable, and legally defensible, ultimately improving case outcomes and community safety.

The law enforcement phlebotomist will work under the direction of policies approved by a physician at the Indiana Department of Health (IDOH) under IC § 9-30-6-6(i)-(k) which gives the officer the authority to draw blood.

Proposal Requirements:

Applicants must present a clear and comprehensive plan for developing, designing, and delivering LEPP instruction in accordance with the IDOH Evidentiary Phlebotomy Protocols (Attachment A) and the ICJI Phlebotomy Program Policy (Attachment B). Any updates to the policies or protocols contained in Attachment A or Attachment B must be adhered to by the grantee. Proposals should demonstrate:

- A structured methodology for curriculum development, including alignment with LEPP performance standards and IDOH evidentiary procedures.

- Defined learning objectives and course content that reflect best practices in forensic phlebotomy, officer safety, and chain-of-custody requirements.
- Detailed instructional approach and delivery format, including strategies for hands-on skill development, scenario-based exercises, and participant engagement.
- Methods for evaluating participant competency and measuring the overall effectiveness of the training program.
- A plan for incorporating participant feedback, evaluation data, and updated best practices into future curriculum revisions.
- A clear process for tracking course activities and outcomes, including attendance, completion rates, evaluation results, challenges, accomplishments, and recommended improvements.
- A reasonable, well-supported budget outlining all costs necessary to execute the proposed training.

Eligibility:

Eligible applicants include state agencies, local units of government, universities, colleges, coalitions, and nonprofit organizations.

A unit of local government is defined as: a city, county, town, township, or other political subdivision of a state; any law enforcement district or judicial enforcement district that is established under applicable state law and has authority to, in a manner independent of other state entities, establish a budget and impose taxes; and includes Indian tribes which perform law enforcement functions as determined by the Secretary of the Interior.

An entity may apply, but will not be eligible for a grant until the entity has been prequalified through a series of threshold requirements, including:

1. **Unique Entity ID (UEI):** The UEI is entered in the Project Information section of the grant application. For more information and/or to obtain a UEI, click here.
2. **System for Award Management (SAM) Registration:** To enable ICJI to report subawards in a timely manner, subrecipients are also required to register with the System of Award Management (SAM). SAM is a free, federally owned and operated website and is used to populate the information needed to report subaward information. To register, you must have a UEI number. Registration can be completed here.
3. Review of the entity's good standing with **Indiana Department of Revenue** (DOR), **Indiana Department of Workforce Development** (DWD), and the **Indiana Secretary of State** (SOS). The entity must also be enrolled in the **E-Verify** program.

Application Submission:

All applications must be submitted through IntelliGrants no later than October 14, 2026, at 12:00 p.m. EDT. **Applications received after 12:00 p.m. (noon) EDT on October 14, 2026, will not be considered**. Applicants are strongly encouraged to complete IntelliGrants training and review the Subrecipient User Manual prior to applying. Technical assistance is available through the ICJI Help Desk (CJIHelpDesk@cji.in.gov).

IntelliGrants is an end-to-end solution for the administration of grants. Everything from the grant application, reports, and fiscal drawdowns will occur online within IntelliGrants. **Applicants must register in IntelliGrants to apply for funding opportunities.** Instructions can be found here.

ICJI is not responsible for applicants who fail to submit a timely application due to technical difficulties that occur within 48 hours of the deadline. For technical assistance with IntelliGrants, please contact CJIHelpDesk@cji.in.gov.

RFF Timeline:

Subject to change

September 16, 2026	RFF Released and IntelliGrants Application Available
September 16, 2026	IntelliGrants Application Available
October 14, 2026	RFF Proposal Submissions Due
October 21, 2026	Notify Applicants of Award Determination

Award Period:

The award period for this grant is **November 1, 2026 – September 30, 2027**. Projects should begin on November 1, 2026, and must be in operation no later than ninety (90) days after this date. Failure to have the funded project operational **within sixty (60) days from November 1, 2026, will result in the cancellation of the grant and the de-obligation of all awarded funds. A (30) day extension may be allotted with exigent justification and written approval by the ICJI Executive Director.**

All projects must conclude and all funding obligations must be made no later than September 30, 2027. All outstanding expenses must be paid, and the final expense report must be submitted via the grant management system **within thirty (30) days of September 30, 2027**. Proof of payment for all expenses must be provided with the report. Any expenses that have **not been paid within thirty (30) days after September 30, 2027, will not be reimbursed**. Late reports **will not be accepted**.

Reporting Requirements:

All projects must conclude, and all funding obligations must be made no later than September 30, 2027. Reports are due on the following schedule:

Description	Performance Period
Reports Due January 31, 2027	November 1, 2026 – December 31, 2026

Reports Due April 30, 2027	January 1, 2027 – March 31, 2027
Reports Due July 31, 2027	April 1, 2027 – June 30, 2027
Final Reports Due October 30, 2027	July 1, 2027 – September 30, 2027

- Fiscal Reporting:

All outstanding expenses must be paid, and the final fiscal report must be submitted via the grant management system **within thirty (30) days of September 30, 2027**. Proof of payment for all expenses must be provided with the Final Fiscal Report. Any expenses that have **not been paid within thirty (30) days after September 30, 2027, will not be reimbursed**. Late Fiscal and Programmatic Reports **will not be accepted**.

- Programmatic Reporting:

Program reports regarding courses, participants and course phlebotomy training results must be submitted in conjunction with expense reports.

Final reports: Provide a comprehensive final report summarizing course development and delivery activities, participation, outcomes, evaluation findings, lessons learned, and recommendations for future training.

Funding Availability:

ICJI anticipates making one subaward for up to $200,000.

The award of funding to an applicant in one year does not guarantee or create a legal obligation to award funding in subsequent years to an applicant.

Award Cancellation/Modification/Reduction:

This RFF is non-binding and grants no rights or remedies to respondents. Funding is conditional on the award of state and/or federal funding related to this RFF. Should funding not be awarded, be increased/decreased, or cancelled, ICJI reserves the right to cancel/modify/reduce the RFF, award recommendation, or awards at any time. Termination of an executed grant agreement shall follow the procedure outlined in the grant agreement.

