

Law Enforcement Phlebotomy Webinar



RESPONSIBILITY.ORG

January 27, 2021

HOST



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



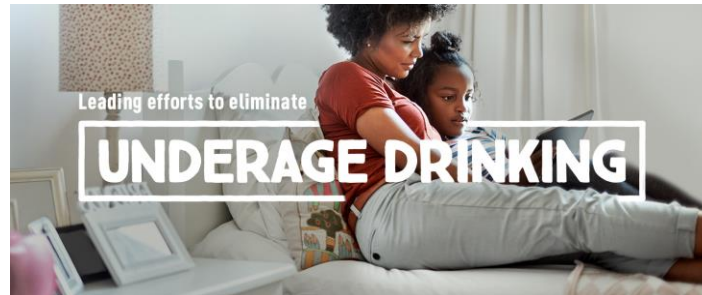
Law Enforcement
Phlebotomy Programs

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

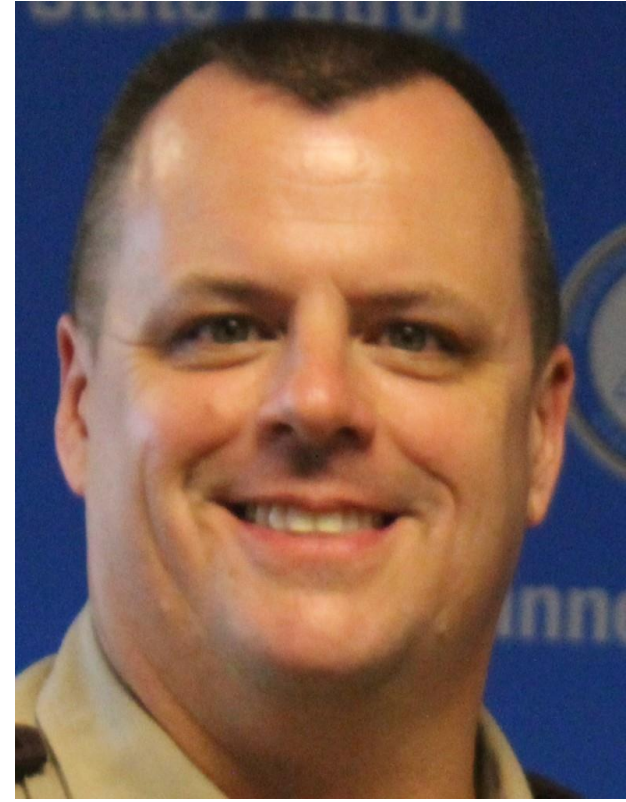
How is Blood Evidence Collected in your State? (Choose all that apply)

- 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)

