

Law Enforcement's Role in Older Driver Safety

Roadside Assessment and Referral for Re-examination

Presented by

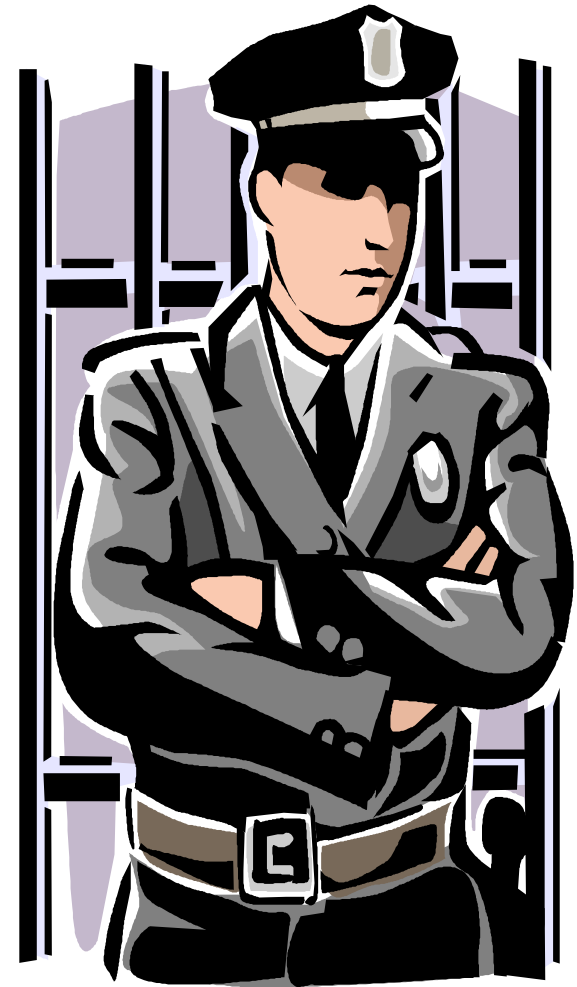
D. R. "Ike" Iketani

Assistant Chief (Retired), California Highway Patrol
Consultant, University of California, San Diego



Law Enforcement's Role

- Conduct/document traffic stops
- Source for helpful aging driver information
- Identify and refer at-risk drivers to licensing agencies





- Nine questions to assess drivers for orientation to person, place and time
- Developed and validated at the UC San Diego School of Medicine
- Adopted by Law Enforcement and licensing agencies
- Applicable to DREs, dispatchers and first responders

Rule Out

Cognitive Assessment

Scoring Criteria

DRIVER ORIENTATION SCREEN FOR COGNITIVE IMPAIRMENT (DOSCI)	
RULE OUT	
<ul style="list-style-type: none">• Intoxication from alcohol, prescription medication, illicit drugs, or other impairing substances• Urgent medical conditions	
Ask ALL 9 Questions: Each incorrect response counts as one point	
1. What is your date of birth? ¿Cuál es su fecha de nacimiento? Month, day, and year required; must match document	(1 pt)
2. What is your full home address? ¿Cuál es su dirección? (número, calle, ciudad, estado) Address provided must match document; if not, prompt for address listed on document	(1 pt)
3. What state are we in now? ¿En qué estado estamos en este momento?	(1 pt)
4. What city/town are we in now? ¿En qué ciudad estamos en este momento?	(1 pt)
5. Without looking at your watch, can you estimate what time it is now? ¿Sin mirar su reloj, puede decirme aproximadamente qué hora es? Answer provided must be plus or minus one hour of correct time	(1 pt)
6. What day of the week is it? ¿Qué día de la semana es hoy?	(1 pt)
7-9. What is today's date? ¿Cuál es la fecha de hoy? Prompt for month, day and year if needed	
• Month (Mes)	(1 pt)
• Day (Día)	(1 pt)
• Year (Año)	(1 pt)
SCORING CRITERIA	
5 or more incorrect →	• Priority re-exam Unsafe to drive; refer to department procedures for alternative transportation and vehicle removal
3-4 incorrect →	• Regular or Priority re-exam Potentially unsafe to drive; consider totality of circumstances
0-2 incorrect →	• No Referral or Regular re-exam based on totality of circumstances
ADDITIONAL QUESTIONS TO ASSIST IN EVALUATION	
<ul style="list-style-type: none">• Where are you coming from and where you are going? ¿De dónde viene y a dónde va?• Will you please spell your name? Por favor deletree su nombre• Do you have an emergency contact? What is their name and phone number? ¿Tiene un contacto de emergencia? ¿Cuál es su nombre y número de teléfono?	

