

# Trauma MedEd

## EAST Evidence Based Review on Distracted Driving

EAST has been branching out from one of its core areas, creating trauma practice guidelines. They are now beginning to address other problems using the same techniques for developing their practice guidelines. Instead of generating guidelines for clinical care, they are creating action statements based on the best available literature.

This Distracted Driving review was one of a group of new EBRs was presented last year at the EAST Annual Scientific Assembly. The panel reviewed information from government agencies and studies based on crash databases and simulations. The number of cell phone subscribers has surpassed 250 million, and the number of deaths from distracted driving has followed a similar curve.

Distracted driving is implicated in 20% of injury crashes and 16% of fatal crashes. Drivers under age 20 have the highest proportion of distracted drivers.

EAST made three Level II recommendations, which means that they are reasonably justifiable by available scientific evidence and strongly supported by expert opinion. They are:

### INSIDE THIS ISSUE

- 1 **EAST Evidence Based Review on Distracted Driving**
- 2 **New Developments on Distracted Driving**
- 2 **Can Texting Bans Be Bad?**
- 3 **Distracted Driving and Police Officers**
- 3 **Reporting Unsafe Drivers**
- 4 **Seat Belt Use In Trauma Professionals**

### TRAUMA CALENDAR OF EVENTS

#### MEDICAL DISASTER RESPONSE

PLACE: CAESAR'S PALACE, LAS VEGAS, NV

DATE: MARCH 18, 2013

#### TRAUMA, CRITICAL CARE, AND ACUTE CARE SURGERY

PLACE: CAESAR'S PALACE, LAS VEGAS, NV

DATE: MARCH 19-21, 2013

### TRAUMA TRIVIA

#### *Name This Medical Antique*



*Answer on Page 4*

- Drivers should minimize all distractions while on the road
- Cell phone use and texting should not be performed while driving
- Younger inexperienced drivers should not use cell phones during their probation period (if such a period is mandated by their state)

Future areas of interest will include studying the impact of legislation regarding cell phones and texting, development of crash avoidance systems, and evolving cell phone technologies.

Reference: Evidence Based Review on Distracted Driving, presented at the 2011 EAST Annual Scientific Assembly.

Note: this information is preliminary and may be changed prior to publication.



## New Developments On Distracted Driving

The Governors Highway Safety Association released a study that sifted through 350 scientific papers dealing with distracted driving. They summarized their analysis in a nice report that can be downloaded [here](#).

There are 4 types of distraction:

- Visual - looking at something other than the road
- Auditory - listening to something not related to driving
- Manual - manipulating something other than the steering wheel
- Cognitive - thinking about something other than driving

Smart phones provide all four modalities! About two thirds of drivers report using a cell phone while driving, and 7-10% were observed to be using one at any given time. About 12% of drivers admit to texting while driving, and about 1% of drivers are texting at any given time. At least one driver is reported to be distracted in 15-30% of car crashes.

The following items were gleaned from the papers reviewed:

- Cell phone use increases crash risk, but the exact amount is not known

- Hands-free cell phone use has not been shown to be safer
- Texting increases crash risk, but the exact amount is not known
- Hand-held phone bans reduce use somewhat
- Texting bans have not shown any significant effect, although high visibility enforcement campaigns offer some hope

Syracuse NY and Hartford CT enacted high visibility campaigns (“Phone in one hand, ticket in the other”) in late 2010 and spring 2011. They found that cell phone use dropped by half, and texting dropped 72% in Hartford and 32% in Syracuse. These results do not agree with the GHSA findings, most likely because of the intensity of the efforts in these two cities.

**Bottom line: We all know that texting while driving is bad and cell phone discussions while on the road are not very good either. There may be some utility to enacting bans on these activities. However, given the other responsibilities of our police departments, enforcement will always be a lower priority. Engineering solutions like roadway rumble strips can help divert attention back to driving, and crash investigations should aggressively examine any contributions to driver distraction. Ultimately, we’re going to have to treat this problem like we do for driving while intoxicated, with stiff penalties and driving restrictions. Unfortunately, I don’t think we’ve got the fortitude to do it anytime soon.**

Reference: Governor’s Highway Safety Association report on distracted driving –

<http://www.ghsa.org/html/publications/pdf/sfdist11.pdf>

## Can Texting Bans Be Bad?

The last two articles reinforces what everyone probably knows already: texting while driving is bad. So legally banning texting is good, right? It seems that way, since everyone is doing it. Thirty states plus the District of Columbia currently ban texting while driving, and a third of those laws were passed just this year.

Talk about the law of unintended consequences. The Highway Loss Data Institute compared collision insurance claims before and after bans were put into effect in four states (CA, LA, MN, WA). Crash rates actually rose in three of the four states after the bans

were passed.

How can this be? Unfortunately, the claim data can't tell us what the increase is due to. They speculate that texting drivers are trying harder to conceal their habit, keeping their phones out of sight and taking their eyes off the road even more. Or, it could just be a statistical fluke.

The federal Transportation Secretary disagrees. He stated that distracted driving fatalities increased from 2005 to 2008, but stopped rising in 2009. I'm not clear on where this data comes from.

**In either case, texting remains a bad thing to do. This debate just points out that bans are not the complete answer. Prevention programs and behavior modification need to be developed to comprehensively address this problem.**

## Distracted Driving in Police Officers

Most of what has been written on distracted driving involves the general public. Now, there is new information about the impact of distraction on police officers! Just take a look inside and you see all kinds of distractions: keyboards, light and siren controls, etc. A public safety administration class at St. Mary's University here in Minnesota analyzed 378 crashes involving police cars from 2006 to 2010. The results are intriguing!