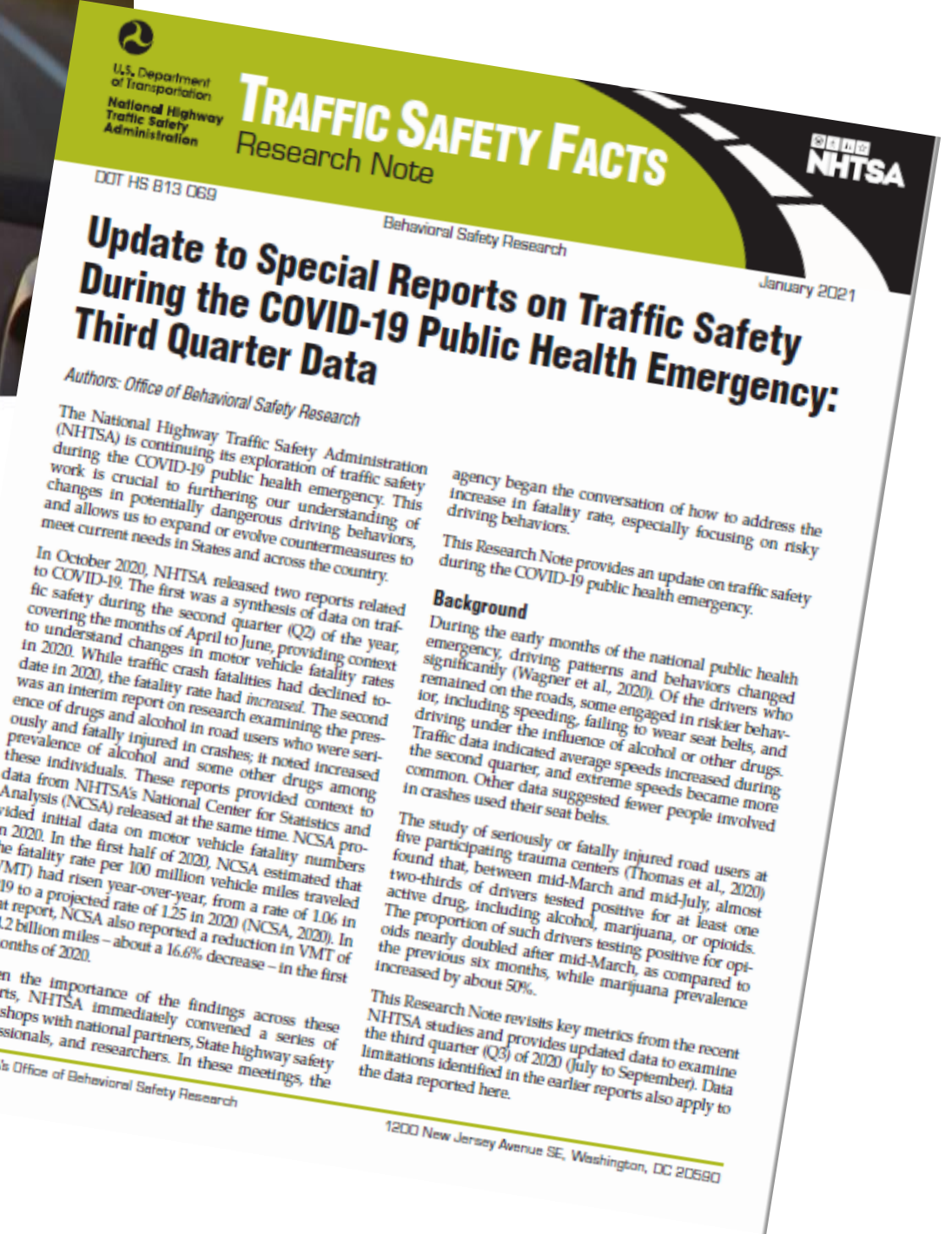
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- 36,096 Traffic Fatalities
- 2% Decrease in fatalities from 2018
- 10,142 Alcohol-impaired fatalities accounting for 28% of overall fatalities (5.3 percent decrease)

