

Law Enforcement Phlebotomy Webinar



RESPONSIBILITY.ORG

January 27, 2021

HOST



Darrin T. Grondel – VP of Government
Relations and Traffic Safety



Law Enforcement
Phlebotomy Programs



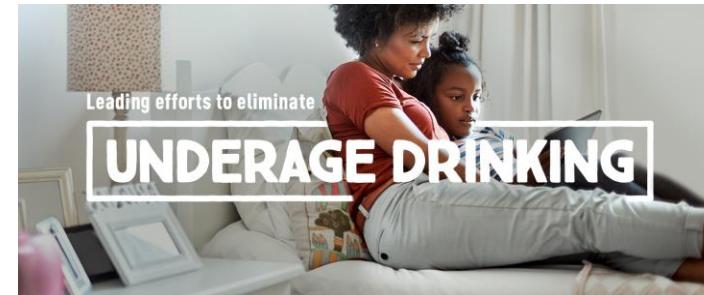
RESPONSIBILITY.ORG

COMMITMENT TO RESPONSIBILITY

Responsibility.org members have invested nearly \$300 million in policy development, educational programs and public awareness campaigns to fight drunk driving and underage drinking.



Leading efforts to eliminate drunk driving and working with others to end all impaired driving.



Leading efforts to eliminate underage drinking.



Empowering adults to make a lifetime of responsible alcohol choices as part of a balanced lifestyle.

Data Drives the Narrative

- 50.5% of fatally injured drug-positive drivers (with known drug test results) were positive for two or more drugs and 40.7% were found to have alcohol in their system (NHTSA FARS as cited in Hedlund, 2018)
- Among drug-positive drivers killed in crashes, 4% tested positive for both marijuana and opioids, 16% for opioids only, 38% for marijuana only, and 42% for other drugs (Governors Highway Safety Association, 2017)
- The percentage of traffic deaths in which at least one driver tested positive for drugs has nearly doubled over a decade. (USA Today, 2016)
(Source: <https://driving-tests.org/driving-statistics/>)
- The number of alcohol-positive drivers killed in crashes who also tested positive for drugs increased by 16% from 2006 to 2016 (Governors Highway Safety Association, 2017)

Do you have an existing law enforcement phlebotomy program in your state or agency?

- A. State
- B. Agency
- C. Both
- D. No

How is Blood Evidence Collected in your State? (Choose all that apply)

- A. Hospital – Doctor or Nurse
- B. Law Enforcement Phlebotomist
- C. Jail Phlebotomist
- D. Contract Phlebotomist
- E. EMT
- F. Other

Panelists



Jennifer Davidson
Highway Safety Specialist
NHTSA



Don Marose
Minnesota State Patrol (Ret)
Consultant



NHTSA

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

Law Enforcement Phlebotomy

*Jennifer Huebner Davidson
Highway Safety Specialist
January 27, 2021*



National Highway Traffic Safety Administration

NHTSA's mission is to save lives, prevent injuries and reduce economic costs due to road traffic crashes through education, research, safety standards and enforcement activity.



**2019 Fatal Motor Vehicle Crash Update
Fatality Analysis Reporting System (FARS)**

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- 36,096 Traffic Fatalities
- 2% Decrease in fatalities from 2018
- 10,142 Alcohol-impaired fatalities accounting for 28% of overall fatalities (5.3 percent decrease)



Examination of the Traffic Safety Environment During the Second Quarter of 2020

Special Report

TRAFFIC SAFETY FACTS
Research Note

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT HS 813 069

Behavioral Safety Research

January 2021

**Update to Special Reports on Traffic Safety
During the COVID-19 Public Health Emergency:
Third Quarter Data**

Authors: Office of Behavioral Safety Research

The National Highway Traffic Safety Administration (NHTSA) is continuing its exploration of traffic safety during the COVID-19 public health emergency. This work is crucial to furthering our understanding of changes in potentially dangerous driving behaviors, and allows us to expand or evolve countermeasures to meet current needs in States and across the country.

In October 2020, NHTSA released two reports related to COVID-19. The first was a synthesis of data on traffic safety during the second quarter (Q2) of the year, covering the months of April to June, providing context to understand changes in motor vehicle fatality rates in 2020. While traffic crash fatalities had declined to date in 2020, the fatality rate had increased. The second was an interim report on research examining the presence of drugs and alcohol in road users who were seriously and fatally injured in crashes; it noted increased prevalence of alcohol and some other drugs among these individuals. These reports provided context to data from NHTSA's National Center for Statistics and Analysis (NCSA) released at the same time. NCSA provided initial data on motor vehicle fatality numbers in 2020. In the first half of 2020, NCSA estimated that the fatality rate per 100 million vehicle miles traveled (VMT) had risen year-over-year, from a rate of 1.06 in 2019 to a projected rate of 1.25 in 2020 (NCSA, 2020). In that report, NCSA also reported a reduction in VMT of 264.2 billion miles – about a 16.6% decrease – in the first 6 months of 2020.

Given the importance of the findings across these reports, NHTSA immediately convened a series of workshops with national partners, State highway safety professionals, and researchers. In these meetings, the NHTSA's Office of Behavioral Safety Research

agency began the conversation of how to address the increase in fatality rate, especially focusing on risky driving behaviors.

