

# Maine



## Forensic Phlebotomy Program Guidelines

**Maine**  
**Forensic Phlebotomy**  
**Program Guidelines**

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Maine Department of Health & Human Services, Health &  
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As a result of their contributions and continued support of their agencies, we are confident that the forensic phlebotomy program in Maine will provide a safe and secure means to collect blood for evidentiary purposes.

- Lauren Stewart, Director, Maine Bureau of Highway Safety

## Introduction

The mission of the Forensic Phlebotomy Program is to promote highway safety with a safe and secure means to collect blood for evidentiary purposes, and to accomplish the procedure with integrity and accountability to the citizens of the State of Maine.

This document provides guidance for individuals who are trained as forensic phlebotomists. Throughout this document, the term “forensic phlebotomist” is used to designate an individual who is specifically trained to perform venipunctures within a limited scope of practice to collect blood for evidentiary purposes. These guidelines apply specifically to forensic phlebotomists and not to other persons qualified to draw blood for blood tests. Safety during a blood draw is paramount and it is the duty of each forensic phlebotomist to follow the guidelines outlined in this document. This document shall also function as direction for properly completing forms associated with the blood draw. Every forensic phlebotomist who completes a venipuncture shall complete the required documentation; such as, the *Forensic Phlebotomy Blood Draw Report* form.

# I. Qualifications

Maine law allows qualified persons to draw blood for the purpose of determining the blood-alcohol level or the presence of a drug or drug metabolite. Maine Revised Statutes 29-A §2524(1) specifies the persons qualified to draw blood for blood tests.

## A. State Law Requirements

### 29-A M.R.S.

#### §2524. Administration of tests

**1. Persons qualified to draw blood for blood tests.** Only a physician, registered physician's assistant, registered nurse or person whose occupational license or training allows that person to draw blood samples may draw a specimen of blood for the purpose of determining the blood-alcohol level or the presence of a drug or drug metabolite.

**2. Laboratories qualified to analyze blood for blood tests.** A laboratory conducting an analysis of blood-alcohol level or the presence of a drug or drug metabolite must either be certified by the Department of Health and Human Services or be licensed to do so under the laws of this State or any other state and also certified by the United States Department of Health and Human Services under the federal Clinical Laboratory Improvement Amendments of 1988, 42 United States Code, Section 263a (2018).

**3. Persons qualified to operate and analyze breath tests.** A person certified by the Maine Criminal Justice Academy as qualified to operate an approved self-contained, breath-alcohol testing apparatus may operate an apparatus to collect and analyze a sample specimen of breath.

**4. Chemical tests on blood and urine specimens.** A sample specimen of blood or urine may be submitted to the Department of Health and Human Services or to a laboratory qualified pursuant to subsection 2 for the purpose of conducting chemical tests to determine alcohol level or the presence of a drug or drug metabolite.

**5. Equipment for taking specimens.** For purposes of this section, collection kits having a stamp of approval affixed by the Department of Health and Human Services may be used to take a sample specimen of blood or urine. A sample specimen of blood or urine may also be taken in any collection tube of the type normally used in a laboratory qualified pursuant to subsection 2. The fact that a laboratory qualified pursuant to subsection 2 supplied the collection tube is prima facie evidence that the collection tube is the type of tube normally used in such a laboratory. Alternatively, a self-contained, breath-alcohol testing apparatus if reasonably available may be used to determine the alcohol level.

Approved breath-alcohol testing apparatus must have a stamp of approval affixed by the Department of Health and Human Services after periodic testing. That stamp is valid for no more than one year.

**6. Procedures for operation and testing of testing apparatus.** The Department of Health and Human Services shall establish, by rule, the procedures for the operation and testing of testing apparatus used in laboratories certified by the Department of Health and Human Services.

**§2527. Rules regulating sample collection and testing procedures**

The Department of Health and Human Services shall adopt rules regulating sample collection and testing procedures to ensure accurate and reliable testing and to protect the privacy of the person providing the sample. The rules may include, but are not limited to:

- 1. Standards.** Standards for determining when a sample is to be reported as negative, based upon standards specific to the type and sensitivity of the test and the drug or category of drug screened;
- 2. Urine samples.** A requirement that only a law enforcement officer or law enforcement agency employee of the same sex as the person providing the sample, or a health care practitioner, may observe the giving of a urine sample, and that it may be collected only within a law enforcement or health care facility; and
- 3. Sample for defendant.** A requirement that, at the request and expense of the person charged, the department shall segregate a portion of the sample collected for that person's own testing.

