



# Drug Impairment Training for Education Professionals (DITEP)

Instructor Guide

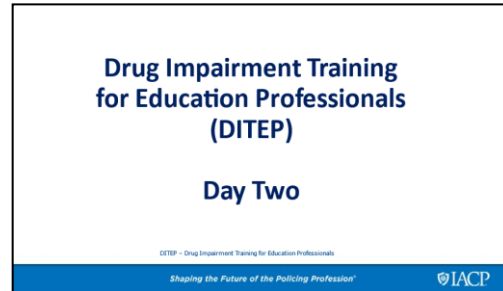
## Day Two

2023 Edition



# OVERVIEW OF DAY TWO

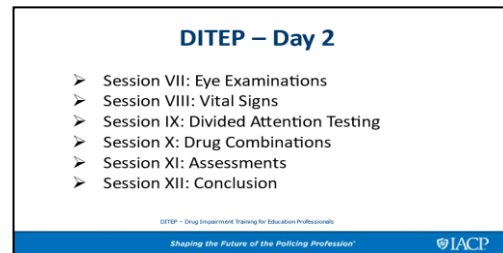
Welcome to Day 2 of the DITEP training. Day 2 will cover the drug influence assessment process, to include eye examinations, vital signs, and divided attention tests. As described in Day 1 of this training, this training WILL NOT qualify someone to be a Drug Recognition Expert (DRE). The examinations covered in this training will typically be conducted by a school nurse or another designated individual.



**Note:** Since this Session is the beginning of DAY TWO, the following slides need to be covered before the start of this Session. They cover the objectives for this and the remaining Sessions of the training.

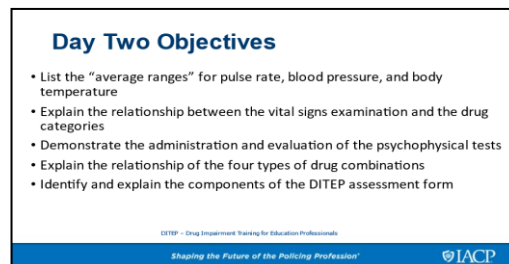
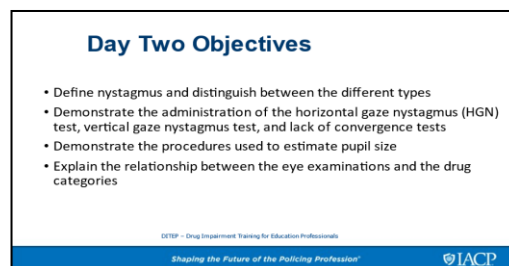
The Day 2 agenda includes the following:


- Session VII – Eye Examinations
- Session VIII – Vital Signs
- Session IX – Divided Attention Testing
- Session X – Drug Combinations
- Session XI – Assessments
- Session XII – Conclusion and Testing



The training objectives for Day 2 include:

- Define nystagmus and distinguish between the different types.
- Demonstrate the administration of the horizontal gaze nystagmus (HGN), vertical gaze nystagmus test, and lack of convergence tests.
- Demonstrate the procedures used to estimate pupil size.



<ul style="list-style-type: none"> <li>○ Explain the relationship between the eye examinations and the drug categories.</li> <li>○ List the “average ranges” for pulse rate, blood pressure, and body temperature.</li> <li>○ Explain the relationship between the vital sign examination and the drug categories.</li> <li>○ Demonstrate the administration and evaluation of the psychophysical tests.</li> <li>○ Explain the relationship of the four types of drug combinations.</li> <li>○ Identify and explain the components of the DITEP assessment form.</li> </ul>	
	
<p><b>Note:</b> Solicit questions regarding day two from participants.</p>	


## Session VII

## OVERVIEW OF EYE EXAMINATIONS

**Objectives**

Upon successfully completing this session, participants will be better able to

1. Understand the different types of nystagmus.
2. Conduct the HGN, vertical gaze nystagmus, and lack of convergence eye tests.
3. Understand pupil size and the pupil size assessments using a pupillometer.
4. Interpret eye examination results in relation to drug impairment.

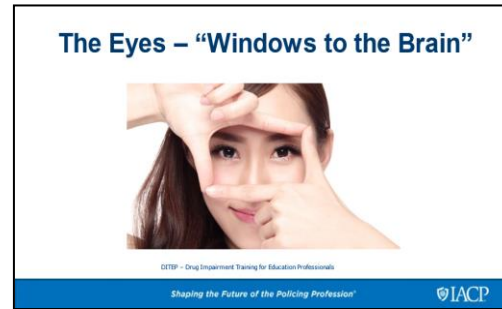
Content Segments:	Learning Activities:
<ul style="list-style-type: none"> <li>A. The Eyes - Windows to the Brain</li> <li>B. How the Seven Drug Categories Affect the Eyes</li> <li>C. Horizontal Gaze Nystagmus (HGN)</li> <li>D. Categories of Nystagmus</li> <li>E. Medical Impairment</li> <li>F. Administrative Procedures for HGN</li> <li>G. Vertical Gaze Nystagmus (VGN)</li> <li>H. Results of HGN and VGN</li> <li>I. HGN and VGN Demonstrations</li> <li>J. Lack of Convergence</li> <li>K. Lack of Convergence Demonstration and Practice</li> <li>L. Estimation of Pupil Size</li> <li>M. Examination of Pupil Size in Three Lighting Conditions</li> <li>N. Relationship of Drug Categories to the Eye Examinations</li> </ul>	<ul style="list-style-type: none"> <li>○ Instructor Led Presentations</li> <li>○ Instructor Led Demonstrations</li> <li>○ Hands-On Practice</li> </ul>
	

### A. The Eyes – Windows to the Brain

People often describe the eyes as “the windows to the soul.” Many researchers agree that the eyes do provide a lot of useful information about another person’s emotional state and wellbeing.

It has also been said that the eyes are the “windows to the brain.” “The eye is the window into the brain and by measuring how healthy the eye is, we can determine how healthy the rest of the brain is. *Source: Peter A. Calabresi, M.D., Professor of Neurology, Johns Hopkins University School of Medicine.*”

We also can gather considerable information about a person’s drug use and overall condition from looking at his/her eyes.



### B. How the Seven Drug Categories Affect the Eyes

- Some indicators are immediately visible.
- Some indicators need to be tested for with closer examination.

Two things we check for when trying to identify drug impairment and certain drug categories are:

- Nystagmus (An involuntary jerking of the eyes)
- Pupil size

### C. Horizontal Gaze Nystagmus

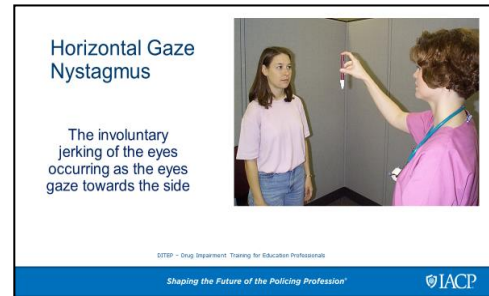
Horizontal Gaze Nystagmus (HGN) is defined as: Involuntary jerking of the eyes occurring as the eyes gaze toward the side. (Source: IACP Drug Evaluation and Classification Program)

In addition to being involuntary,

- A person is usually unaware it is happening.
- The person is powerless to stop or control it.