Key findings included:

- Most crashes occurred during non-emergency responses
- Crashes occurring during emergency responses were the most expensive
- Distracted driving caused 14% of all crashes
- Half of distracted driving crashes were due to the use of squad car computers
- Average insurance claim was \$3,000 per crash. However, if the crash was due to distracted driving it doubled to \$6,000. If the crash was due to squad car computer distraction the average cost was \$10,000!

This study is interesting, but it's only a partial snapshot of this type of crash in one state. It did not include some of the larger police departments, such as St.

Paul and Minneapolis.

**Bottom line: It's safe to assume that distracted driving is just as dangerous to police (and prehospital providers, too). And with growing dependence on advanced technology for law enforcement, this problem is just going to get worse. It is imperative that everything be done to improve safety for our law enforcement colleagues. Potential solutions include training to increase awareness of distractions within the car, simulator testing of driving while using cockpit technology, and ergonomic studies to maximize field of view from within the car.**

## Reporting Unsafe Drivers

We've all taken care of patients that either have a baseline condition or have sustained an injury that renders them unfit to drive. What issues need to be considered with regard to keeping them off the road?

There are a number of ethical and legal considerations. As a physician or other healthcare provider, you have three priorities. In order, they are:

- Duty to protect your patient
- Duty to protect the public
- Duty to maintain patient confidentiality

Note that the duty to protect the public supersedes the need to maintain confidentiality. However, if the patient knows that their confidentiality may be violated, they may be less likely to seek treatment, disclose key information, or trust you.

The ideal method of dealing with a driver whom you believe is unsafe is to have a frank discussion with them (and their family, if permitted) regarding why you think they should stop driving and the consequences of failing to do so. They should be encouraged to stop driving voluntarily, or self-report to the license bureau so they can be re-evaluated. It is also very important to encourage the family to support the decision and provide alternative transportation to meet your patient's needs. Social services should be involved so that transportation alternatives and resources can be provided.

If your patient refuses to surrender their license or self-report for retesting, then you need to consider reporting them to the license bureau yourself. Before

doing this you should exhaust all possibility that the patient will stop driving voluntarily. You must also be knowledgeable of your state laws so you know what kind of protections (if any) are given to you after reporting.

So what should you do if you encounter a patient that really shouldn't be driving? First, encourage them and/or their family to self-report. If that fails, familiarize yourself with the laws of your state (or province).

In the US, 11 states have mandatory reporting laws for certain conditions that would impair driving. Forty have some type of reporting system for physicians and other health professionals. Many allow anyone to report. However, a few stipulate that they may release your name to the driver or that you must have their permission to report. This is essentially the same as not allowing you to report.

Unfortunately, only 29 states hold you harmless from civil or criminal suit if you choose to report. I suspect it would be a tough sell convincing a jury that a patient's inconvenience is more important than protecting them from an unsafe driver, though. I doubt such a suit would go anywhere.

So brush up on the laws and procedures in your state and decide what is in your patient's (and the public's) best interest. Then do the right thing. You can download a document summarizing the procedures in all the states in the US using the following:



## Seat Belt Use In Trauma Professionals

Every trauma professional knows that seat belts save lives. Numerous studies have borne out the survival benefits of wearing them. But do those same

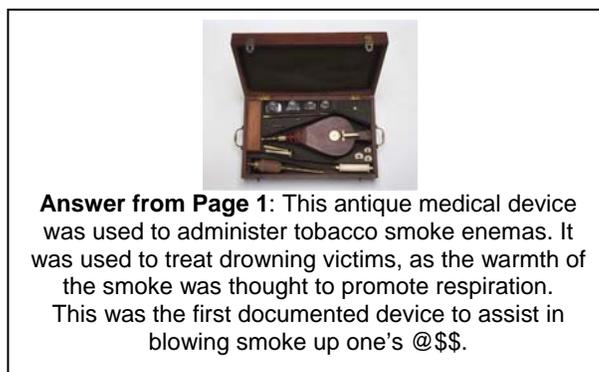
professionals practice what they preach?

A recent study by NHTSA study showed that at least 42% of police officers killed in car crashes were not wearing their seat belts. The number of officers killed in traffic accidents in 2010 has increased by 43% over 2009 numbers. Possible reasons may be that seat belts impede the process of getting into and out of the car quickly, and that the belt may get tangled in utility and gun belts.

What about paramedics and EMTs? I couldn't find any studies looking at this group. However, observation tells me that medics in the patient care compartment don't always buckle up. The reason typically given is that wearing a belt may compromise patient care by limiting access to equipment, using the radio, or performing CPR. However, I think that patient care is even more limited if the EMS professional is disabled or killed in a rig crash. The patient is much more likely to survive such a crash since they are firmly strapped into place.

How can you stay safe in the back?

- Make a commitment to your colleagues (and family) to always belt in
- If appropriate, try to do as much of your assessment and interventions as possible before moving
- Organize your work area so that commonly used and critical equipment is within easy reach
- Use a cell phone for communication if the radio mic is too far away
- If you absolutely do need to unbelt, try to do so only when the rig is stopped at a light or stop sign.



[www.TheTraumaPro.com](http://www.TheTraumaPro.com)



[@regionstrauma](https://twitter.com/regionstrauma)



[www.Linkedin.com/in/MichaelMcGonigal](http://www.Linkedin.com/in/MichaelMcGonigal)



[Michael.D.McGonigal](https://www.skype.com/people/Michael.D.McGonigal)