The department may establish rules governing the format in which the test results are reported. At the time of adoption, the department shall furnish a copy of these rules to the joint standing committee of the Legislature having jurisdiction over legal affairs for review.

**§2528. Liability**

A physician; physician assistant; registered nurse; other health care provider; other person whose occupational license or training allows that person to draw blood, including but not limited to an emergency medical services person or law enforcement officer; hospital; emergency medical service; or law enforcement agency in the exercise of due care is not liable for an act done or omitted in collecting or withdrawing specimens of blood at the request of a law enforcement officer pursuant to this chapter.

**B. Training**

Forensic phlebotomists shall be qualified through a forensic phlebotomy program that is formally recognized by the Maine Bureau of Highway Safety (MeBHS). Participants in the class must successfully complete all course work, pass a knowledge exam and successfully complete a clinical rotation where they demonstrate proficiency and attain a minimum of 80 successful venipunctures. Courses are designed to instruct forensic phlebotomists on only those procedures germane to law enforcement procedures. Courses are taught in 8-hour days and are OSHA guideline consistent.



Students are given a practical and written final examination where they must meet all competencies as prescribed. Forensic phlebotomists who successfully complete and pass this course are required to complete a refresher training course every two years.

### **C. Forensic Phlebotomist Responsibilities**

1. Forensic phlebotomists shall adhere to an on-going requalification process as designated by the Forensic Phlebotomy Program Coordinator. This process includes:
  - a. A minimum of 12 blood draw procedures per calendar year. These procedures include enforcement draws, training draws, I.V. sticks, etc. Forensic phlebotomists shall be responsible for maintaining a rolling log of every blood draw completed. If this requirement is not met, the forensic phlebotomist shall attend a formally recognized refresher training to meet this requirement.
  - b. Attending the forensic phlebotomy refresher training (continuing education) that is formally recognized by the Maine Bureau of Highway Safety (MeBHS) every 2 years.
  - c. Sending copies of the *Forensic Phlebotomy Blood Draw Report* to the Forensic Phlebotomy Program Coordinator for review and records retention.
  - d. Forensic Phlebotomists shall ensure that they comply with all jurisdictional policy requirements regarding liability insurance.
2. Forensic phlebotomists not meeting the above requirements shall have their program status reviewed by the Forensic Phlebotomy Program Coordinator.
  - a. Forensic phlebotomists not meeting the above requirements, may be suspended from conducting any venipunctures for the purposes of collecting evidence until they meet the above requirements and are approved to do so by the Forensic Phlebotomy Program Coordinator.
  - b. The Forensic Phlebotomy Program Coordinator shall require a suspended forensic phlebotomist to demonstrate proficiency by conducting an instructor or coordinator-observed training venipuncture. The Forensic Phlebotomy Program Coordinator may approve and designate experienced and proficient forensic phlebotomists to conduct these instructor-observed proficiency venipunctures.

## II. Blood Kit

### A. General Information

1. Forensic phlebotomists use a prepackaged blood kit for the purposes of obtaining blood samples from subjects. The blood kits are an essential piece of equipment. **The State of Maine, Department of Health and Human Services, Health and Environmental Testing Laboratory** maintains an inventory of these blood kits.
2. The forensic phlebotomist shall be familiar with the following components and procedures related to the blood kit:
  - a. The equipment
  - b. The proper procedure for completing the included paperwork
  - c. The proper sealing/resealing of the evidence
  - d. The chain of custody procedures
3. The blood kit contains forms used for identification and documentation of the blood draw. The *Forensic Phlebotomy Blood Draw Report* is not included in the prepackaged kit.

### B. Blood Kit

The blood kit has an outer cardboard transport module and an inner container. The forensic phlebotomist shall verify the blood kit's seal is intact prior to use. If the seal is broken, the blood kit shall not be used.