Key summary points of HGN include:

- It is a natural, normal phenomenon.
- Alcohol and certain other drug categories cause this phenomenon.

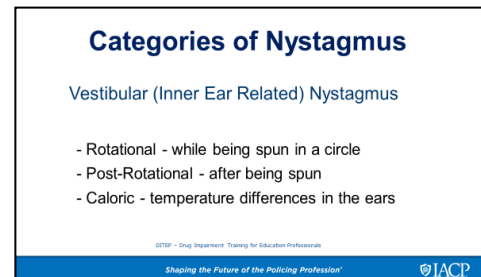


### D. Categories of Nystagmus

HGN is not the only type of nystagmus. There are other circumstances under which the eyes may jerk involuntarily.

It is important to know some of the other common types of nystagmus and to be aware of their potential impact on our observations.



Nystagmus of several different origins may be seen. There are three general categories of nystagmus.



**Note:** Go over the categories quickly to show there are other causes for nystagmus that are natural. Selectively reveal the categories of nystagmus and the examples.



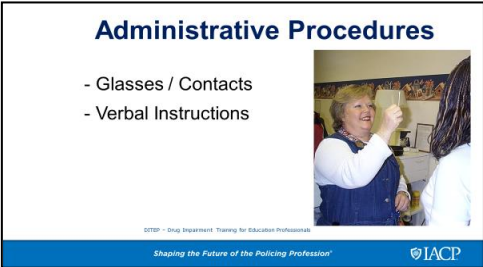
<p><u>Vestibular Nystagmus</u> is caused by movement or action to the vestibular system.</p> <p>Types of vestibular nystagmus include:</p> <ul style="list-style-type: none"> <li>○ <b>Rotational Nystagmus</b> occurs when the person is spun around or rotated rapidly, causing the fluid in the inner ear to be disturbed. If it were possible to observe the eyes of a rotating person, they would be seen to jerk noticeably.</li> </ul>	
<p><b>Note:</b> Point out the vestibular system is in the inner ear. It provides information to the brain and consequently to the eyes about position and movement of the head to maintain orientation and balance of the body.</p>	
<ul style="list-style-type: none"> <li>○ <b>Post Rotational Nystagmus</b> is closely related to rotational nystagmus. When the person stops spinning, the fluid in the inner ear remains disturbed for a short period of time and the eyes continue to jerk.</li> </ul>	
<p><b>Note:</b> Point out that these types of nystagmus will not interfere with the Horizontal Gaze Nystagmus test due to the conditions under which they occur.</p>	
<ul style="list-style-type: none"> <li>○ <b>Caloric Nystagmus</b> occurs when fluid motion in the canals of the vestibular system is stimulated by temperature. For example: putting warm water in one ear and cold in the other.</li> </ul> <p>Nystagmus can also result from <u>neural activity</u>.</p> <ul style="list-style-type: none"> <li>○ <b>Optokinetic Nystagmus</b> occurs when the eyes fixate on an object that suddenly moves out</li> </ul>	<div data-bbox="873 1564 1356 1831"> <p><b>Categories of Nystagmus (Cont.)</b></p> <p>Neural Nystagmus</p> <ul style="list-style-type: none"> <li>- Optokinetic – caused by fast moving objects</li> <li>- Physiological – natural nystagmus</li> <li>- Gaze Nystagmus <ul style="list-style-type: none"> <li>• Horizontal Gaze Nystagmus</li> <li>• Vertical Nystagmus</li> <li>• Resting Nystagmus</li> </ul> </li> </ul> <p><small>CEP® – Drug Impairment Training for Education Professionals</small></p> <p><small>Shaping the Future of the Policing Profession®</small></p> <p><small>IACP</small></p> </div>

<p>of sight, or when the eyes focus on sharply contrasting moving images. An example would be looking at a rapidly spinning wheel that has alternating black and white spokes.</p>	
<p><b>Note:</b> Point out the HGN test will not be influenced by Optokinetic Nystagmus because the individual is required to focus the eyes on a stimulus that moves smoothly and relatively slowly across the field of view.</p>	
<ul style="list-style-type: none"> <li>○ <b>Physiological Nystagmus</b> is the natural nystagmus that keeps the sensory cells of the eye from tiring. This happens to us all the time. This type of nystagmus produces extremely minor tremors or jerks of the eyes. These tremors are generally too small to be seen without some type of specialized equipment. Physiological nystagmus without added influence does not affect the HGN test.</li> </ul>	
<p><b>Note:</b> Emphasize that physiological nystagmus will have no impact on the standardized field sobriety tests because its tremors are generally invisible or not seen without special instruments.</p>	
<p><u>Gaze Nystagmus</u> occurs as the eyes move from the center position. It is separated into three types:</p> <ul style="list-style-type: none"> <li>○ <b>Horizontal Gaze Nystagmus</b> occurs as the eyes gaze to the side. This examination provides the first and most valid test in the standardized field sobriety testing battery used by police officers. This test is one of the most accurate for determining alcohol influence. Its presence may also indicate the use of CNS Depressants, Inhalants and Dissociative Anesthetics.</li> </ul>	<div data-bbox="881 1318 1365 1581"> <h3>Horizontal Gaze Nystagmus</h3> <ul style="list-style-type: none"> <li>- Involuntary jerking of the eyes, occurring as the eyes gaze to the side</li> <li>- Presence may indicate use of certain drugs</li> </ul>  <p><small>DTSP - Drug Impairment Training for Education Professionals</small></p> <p><small>Shaping the Future of the Policing Profession</small></p> <p><small>IACP</small></p> </div> <div data-bbox="881 1604 1365 1864"> <h3>Drug Categories That Usually Cause HGN</h3> <ul style="list-style-type: none"> <li>• CNS Depressants</li> <li>• Inhalants</li> <li>• Dissociative Anesthetics</li> </ul>  <p><small>DTSP - Drug Impairment Training for Education Professionals</small></p> <p><small>Shaping the Future of the Policing Profession</small></p> <p><small>IACP</small></p> </div>