This Research Note provides an update on traffic safety during the COVID-19 public health emergency.

Background

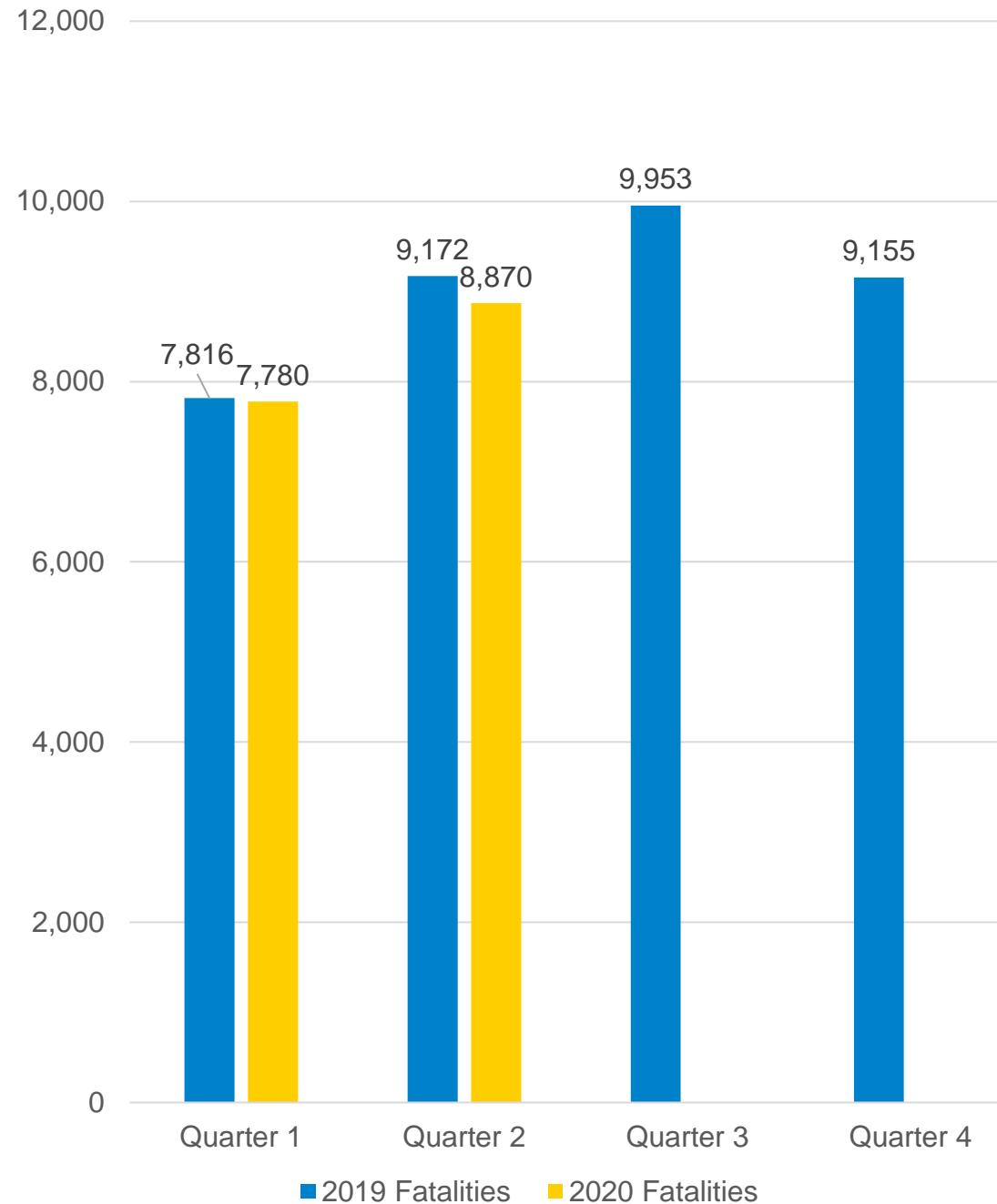
During the early months of the national public health emergency, driving patterns and behaviors changed significantly (Wagner et al., 2020). Of the drivers who remained on the roads, some engaged in riskier behavior, including speeding, failing to wear seat belts, and driving under the influence of alcohol or other drugs. Traffic data indicated average speeds increased during the second quarter, and extreme speeds became more common. Other data suggested fewer people involved in crashes used their seat belts.

The study of seriously or fatally injured road users at five participating trauma centers (Thomas et al., 2020) found that, between mid-March and mid-July, almost two-thirds of drivers tested positive for at least one active drug, including alcohol, marijuana, or opioids. The proportion of such drivers testing positive for opioids nearly doubled after mid-March, as compared to the previous six months, while marijuana prevalence increased by about 50%.

This Research Note revisits key metrics from the recent NHTSA studies and provides updated data to examine the third quarter (Q3) of 2020 (July to September). Data limitations identified in the earlier reports also apply to the data reported here.