Match:

No grant shall be made to any entity other than a State or Tribe unless the entity will make available (directly or through donations from public or private entities) non-federal contributions in an amount that is **not less than $1 for every $5 of federal funds provided under the grant** or **20% of the project cost**.

Step 1: Award Amount ÷ % of Federal Share = Total Project Cost
Step 2: Total Project Cost × Recipient Share = Required Match

Example: A grant recipient is awarded $150,000 in federal funding. The match requirement is 80/20 ratio (federal percentage/recipient percentage).

$150,000 ÷ .80 = $187,500	**Total Project Cost**
$187,500 × .20 = $37,500	**Recipient Share (Required Match)**

Additionally, matching funds must:

- Be verifiable from the subgrantee's records;
- Not be included as contributions for any other federal award;
- Be necessary and reasonable for the accomplishment of the project or program objectives;
- Be allowable and conform to all provisions under 23 C.F.R. 1300;
- Not be paid by the federal government under another federal award, except when authorized by federal statute; and
- Be included in the subgrantee's approved budget.

Match is restricted to the same use of funds as allowed for federal funds. If an expenditure is not allowable with federal funds, it is not allowable with match funds. Applicants must identify all sources of the non-federal portion of the total project cost (i.e., match funds) and explain how the match funds will be used in the budget narrative section of the application within IntelliGrants.

Supplanting:

Federal funds must be used to supplement existing funds for program activities and cannot replace or supplant non-federal funds that have been appropriated for the same purpose. Supplanting occurs when a state, local, or tribal government reduces state, local, or tribal funds for an activity specifically because federal funds are available (or expected to be available) to fund that same activity.

Allowable Activities:

Personnel, employee benefits, cost of supplies, and travel are allowable to perform the scope of work. A justification must be provided for all activities, travel, and/or supplies.

Contractors and Consultants:

When a grant recipient contracts for work or services, the following is required:

1. All contractual services must be obtained through a procurement method. Verification of this method must be supplied upon completion of contract.
2. All consultant and contractual services shall be supported by written contracts signed by all parties stating the services to be performed, rate of compensation, and length of time over which the services will be provided.
3. A copy of all written contracts for contractual or consultant services shall be attached in IntelliGrants to the grant file upon their ratification.

4. Payments shall be supported by statements outlining the services rendered, date of service, and cost of service.

Any consultant costs exceeding the allowable rate (maximum of $81.25 per hour or $650 per day) will not be allowed.

Indirect Costs:

According to 2 C.F.R. Part 200.1, indirect cost is defined as: "Those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved."

Indirect costs are costs of an organization that are not readily assignable to a particular project but are necessary to the operation of the organization and the performance of the project. Indirect costs are those that benefit more than one activity and are common or joint purpose costs.

Requesting Indirect Costs: Requesting indirect costs is optional. Applicants do not have to request indirect costs, but it is allowable. To calculate indirect costs, applicants must first determine the Modified Total Direct Costs (MTDC) amount of the project budget. Indirect costs that can be requested are not based on the entire project budget, but on the MTDC amount.

Applicants have two options when requesting indirect costs: using a formal Indirect Cost Rate Agreement (ICRA) or using a *de minimis* rate. These two options are outlined below.

1. **Indirect Cost Rate Agreement (ICRA)**
    - This is a formal rate agreement that an organization has applied for and received from their cognizant federal agency (ICJI does not approve ICRAs).
    - Organizations will have a letter or other documentation that lists the federally negotiated rate.
    - The rate in the ICRA must be accepted, unless otherwise specified by federal awarding agency.
    - Applicants can request the percentage (as outlined in the ICRA) of the Modified Total Direct Costs (MTDC) of their budget for indirect costs.
2. ***De Minimis* Rate**
    - This can be used by organizations that have never had a federally approved Indirect Cost Rate Agreement.
    - Organizations can use a rate of up to 15% of the Modified Total Direct Costs (MTDC) of their budget for indirect costs.
    - If an applicant elects to use the *de minimis* rate of 15% of Modified Total Direct Costs (MTDC), then it must provide a list of indirect costs and the calculation used to determine the amount charged.

If an applicant elects to include indirect costs in their proposed grant budget, this intent must be included in the Budget Narrative section of the application. In addition, if the applicant has an ICRA, the **approved agreement** must be uploaded in the "attachment" section of the application. If an applicant requests to utilize a de minimis rate, then an attachment must be

uploaded in IntelliGrants indicating how the **indirect costs were calculated and the costs assigned as indirect**.

Travel Costs:

Expenses and reimbursements for travel must follow the most current Indiana Department of Administration State Travel Policy.

Program Costs:

In order to be eligible for reimbursement, program costs must meet the following criteria:

1. Necessary and reasonable for the stated purpose of the grant;
2. In accordance with generally accepted accounting principles (learn more);
3. Conform to any limitations or exclusions set forth in 2 C.F.R. Part 200; and
4. Adequately documented with supporting materials including receipts, invoices, timesheets, paystubs, etc. ICJI's supporting documentation policy can be found here.

Unallowable Activities and Costs:

The activities listed below are out of the program scope and will not be funded:

- Direct financial assistance to a client such as cash, gift cards, or checks;
- Food and beverages except emergency food and beverages;
- Purchase of real estate;
- Construction;
- Physical modification to buildings, including minor renovations (such as painting or carpeting);
- Purchase of vehicles;
- Fundraising: (including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions) and time spent procuring funding including completing federal and state funding applications.
- Lobbying.

Attachment Requirements:

The following documents must be completed and submitted in the "Attachment" section of IntelliGrants to be considered for funding:

- **Indirect Cost Rate**: If the applicant agency has a federally approved indirect cost rate, ICJI will accept this rate. You must provide ICJI with a copy of the Federal Indirect Cost Rate Agreement showing the rate and effective date. If the applicant elects to use the *de minimis* rate of 15% of modified total direct costs (MTDC), then it must provide a list of indirect costs and the calculation used to determine the amount charged.
- **Administrative Procedures**: Established protocol for a phlebotomy program.
- **Miscellaneous:**

- If applying for funds for personnel costs, upload **relevant job descriptions** for employee(s).
- If applicable, attach other requested information.