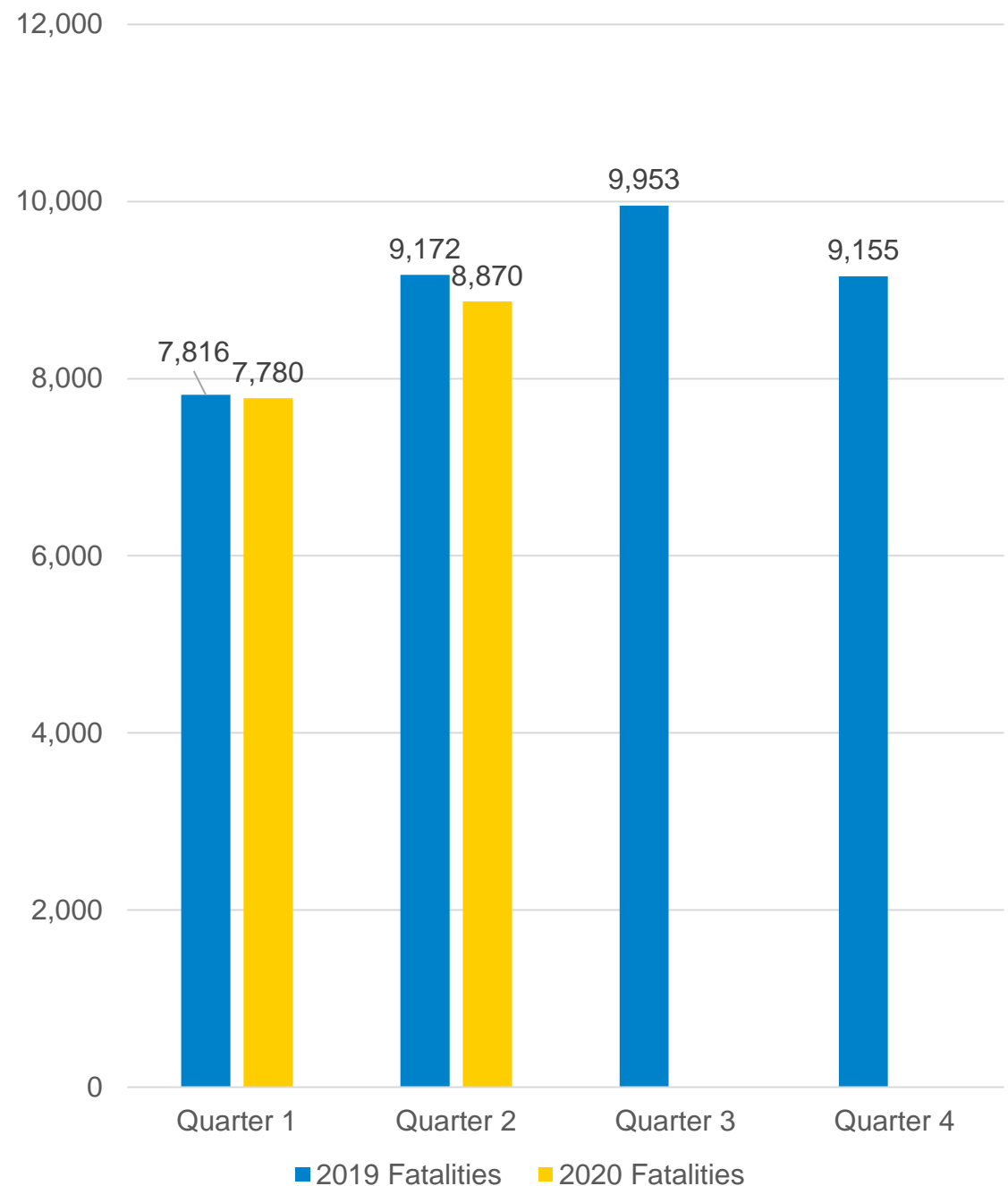


Examination of the Traffic Safety Environment During the Second Quarter of 2020

Special Report



Fatalities by Quarter, 2019 & 2020



Foundation in Data

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