<ul style="list-style-type: none"> <li>○ <b>Vertical Gaze Nystagmus</b> occurs as the eyes gaze upward. It is defined as an involuntary jerking of the eyes occurring as the eyes are held at maximum elevation. The presence of this type of nystagmus is associated with the use of Dissociative Anesthetics, and high doses of CNS Depressants (including alcohol) or Inhalants for that individual.</li> </ul>	<div data-bbox="889 233 1382 501"> <h3>Vertical Gaze Nystagmus</h3> <ul style="list-style-type: none"> <li>- Involuntary jerking of the eyes (up and down)</li> <li>- Occurs when eyes gaze upward at maximum elevation</li> <li>- Associated with high doses of alcohol and certain other drugs</li> <li>- Drugs that cause HGN may cause VGN</li> </ul> <small>DETPP - Drug Impairment Training for Education Professionals</small>  <small>Shaping the Future of the Policing Profession</small> IACP </div>
<p><b>Note:</b> Point out that since the discussion is about young people, a relatively low amount of alcohol could cause vertical gaze nystagmus.</p>	
<ul style="list-style-type: none"> <li>○ <b>Resting Nystagmus</b> is referred to as jerking of the eyes as the eyes look straight ahead. This condition is not frequently seen</li> </ul> <p>Nystagmus may also be caused by certain pathological disorders. These include brain tumors, other brain damage and some disorders of the inner ear.</p>	<div data-bbox="889 896 1357 1150"> <h3>Pathological Disorders and Diseases</h3> <div data-bbox="993 968 1247 1104"> <p>Nystagmus may be the result of certain pathological disorders. These include brain tumors and other brain damage or some diseases of the inner ear.</p> </div> <small>DETPP - Drug Impairment Training for Education Professionals</small>  <small>Shaping the Future of the Policing Profession</small> IACP </div>
<p><b>E. <u>Medical Impairment</u></b></p> <p>There are examinations you can conduct to assess possible medical impairment. They include:</p> <ul style="list-style-type: none"> <li>○ Equal tracking ability</li> <li>○ Estimation of pupil size</li> </ul> <p>Equal tracking ability can be affected by certain medical conditions or injuries involving the brain.</p> <p>By passing the stimulus across the eyes, you can see if both eyes are tracking equally.</p>	

<b>Note:</b> Demonstrate how to check for equal tracking ability. Move the stimulus from center to the person's far left, to far right and back to center, taking approximately two seconds to complete the movement. Point out that both eyes should be tracking the stimulus together.	
If a person has sight in both eyes, but they fail to track together, there is a possibility that the person is suffering from an illness or an injury to the brain.	
<b>Note:</b> Even if alcohol or drug impairment exists, there are medical conditions with symptoms commonly associated with alcohol influence.	
<p>If the two eyes do not track together, there is a possibility that the person may be suffering from a neurological disorder.</p> <p>If a person's eyes do not track together, they cannot perform the HGN test.</p>	
<b>Note:</b> Point out if a person has an obvious abnormal eye disorder or an artificial eye, it is recommended that HGN not be administered.	
<p><b>Pupil size</b> will be affected by some medical conditions or injuries.</p> <p>If the two pupils are distinctly different in size, it is possible that the person may have an artificial eye (glass or plastic prosthesis inserted in the eye socket to replace the eyeball) or may be suffering from a recent head injury or neurological disorder.</p>	
<b>Note:</b> Point out if the person has an obvious abnormal eye disorder or an artificial eye, it is recommended that HGN not be administered. If a subject has distinctly different pupil sizes caused from an old head injury that normally will not affect the HGN test.	
If there is an indication the person may be suffering from a recent head injury, medical attention should be considered.	
<b>Note:</b> An example is when a person's clothing or physical appearance indicate he/she has recently been involved in a fight or accident (bleeding, bruises, dazed appearance, etc.)	
<b>F. <u>Administrative Procedures for Horizontal Gaze Nystagmus</u></b>	

<p><b>Note:</b> It is important that the instructors keep referring to the assessment form to show how to score the various tests being conducted. Refer the participants to the assessment form in their manual</p>	
<p>To properly conduct the HGN test, begin by instructing the person to remove any eyeglasses if worn.</p> <p>It doesn't matter whether the person can see the stimulus with perfect clarity, as long as they can see it</p>	 <p>The slide is titled "Administrative Procedures" and lists two bullet points: "- Glasses / Contacts" and "- Verbal Instructions". It features a photograph of a woman in a blue vest pointing at a stimulus. At the bottom, it says "IATIP® - Drug Impairment Training for Education Professionals" and "Shaping the Future of the Policing Profession" with the IACP logo.</p>
<p><b>Note:</b> Point out HGN is not a vision test. If the person can focus on the stimulus and the eyes track together, they should be able to perform the test.</p>	
<p>Give the person the appropriate verbal instructions, which include:</p> <ul style="list-style-type: none"> <li>○ Put your feet together with your arms at your sides.</li> <li>○ Keep head still.</li> </ul>	
<p><b>Note:</b> Demonstrate what to do if a person will not keep their head still.</p>	
<ul style="list-style-type: none"> <li>○ Keep your eyes focused on my (stimulus).</li> </ul>	
<p><b>Note:</b> Point out that the person should be asked to focus on a specific point of the stimulus (tip of pen, penlight, finger, etc.) and not on the entire object.</p>	
<ul style="list-style-type: none"> <li>○ Follow movement of the stimulus (penlight, pen, etc.) with your eyes only.</li> <li>○ Keep focusing on stimulus until told the test is over</li> </ul>	
<p><b>Note:</b> Point out these instructions are major points that must be conveyed during the verbal instructions. It is important that the person understands and follows the instructions.</p>	


Position the stimulus approximately 12-15 inches in front of the person's nose, and slightly above eye level to commence the test.

### Administrative Procedures (Cont.)

Position the stimulus 12" - 15" slightly above eye level

Preliminary Assessment

- Equal pupil size
- Resting Nystagmus
- Equal tracking



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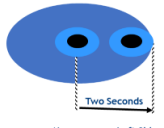
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**Note:** Explain why the distance is important and that slightly above eye level opens the person's eyes so the examiner may better observe them.

- Check for equal pupil size and resting nystagmus.
- Check for equal tracking.
- Check the left eye for the **Lack of Smooth Pursuit**.
- If the eye is observed jerking while moving, this is a clue.
- Check the right eye for the lack of smooth pursuit.

### Three Clues of HGN

1. Lack of Smooth Pursuit




- Move stimulus to person's left
- It should take approximately 2 seconds to bring it to the side
- Check other eye at same speed
- Repeat

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### Lack of Smooth Pursuit



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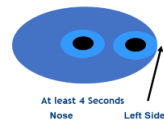
**Note:** Point out for administrative purposes, we start with the person's left eye to ensure that the procedure is standardized and systematic. Remind participants to make at least two complete passes in front of both eyes to check for this clue. Each pass should take approximately two seconds from center to side.

Next, check the left eye for the **Distinct and Sustained Nystagmus at Maximum Deviation** clue.

Check the right eye for the distinct and sustained nystagmus at maximum deviation clue.

### Three Clues of HGN

2. Distinct and Sustained Nystagmus at Maximum Deviation



- Move stimulus to person's left
- Hold stimulus at corner of eye (no white showing) for at least 4 seconds
- Check other eye and hold for same length
- Repeat

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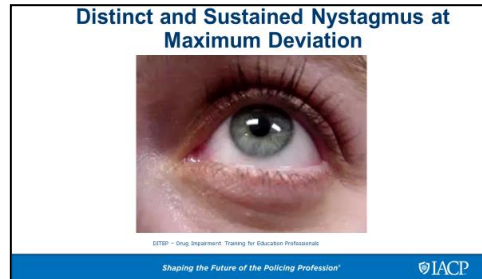
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**Note:** Emphasize the jerking must be definite, distinct and sustained, and last at least four seconds for this clue to be assessed. Explain in most cases no white should be showing in the corner of the eye when assessing this clue.

Check the left eye for the **Onset of Nystagmus** Prior to **45 Degrees** clue.

Check the right eye for the onset of nystagmus prior to 45 degrees clue.



**Note:** Point out the jerking must begin prior to reaching the 45-degree point. The movement of the stimulus should take approximately 4 seconds from center to 45 degrees.