1200 New Jersey Avenue SE, Washington, DC 20590

Fatalities by Quarter, 2019 & 2020



Foundation in Data

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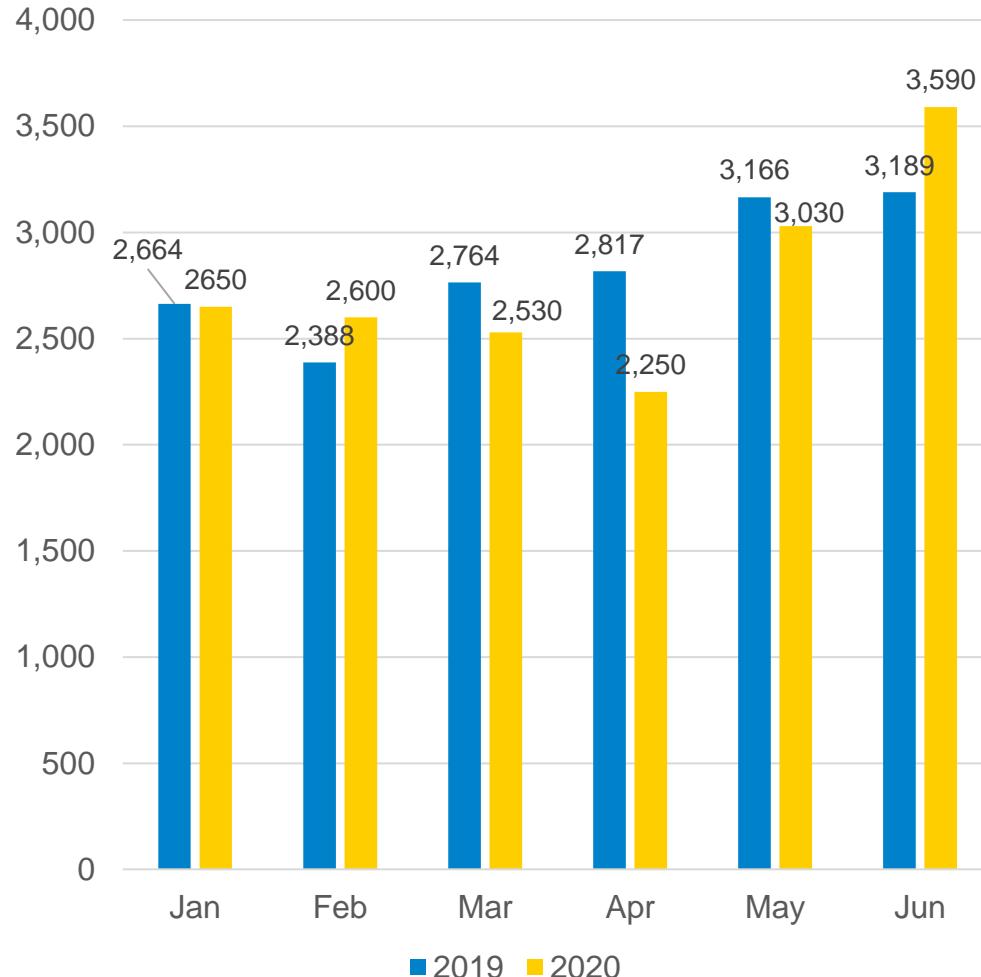
The number of fatalities in Q1 and Q2 was lower in 2020 than in the previous year. This is unequivocally good.

However, the fatality rate per 100 million vehicle miles traveled (VMT) increased substantially.

