

Overview of SFST Training and 12 Step Protocol

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Impaired Driving Section



- IACP/NHTSA- Approved
- The core course is 24 hours
- Two Approved Alcohol Workshops and/or
- Two Approved Dry Alcohol Workshops
 - Sufficient time should be allowed to develop and demonstrate proficiency in the SFST's prior to commencing DRE training





What makes a good

Field Sobriety Test?



A test that exercises the same

mental and physical

capabilities that a person

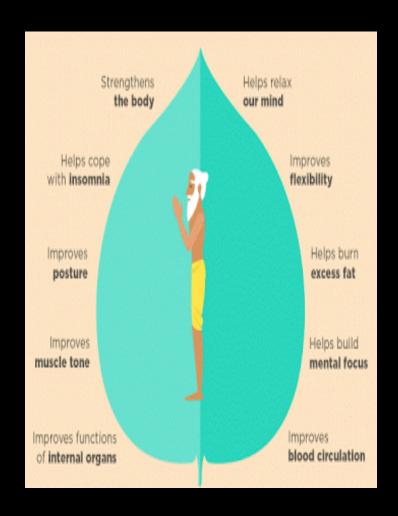
needs to drive a motor

vehicle safely:

Divided Attention Tests or Psychophysical Tests



- Psycho Mental processes and activities
- Physical Body motion
- Psychophysical Sharing mental & physical qualities



Original Research Objectives



 Evaluate currently used physical coordination tests to determine their relationship to intoxication and driving impairment

 Develop more sensitive tests that would provide more reliable evidence of impairment

• STANDARDIZE the tests and observations



Scientific Studies of SFST's

HISTORY

Overview: Development and Validation



- •NHTSA research began in 1975 in California with three final reports being published:
 - California: 1977 (lab study only)
 - California: 1981 (lab/field study)
 - Maryland, Washington, DC, Virginia, North Carolina: 1983 (field study only)





Volunteers Were Subjected to Six Tests



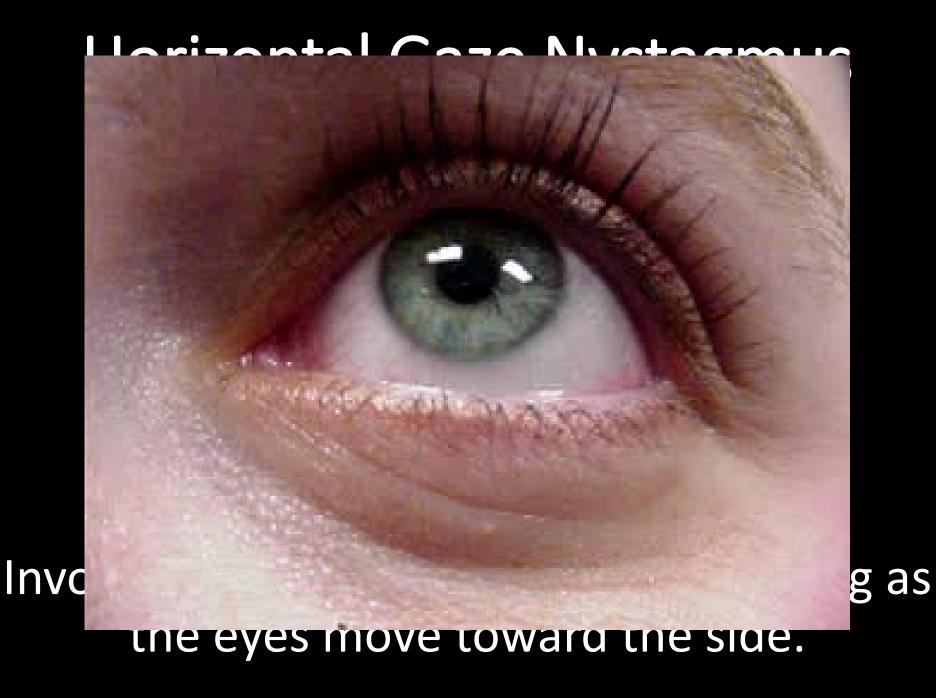
- One Leg Stand
- Finger to Nose
- Finger Count
- Walk and Turn
- Tracing (a paper and pencil exercise)
- Nystagmus (called alcohol gaze nystagmus in final report)