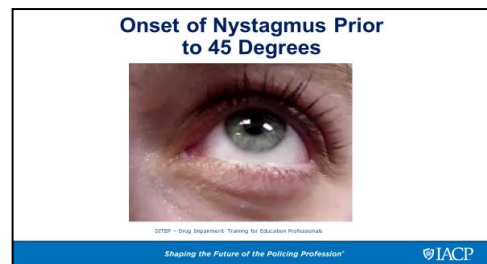
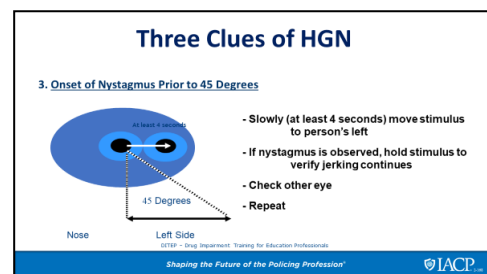
**Note:** Demonstrate how to estimate 45 degrees.

It is not difficult to determine when the eye has reached the 45-degree point, but it does require some practice. By starting with the stimulus approximately 12-15 inches directly in front of the nose, 45-degrees will be reached when the stimulus has been moved an equal distance to the side.

Two other important indicators can be used to determine if the eye is within 45 degrees. They are:

- At 45 degrees, some white usually will still be visible in the corner of the eye (for most people).

By starting the stimulus approximately 12-15 inches in front of the person's nose, 45 degrees will usually be lined up with, or slightly beyond, the edge of the person's shoulder.



**Note:** Point out this latter indicator may not be valid if the person is either a very large or a very small person.

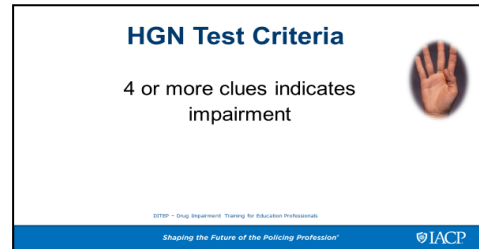
**Note:** Remind participants to check each eye twice for each clue.

**Note:** Demonstrate the HGN test on a participant or another instructor.

Total the clues.

- Maximum number of clues possible for each eye is three (3).
- Total maximum number of clues for both eyes.
- Four out of six clues is consistent with impairment by alcohol. However, observing clues of HGN can also be consistent with impairment by other CNS Depressants as well Inhalants and Dissociative Anesthetics.

For most people, nystagmus clues will appear in the sequence listed.



**Note:** Point out this may not be true in all cases. Clues could possibly develop in any sequence depending on the person.

Most people will exhibit identical clues in both eyes.

**Note:** Point out that it is possible that a clue could be seen in one eye and not the other. For example: three clues could be observed in one eye and only two in the other. Explain the importance of testing both eyes independently.

Remind participants to check each eye twice for each clue.

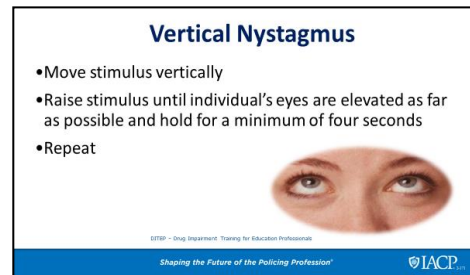
It is unlikely the eyes of someone under the influence of alcohol or drugs will react totally different. If one eye shows all three clues and the other gives no indicators of nystagmus, the person may be suffering from one of the pathological disorders previously covered or may have an artificial eye.



### **G. Vertical Gaze Nystagmus**

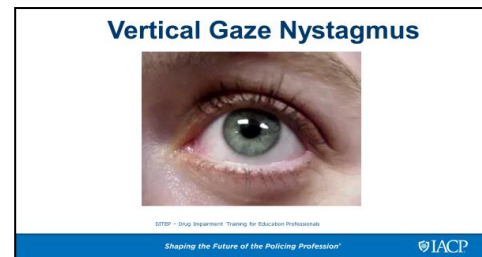
The Vertical Gaze Nystagmus test is very simple to administer and includes the following:

- Position the stimulus horizontally, about 12-15 inches in front of the person's nose.
- Instruct the person to hold the head still and follow the stimulus with their eyes only.
- Raise the stimulus until the person's eyes are elevated as far as possible. Hold the elevated position for approximately four seconds.



**Note:** Point out not to take the stimulus out of a person's range of vision.


- Watch closely for clear indications of the eyes jerking up and down.







**Note:** Demonstrate the vertical gaze nystagmus test on a participant or another instructor.

Vertical gaze nystagmus is often present in people under the influence of some Dissociative Anesthetics, such as DXM, PCP or PCP analogs. It may also be present in people under the influence of high doses (for that person) of CNS Depressants or Inhalants.

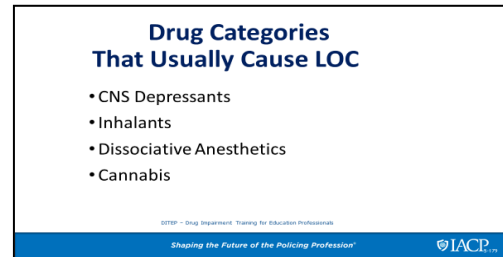
**Note:** Point out a high dose is defined as a high dose for any particular individual. For example: A non-tolerant drinker may exhibit vertical nystagmus at a 0.06% BAC, while an alcoholic may not exhibit vertical nystagmus at a 0.25% BAC

<p><b>H. <u>Results of HGN and VGN</u></b></p> <p>If horizontal gaze nystagmus is observed it is likely the person may have taken a CNS Depressant, Dissociative Anesthetic, an Inhalant, or a combination of drugs including one of these drug categories.</p> <p>If vertical gaze nystagmus is observed, it may be that the person used a Dissociative Anesthetic or a high dose of CNS Depressants or Inhalants for that individual.</p>	
<p><b>I. <u>HGN and VGN Demonstrations</u></b></p> <ul style="list-style-type: none"> <li>○ Check for lack of smooth pursuit.</li> <li>○ Check for distinct and sustained nystagmus at maximum deviation.</li> <li>○ Estimation of angle of onset.</li> </ul>	
<p><b>Note:</b> Select two participants to demonstrate HGN in front of the class. Have one administer the test to the other. Coach and critique the participant's performance.</p>	
<p><b>Note:</b> When the participant has completed the HGN test, have the participant check the angle of onset to estimate 45 degrees. Check their estimation with a template, if available.</p>	
<p>Demonstration of Vertical Gaze Nystagmus</p>	
<p><b>Note:</b> Choose two new participants to demonstrate this procedure.</p>	
<p>Practice HGN and VGN.</p>	
<p><b>Note:</b> Have participants work in pairs administering HGN and VGN. Monitor, coach and critique the participant's practice.</p>	
<p><b>J. <u>Lack of Convergence</u></b></p> <p>In simple terms, Lack of Convergence (LOC) is the inability of an individual to cross the eyes when focusing on a stimulus as it is moved inward towards the nose.</p> <p>Administering the LOC test includes the following steps:</p>	<div data-bbox="899 1591 1403 1885"> <p><b>Lack of Convergence</b></p>  <p><small>STEP 1 - Drug Impairment Training for Education Professionals</small></p> <p><small>Shaping the Future of the Policing Profession®</small></p> <p><small>IACP</small></p> </div>