Step One: Rule Out DUI vs. Medical Conditions

RULE OUT

- Intoxication from alcohol, prescription medication, illicit drugs, or other impairing substances
- Urgent medical conditions

Step Two:

Nine Questions

DRIVER ORIENTATION SCREEN FOR COGNITIVE IMPAIRMENT (DOSCI)

RULE OUT

- Intoxication from alcohol, prescription medication, illicit drugs, or other impairing substances
- Urgent medical conditions

Ask ALL 9 Questions: Each incorrect response counts as one point

7-9. What is today's date? *Prompt for month, day and year*

- *Month*
- *Day*
- *Year*

- Day (Día)
- Year (Año)

(1 pt)
(1 pt)

SCORING CRITERIA

- 5 or more incorrect → • **Priority** re-exam
Unsafe to drive; refer to department procedures for alternative transportation and vehicle removal
- 3-4 incorrect → • **Regular** or **Priority** re-exam
Potentially unsafe to drive; consider totality of circumstances
- 0-2 incorrect → • **No Referral** or **Regular** re-exam based on totality of circumstances

ADDITIONAL QUESTIONS TO ASSIST IN EVALUATION

- **Where are you coming from and where you are going?**
¿De dónde viene y a dónde va?
- **Will you please spell your name?**
Por favor deletree su nombre
- **Do you have an emergency contact? What is their name and phone number?**
¿Tiene un contacto de emergencia? ¿Cuál es su nombre y número de teléfono?

Step Three: Scoring Criteria

SCORING CRITERIA

- | | | |
|----------------------------|---|---|
| 5 or more incorrect | → | <ul style="list-style-type: none">• <u>Priority</u> re-exam• Unsafe to drive; refer to department procedures for alternative transportation and vehicle removal |
| 3-4 incorrect | → | <ul style="list-style-type: none">• <u>Regular</u> or <u>Priority</u> re-exam• Potentially unsafe to drive; consider totality of circumstances |
| 0-2 incorrect | → | <ul style="list-style-type: none">• <u>No Referral</u> or <u>Regular</u> re-exam based on totality of circumstances |

Video:

**“Recognizing Cognitive
Impairment in Drivers”**

Question

Would you issue a DS 427 to Mr. Jones?

Regular or Priority?

Mr. Jones' Errors

Ask ALL 9 Questions: Each incorrect response counts as one point

- 1. What is your date of birth?** (1 pt)
¿Cuál es su fecha de nacimiento?
Month, day, and year required; must match document
- 2. What is your full home address?** (1 pt)
¿Cuál es su dirección? (número, calle, ciudad, estado)
Address provided must match document; if not, prompt for address listed on document
- 3. What state are we in now?** (1 pt)
¿En qué estado estamos en este momento?
- 4. What city/town are we in now?** (1 pt)
¿En qué ciudad estamos en este momento?
- 5. Without looking at your watch, can you estimate what time it is now?** (1 pt)
¿Sin mirar su reloj, puede decirme aproximadamente qué hora es?
Answer provided must be plus or minus one hour of correct time
- 6. What day of the week is it?** (1 pt)
¿Qué día de la semana es hoy?
- 7-9. What is today's date?**
¿Cuál es la fecha de hoy?
Prompt for month, day and year if needed

 - **Month (Mes)** (1 pt)
 - **Day (Día)** (1 pt)
 - **Year (Año)** (1 pt)

Mr. Jones' Results

SCORING CRITERIA

5 or more incorrect



- **Priority** re-exam
- Unsafe to drive; refer to department procedures for alternative transportation and vehicle removal

3-4 incorrect



- **Regular** or **Priority** re-exam
- Potentially unsafe to drive; consider totality of circumstances