### C. Expiration Date and Lot Number

The forensic phlebotomist, prior to the blood draw, shall verify the expiration date on the outside container is valid. The lot (W.O.) number of the blood kit is also located on the outside container. The phlebotomist shall record both the expiration date and lot number on the *Forensic Phlebotomy Blood Draw Report*.

### D. Blood Collection Tubes

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

- a. Sodium fluoride. An antiglycolytic agent which inhibits the metabolic breakdown of glucose (blood sugar) by the blood cells.
  - b. Potassium oxalate. An anticoagulation agent.
2. The forensic phlebotomist shall visually verify that the integrity of the tube is intact and that the chemical additive is present.
3. The forensic phlebotomist shall not use expired tubes for forensic blood draws.
4. Lavender-topped tubes (EDTA) and Blue-topped tubes (Sodium Citrate) are not included in the prepackaged blood kit but may be necessary for the collection of blood for analysis/screening of seldomly encountered drugs or metabolites. The forensic phlebotomist shall verify the necessity of these tubes and that the integrity of the tube is intact, the tube is not expired, and visually ensure that the chemical additive inside is present.
5. When collecting lavender or blue-topped tubes for drug analysis, the phlebotomist shall also collect two grey-topped tubes.

#### **E. Blood Kit Chain of Custody**

1. After the forensic 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 forensic phlebotomist or person transporting the blood evidence shall ensure the proper chain of custody using the procedures outlined within jurisdictional policy.
2. The blood tubes shall be kept in the forensic phlebotomist's or case officer's possession until properly labeled and sealed into the blood kit.
3. The following guidelines for packaging the blood evidence into the blood kit shall be followed:
  - a. Mark the tubes with the name or identification of the subject, date and time of the draw, Department Report (DR) number, and the name or initials of the forensic phlebotomist performing the draw. The blood kit contains labels that the phlebotomist may use, or the information may be written directly on the tube label.

- b. Place the marked and sealed blood tubes into the inner container.
  - c. Once the tubes have been placed in the inner container, place the evidence seal on the junction of the box opening.
  - d. The inner container shall be placed into the self-closing plastic bag and then placed in the outer transport container.
  - e. The outer transport container shall be closed and then sealed using the tamper-evident kit shipping seal.
  - f. The outer container of the blood kit shall be marked with the DR number and the package or item number.
  - g. The final seal on the blood kit shall be evidence-packaging tape.
  - h. The forensic phlebotomist shall initial the evidence tape in accordance with procedures outlined within jurisdictional policy.
4. Once the blood kit has been sealed, the forensic phlebotomist may transport or turn over the blood kit to the case officer or third party for transport.

## **F. Needles and Syringes**

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

## **III. Forensic Phlebotomy Blood Draw Report**

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

### **A. Department Report (DR) Number**

The DR number shall be recorded in the appropriate location on the form. The forensic phlebotomist shall use the DR number the case officer has received from their department.

## **B. Other Agency Protocol**

If a forensic phlebotomist administers a blood draw for a law enforcement agency, the forensic phlebotomist shall record the agency's DR number in the space provided on the *Forensic Phlebotomy Blood Draw Report*.

## **C. Subject Identification**

1. The forensic phlebotomist shall identify the subject and complete the top portion of the report. The forensic phlebotomist shall record the criminal charge (if applicable). The check boxes for search warrant, consent to draw, and felony shall be marked appropriately.
2. The case officer's name and department shall be documented in the space provided. The forensic phlebotomist's name and department shall be documented in the proper space provided.
3. The forensic phlebotomist may gather additional information to identify the subject later; for example, a photograph or fingerprint of the subject in the space provided on the *Forensic Phlebotomy Blood Draw Report*.

## **D. Blood Draw**

1. The forensic phlebotomist shall record information for each blood draw in the appropriate space on the *Forensic Phlebotomy Blood Draw Report*.
2. When a second blood draw is performed by a forensic phlebotomist on the same subject, the information shall be documented on the same form in the space provided for the second draw.
3. The collection of any sample for use in a substance abuse test should be conducted in a safe and secure area such as a law enforcement facility or health care facility. It is the forensic phlebotomist's responsibility to ensure the safety of the subject and cleanliness of the draw area.
  - a. Area of blood draw shall be cleaned with disinfectant prior to draw.
  - b. Venipuncture site is cleaned in accordance with Clinical and Laboratory Standards Institute (CLSI) standards.
  - c. The subject shall be seated safely in a secure position, or in a supine position, depending on the location and environment in which the blood draw is performed. The forensic phlebotomy blood draw shall not be performed while the subject is in a standing position.