<ul style="list-style-type: none"> <li>○ Instruct the person to keep his head steady, and follow the stimulus with their eyes only</li> <li>○ Position the stimulus approximately 12 to 15 inches from the eyes (if the person wears glasses for near vision, they should put them on for the test).</li> <li>○ Begin moving the stimulus in a slow circle in front of the person's face (several passes may be needed to observe the person's ability to track the stimulus).</li> </ul>	<div data-bbox="868 233 1373 516"> <h3>Lack of Convergence</h3> <p>The inability of the person's eyes to converge or cross as the person attempts to focus on a stimulus as it is moved towards the bridge of the nose.</p>  <p><small>DTSP - Drug Impairment Training for Education Professionals</small></p> <p><small>Shaping the Future of the Policing Profession</small></p> <p><small>IACP</small></p> </div>
<p><b>Note:</b> Point out the initial circular motion helps to verify that the person has focused on the stimulus and is able to track it. Emphasize that it doesn't matter whether the circular motion is clockwise or counter-clockwise.</p>	
<ul style="list-style-type: none"> <li>○ Pause after completing the slow circle movement and then slowly move (push) the stimulus towards the bridge of the person's nose.</li> <li>○ Stop and hold the stimulus approximately 2" – 3" from the person's bridge of the nose, holding it there for approximately 1 second.</li> <li>○ Closely observe the eyes and record the movement.</li> <li>○ If the eyes follow the stimulus to the center (eyes cross) then lack of convergence is not present.</li> <li>○ If one eye drifts away from the center towards the side, or one or both eyes do not move inward, then lack of convergence is present.</li> <li>○ Record the results of this test showing the movement of both eyes with an arrow.</li> </ul>	<div data-bbox="878 972 1365 1247"> <h3>LOC Testing Procedure</h3>  <p><small>DTSP - Drug Impairment Training for Education Professionals</small></p> <p><small>Shaping the Future of the Policing Profession</small></p> <p><small>IACP</small></p> </div> <div data-bbox="878 1287 1365 1581"> <h3>Normal Convergence</h3>  <p><small>DTSP - Drug Impairment Training for Education Professionals</small></p> <p><small>Shaping the Future of the Policing Profession</small></p> <p><small>IACP</small></p> </div> <div data-bbox="878 1621 1365 1896"> <h3>Lack of Convergence</h3>  <p><small>DTSP - Drug Impairment Training for Education Professionals</small></p> <p><small>Shaping the Future of the Policing Profession</small></p> <p><small>IACP</small></p> </div>

**Note:** Demonstrate how to record the movement of the eyes on the assessment form.

The check for lack of convergence can provide another clue as to the possible presence of CNS Depressants, Dissociative Anesthetics, Inhalant and Cannabis impairment.



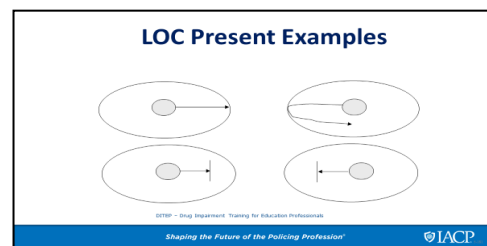
**Note:** Point out a DRE might begin to suspect the presence of Cannabis if LOC was observed but no nystagmus was observed.

**K. Lack of Convergence Demonstration and Practice**

**Note:** Select a participant and demonstrate the LOC test on the participant.

**Note:** Excuse the participant volunteer and thank him/her for participating. After conducting the demonstration, have the participants practice using another participant.

Participants' initial practice of the test for lack of convergence.



**Note:** Instruct participants to work in pairs, taking turns testing each other's eyes for lack of convergence. Monitor, coach and critique the participants' practice.

Allow this practice to continue for approximately 5 minutes.

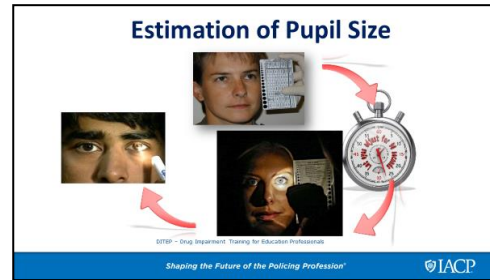
## L. Estimation of Pupil Size

A person's pupil size can provide important information about the category of drugs an individual may be using.

For this training, pupil size is estimated in three different lighting conditions.

Within the DEC Program, "average ranges" have been established for each lighting condition. Average ranges are ranges for "non-impaired" individuals. Pupils that appear outside these ranges can help in assessing drug impairment and the possible drug category causing the impairment.

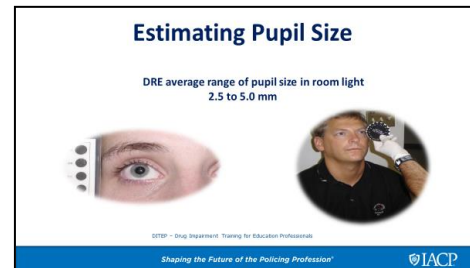
Estimation of pupil size requires the use of a pupilometer.



**Note:** Exhibit a pupilometer and explain its use. If pupilometers are available for distribution to the class, hand those out.

The estimation of pupil size is conducted using the following steps:

- Hold the pupilometer alongside the person's eye. (The pupilometer should be positioned even with the person's eyeball).
- Move the pupilometer up or down until you find the darkened circle (or half circle) that appears to be approximately the same size as the person's pupil.



**Note:** Have participants work in pairs taking turns estimating each other's pupil size. Monitor, coach and critique the participants' practice. Allow the exercise to continue for approximately 5 minutes.

Have them record their partner's pupil size.

Ask participants how many found their partners had different-sized pupils.

Explain it is not uncommon for people to have pupils that differ by as much as one-half millimeter. Larger differences are more unusual. If time allows, tabulate the participants' estimates on a dry-erase board or a flip chart using the following ranges:

- 7.0 or larger
- 6.5
- 6.0
- 5.5
- 5.0
- 4.5
- 4.0
- 3.5
- 3.0

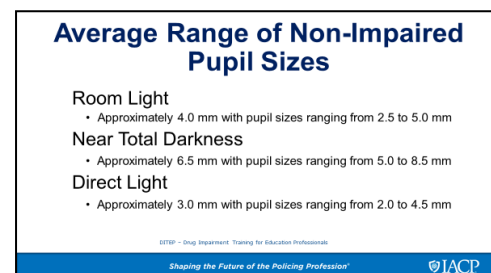
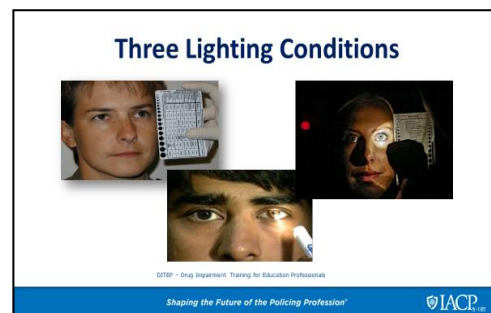
### **M. Estimation of Pupil Size in Three Lighting Conditions**

Within this training, whenever possible, the pupil sizes should be checked within three lighting conditions, which are: 1) Room Light, 2) Near Total Darkness, and 3) Direct Light. Average ranges of pupil sizes for non-impaired persons have been established within the DEC Program and are applicable to this training. For DEC Program purposes, average pupil size in Room Light is **2.5 - 5.0 mm**.