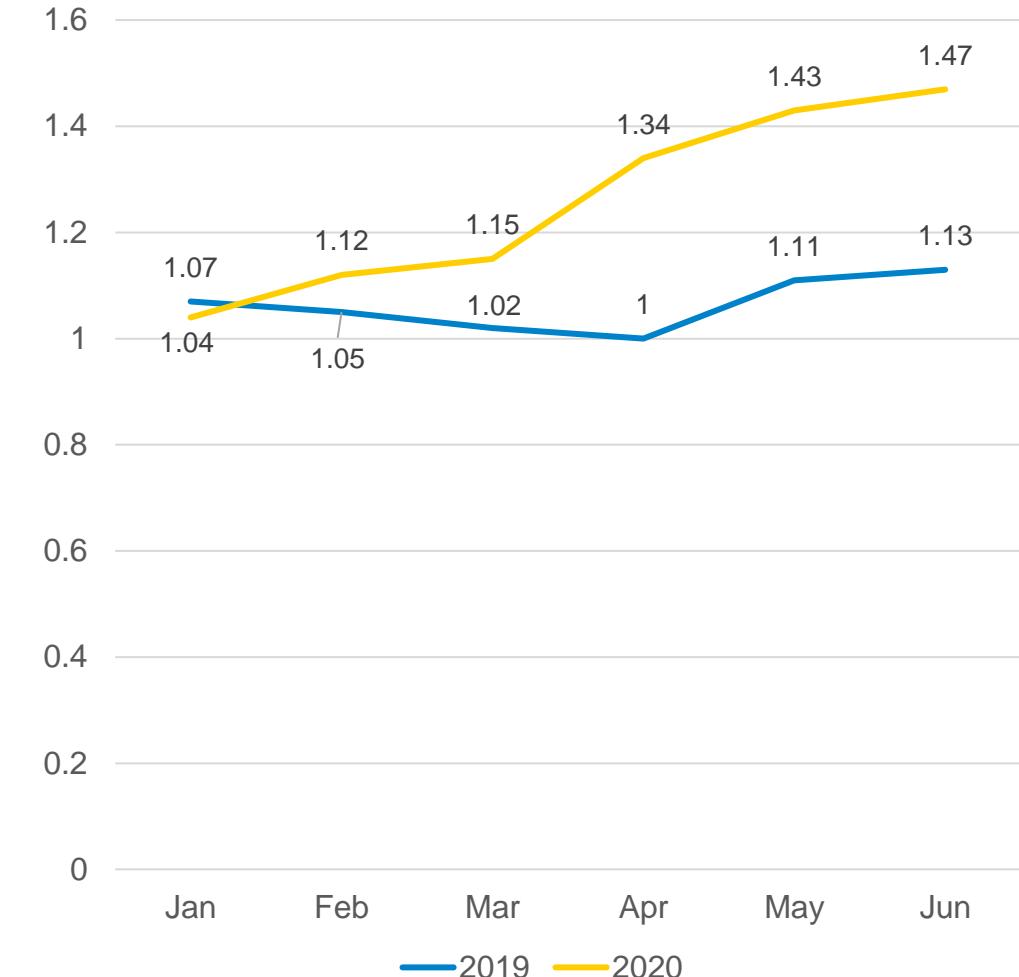
	Q1	Q2
2019	1.05	1.08
2020	1.10	1.42

We need to understand why.

Fatalities by Month (Jan-Jun), 2019 & 2020



Fatality Rate Per 100M VMT by Month (Jan-Jun), 2019 & 2020



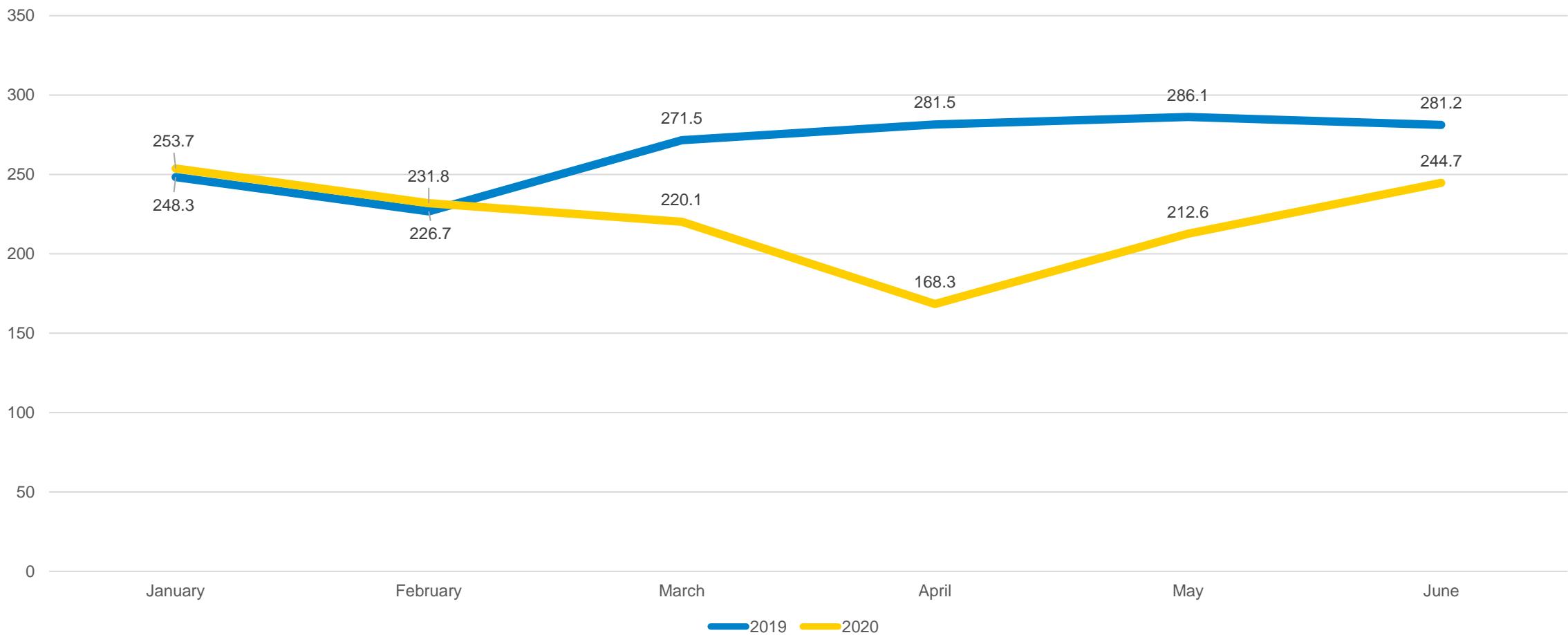
Source: Early Estimate of Motor Vehicle Traffic Fatalities for the First Half (Jan–Jun) of 2020