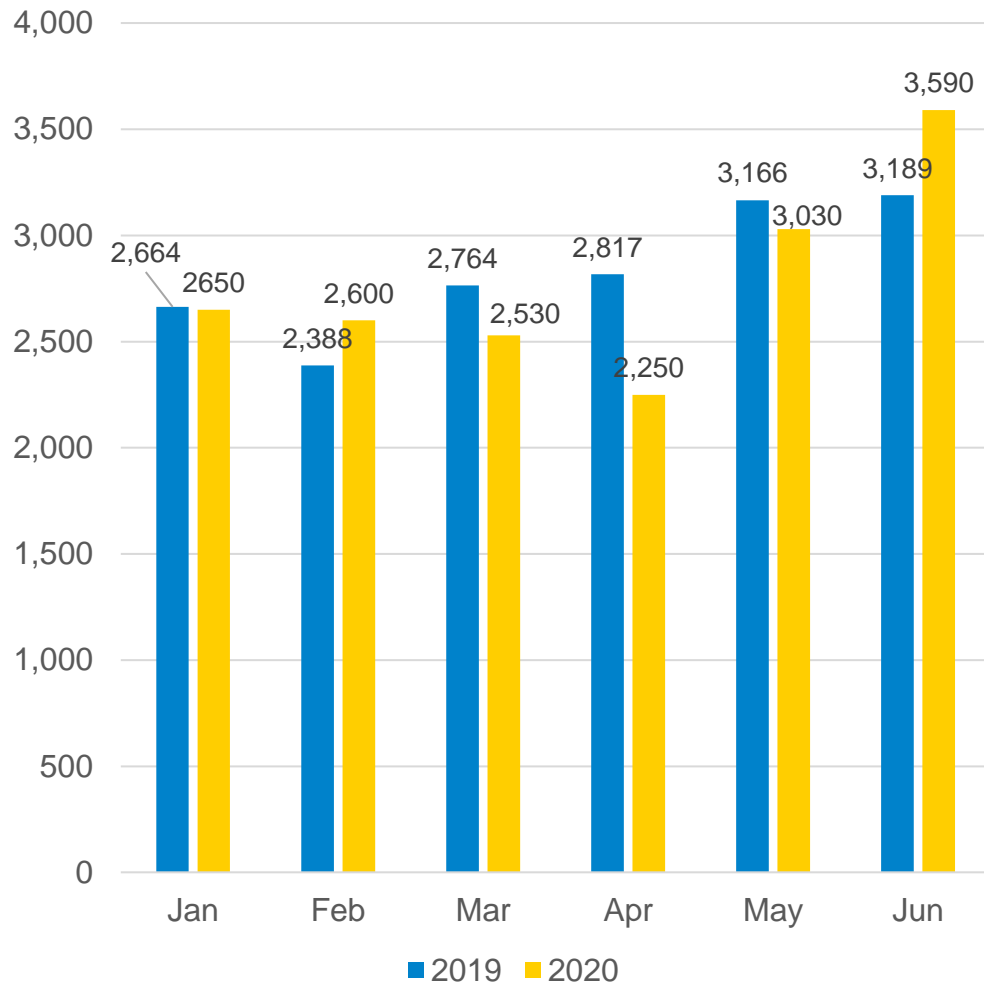
However, the fatality rate per 100 million vehicle miles traveled (VMT) increased substantially.

	Q1	Q2
2019	1.05	1.08
2020	1.10	1.42

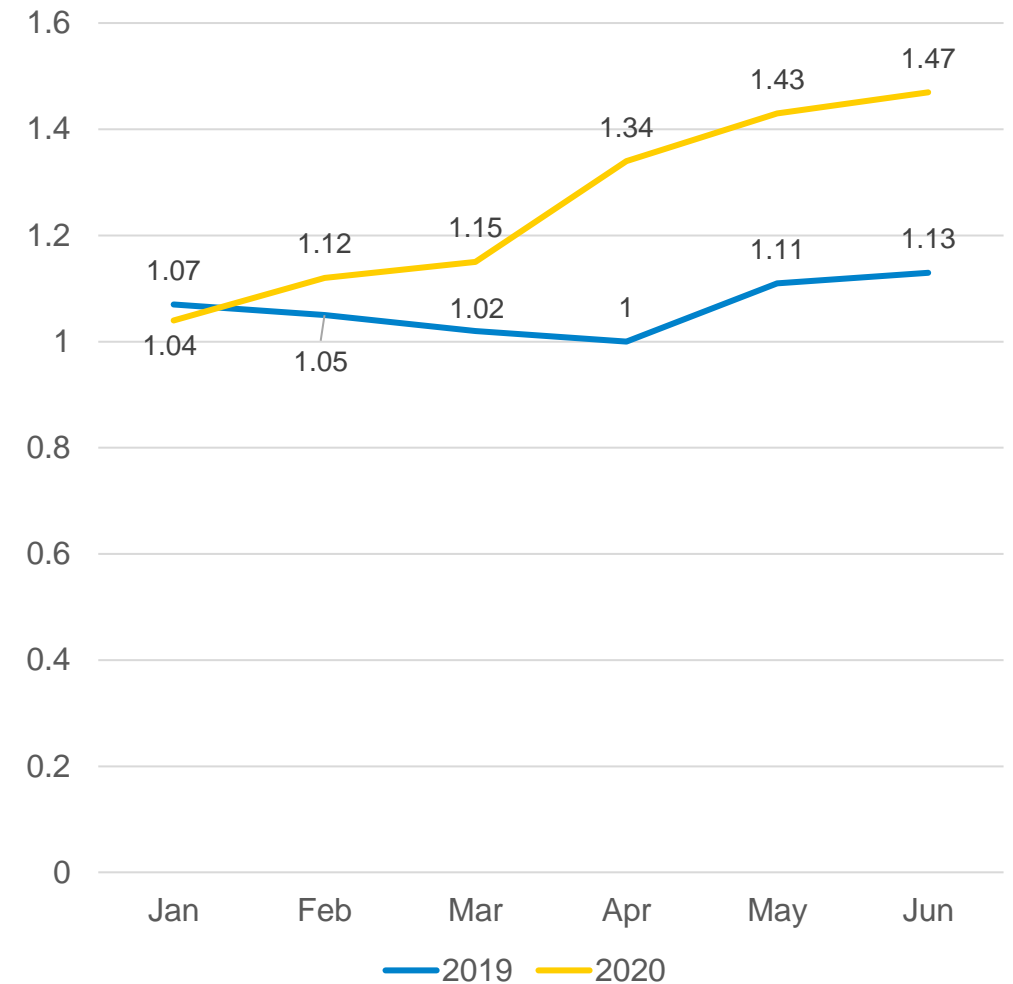
We need to understand why.