Contract Requirements:

All applicants awarded funding from ICJI must agree to:

1. Enter into a grant agreement between ICJI and the applicant agency and agree to abide by all provisions of the grant agreement;
2. Enter into an agreement to abide by all special conditions detailed in the Certified Assurances and Special Conditions;
3. Submit all reports in the prescribed format and timeframes determined by ICJI;
4. Comply with federal guidelines contained within 2 C.F.R. Part 200 found here and
5. Comply with all federal and state laws, including all applicable federal and state executive orders.

Evaluation:

As part of competitive process, ICJI will evaluate the allowability of the application, the applicant, and the project, under the following factors:

- The completeness of the grant application;
- Whether the grant application is within the scope of the grant;
- The applicant's eligibility;
- Compliance with all federal and state laws, regulations, and rules;
- Whether the proposed expenditures set forth in the project budget are allowable and allocable;
- Any potential conflicts of interest;
- Whether the applicant has any federal and/or state debt delinquency;
- The applicant's ability to successfully pass clearance checks from the Department of Revenue (DOR), Department of Workforce Development (DWD), and Secretary of State (SOS);
- Any and all risk associated with granting funds to the applicant;
- Whether the grant applicant can provide services in less than (60) days;
- Whether the applicant is debarred or suspended by any federal or state department or agency; and,
- Whether the applicant maintains a current registration in SAM and has an active UEI.

This is a competitive grant process. The submission of a grant application and/or assistance with a grant application does not imply or guarantee that an applicant will receive a grant award. All awards are contingent upon the availability of grant funds.

Monitoring:

All grant awards will be monitored by an ICJI Grant Manager and ICJI Compliance Monitoring team using a combination of desk reviews and site visits. Awardees will be required to submit

quarterly reports to ICJI. Verification of expenses along with verification of payment of expenses must be provided to ICJI on a monthly or quarterly basis prior to reimbursement of expenses. The Grant Manager will review all submitted reports for timeliness and accuracy. Delinquencies and report contents will be addressed as needed by ICJI staff. **Late and/or repeated incorrect reports could disqualify subrecipients from future funding.**

The State may conduct on-site or off-site monitoring reviews of the project during the term of the Grant Agreement and for up to three (3) years after it expires or is otherwise terminated. The Grantee shall extend its full cooperation and give full access to the Project site and to relevant documentation to the State or its authorized designees for the purpose of determining, among other things:

A. Whether Project activities are consistent with those set forth in the Grant Application, and the terms and conditions of the Grant Agreement;

B. The actual expenditure of state, local and/or private funds expended to date on the Project is in conformity with the amounts for each Budget line item as set forth in Grant Agreement and that unpaid costs have been properly accrued;

C. That Grantee is making timely progress with the Project, and that its project management, financial management and control systems, procurement systems and methods, and overall performance are in conformance with the requirements set forth in this Grant Agreement and are fully and accurately reflected in Project reports submitted to the State.

Indiana Access to Public Records Act (Ind. Code § 5-14-3 *et seq*.)
ICJI is a state agency subject to the Indiana Access to Public Records Act ("APRA"). Records submitted to and received by ICJI may be subject to copying and/or inspection upon request from the public, including news agencies and/or competitors. The following records may fall into an APRA exception:

1. Records declared confidential by state law;
2. Records declared confidential by federal law;
3. Records containing trade secrets (as defined at Ind. Code § 24-2-3-2);* or
4. Records ordered confidential or sealed by a court order;

*Pricing is generally not considered a trade secret. Pricing formula may qualify. Award amounts and grant agreements are public records and will be publicly available.
Any record submitted to ICJI that is considered to an exception to APRA must be uploaded and marked as confidential by respondent during the application process. Respondent waives the right to claim any confidentiality if it fails to properly submit/mark documents as such. The State reserves the right to make determinations of confidentiality. If a document related to a respondent is requested, ICJI will review the document(s) for disclosure and/or confidentiality. If a document is marked confidential and ICJI does not agree with the application of the designation, it may either reject the marking or discuss its interpretation of the allowable exceptions with the respondent. If the designation is rejected, ICJI will notify the respondent and allow seven (7) days for the respondent to seek legal counsel and action. Once the time elapses, ICJI will release the records in dispute as well and other responsive non-confidential records.

Attachment A

ISDH-LAB-DLL-1 Evidentiary Phlebotomy

Copy of version 1.2 (approved and current)

Last Approval or Periodic Review Completed	5/29/2026
Next Periodic Review Needed On or Before	5/29/2028
Effective Date	5/29/2026

Uncontrolled Copy printed on 5/29/2026 4:23 PM

Printed By Chris Grimes

Organization Indiana Department of Health

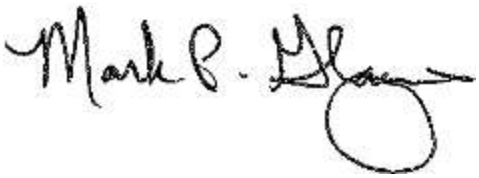
Author
Jyl Madlem

Comments for version 1.0 (last major revision)
Initial version

Comments for version 1.2 (this revision)

Adjusted effective date to reflect just the starting effective date of 05/22/24 and no set expiry date.

Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Approval	Lab Director	5/29/2026	1.2	 Lixia Liu	
Approval	Approval by QA Director	5/29/2026	1.2	 Chris Grimes	
Approval	Approval by Deputy Lab Director	5/29/2026	1.2	 Mark Glazier	
Periodic review	Approval by Lab Director	5/21/2026	1.2	 Lixia Liu	

Periodic review	Approval by QA	5/19/2026	1.2	 Chris Grimes
Approval	Lab Director	5/21/2024	1.2	 Lixia Liu
Approval	Approval by QA Director	5/20/2024	1.2	 Chris Grimes
Approval	Lab Director	11/21/2022	1.1	 Lixia Liu
Approval	Review by QA	11/21/2022	1.1	 Chris Grimes
Approval	Approval by Assistant Commissioner	8/3/2020	1.0	 Judith Lovchik
Approval	Review by QA	1/29/2020	1.0	 Chris Grimes

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
1.2	Approved and Current	Minor revision	5/29/2026	5/29/2026	Indefinite
1.1	Retired	Minor revision	11/21/2022	5/29/2026	5/29/2026
1.0	Retired	Initial version	1/15/2020	8/3/2020	11/22/2022

Indiana Department of Health

Policies and Procedures

Title: Evidentiary Phlebotomy	**Policy #**: ISDH-LAB-DLL-1-Vl.1
Scope: ☐ All Staff ☒ Limited Staff: Specially trained police officers and others who may collect blood for impaired driving evidence purposes	**Approvals**: Lindsay Weaver, MD 5/17/2024 Date
Effective date: Starting 22-May-24	

Purpose

The purpose of this *Policy# ISDH-LAB-DLL-1* is to establish a unified, consistent, and comprehensive approach to: (1) phlebotomy by specially trained and qualified police officers or others, complying with the needs set forth by the State of Indiana Phlebotomy for Police Officers Program. The State of Indiana Phlebotomy for Police Officers Program is managed by the Traffic Safety Division of the Indiana Criminal Justice Institute and Office of Traffic Safety.