Synthesis - Historical Context

	VMT	Unemployment	Alcohol/Other Risks	Fatalities
“Normal” Recession				
Q2 2020				

VMT Dropped

Estimated Individual Monthly Motor Vehicle Travel in the US, 2019 & 2020 Source: FHWA



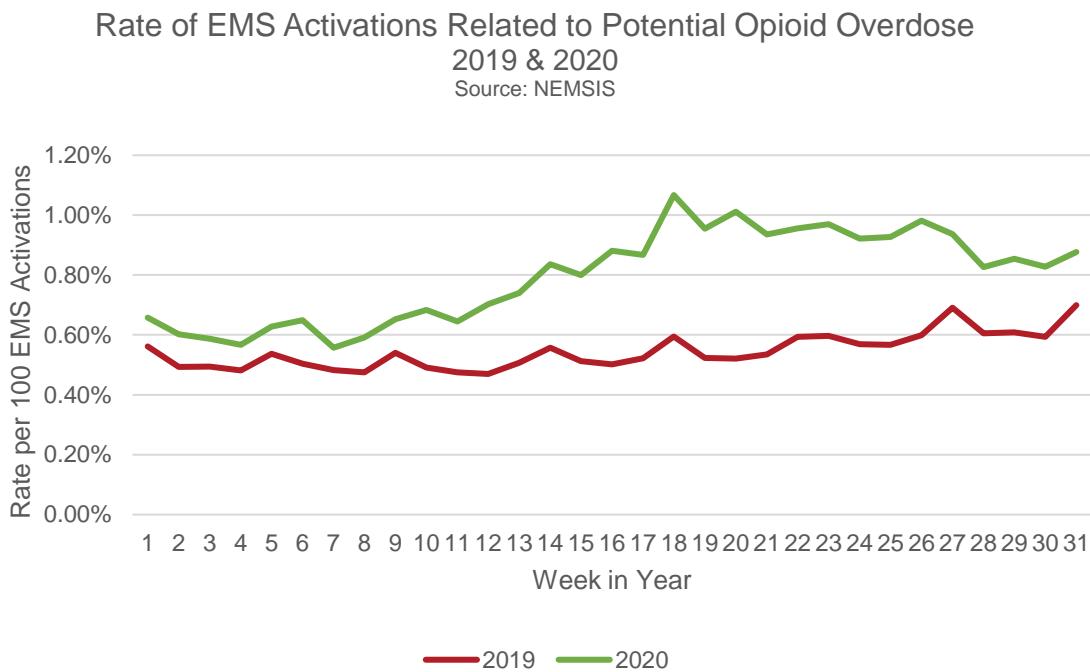
Enforcement Changed

- More than 270 first responders have died from COVID-19
 - Law Enforcement comprise two-thirds of first responder fatalities
- Through at least May, many law enforcement agencies had policies limiting interactions with the public and arrests
 - Reductions in stops, DWI arrests, speeding citations, belt citations
 - Deterrence through highly visible enforcement was not there
- In conversations with our Regions, States described reductions in traffic safety enforcement activity

Risky Behavior – Known and Seen

Drugs and Alcohol

- Increase in opioid-related EMS calls and Naloxone administration – more pronounced in urban areas
- Increase in marijuana sales (taxes), alcohol sales, reported self-medication
- Increase in prevalence of drugs and alcohol among critically injured road users at five trauma centers



Documented Increases in Drug and Alcohol Use

.....

- Wholesale and retail sales of alcohol were at record levels in May and June
- States that reported their marijuana sales revenues showed dramatic increases throughout the quarter
- Significant increases in EMS calls related to opioid overdoses
- Surveys showed self-reported increases in drug and alcohol use

Alcohol & Other Drugs Seen in Trauma Patients Increased

- Proportion of **drivers** who were Motor Vehicle Crash trauma patients with **alcohol, marijuana and opiates** on board compared to pre-March 16 is up

Drug	Before March 16 (dating to Sept 2019)	After March 16
Alcohol	21.8%	28.3%
Cannabinoids (THC)	20.8%	32.7%
Opioids	7.5%	13.9%

- Highest BAC ranges showed biggest increases
- Antidepressants down

Note: All data presented on this slide is significant at the .05 level

Source: Prevalence Study, NHTSA

Law Enforcement Phlebotomy Programs



On the Average, how long does it take to obtain blood after getting the search warrant - in minutes?

- A. 15-40 Min
- B. 41-90 Min
- C. 91-120 Min
- D. 121-150 Min
- E. 151-200 Min
- F. 201 – 250 Min

Law Enforcement Phlebotomy Programs

- A law enforcement phlebotomy program allows law enforcement officers with specialized training to draw blood for investigative purposes.
- Allows for the collection of chemical testing evidence in a timely and efficient manner.
- Proven strategy to mitigate time and cost issues associated with drawing blood from drivers suspected of DWI.

What Challenges do you face implementing a Phlebotomy program?