Scientifically Validated SFST's

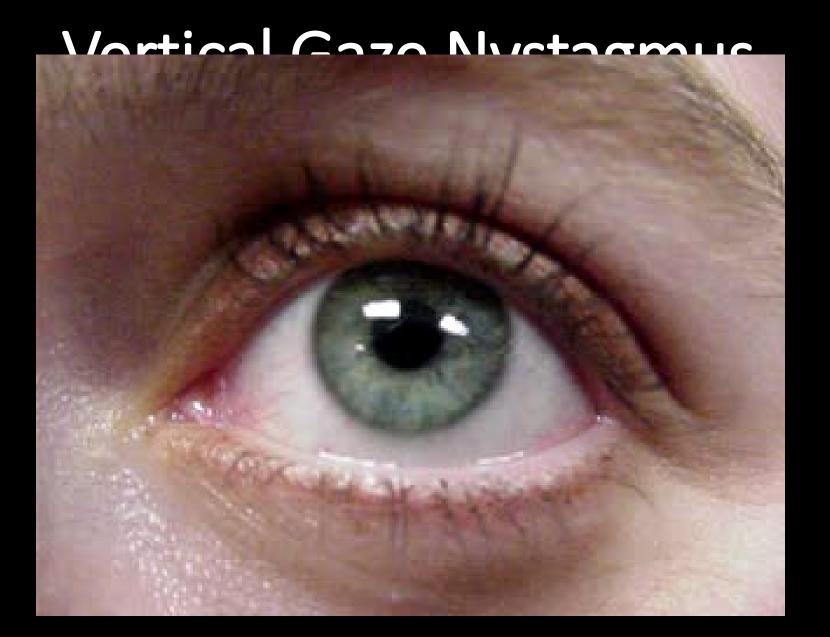


Based on these studies, 3 tests were scientifically validated:

- Horizontal Gaze Nystagmus
- Walk and Turn
- One Leg Stand









Three Clues of Horizontal Gaze Nystagmus



- 1. Lack of smooth pursuit.
- 2. Distinct and sustained nystagmus at maximum deviation.
- 3. Onset of nystagmus prior to 45 degrees.

Horizontal Gaze Nystagmus Test





4 or more clues indicates BAC above 0.08%

Walk and Turn



- Instruction Stage
- Walking Stage



Walk and Turn Test Clues



- 1. Can't Balance during instructions
- 2. Starts too soon
- 3. Stops while walking
- 4. Steps Off line
- 5. Wrong number of steps
- 6. Doesn't touch Heel-to-toe
- 7. Uses Arms to balance
- 8. Improper Turn (or loses balance on turn)

Walk and Turn Test





2 or more clues indicates BAC above 0.08%

One-Leg Stand



- Instruction Stage
- Balance and Counting
 Stage



One-Leg Stand Test Clues



- P uts foot down
- •<u>U</u> ses arms to balance
- S ways while balancing
- H ops

One-Leg Stand Test





2 or more clues indicates BAC above 0.08%





DRE SCHOOL (Phases 1 & 2)



- Phase 1 (Pre-School) 16 hours
 - Psychophysical Tests
 - Eye Exams
 - Alcohol Workshop
 - Drug Categories
 - Alcohol As A Drug
 - Demonstrate Proficiency in SFST's Prior To Attending DRE School

- Phase 2 (DRE School) 56 hours
 - 7 Drug Categories
 - Signs and Symptoms
 - Physiology
 - 12 Step Process
 - Vital Signs
 - Drug Combinations

Phase 3- Field Certification



- Within 60 to 90 days of completion of DRE School
- 12 evaluations
- At least 3 drug categories
- Supported by toxicology
- Completion of Certification Knowledge Exam
- Submit an approved Curriculum Vitae