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

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



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



Synthesis - Historical Context

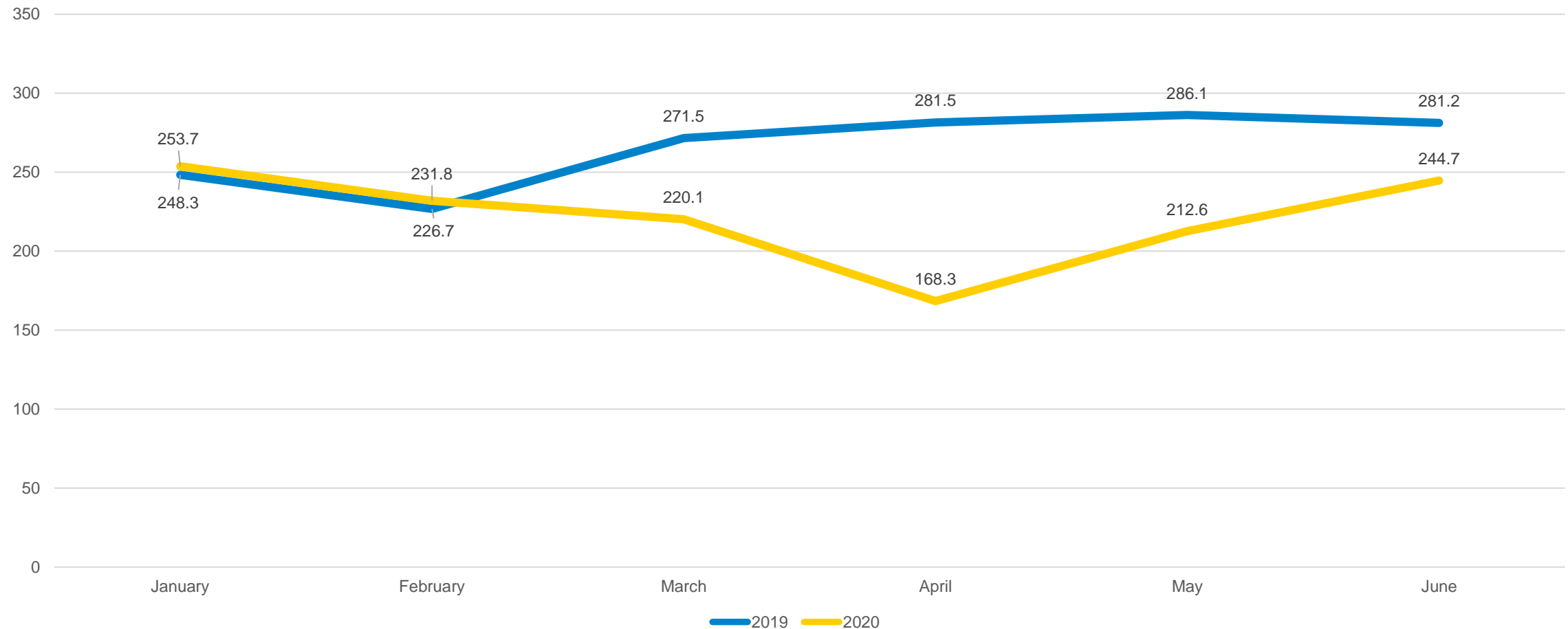
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	VMT	Unemployment	Alcohol/Other Risks	Fatalities
"Normal" Recession				
Q2 2020				