Definitions

Agency: The Indiana State Department of Health (ISDH)

Agency Leadership: State Health Commissioner, Deputy State Health Commissioner and his/her direct reports. Chief of Staff and his/her direct reports. and Assistant Health Commissioners.

Agency Management: Staff so designated by Agency Leadership as Directors, Managers and Supervisors.

All Staff: All persons performing work on behalf of the Agency, including, but not limited to, full-time and part-time employees, Agency Leadership, Agency Management, contractors, students. interns, and unpaid volunteers. Any subset of All Staff shall be defined as Limited Staff (See, Limited Staff as defined herein).

CLSI: Clinical and Laboratory Standards Institute, who develop the standards of patient care.

Limited Staff: Specially trained and qualified police officers; other personnel trained in phlebotomy for impaired driving evidence purposes.

Phlebotomy: The act of drawing blood through a puncture to obtain a specimen for analysis or diagnosis.

Venipuncture: The puncture of a vein for collection of a blood specimen for analysis.

Policy Statement

It is the policy of ISDH that all limited staff as defined above adhere to ***Policy# ISDH-LAB-DLL-1*** when performing phlebotomy in the field

Defined Limited Staff may be subject to sanctions for failure to comply with this Policy

Procedures and Responsibilities

Limited staff as defined above shall utilize the following procedures when performing phlebotomy procedures in the field:

I. COMMONLY USED SUPPLIES
   A. Venipuncture
      1. Clean towel or absorbent mat to lay in collection area
      2. Single-use sterile needle/vacutainer adapter
      3. Packaged non-alcohol prep pads
      4. 2 x 2 gauze pads
      5. Tourniquet
      6. Two 10-ml glass gray-stoppered Sodium Fluoride/Potassium Oxalate blood collection tubes
      7. Bandages
      8. Gloves
      9. Sharps container
      10. Biohazard waste container
      11. Regular waste container
      12. Appropriate forms and writing utensils
      13. Biohazard specimen bags

III. PUNCTURE SITE SELECTION

A. General

a. Extend the patient's arm and inspect the antecubital fossa or forearm. Have the patient close fist. Apply the tourniquet 3-4 inches above the antecubital fossa. Do not slap arm. Do not have patient pump fist (GP41-ED7 §2.9.3.4).

a) Tourniquet should not remain on patient's arm for longer than 1 minute during site selection. (GP41-ED7 §2.9.3.1)

b. Locate a palpable vein. The median cubital vein lies between muscles and is typically easy to palpate. Using the basilic vein should be the last choice, this vein is very near the brachial artery and median nerve; puncturing this vein should only be considered when all other options have been exhausted. Consider the back of the hand before choosing the basilic vein (GP41-ED7 §2.9.3.3).

c. Locating the vein will help in determining the correct needle gauge.

B. Perform hand hygiene and put on gloves

1. Perform hand hygiene (See Appendix A); that is - wash hands with soap and water, and dry with single-use towels;
2. or if hands are not visibly contaminated, clean with alcohol rub - use 3 ml of alcohol rub on the palm of the hand, and rub it into fingertips, back of hands and all over hands until dry
3. After performing hand hygiene, put on well-fitting, non-sterile gloves
4. Do not remove fingertips of gloves (GP41-ED7 §2.9.5)

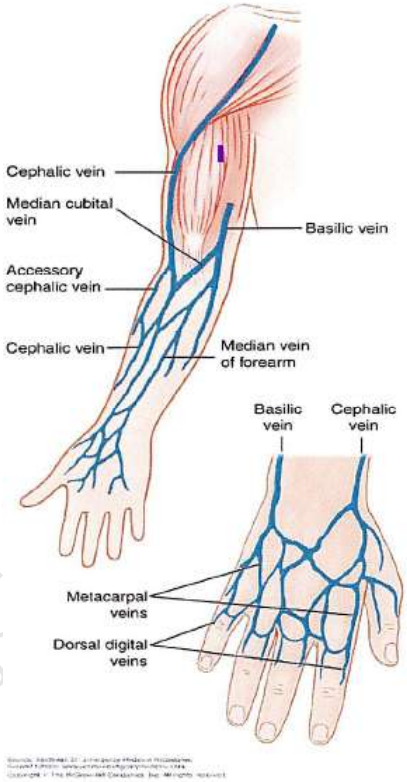
C. Disinfect the entry site

1. Clean the site with a non-alcohol prep pad and allow to dry according to package instructions; failure to allow enough contact time increases the risk of contamination
2. Apply firm but gentle pressure. Back and forth friction is superior to circular concentric cleansing (GP42-ED7 §2.9.6.1)
3. Do not re-palpate after cleansing, doing so would require cleansing again (GP41-ED7 §2.9.6.2)

IV. VENIPUNCTURE BLOOD COLLECTION

A. Venipuncture Procedure

1. Apply tourniquet to arm, 3-4 inches above selected site
2. Cleanse selected site with non-alcohol prep pad and allow to dry
3. Anchor the vein by holding the patient's arm and placing a thumb BELOW the venipuncture site (GP41-ED7 §2.9.7.1)
4. Enter the vein at a 30-degree angle or less
5. Once sufficient blood has been collected, release the tourniquet **BEFORE** withdrawing the needle
6. Withdraw the needle gently and swiftly, then apply firm pressure to the site with a clean gauze (do not use cotton ball; GP41-ED7 §6.4.8)
7. Immediately dispose of needle in appropriate sharps container
8. Ask the patient to hold the gauze in place, with the arm extended
9. Ask the patient NOT to bend the arm