Maintaining Certification (Every 2 Years)

- Perform minimum of 4 evaluations since the time of the last certification
 - Shall be reviewed by a DRE instructor
 - 1 of which must be performed in front of an instructor
- Complete at least 8 hours of coordinator-approved recertification training
- Present updated Curriculum Vitae and Evaluation Log











- 1. Breath Test
- 2. Interview of Arresting Officer
- 3. Preliminary Exam 1st pulse
- 4. Eye Examinations
- 5. Psychophysical Tests
- 6. Vital Signs 2nd Pulse

- 7. Dark Room Examination
 - Room light
 - Near Total Darkness
 - Direct Light
- 8. Muscle Tone
- 9. Injection Sites 3rd Pulse
- 10. Interrogation
- 11. Opinion of DRE
- 12. Toxicological Examination

1.) Breath Test



























6.) Vital Signs (2nd Pulse)













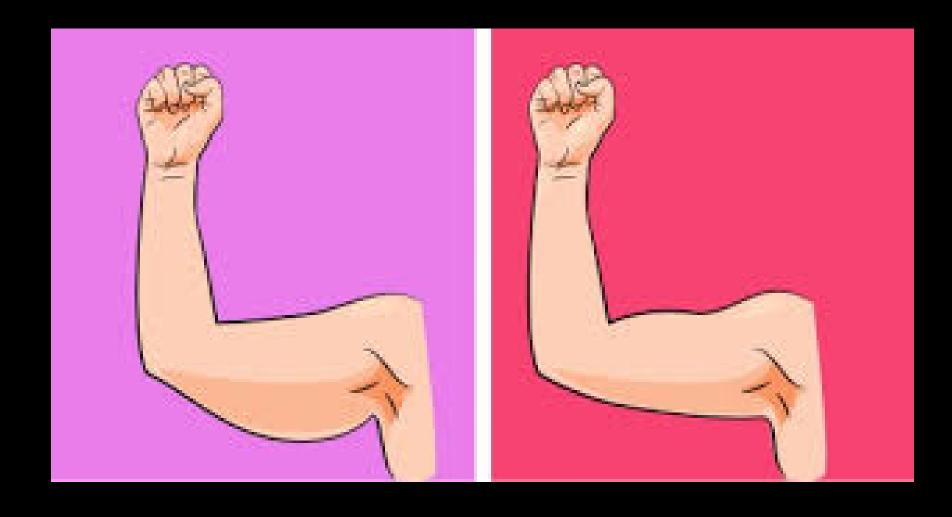














9.) Check for Injection Sites (3rd Pulse)















INDICATORS CONSISTANT WITH DRUG CATEGORIES

MAJOR INDICATORS	CNS DE- PRESSANTS	CNS STIM- ULANTS	HALLUC- INOGENS	PHENCY- CLIDINE	NARCD- TICS	INHALANTS	CANNABIS
HORIZ GAZE NYSTAGMUS	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	NONE
VERTICAL NYSTAGMUS	PRESENT (HIGH DOSE)*	NONE	NONE	PRESENT	NONE	PRESENT (HIGH DOSE)*	NONE
LACK OF CONVERGENCE	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	PRESENT
PUPIL SIZE	NORMAL (1)	DILATED	DILATED	NORMAL	CONST- RICTED	NORMAL (4)	DILATED (6)
REACTION TO LIGHT	SLOW	SLOW	NORMAL (3)	NORMAL	LITTLE OR NONE VISIBLE	SLOW	NORMAL
PULSE RATE	DOWN (2)	UP	UP	UP	DOWN	UP	UP
BLOOD PRESSURE	DOWN	UP	UP	UP	DOWN	UP/DOWN (5)	UP
BODY TEMPERATURE	NORMAL	UP	UP	UP	DOWN	LIP/ DOWN/ NORMAL	NORMAL





12.) Toxicological Examination







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