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

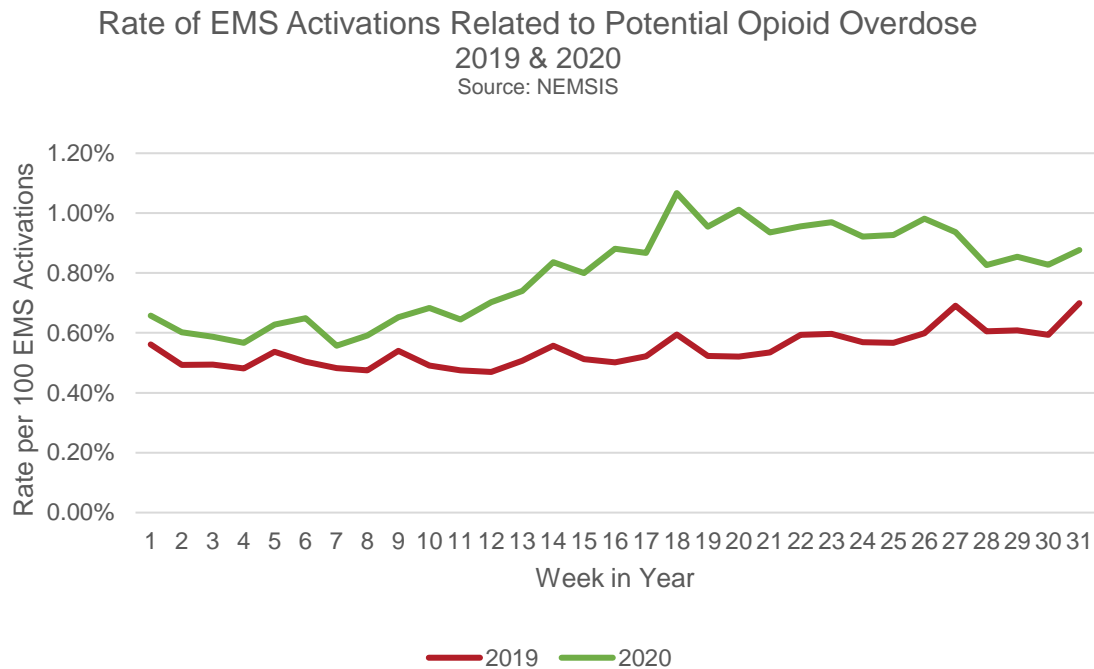
Risky Behavior – Known and Seen

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

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



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

Don Marose

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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

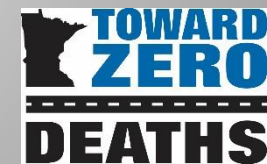


You do not need to get buy-in from associated partners before implementing a phlebotomy program

- 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

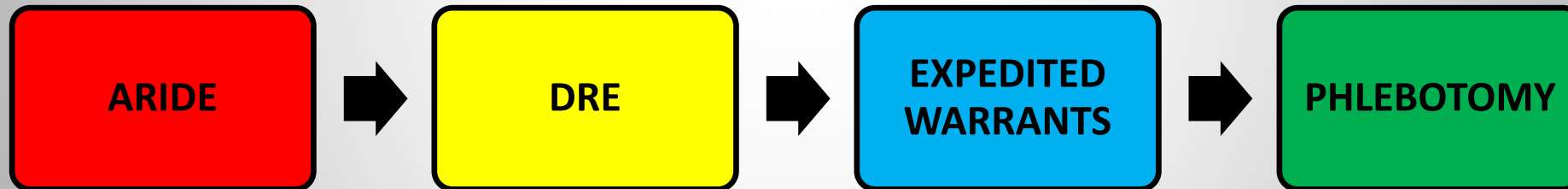


Does a LE Phlebotomist need to be a DRE?

- 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.

