

("There are no risks if you do it right") he performed the procedure improperly. In addition, he was unfamiliar with the issues of disease and disinfecting the environment and other concerns discussed by both Ms. Tankersley and Ms. Mass.

These experts both agree that a quality assurance program is a must for any phlebotomy program. Supervision by a qualified person is a must. But these safeguards do not exist within the police department which is entrusted with the duty to investigate and gather evidence, not to render a standard of care commensurate with the medical community and with the safeguards discussed by Ms. Tankersley and Mass. The police department is on its own to determine the quality of what is occurring, where it is occurring, and upon whom it is occurring. There is no overseeing agency as one would expect in a medical context. The T.P.D supervisor is not a phlebotomist, so the officers are basically on their own as well.

Here, though the officer is trained to draw blood through an accelerated course, he is not a medical practitioner nor does the officer's daily duties enrich his knowledge of the medical field and medical practices. His role when extracting blood is as a police officer gathering evidence. Although it does not appear that the officer was intending to hurt the defendant, nevertheless his primary objective was not a medical objective but rather law enforcement; his knowledge of risks and precautions regarding practices and procedures of drawing blood were limited. And another factor that generally may exist in DUI investigations is the potential for animosity between an officer and suspect. Although no animosity was apparent between this defendant and this officer, it is clear in relation to one another, they certainly had conflicting interests.

The situation here presents exactly the concern set forth in *Schmerber* when the Court noted with respect to drawing of blood by police in a non medical environment: "To tolerate searches under these conditions might be to invite an unjustified element of personal risk of infection and pain". All of the above factors raise just such a concern that these phlebotomy practices are not in accordance with established medical practices which would render a blood draw in these circumstances an increased risk. Added to this, the technique utilized was based on the officer's *preference* rather than on the consideration of the potential effect on this defendant. He was very candid that his choice of technique was the butterfly because he *prefers* it, he is *comfortable* with it. As noted, both experts, including Ms. Tankersley, the author of the textbook utilized in this officer's training, were clear that this should be done only when another technique has been ruled out and where there are very small veins.

Thus this non-standard procedure subjected the defendant to unjustified element of personal risk where the defendant was in pain for three days and had a resulting hematoma. Therefore, the court finds that the increased risk of this blood draw performed outside of a medical practices and procedures and environment, by an officer phlebotomist with limited understanding of the risks of the technique he was utilizing and other risks inherent in phlebotomy rendered this seizure unreasonable under the Fourth Amendment.

Motion to Suppress is granted.

Dated this 6th day of January, 2005.



Kate Dawes,
City Magistrate