0-2 incorrect



- **No Referral** or **Regular** re-exam based on totality of circumstances

Observations

- Pulling out in front of another vehicle when unsafe
- Straddling lane lines and crossing double yellow line
- Slow to yield and respond to lights; stopping abruptly in traffic lane
- Not driving in direction of destination; daughter confirmed father has been lost previously
- Forgetful during conversation
- Unable to correctly state the date, year, day of the week, city, current time and current address

Mr. Jones' Re-exam Form

OBSERVED DRIVING BEHAVIOR—*Check appropriate boxes*

- | | |
|---|--|
| <input checked="" type="checkbox"/> Responding incorrectly to Emergency Signal/Lights | <input checked="" type="checkbox"/> Failed to yield right-of-way |
| <input checked="" type="checkbox"/> Drifting or weaving in and out of lanes | <input type="checkbox"/> Lost control of vehicle |
| <input checked="" type="checkbox"/> Caused, or nearly caused, collision | <input type="checkbox"/> Struck stationary object |
| <input checked="" type="checkbox"/> Not reacting to other cars, pedestrians, etc. | <input type="checkbox"/> Failed to go on green light |
| <input type="checkbox"/> Driving on wrong side of road | <input type="checkbox"/> Driving without lights during darkness |
| <input type="checkbox"/> Driving on sidewalk | <input type="checkbox"/> Made turn from wrong lane |
| <input type="checkbox"/> Driving in wrong lane | <input type="checkbox"/> Fell asleep while driving |
| <input type="checkbox"/> Driving too slow, impeding traffic | <input type="checkbox"/> Violent or aggressive driving |
| <input type="checkbox"/> Failed to stop at red light/stop sign | <input type="checkbox"/> Not adequately controlling vehicle |
| <input type="checkbox"/> Unsafe/inappropriate lane change | <input type="checkbox"/> Other Observations _____ |
| <input checked="" type="checkbox"/> Inappropriately stopped | |

Mr. Jones' Re-exam Form

DRIVER CONDITION (Observations after Stop/Collision)—

- | | |
|--|---|
| <input checked="" type="checkbox"/> Confused, disoriented, incoherent, or unaware of actions | <input type="checkbox"/> Alcohol/Drug Use (Describe below) |
| <input type="checkbox"/> Reported/Observed Medical Condition | <input type="checkbox"/> Confused by traffic |
| <input checked="" type="checkbox"/> Little or no recollection of incident | <input type="checkbox"/> Lost or confused while driving near home |
| <input type="checkbox"/> Medicated | <input type="checkbox"/> Blackout/Seizure/Fainting |
| <input type="checkbox"/> Vision Condition/Visual Impairment | <input type="checkbox"/> Driver appears to need help with hygiene and/or dressing appropriately |
| <input type="checkbox"/> Mental/Emotional Condition | <input checked="" type="checkbox"/> Other Observations |
| <input type="checkbox"/> Driver reported he/she did not see cars, pedestrians, etc. | |
| <input type="checkbox"/> Difficulty Walk | |
| <input type="checkbox"/> Weakness or | |

Other Observations Mr. Jones was unable to
correctly state date, year, day of the week, city,
time of day and current address.

Question

How do you avoid a negative reaction when issuing a re-exam to an older driver?