Typically, ranges for non-impaired persons are:

- Room Light: Approximately 4.0 mm with pupils ranging from 2.5 mm to 5.0 mm.
- Near Total Darkness: Approximately 6.5 mm with pupils ranging from 5.0 mm to 8.5 mm.
- Direct Light: Approximately 3.0 mm with pupils ranging from 2.0 mm to 4.5 mm.

A low-intensity penlight (Approximately 4 lumens) and a pupilometer are needed for conducting these examinations.





<p>Additionally, a room capable of being completely darkened (as near total darkness as possible) will be needed.</p> <p>It is highly recommended that at least two people are in the dark room with the individual whenever possible.</p>	
<p><b>Note:</b> Point out its important to use low intensity penlights (4 lumens is recommended) and avoid newer high intensity lights. Due to the close and vulnerable proximity to the person during the dark room examination, having another person in the room is recommended.</p>	
<p><b>Note:</b> If possible, use a real dark room. Make sure there are enough instructors in the dark room to assist participants and discourage conversation.</p> <p>Practice with penlights and pupilometers prior to the dark room exercise.</p>	
<p>The procedures for checking for Room Light are:</p> <ul style="list-style-type: none"> <li>○ Have the person look straight ahead and fixate their eyes on something in the distance.</li> <li>○ Bring the pupilometer up alongside the person's left eye.</li> <li>○ Using the pupilometer, find the circle or semi-circle closest in size to the person's pupil and record the size.</li> <li>○ Repeat the procedure for the right eye.</li> </ul> <p>The procedures for the checking Near Total Darkness are:</p> <ul style="list-style-type: none"> <li>○ Explain the procedures to the person prior to darkening the room.</li> <li>○ Completely darken the room or to near total darkness.</li> <li>○ Wait approximately 90 seconds to allow everyone's eyes to adjust to the darkness.</li> <li>○ Completely cover the tip of the penlight with a finger or thumb, so that only a reddish glow and no white light emerges.</li> </ul>	

<ul style="list-style-type: none"> <li>○ Position the pupilometer alongside the person's face at eye level.</li> <li>○ Bring the glowing tip of the penlight up toward the person's left eye until close enough to distinguish the pupil from the colored portion of the eye (iris).</li> <li>○ Continue to hold the glowing red tip in that position and alongside the person's left eye and locate the circle or semi-circle that is closest in size to the pupil.</li> <li>○ Repeat this procedure for the person's right eye.</li> </ul>	
<b>Note:</b> Select a participant and demonstrate.	
<p>The DEC Program average range for <u>Near Total Darkness</u> is <b>5.0 - 8.5 mm</b></p> <p>The procedures for checking for Direct Light are:</p> <ul style="list-style-type: none"> <li>○ Position the pupilometer alongside the person's left eye.</li> <li>○ Bring the penlight from the side of the person's face, directly into the left eye.</li> <li>○ Position the penlight so that it illuminates and approximately fills the person's eye socket.</li> </ul>	
<b>Note:</b> Emphasize that the penlight should be positioned so that the beam just fits the eye socket. If necessary, demonstrate this with the participants.	
<ul style="list-style-type: none"> <li>○ Hold the penlight in that position for approximately 15 seconds and locate the circle or semi-circle that is closest in size to the person's pupil.</li> <li>○ Record the estimate and repeat the procedure for the person's right eye.</li> </ul>	

**Note:** Select a participant and demonstrate.

The DEC Program average range for Direct Light is **2.0 - 4.5 mm**.

Assessment of the person's pupil reaction to light takes place immediately before the check of pupil size under direct light.

It is done when the penlight beam is directed into the person's eye and noting how the pupil reacts.

Under ordinary conditions, the pupil should react very quickly, and constrict noticeably when the light beam strikes the eye.

Under the influence of certain categories of drugs, the pupil's reaction may be very sluggish, or there may be no visible constriction at all.


Typically, with non-impaired persons, a normal reaction to direct light will be immediate (within 1 second) and a slow or delayed reaction to light will be more than one second.

When determining pupil reaction to light, the light should be positioned into the person's eye for approximately 15 seconds to assess. The light should be positioned so to light the eye socket area (See photo in slide).

Another impairment related indicator that may be observed during the reaction to light check during the near total darkness examination is called Rebound Dilation. Rebound dilation occurs when there is a period of pupillary constriction followed by a period of pupillary dilation, where the pupil steadily increases in size and does not return to its original constricted size. Rebound dilation is consistent with cannabis

### Pupil Reaction to Light

- Normal (within 1 second)
- Slow (more than 1 second)



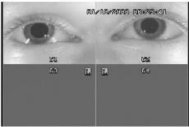
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### Rebound Dilation



A period of pupillary constriction followed by a period of pupillary dilation where the pupil steadily increases in size and does not return to its original constricted size