B. Filling laboratory specimen tubes

1. When obtaining multiple tubes, use evacuated tubes provided with a needle and tube holder (adapter)
2. **Push tube into adapter while pulling on Lip edges of adapter**- (Goal is smooth insertion of rear needle into sample tube)
3. Allow tube(s) to completely fill with blood
4. To remove evacuated tube: pull tube with fingers while pushing on adapter wings with thumb of same hand to allow smooth removal of collection tube from rear needle
5. Mix all tubes by completely inverting the tubes 5-7 times (GP41-ED7 §2.9.8.3)

C. Label specimens and complete patient procedure

1. Inform the patient when the procedure is over
2. After proper disposal of needle, label all tubes in front of the patient and ask him/her to verify
3. Check the labels and forms for accuracy; label should be clearly written with information required by the laboratory, (e.g., *patient's first and last names,* file number, *date of birth. and the date and time of collection)*
   a) Check with your laboratory for minimum labeling requirements
4. Discard used items into appropriate waste containers
   a) NOTE: Items used for phlebotomy that would not release a drop of blood if squeezed (e.g. gloves) may be discarded in the general waste, unless local regulations state otherwise
5. Remove gloves (See Appendix B)

6. Perform hand hygiene again, as described above or see Appendix A
7. Ask the patient how they are feeling and check site to verify bleeding has stopped **before** applying the bandage, then thank patient for their cooperation
8. Checking to see if bleeding has stopped takes 5-10 seconds (GP41-ED7 §2.11.1-3)

E. NOTES

1. Probing
   a) Blind probing is NOT permitted; only forward and backward relocation of the needle is permitted
   b) Phlebotomist may make only 2 attempts to collect specimen, with 2nd attempt in different location prior to calling on a colleague to assess the patient for further attempts (GP41-ED7 §3.0)

V. CLEAN UP SPILLS OF BLOOD OR BODY FLUIDS

If blood spillage occurs (e.g., due to specimen breaking in the phlebotomy area, during transportation, or excessive bleeding during the procedure), it must be cleaned appropriately.

A. Put on gloves and gown/apron if appropriate depending on size of spill
B. Mop up liquid from large spills using paper towels, and dispose in appropriate infectious waste container
C. Remove as much blood as possible with wet cloths before disinfecting
D. Assess the surface to see whether it will be damaged by a bleach and water solution
E. For cement metal and other surfaces that can tolerate a stronger bleach solution, flood the area with a 10% solution of bleach (1:10 dilution of a 5.25% chlorine bleach to water) and let sit for 10 minutes before wiping up
F. For surfaces that may be corroded or discolored by bleach, clean carefully to remove all visible stains, then using a weaker solution (1:100 dilution of 5.25% bleach), leave it in contact for a longer period of time
G. Prepare bleach solution fresh daily and keep it in a closed container because it degrades over time and in contact with the sun
H. NOTE: If a person was exposed to blood through non-intact skin, mucous membranes, or a puncture wound, complete an incident report *Report exposure to supervisor and refer the person to appropriate occupational health clinic*

I.