- A. Council Authorization
- B. Chief Authorization
- C. Prosecutor
- D. Training locations
- E. Funding to begin the program

LAW ENFORCEMENT PHLEBOTOMY TOOLKIT:

A Guide to Assist Law Enforcement Agencies With Planning and Implementing a Phlebotomy Program




U.S. Department of Transportation
National Highway Traffic Safety
Administration

 NHTSA

March 2019

Toolkit Contents

- ❖ Understanding the need for and importance of a law enforcement phlebotomy program
- ❖ Planning and implementing a phlebotomy program
- ❖ Training
- ❖ Addressing liability concerns
- ❖ Barriers and how to overcome them
- ❖ Costs
- ❖ Tips for implementing and sustaining a successful law enforcement phlebotomy program
- ❖ Additional resources

https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/14222-phlebotomy_toolkit_final-032819-v1a_tag_0.pdf



NHTSA

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

Thank you!

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Law Enforcement Phlebotomy Programs

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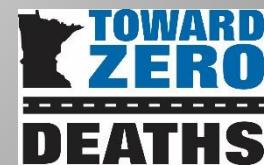
donmarose532@gmail.com

612-865-8946



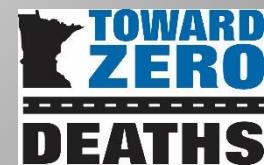
LAW ENFORCEMENT PHLEBOTOMY PROGRAM

- Goal is to eliminate impaired driving without bias
- Law enforcement officers with specialized training draw blood for investigative purposes
- Collection of chemical testing evidence in a timely and efficient manner



LAW ENFORCEMENT PHLEBOTOMY PROGRAM

- Proven strategy to mitigate time and cost issues associated with drawing blood from drivers suspected of DWI
 - Less time to process
 - Back in service sooner
 - Less court time
 - Reduced expert witness costs



LAW ENFORCEMENT PHLEBOTOMY PROGRAM

- Perceived liability
- Practitioners in other professions
- Not a law enforcement function
- Funding for training

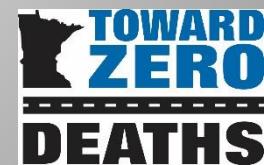


You do not need to get buy-in from associated partners before implementing a phlebotomy program

- A. True
- B. False

LAW ENFORCEMENT PHLEBOTOMY PROGRAM

- Officer of the Attorney General
- Traffic Safety Resource Prosecutor (TSRP)
- Office of Traffic Safety
- Legislative support (particularly if legislation needed)
- The public
- Training Partner



PHLEBOTOMY IN MN

- Began working on the program in 2008
- Identified an issue in SE MN
- First training held in 2011
- Held annually until 2016

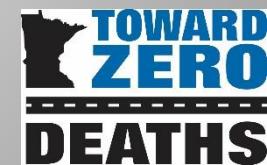
PHLEBOTOMY IN MN

- Twice annually since 2017
- Currently 91 law enforcement phlebotomists
in 38 agencies
- Other officers trained through other means
- 2300+ draws since inception



PHLEBOTOMY IN MN

- 8-hour on-line course
- 24-hour classroom mock and live subject draws
 - Anatomy of the arm
 - Clinical Procedures
 - Equipment
 - Bloodborne pathogens, exposures, PPE
 - Venipuncture procedures
 - Venipuncture problems
- 50 draws in a clinical setting



WHY PHLEBOTOMY?

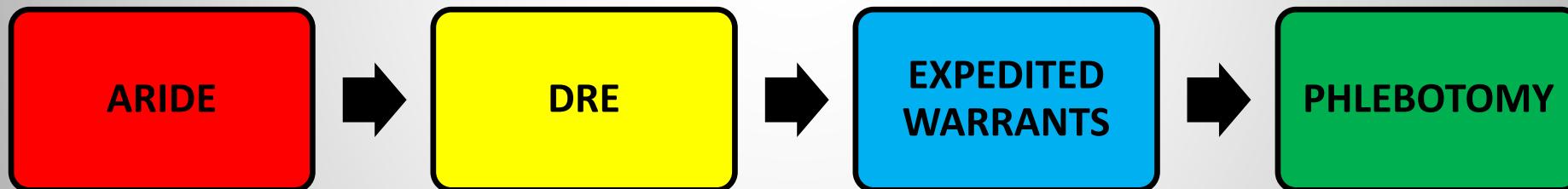
- Drugged driving is on the rise nationwide
 - Blood samples have increased 33% in last 5 years (MN)
- DWI arrest are law enforcement duties
- ‘Nurse’ involvement for law enforcement purposes
- ‘Nurse’ availability for court
- Draw can be completed at S.O./P.D. not hospital

Does a LE Phlebotomist need to be a DRE?

- A. Yes
- B. No

WHY PHLEBOTOMY?

Integral part of an impaired driving enforcement program



WHY PHLEBOTOMY?

- Utilize other LEO resources
(Arresting Officer – DRE – Phlebotomist)
- Don't have to be a DRE
- You will need this skill!
- A fix before the problem becomes a problem

WHAT IS PHLEBOTOMY?