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<p>impairment. It is conducted during the 15 second period when the penlight is directed into the person’s eye.</p>																																																	
<p><b>Note:</b> Point out that Rebound Dilation is a period of pupillary constriction followed by a period of pupillary dilation, where the pupil steadily increases in size and does not return to its original constricted size. Remind the participants that Rebound Dilation is consistent with Cannabis use.</p>																																																	
<p>After completing the procedure for the left eye, repeat the procedure for the right eye.</p> <p>When checking the pupil sizes, the examiner may find pupils that appear abnormally constricted (small in size), or pupils that appear abnormally dilated (large in size). These conditions may be associated with certain drug categories, which will be covered in more detail in this training.</p>	<div><h3>Pupil Size Examples</h3><div><div>Abnormally constricted pupil (small)</div></div><div><div>Abnormally dilated pupil (large)</div></div></div> <div><small>OTEP – Drug Impairment Training for Education Professionals</small> <small>Shaping the Future of the Policing Profession™</small> <small>IACP</small></div>																																																
<p><b>Note:</b> Instruct the participants to work in pairs, taking turns shining the penlight into each other’s eye and observing pupil reaction.</p> <p>Remind participants to position the penlight so that the beam exactly fits the eye socket when the beam is brought directly into the eye. Monitor, coach and critique the participants’ practice.</p> <p>Allow the practice to continue for only approximately 5 minutes.</p> <p>Solicit participants’ comments and questions concerning the eye examinations.</p>																																																	
<p><b><u>N. Relationship of Drug Categories to the Eye Examinations</u></b></p> <p>Three of the seven drug categories cause horizontal gaze nystagmus (HGN) and four do not. The three that cause HGN are:</p> <ul style="list-style-type: none"><li>○ CNS Depressants, Inhalants and Dissociative Anesthetics.</li></ul> <p>Any drug that will cause HGN will induce Vertical Gaze Nystagmus (VGN) if the dose is high for that individual.</p>	<div><h3>Relationships to the Categories</h3><table><thead><tr><th></th><th>CNS Depressant</th><th>CNS Stimulant</th><th>Anticholinergics</th><th>Dissociative Anesthetics</th><th>Alcohol</th><th>Inhalants</th><th>Cannabis</th></tr></thead><tbody><tr><td>HGN</td><td>Causes</td><td>None</td><td>None</td><td>Causes</td><td>None</td><td>Causes</td><td>None</td></tr><tr><td>VGN</td><td>Causes</td><td>None</td><td>None</td><td>Causes</td><td>None</td><td>Causes</td><td>None</td></tr><tr><td>LOC</td><td>Causes</td><td>None</td><td>None</td><td>Causes</td><td>None</td><td>Causes</td><td>Causes</td></tr><tr><td>Pupil Size</td><td>Normal</td><td>Constricted</td><td>Constricted</td><td>Normal</td><td>Constricted</td><td>Normal</td><td>Constricted</td></tr><tr><td>Reaction to Light</td><td>Normal</td><td>Normal</td><td>Normal</td><td>Normal</td><td>Normal</td><td>Normal</td><td>Normal</td></tr></tbody></table><div><div>High dose to that particular person</div><div>Pupil size may be altered for some and Dissociative</div><div>Pupil size may be altered for some individuals</div><div>Pupil size may be normal</div><div>Under physiological circumstances</div></div><div><small>Shaping the Future of the Policing Profession™</small> <small>IACP</small></div></div>		CNS Depressant	CNS Stimulant	Anticholinergics	Dissociative Anesthetics	Alcohol	Inhalants	Cannabis	HGN	Causes	None	None	Causes	None	Causes	None	VGN	Causes	None	None	Causes	None	Causes	None	LOC	Causes	None	None	Causes	None	Causes	Causes	Pupil Size	Normal	Constricted	Constricted	Normal	Constricted	Normal	Constricted	Reaction to Light	Normal	Normal	Normal	Normal	Normal	Normal	Normal
	CNS Depressant	CNS Stimulant	Anticholinergics	Dissociative Anesthetics	Alcohol	Inhalants	Cannabis																																										
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VGN	Causes	None	None	Causes	None	Causes	None																																										
LOC	Causes	None	None	Causes	None	Causes	Causes																																										
Pupil Size	Normal	Constricted	Constricted	Normal	Constricted	Normal	Constricted																																										
Reaction to Light	Normal	Normal	Normal	Normal	Normal	Normal	Normal																																										

<p>Dissociative Anesthetics induce VGN, as do CNS Depressants and Inhalants at a high dose for that individual.</p> <p>An important and interesting fact is drugs that cause HGN and VGN usually do not affect pupil size. Drugs that do not cause HGN and VGN will usually affect pupil size.</p> <p>CNS Stimulants and Hallucinogens usually cause the pupils to dilate.</p> <p>Cannabis usually causes the pupils to dilate but may leave them average in size.</p> <p>Cannabis also causes red, bloodshot eyes.</p> <p>Narcotic Analgesics usually cause the pupils to be smaller in size (constricted).</p> <p>CNS Depressants, Dissociative Anesthetics and Inhalants usually leave the pupils average in size.</p>	
<p><b>Note:</b> Point out and discuss the following footnotes:</p> <p>CNS Depressants: Soma, Quaaludes, and some antidepressants may dilate. Inhalants: Normal (average) but may be dilated. Cannabis: Dilated but may be normal (average) in size.</p>	
<p>Certain drug categories cause the pupils to have a different reaction to light.</p> <p>CNS Depressants, Stimulants, and Inhalants cause the eyes to have a slow reaction to light.</p> <p>Hallucinogens, Dissociative Anesthetics, and Cannabis usually have a normal (within one second) reaction to light.</p>	
<p><b>Note:</b> Point out for hallucinogens, certain psychedelic amphetamines cause slowing.</p>	
<p>Narcotic Analgesics cause little or no (none) visible reaction to light.</p>	

<p><b>Conclusion of Session VII</b></p>	
<p><b>Note:</b> Solicit questions from the participants regarding HGN, VGN and the other eye examinations covered in this session.</p>	




## Session VIII

## EXAMINATION OF VITAL SIGNS

**Objectives**

Upon successfully completing this session, participants will be better able to

1. Name the three types of alcohol.
2. Describe a brief history of alcohol.
3. Identify common alcohol types.
4. Describe the physiologic process of absorption, distribution, and elimination of alcohol in the human body.

Content Segments:	Learning Activities:
<ul style="list-style-type: none"> <li>A. Purpose of the Examinations</li> <li>B. Procedures for Conducting Vital Signs Examinations</li> <li>C. Relationship of Drug Categories to the Vital Signs Examinations</li> </ul>	<ul style="list-style-type: none"> <li>○ Instructor Led Presentations</li> </ul> <div data-bbox="899 1142 1354 1409">  </div>

## A. Purpose of the Examinations

The examination of a person's vital signs can provide useful information concerning the possible presence or absence of various categories of drugs. They can also be helpful in identifying possible medical issues needing immediate attention. The Drug Evaluation and Classification (DEC) Program has established average vital signs, which are also relevant to the DITEP evaluation process. They include:

- Pulse rate: 60 to 90 beats per minute.
- Blood pressure: Systolic of 120-140 mm/Hg and Diastolic of 70-90 mm/Hg.
- Body Temperature: 98.6 +/- 1 degree Fahrenheit.

### Purpose of the Examinations

- ✓ Can provide useful information concerning the possible or absence of various drugs
- ✓ Can possible help identify medical issues needing immediate action

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### Average Ranges

- Pulse - 60 to 90 bpm
- Blood Pressure - 120 - 140  
70 - 90
- Body Temperature - 98.6°F +/- 1.0°F

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**Note:** Point out these are ranges for the DEC Program and may differ slightly from what the participants are accustomed to seeing or hearing.

Different categories of drugs affect these vital signs in different ways. Such as:

- Certain categories speed up the body and elevate the vital signs.

**Note:** Point that pulse, blood pressure and temperature may be elevated.

- Some categories slow down the body and elevate the vital signs.

## B. Procedures for Conducting Vital Signs Examination

Systematic examination of vital signs provides us with useful information concerning the possible presence or absence of various drug categories or for identifying possible medical conditions.

**Note:** Point out for standardization purposes, pulse and blood pressure readings will be obtained using the left arm whenever possible.