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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:

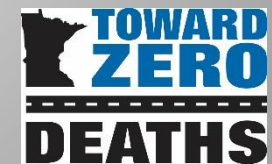
- Name
- Date/time
- Location of draw
- Kit number
- “Sealed”
- “Powder present”
- Type of cleaner used
- Arm used
- Kit completion

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 # 99999999 (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

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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?

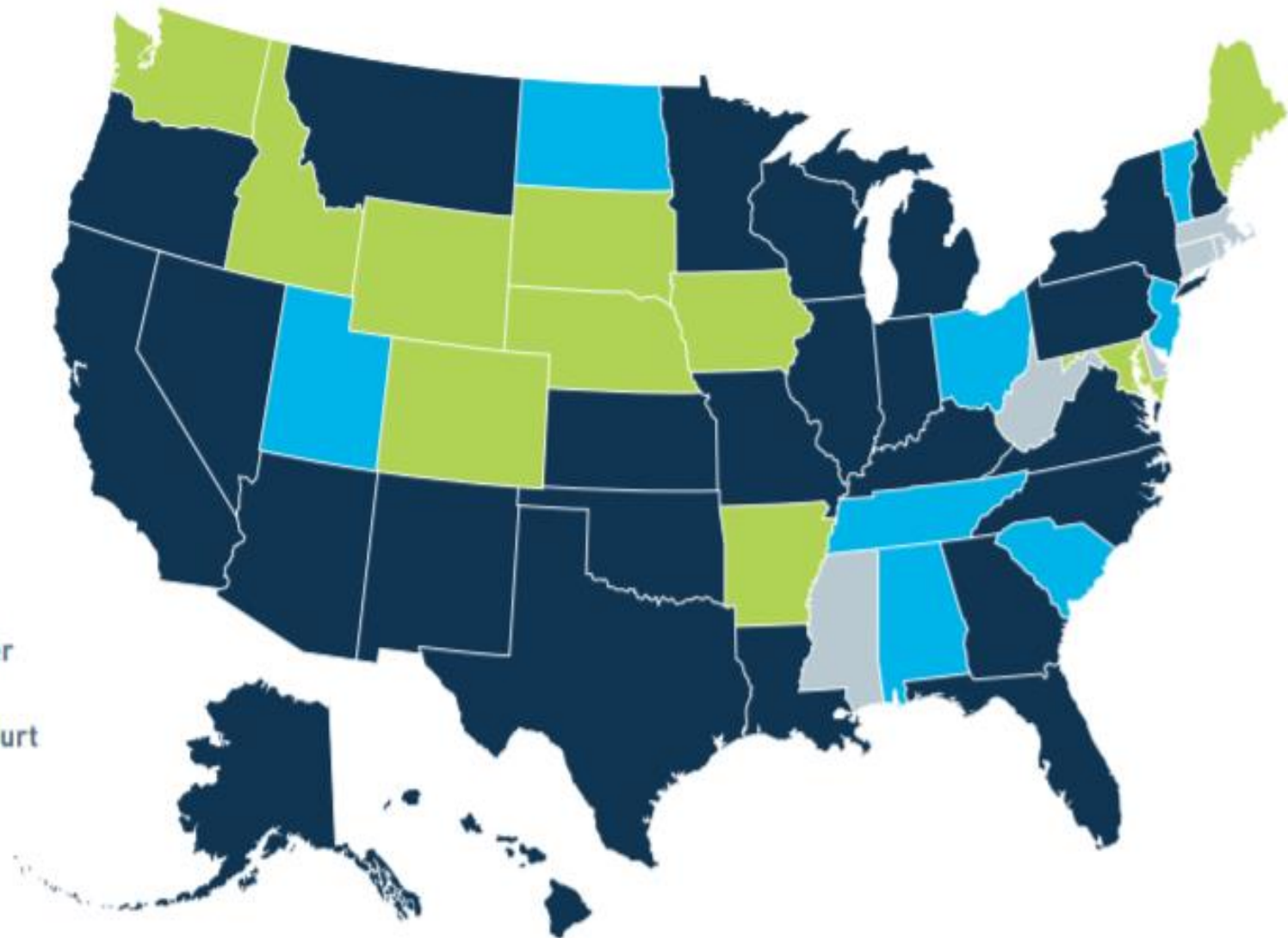
What Authorization do you need for Blood evidence in your state?