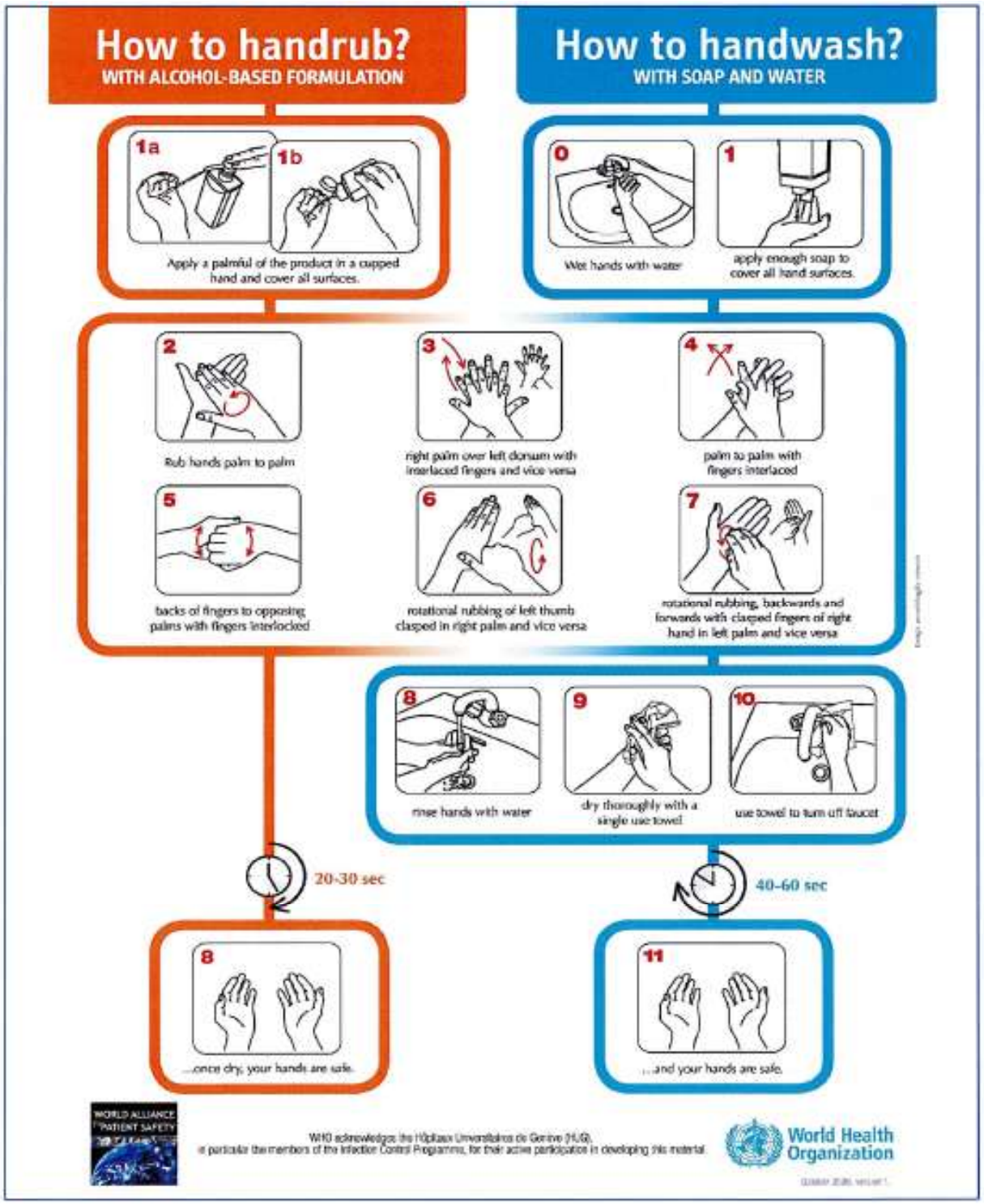
Legal Authorities and References

A. CDC's Best Practices for Occupational Exposure to Blood: https://www.cdc.gov/dental-infection-control/hcp/dental-ipc-faqs/occupational-exposure.html
B. IDOH Bloodborne Pathogen Exposure Control Plan: https://www.medialab.com/dv/dl.aspx?d=1182923&dh=c8b5f&u=95194&uh=670d6
C. www.phlebotomy.com
D. CLSI GP42 A6: 2006 – Guidelines for Capillary Blood Specimen Collection
E. CLSI GP41ED1: 2019 – Collection of Diagnostic Venous Blood Specimens
F. *Phlebotomy for Nurses and Nursing Personnel,* Healthstar Press, 2001. Dennis and Catherine Ernst

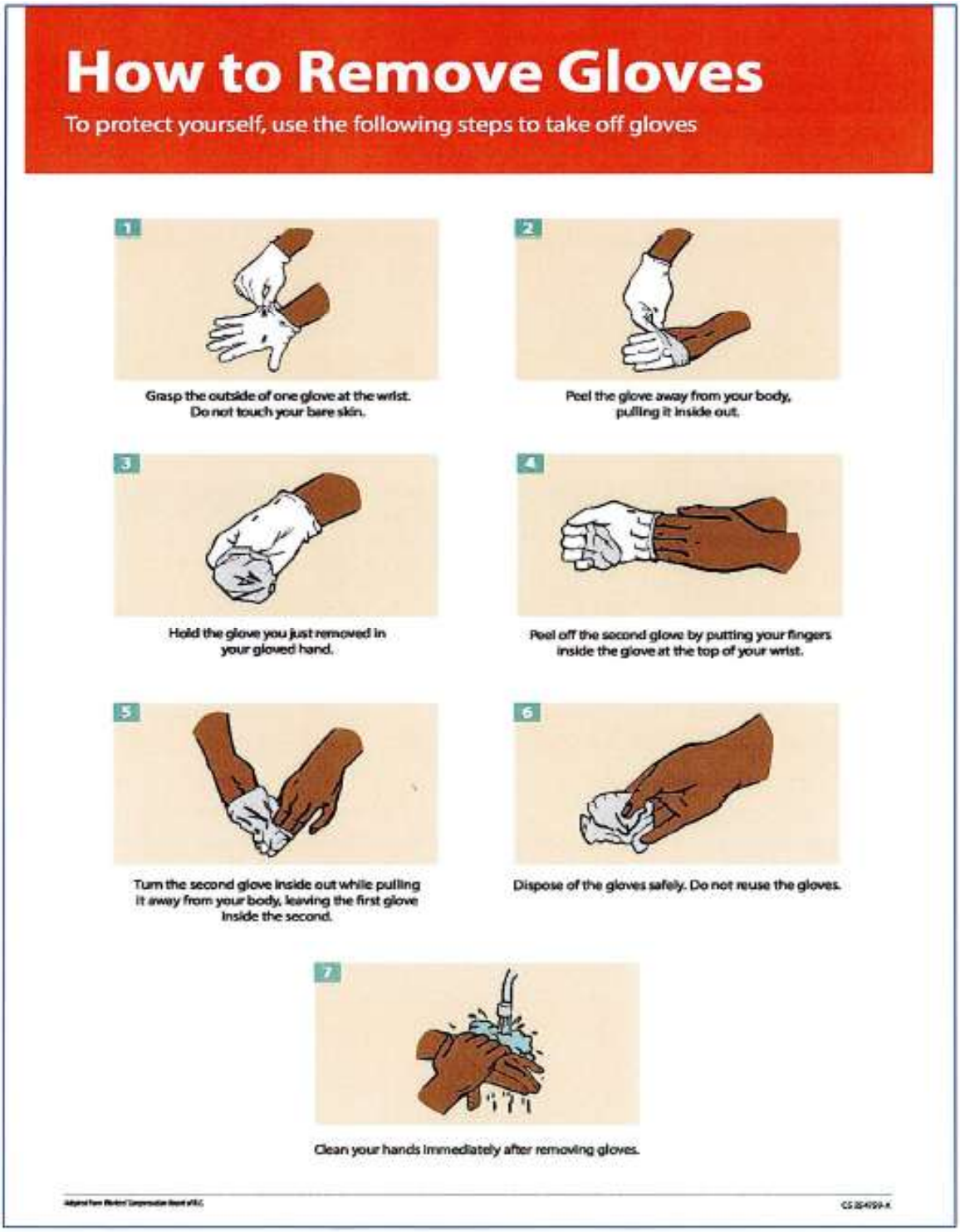
Forms

Link to related forms go here.

APPENDIX A


How to handrub?
WITH ALCOHOL-BASED FORMULATION
How to handwash?
WITH SOAP AND WATER
1a
1b
Apply a palmful of the product in a cupped hand and cover all surfaces.
0
Wet hands with water
1
apply enough soap to cover all hand surfaces.
2
Rub hands palm to palm
3
right palm over left dorsum with interlaced fingers and vice versa
4
palm to palm with fingers interlaced
5
backs of fingers to opposing palms with fingers interlocked
6
rotational rubbing of left thumb clasped in right palm and vice versa
7
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
8
rinse hands with water
9
dry thoroughly with a single use towel
10
use towel to turn off faucet
20-30 sec
40-60 sec
8
...once dry, your hands are safe.
11
...and your hands are safe.
WORLD ALLIANCE FOR PATIENT SAFETY
WHO acknowledges the Hôpitaux Universitaires de Geneve (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material
World Health Organization

APPENDIX B


How to Remove Gloves
To protect yourself, use the following steps to take off gloves
1
Grasp the outside of one glove at the wrist. Do not touch your bare skin.
2
Peel the glove away from your body, pulling it inside out.
3
Hold the glove you just removed in your gloved hand.
4
Peel off the second glove by putting your fingers inside the glove at the top of your wrist.
5
Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second.
6
Dispose of the gloves safely. Do not reuse the gloves.
7
Clean your hands immediately after removing gloves.