4. The following information shall be included on the form for each blood draw:
  - a. Date, time, and physical location where blood draw was performed.
  - b. Blood kit manufacturer and lot number of the blood kit.
  - c. Specialty equipment used during the blood draw such as butterfly kit or syringe.
  - d. Type of gloves used for the procedure.
  - e. Expiration date of the blood kit.
  - f. Site location of the blood draw on the subject.

## **E. Medical Questions and Observations**

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

The following information shall be documented on the form:

### **1. Medical Problems**

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

### **2. Allergies**

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

- a. In cases where the subject is allergic to latex, use a non-latex tourniquet and gloves.
- b. Allergies to shellfish or iodine may preclude use of a povidone-iodine or betadine swab. A non-alcohol site cleaner should be used in these cases.

**3. Infectious Diseases**

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

**4. Medications/Blood Thinners**

Determination shall be made as to whether or not the subject takes any medications. Medications such as aspirin, coumadin (generic warfarin), and steroids are blood thinners and may increase clotting time.

**5. Sick or Injured**

The subject shall be asked about recent illness or injury.

**6. Site Cleaner Used**

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

**7. Hand Washing**

The forensic phlebotomist shall document the hand washing technique utilized by marking the appropriate box on the form.

**8. Subject's Position During Procedure**

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

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

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

## **F. Report Narrative**

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

1. Physical characteristics or statements made during the contact with the subject; for example, mood swings, refusal to submit.
2. Whether the subject resisted or did not resist the blood draw; for example, was the subject cooperative, was the subject escorted to the restraint chair, held down, handcuffed?

## **G. Copy Distribution**

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

1. Copy maintained by the case officer.
2. Copy maintained by the forensic phlebotomist.
3. Copy is forwarded to the Phlebotomy Program Coordinator within 5 days of the blood draw.

# **IV. Search Warrant Protocol**

## **A. Search Warrants**

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

1. The case officer shall be responsible for completing the search warrant.
2. Once the search warrant for blood is received by the case officer, the forensic phlebotomist is given the authority by court order to retrieve a blood sample from the subject.
3. A copy of the warrant shall be served to the subject prior to the blood draw.



## **B. Combative Subjects**

1. The forensic phlebotomist shall only obtain a blood sample from a combative or uncooperative subject in accordance with jurisdictional policies and procedures.
2. The forensic phlebotomist shall have independent authority in determining whether to discontinue the procedure for safety reasons.
3. When a search warrant is served to the subject, the forensic phlebotomist or case officer shall explain to combative subjects the hazards of non-compliance prior to attempting to obtain a sample.

## **V. Clinical Procedures**

### **A. Blood Draw**

1. The blood draw shall be administered in accordance with all training received by the forensic phlebotomist.
2. The forensic phlebotomist is responsible for the selection of a safe and clean physical location for the blood draw. If necessary, the forensic phlebotomist should cleanse the physical area where the blood draw will be performed with an OSHA approved disinfectant prior to and after the blood draw.
3. The forensic phlebotomist shall gently invert the filled blood tubes to ensure that the tube additives are thoroughly mixed with the blood.
  - a. Gray-topped tubes should be inverted gently eight to ten times. Additional inversions may be necessary to thoroughly mix the powdered anticoagulant with the blood.
  - b. Lavender-topped tubes should be inverted gently eight to ten times.
  - c. Blue-topped tubes should be inverted gently three to four times.
4. The forensic phlebotomist shall ensure that the blood tubes are completely and clearly labeled.
5. The forensic phlebotomist shall ensure that medical personnel are contacted, as soon as practical, when any complications associated with the blood draw occur.

## **B. Subject**

1. The forensic phlebotomist is responsible for verifying the identification of the subject, including the subject's full name and date of birth.
2. The subject shall be seated safely in a secure position, or in a supine position, depending on the location and environment that the blood draw is performed. The forensic phlebotomy blood draw shall not be performed while the subject is in a standing position.