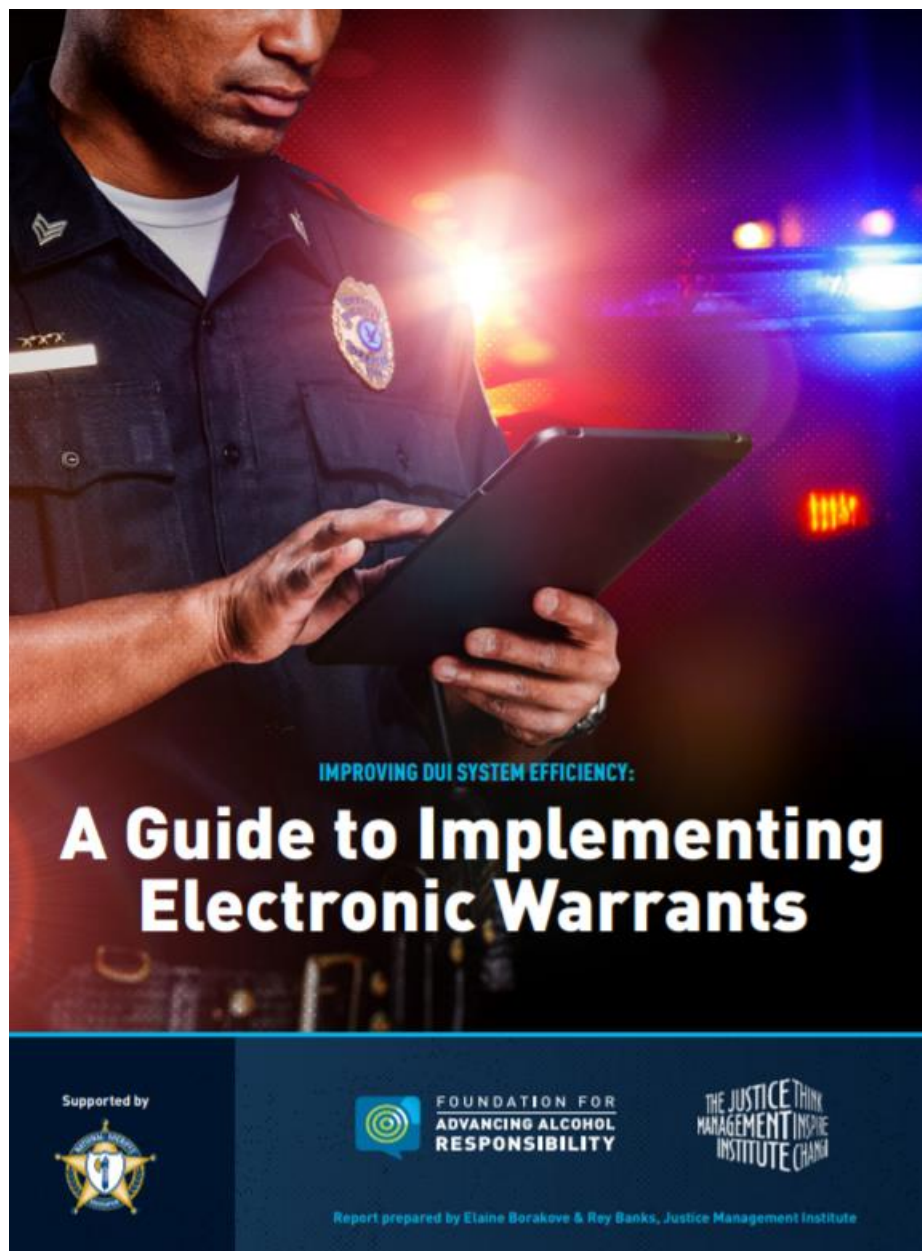
- A. Implied Consent Warning for Blood
- B. Search Warrant
- C. Voluntary

FIGURE 1

Electronic Warrants (E-Warrants) Authorization

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





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

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

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