Attachment B

INDIANA CRIMINAL JUSTICE INSTITUTE
PHLEBOTOMY PROGRAM

1. Purpose and Scope

This policy establishes standards and guidelines for the training and performance of Law Enforcement Phlebotomists (hereinafter, LEPs) to ensure a uniform approach is used for all blood draws conducted within the Law Enforcement Phlebotomy Program (LEPP). This document sets forth the minimum standards for training, education, and procedure of LEPs; participating law enforcement agencies' standard operating procedures for LEPs may be more rigid than those contained in this document, but no standard may be lessened.

2. Authority

The Indiana Criminal Justice Institute (ICJI) is created pursuant to Indiana Code section 5-2-6-3. The Office of Traffic Safety is created pursuant to Ind. Code § 9-27-2-2 within ICJI; with responsibilities pursuant to Ind. Code § 9-27-2-4, including:

- Develop, plan, and conduct programs and activities designed to prevent and reduce traffic accidents and to facilitate the control of traffic on Indiana streets and highways. (Ind. Code § 9-27-2-4(1)).

- Advise, recommend, and consult with state departments, divisions, boards, commissions, and agencies concerning traffic safety, accident prevention, and traffic facilitation programs and activities and coordinate these programs and activities on an effective statewide basis. (Ind. Code § 9-27-2-4(2)).

- Organize and conduct, in cooperation with state departments and agencies, programs, services, and activities designed to aid political subdivisions in the control of traffic and prevention of traffic accidents. (Ind. Code § 9-27-2-4(3)).

- Develop and conduct a program of effective alcohol and drug countermeasures to protect and conserve life and property on Indiana streets and highways. (Ind. Code § 9-27-2-4(8)).

3. Definition and Proficiency

A. Definition of Law Enforcement Phlebotomist

A law enforcement officer as defined by Ind. Code § 5-2-1-2(1) who has graduated from a program sanctioned by the Indiana Law Enforcement Training Board, is appointed to a law enforcement agency, and has achieved and maintained proficiency through the Indiana Law Enforcement Phlebotomy Program.

B. ***Prerequisites for Acceptance into Law Enforcement Phlebotomy Program***

In order to begin training applicants must:

- Be a commissioned officer who has completed the probationary phase of employment with his/her agency;

- Not be under investigation or have a pending disciplinary action;

- Provide to the LEPP Coordinator:
    - The results of a criminal background check and drug test.
    - A document demonstrating departmental support of the officer's participation in the LEPP.
    - Up-to-date vaccination records or titer test results showing immunity. Required vaccinations or titer tests for participation in clinicals are:
        - Hepatitis B;
        - Varicella;
        - Measles/Mumps/Rubella (MMR);
        - Diphtheria/Tetanus/Pertussis (DTaP) (Received within the last ten (10) years; *note there is no titer test* for DTaP);
        - Tuberculosis Test (Within ninety (90) days before commencement of the class); and
        - Flu Vaccine (for October – March classes).

Exceptions to these prerequisites may be considered by the LEPP Coordinator on a case-by-case basis.

C. Attaining LEP Proficiency

To be proficient as a LEP, applicants must participate in and successfully complete the entire LEPP training provided by Vincennes University, including:

- Thirty-two (32) hours of in-person classroom training.
- Fifteen plus (15+) in-class venipunctures (at least five on live subjects) with at least an 85% overall success rate[1].
- Eight (8)-hour clinical experience at an approved hospital or medical facility.
- Fifteen plus (15+) clinical venipunctures with at least an 85% success rate.

Participation includes adherence to certain standards of behavior in the classroom and clinical settings so as to promote an atmosphere conducive to all students' learning. This requires full

[1] "Success rate" means the number of completed draws as compared to the number of total draws initiated. A completed draw is one in which sufficient blood for testing is collected in both required tubes. Each draw may require up to two (2) attempts to complete. An unsuccessful attempt does not count as an unsuccessful draw if the second attempt is successful, and blood is collected.

attendance at every session, no cell phone use outside of breaks, completion of all assigned homework, and general engagement with the material. In order to successfully complete the course, each student must successfully perform at least five (5) venipunctures on live subjects during the in-class laboratory component and serve as a live subject for other students. Failure to perform said venipunctures and to serve as a live subject will result in unsuccessful course completion. The LEPP Coordinator may, at their discretion, excuse a student from acting as a live subject upon good cause shown.

D. Maintaining Proficiency

To remain proficient, LEPs must:

- Adhere to established policies, procedures, protocols, and directives of the LEPP and the officer's Law Enforcement Agency.

- Perform a minimum of four (4) successful venipunctures per year.

- Complete a Blood Draw Report using the approved form and submit the same to the LEPP Coordinator after each draw completed, retain a copy for the LEP's records, and attach a copy to the related investigation report for the prosecutor.

- Maintain a rolling log, accurately documenting all blood draws completed and reflecting an 85% or greater overall success rate.

- Submit a digital copy of the rolling log to the LEPP Coordinator quarterly or upon request of the LEPP Coordinator.

- Attend and participate in a biennial refresher course as scheduled by the LEPP Coordinator, demonstrating proficiency in successfully completing a blood draw in accordance with the Indiana Department of Health protocol.

E. Performance

The responsibility for maintaining LEPP standards lies with the departments housing LEPs and the LEPP Coordinator, not with the ICJI. Departmental supervisors shall monitor the performance of LEPs within their agencies and shall investigate complaints arising from their activities as a LEP. Nothing in this policy shall be construed to prevent an agency or department from following internal disciplinary or administrative personnel procedures, whether for reasons specific to the individual's duties as a LEP or their general duties as an officer.