- Phlebotomy is the act of drawing blood either for testing or transfusion
- It is a skill employed by physicians and many professionals in allied health fields, including medical assistants, paramedics, and clinical laboratory scientists

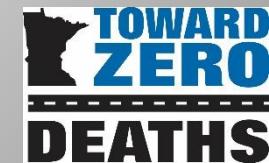
PHLEBOTOMY

- In everyday life, blood is drawn in a number of places outside of hospitals
- Certification is legally required in only four states

MN STANDARDS

A blood draw is a blood draw

You are only ‘authorized’ to draw for law enforcement related activities



MN STANDARDS

Ensure that your draw is performed in a controlled setting

- PD, SO, jail, etc.

Make sure Jail, P.D., S.O. are aware of your skill and that you will be drawing at their facility



MN STANDARDS

Clean (vs. Sterile) Location

Consider alternative testing options for uncooperative subjects

ALWAYS use a ‘stable platform’

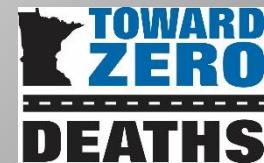
- Not on the trunk lid or in the back seat

MN IMPLIED CONSENT STATUTE

169A.51

Subd. 7. Requirements for conducting tests; liability

(a) Only a physician, medical technician, emergency medical technician-paramedic, registered nurse, medical technologist, medical laboratory technician, **phlebotomist**, laboratory assistant, or other qualified person acting at the request of a peace officer may withdraw blood for the purpose of determining the presence of alcohol, a controlled substance or its metabolite, or a hazardous substance. This limitation does not apply to the taking of a breath or urine sample.



MN IMPLIED CONSENT STATUTE

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Subd. 7. Requirements for conducting tests; liability

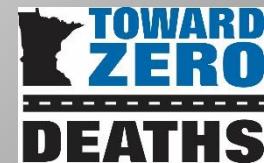
(a) Only a physician, medical technician, emergency medical technician-paramedic, registered nurse, medical technologist, medical laboratory technician, **phlebotomist**, laboratory assistant, **or other qualified person** acting at the request of a peace officer may withdraw blood for the purpose of determining the presence of alcohol, a controlled substance or its metabolite, or a hazardous substance. This limitation does not apply to the taking of a breath or urine sample.

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Subd. 7. Requirements for conducting tests; liability.

(c) The physician, medical technician, emergency medical technician-paramedic, medical technologist, medical laboratory technician, laboratory assistant, **phlebotomist**, registered nurse, **or other qualified person** drawing blood at the request of a peace officer for the purpose of determining the concentration of alcohol, a controlled substance or its metabolite, or a hazardous substance **is in no manner liable in any civil or criminal action except for negligence in drawing the blood.**



THE Phlebotomy KIT

- SIGNATURES
 - Medical Personnel Certificate, Sample Information Sheet, Blood Tube Labels
- TUBES
 - Powder Present
- NEEDLE
 - Seal Intact
- IODINE
 - Not Alcohol Swab

SUPPLIES NOT IN BCA KIT

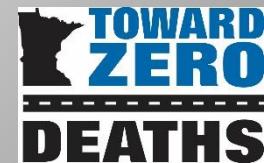
- TOURNIQUET
- BANDAGES, GAUZE, TAPE
- GLOVES
- SHARPS CONTAINER

DOCUMENTATION

Complete a supplemental report per your agency policy

Include:

- Name
- Date/time
- Location of draw
- Kit number
- “Sealed”
- “Powder present”
- Type of cleaner used
- Arm used
- Kit completion



DOCUMENTATION

On 04/27/2011 at approximately 1650 hours, a blood draw was conducted on DOE at the Woodbury Police Department intake area.

Being a trained MN Law Enforcement Phlebotomist and employed through the City of Woodbury as such, I conducted the blood draw on DOE.

The BCA Blood Kit # 9999999 (Lot # 10117 / Expiration Date Aug, 31, 2011) was intact and sealed prior to opening it. All appropriate contents of the kit were present including powder being present in both test tubes.

DOCUMENTATION

I drew blood from DOE from his right antecubital vein. The sight was prepped with the provided iodine wipe.

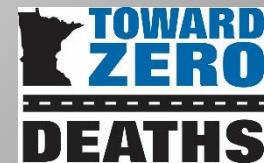
Both test tubes were filled and placed back into the kit. The appropriate paperwork was completed, and the kit was sealed. The kit was turned over to Officer Johnson.

During the blood draw procedure, no unusual circumstances were noted. The medical certificate was signed by myself as a EMT/Paramedic.

ACTIVITY LOG

Maintain a log of draws to show proficiency.

Submit log and all reports to Minnesota state law enforcement phlebotomy coordinator annually.



ACTIVITY LOG



**MINNESOTA LAW ENFORCEMENT PHLEBOTOMIST
PROGRAM
*LOG OF BLOOD DRAWS***



NAME _____

AGENCY

PAGE

ANNUAL REQUALIFICATION REQUIREMENTS

- Perform a minimum of 4 successful venipunctures per year as witnessed and verified by qualified, licensed medical personnel.
- Attend a requalification course in phlebotomy techniques when offered by the MN Phlebotomy Coordinator.

Your 5 Take-Aways

- 1) Statute
- 2) Prosecutors and Attorney General
- 3) Qualified Trainers
- 4) Policy and/or Standards
- 5) Documentation and Data Collection

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Questions?