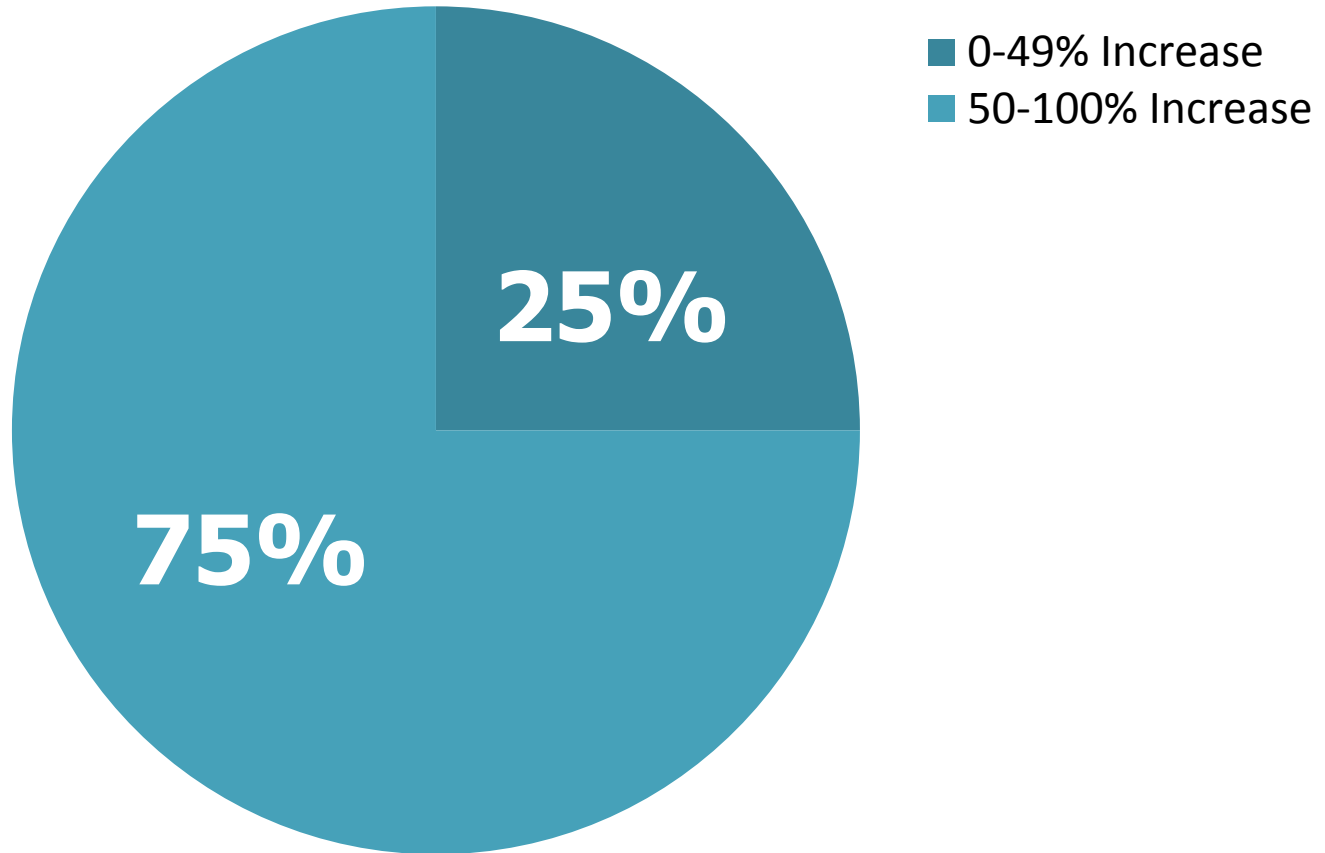
Key Points to Communicate

- Relay concern for the driver's safety and the safety of other motorists
- A re-exam does **not** automatically mean a loss of driving privilege; the DMV has a system in place to evaluate skills and determine driving fitness
- Make referral to the DMV Senior Ombudsman whose job is to answer questions and assist drivers through the process

Program Evaluation and Conclusions

Results are based on 1,878
Law Enforcement Officers trained between
October 2010 and August 2013.

Ability to Recognize Cognitive Impairment



**My ability to recognize cognitive impairment
in older drivers has increased by _____ %.**₁₈

Officer Comments

Post-Training

- “I had no clue older drivers faced these problems”
- “I learned a lot; I will use this knowledge. I am more confident dealing with older drivers now”
- “Offer more frequently. First time I have received this training in over 16 years”
- “I have gained a greater understanding of the conditions affecting our older drivers; I will use more compassion and my new-found understanding of these issues when interacting with such persons”

Officer Comments

Two-Year Follow-Up

- “The DOSCI gave me something concrete to write down on the referral for re-examination form”
- “Offers more security of better decision-making”
- “Training was useful; now we know what to look for”
- “Continue doing what you are doing to keep us refreshed”
- “A phone app of the DOSCI would be useful”



Contact:

TREDS

Training, Research and Education for Driving Safety

University of California, San Diego

9500 Gilman Dr. #0811

La Jolla, CA 92093-0811

Office: (858) 534-9330

Website: TREDS.ucsd.edu

Email: TREDS@ucsd.edu