## **C. Equipment**

1. Needles used shall be sterile, single use items, and all other items used shall be clinically clean. Forensic phlebotomists are responsible for ensuring that such supplies are available prior to the venipuncture. Evacuated Tube System (ETS) tube holders/hubs shall only be used once and shall be visually determined to be clean prior to use.
2. Sharps shall be directly disposed into the sharps container; other contaminants shall be properly disposed of in biohazard waste bags.

## **D. Protective Procedures**

1. If there is a significant biological contamination, such as blood or other contaminants, then the forensic phlebotomist shall cleanse the area with an OSHA approved disinfectant.
2. The forensic phlebotomist shall follow proper hand washing/sanitizing procedures prior to and after the procedure. Visible dirt or debris on hands requires hand washing. Otherwise, non-ethyl alcohol hand sanitizer shall be used.
3. The forensic phlebotomist shall wear gloves and personal protective equipment (PPE) during the venipuncture.
4. A new pair of gloves shall be used for each suspect and removed when the procedure is completed. Nonsterile, disposable latex, vinyl, nitrile or polyethylene examination gloves are acceptable.
5. Other PPE such as face shields or lab coats are at the discretion of the forensic phlebotomist and may be used.

## **VI. Sharps Safety and Disposal**

In the course of conducting a blood draw, the forensic phlebotomist will handle needle sharps, blood tube holders, and other biohazard material. The sharps containers that contain used biohazard materials shall be disposed of appropriately and in accordance with departmental policy. OSHA requirements and the guidelines identified in this manual shall be followed. See the Center for Disease Control website for additional information.

### **A. Sharps Safety and Disposal Procedures**

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

1. Blood tube holders, with needles attached, shall be discarded immediately into a sharps container after the device's safety feature has been activated.
2. Blood tube holders, with needles attached, and other sharps should not be passed directly from hand to hand and handling should be kept to a minimum.
3. Dispose of syringes and needles intact. When the needle and blood tube holders are attached for the procedure, dispose of both together.
4. Needles shall not be bent or broken at any time.
5. Always dispose of sharps at the point of use in a suitable sharps container.
6. Needles shall not be re-sheathed.
7. Sharps containers shall not be filled above the manufacturer's marked line.
8. Sharps containers shall be disposed of when the manufacturer's marked line has been reached.
9. Sharps shall not be disposed of with other clinical waste.

## **B. Sharps Container Safety and Disposal Procedures**

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

1. The sharps container shall be locked and/or sealed according to the manufacturer's instructions prior to transport for disposal.
2. The sharps container shall remain in an upright position. Do not invert or place a sharps container on its side; this may result in leakage of biological and hazardous waste.
3. Used sharps containers shall not be placed or sealed into any other container for transport. Do not place used sharps containers in yellow bags or other containers for disposal.
4. Damaged used sharps containers shall be placed in a large secure rigid container which is properly labeled.
5. Sharps containers shall be transported and disposed of in accordance with jurisdictional policies and procedures.
6. In the case of emergency disposal of a sharps container, the container may be transported to a hospital, fire department, or other medical facility.

## **VII. Bloodborne Pathogen Exposure**

All forensic phlebotomists and employees with a risk of exposure to bloodborne pathogens shall follow their departmental bloodborne pathogen exposure policy in the event of an exposure (i.e. contact with human blood, human waste, or needle sticks).

## VIII. Forensic Phlebotomy Program Coordinator

The Forensic Phlebotomy Program shall have a designated person responsible for the coordination of the program statewide. The appointment and selection of the Forensic Phlebotomy Program Coordinator shall be the responsibility of the Maine Bureau of Highway Safety.

### A. Responsibilities

The Forensic Phlebotomy Program Coordinator duties shall include:

1. Maintaining a file for each forensic phlebotomist.
2. Retaining a copy of the *Forensic Phlebotomy Blood Draw Report* performed by each forensic phlebotomist.
3. Review all *Forensic Phlebotomy Blood Draw Reports* to ensure all forensic phlebotomists are acting within the scope of practice defined within these guidelines and all prescribed training.
4. Prepare a report on statewide forensic phlebotomy activities to the Maine Impaired Driving Task Force on a quarterly basis.