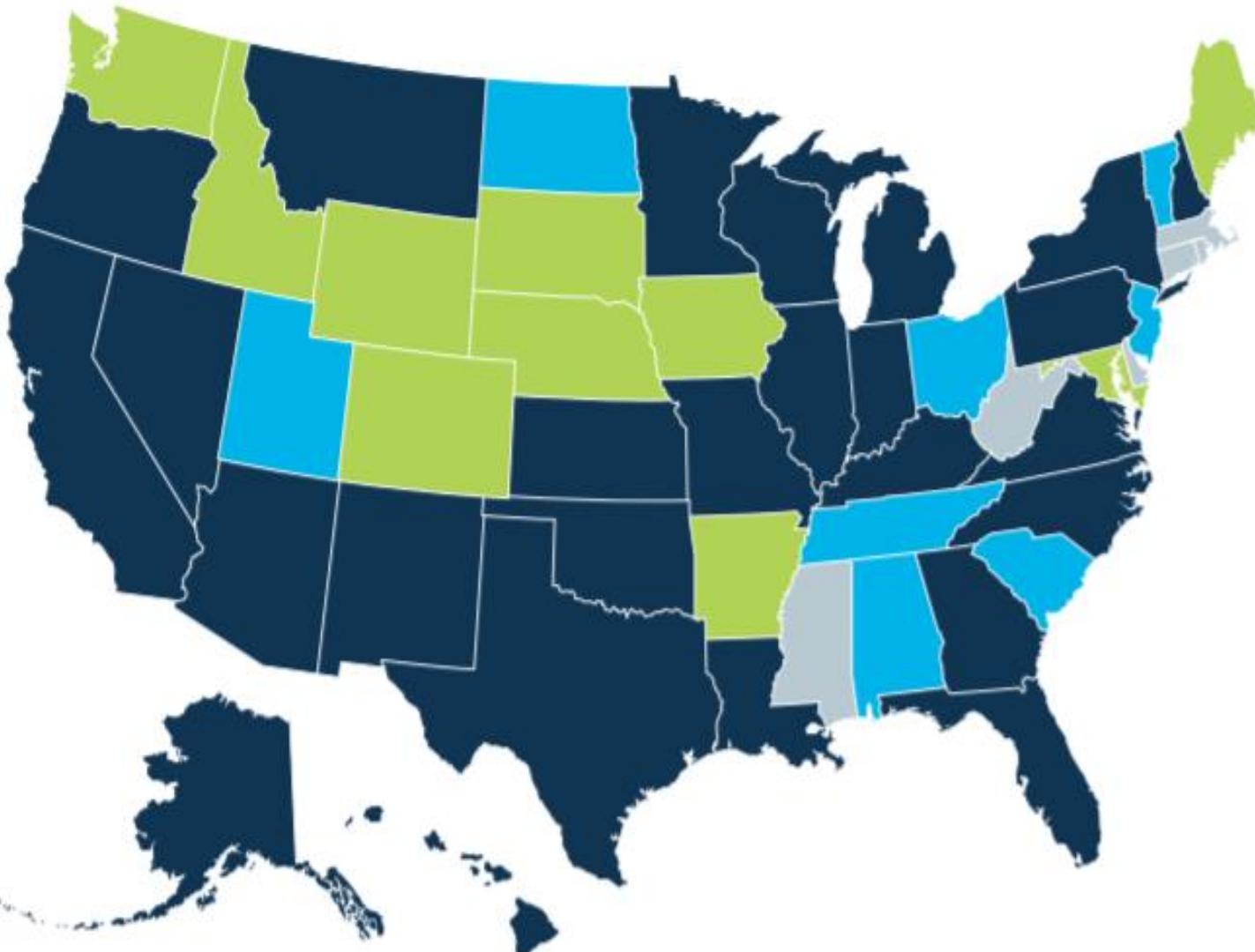
What Authorization do you need for Blood evidence in your state?

- A. Implied Consent Warning for Blood
- B. Search Warrant
- C. Voluntary

FIGURE 1

Electronic Warrants (E-Warrants) Authorization

- Legislation
- Court Rule/Order
- Legislation & Court Rule/Order
- No Formal Authorization



IMPROVING DUI SYSTEM EFFICIENCY:
**A Guide to Implementing
Electronic Warrants**

Supported by

Report prepared by Elaine Borakove & Rey Banks, Justice Management Institute

FOUNDATION FOR
ADVANCING ALCOHOL
RESPONSIBILITY

THE JUSTICE THINK
MANAGEMENT INSTITUTE
INSTITUTE CHANGE

eWarrants Report



eWarrants Implementation Guide

Read this guide to understand the importance of eWarrants.

[DOWNLOAD](#)

Executive Summary

Discover why we created this eWarrants guide and why it's needed.

[DOWNLOAD](#)

Legislative Checklist

This checklist outlines what's most critical for supporting eWarrants.

[DOWNLOAD](#)

www.responsibility.org/ewarrants



RESPONSIBILITY.ORG

Contact Information to Sign up with the National Alliance to Stop Impaired Driving

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