F. Reattaining Proficiency

A LEP whose proficiency status has lapsed or was terminated at the LEP's request may seek to reattain proficiency status as follows:

- If less than one (1) year has passed since proficiency status lapsed, the LEP may attend and participate in a biennial refresher course as scheduled by the LEPP Coordinator, demonstrating proficiency in successfully completing a blood draw in accordance with the Indiana Department of Health protocol.

- If more than one (1) year has passed since proficiency status lapsed, the LEP may reattend the LEPP course and complete a clinical experience, so long as all other prerequisites and initial proficiency requirements are met.

4. Regulations

A. LEPs are authorized to draw blood in accordance with Ind. Code § 9-30-5, Ind. Code § 9-30-6, Ind. Code § 9-30-7, Ind. Code § 35-46-9, and any other criminal matters in which a blood sample may be obtained as evidence.

B. LEPs performing venipuncture shall follow the most current written protocol prepared by the Indiana Department of Health for the LEPP.

C. Only law enforcement officers who are proficient through the Indiana LEPP may perform venipuncture utilizing the approved Indiana Department of Health protocol.

D. LEPs shall draw blood only with the consent of the subject or pursuant to a judicially authorized Blood Draw Search Warrant. (Ind. Code § 9-30-6-6(k)(2)).

E. LEPs may not draw blood from a suspect who is also a law enforcement officer. (Ind. Code § 9-30-6-6(k)).

F. LEPs may collect blood evidence from a suspect they have personally arrested. Alternatively, LEPs may summon another LEP to collect the evidence, if the LEP feels that doing so would be in the best interest of the officer, suspect, agency, and/or investigation.

G. Performing venipuncture requires a clean setting, but not a sterile setting. Every reasonable effort should be taken to perform the blood draw:

1. Within the intake section of a jail or another room in a law enforcement building;
2. At a medical facility;
3. In an ambulance *if at the scene of a crash;* or
4. In a fire department or public safety building.

If the subject is non-compliant or a search warrant is needed, use of a law enforcement facility is recommended to assure adequate assistance is available. If reasonable force is required to obtain a sample pursuant to Ind. Code § 9-30-6-6(g), the LEP should not perform the venipuncture. Instead, the LEP or arresting officer should transport the person to a medical facility and assist hospital staff or another trained individual in obtaining the sample pursuant to departmental policy.

H. LEPs shall complete and distribute documentation for each blood draw completed, as outlined in Section 7 below.

5. Agency Responsibilities

A law enforcement agency that has or wishes to have a LEP on staff shall create an agency-specific LEP Standard Operating Procedure (SOP). Said SOP shall address, at a minimum:

A. The procedure by which a non-LEP arresting officer may contact a LEP to request collection of blood evidence.

B. The conditions and situations in which a LEP arresting officer may conduct a blood draw.

C. The non-LEP arresting officer's responsibilities regarding blood evidence. These responsibilities shall include witnessing the blood draw and taking possession of the sample to process according to departmental evidence handling procedures.

D. The LEP arresting officer's responsibilities regarding blood evidence. These responsibilities shall include conducting the blood draw and taking possession of the sample to process according to departmental evidence handling procedures.

E. How blood evidence is to be handled, including care, logging, and submission of evidence. Blood evidence shall be kept in a secure location and delivered to the testing laboratory as soon as possible.

F. What laboratory the department will utilize for testing blood drawn by the agency's LEP. Testing may be done either at the assigned laboratory commonly used by the arresting agency or at the Indiana State Department of Toxicology (ISDT).

G. When and how LEPs may assist other agencies, both within and outside the department's county.

H. How bio-hazard material is to be disposed of within the department. Any agency housing a LEP shall have appropriate bio-hazard collection apparatus on-site.

I. How LEPP equipment and supplies will be stored and managed within the department, including which staff member will be responsible for ordering and maintaining the LEP's

supplies. The LEPP provides most of the necessary equipment, but the department shall provide basic additional supplies, such as protective exam gloves.

6. Supplies

The LEPP provides certain equipment and supplies to LEPs and their agencies in the form of a Draw Kit and a Collection Kit.

A. Draw Kit.
- Provided by the Indiana Criminal Justice Institute.
- Contains necessary supplies including needles, hub, tourniquet, gauze pads, bandages, and non-alcohol prep pads.

B. Collection Kit.
- Provided by the Indiana State Department of Toxicology.
- Contains two grey-top blood tubes, a Toxicology Analysis Request (TAR) Form, labels, tamper evident packaging, and shipping materials for submitting the evidence to the laboratory.

Per the Indiana Department of Health LEPP Protocol, protective exam gloves must be worn by anyone performing blood draws and used material must be disposed of in appropriate containers.

7. Documentation

For every venipuncture a LEP performs, the LEP shall:

A. Video and/or audio record the blood draw procedure if capabilities to do so exist in the blood draw location.

B. Complete a Blood Draw Report on the form supplied by ICJI. Copies of every Blood Draw Report shall be:
   a. Submitted to the LEPP Coordinator via email upon completion and or no later than seven (7) days following the draw to which they pertain.
   b. Attached to any related reports or paperwork for submission to the prosecutor.
   c. Retained by the LEP as supporting documentation for the LEP's rolling log.

C. Complete a supplemental report narrative. LEPs performing venipuncture are obtaining evidence and, as such, are witnesses to the case. Any observations made of the suspect should be noted.

D. Maintain a rolling log of **all** blood draw attempts made, whether successful or not, listing each venipuncture completed or attempted. The rolling log shall include all venipuncture attempted or completed during clinical rotations.

E. Complete or cause to be completed the Toxicology Analysis Request Form included in the Collection Kit according to departmental policy.

8. Law Enforcement Phlebotomy Program Coordinator Responsibilities

The Law Enforcement Phlebotomy Program (LEPP) Coordinator is responsible for:

A. Coordinating initial training of law enforcement phlebotomists, including reviewing student applications, collecting prerequisite documentation, and arranging clinical assignments.

B. Coordinating on-going training of law enforcement phlebotomists.

C. Disseminating information from the Indiana Criminal Justice Institute, Vincennes University, the Indiana Department of Health, and the Indiana State Department of Toxicology, as necessary.

D. Maintaining training and proficiency records for all LEPs. At a minimum, each LEP's file should contain the individual's proficiency documents, Curriculum Vitae, and rolling log.