<p>Measurement of Pulse Rate</p> <p>Pulse is the expansion and contraction of an artery generated by the pumping action of the heart. Pulse rate is the number of pulsations in an artery per minute.</p> <p>The process for measuring pulse rate is:</p> <ul style="list-style-type: none"> <li>○ Locate the pulse using the person's radial artery (in or near the natural crease of the wrist).</li> <li>○ Place the tips of the index finger and middle finger into the crease of the wrist.</li> <li>○ Once the pulse is located, count the pulses for 30 seconds and multiply by two.</li> </ul> <p>Do's and Don'ts of Measuring Pulse Rate:</p> <ul style="list-style-type: none"> <li>○ Don't use the thumb to apply pressure while measuring a person's pulse.</li> <li>○ Generally, the Radial Artery will be the only pulse point checked.</li> </ul>	
<p><b>Note:</b> Demonstrate this procedure and if time allows, have the participants practice finding their own pulse.</p>	
<p>Measurement of Blood Pressure</p> <p>Measuring a person's blood pressure is not as easy as measuring pulse. Measuring blood pressure requires specialized equipment.</p>	
<p><b>Note:</b> Participants may want to rely on a school nurse or EMT for measuring blood pressure.</p>	
<p>The device used for measuring blood pressure is called a sphygmomanometer. It has a special cuff that is wrapped around the person's arm and inflated with air pressure.</p>	
<p><b>Note:</b> Exhibit a sphygmomanometer and demonstrate how blood pressure is taken.</p>	

**Point out:** These instructions are for using a standard sphygmomanometer and could be different if using electronic versions.

The blood pressure measurement is taken by:

- Positioning the cuff on the person's bicep so that the tubes extend down the middle of the arm.
- Wrap the cuff snugly around the bicep.
- Clip the manometer to the person's sleeve or the instrument's cuff.
- Twist the pressure control valve all the way to the right.
- Put the stethoscope earpieces in your ears.
- Place the stethoscope diaphragm or bell over the brachial artery.
- Inflate the bladder (cuff) with enough air pressure to cut the flow of blood (Typically inflate to about 180 - 200 mmHg).
- Slowly release the air pressure (about 2 mmHg per second) and watch the gauge and listen for the tapping sounds (Korotkoff sounds).
- Slowly release the air pressure.
- Continue to release slowly until the first tapping is heard - that level will be the Systolic blood pressure.
- Continue to release the air pressure until the blood flows continuously through the artery and the tapping is no longer heard – that level will be the Diastolic blood pressure.
- Record the measurements.

<p>Do's and Don'ts of Measuring Blood Pressure:</p> <ul style="list-style-type: none"> <li>○ If you inflate the bladder and then need to repeat the measurement, wait at least three minutes to allow the person's artery to return to normal.</li> <li>○ Wait for 3 minutes to repeat the measurement if needed.</li> <li>○ Don't re-inflate the cuff once you start releasing the pressure.</li> </ul>	
<p><b>Pose question:</b> If blood pressure testing equipment is available and if time allows, have the participants practice taking blood pressure on each other. If not, demonstrate the procedure using either a participant or another instructor.</p>	
<p>Body temperature measurement is taken by:</p> <ul style="list-style-type: none"> <li>○ Placing the oral thermometer covered with a plastic sleeve under the person's tongue.</li> <li>○ Waiting until the thermometer beeps and recording the result</li> </ul> <p>Do's and Don'ts of Measuring Body Temperature:</p> <ul style="list-style-type: none"> <li>○ Ensure the thermometer remains under the person's tongue.</li> <li>○ Refrain from letting the person eat or drink anything immediately prior to measuring temperature.</li> <li>○ Ensure a fresh disposable mouthpiece (sleeve) is used each time.</li> </ul>	
<p><b>Note:</b> Exhibit an oral thermometer and sleeve and demonstrate how temperature is taken.</p> <p>Point out that these instructions are for using a standard oral thermometer and will differ if using an electronic version.</p>	
<p><b>C. <u>Relationship of Drug Categories to the Vital Signs Examinations</u></b></p>	

**Note:** Ask participants to continue to fill out the matrix with blood pressure, pulse, and temperature information.

All seven drug categories will ordinarily affect pulse rate and blood pressure.

Two categories will usually lower pulse and blood pressure.

**Vital Sign Relationship to the Drug Categories**

	CNS Depressant	CNS Stimulant	Hallucinogen	Dissociative Anesthetic	Narcotic Analgesic	Inhalant	Cannabis
Pulse	↓ (blue)	↑ (red)	↑ (red)	↑ (red)	↓ (blue)	↓ (red)	↓ (red)
Blood Pressure	↓ (blue)	↑ (red)	↑ (red)	↓ (blue)	↓ (blue)	↑ (red)	↓ (red)
Body Temp	Normal	↑ (red)	↑ (red)	↑ (red)	↓ (blue)	↑ (red)	Normal

\* Quaaludes and ETOH may elevate.  
 \* Up for amphetamines and down for anesthetic gases.  
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**Note:** Ask the participants which categories would most likely lower pulse rate and blood pressure.

CNS Depressants usually lower pulse and blood pressure, although alcohol, Quaaludes and possibly some antidepressants may elevate the pulse.

Narcotic Analgesics usually lower pulse and blood pressure.

The other five drug categories all tend to elevate pulse.


Most drugs that elevate the pulse also elevate blood pressure.

CNS Stimulants, Hallucinogens, Dissociative Anesthetics and Cannabis usually elevate blood pressure.

Inhalants, such as volatile solvents and aerosols elevate blood pressure. Anesthetic gases typically lower blood pressure. Anesthetic gases include nitrous oxide, amyl nitrite and ether.

There are three drug categories that typically elevate the body temperature: CNS Stimulants, Hallucinogens and Dissociative Anesthetics.



<p>Depending on the substance used, Inhalants can cause the temperature to be elevated (up), lowered (down) or be normal.</p> <p>Narcotic Analgesics usually lower body temperature.</p> <p>The remaining two drug categories do not usually affect body temperature.</p>	
<p><b>Conclusion of Session VIII</b></p>	
<p><b>Note:</b> Solicit participant questions and comments regarding the vital signs.</p>	

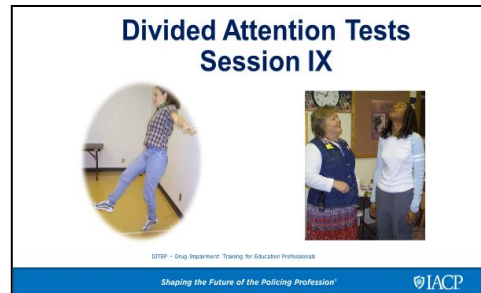
## Session IX

# DIVIDED ATTENTION TESTS

### Objectives

Upon successfully completing this session, participants will be better able to

1. Conduct the four divided attention tests.
2. Properly record the individual's performance of these tests.

Content Segments:	Learning Activities:
<ul style="list-style-type: none"> <li>A. Modified Romberg Balance</li> <li>B. Walk and Turn</li> <li>C. One Leg Stand</li> <li>D. Finger to Nose</li> </ul>	<ul style="list-style-type: none"> <li>○ Instructor Led Presentations</li> <li>○ Instructor Led Demonstrations</li> <li>○ Hands-On Practice</li> </ul>
	

**Note:** Due to the limited amount of time available to practice and become proficient during this training, it is advisable that the instructions for these tests be read to the individual.

**A. Modified Romberg Balance**

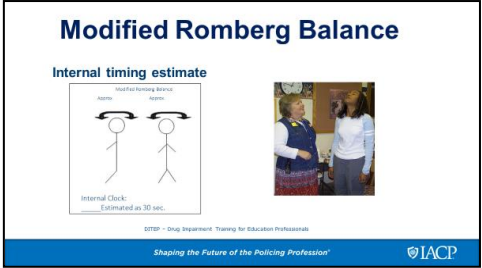
The Modified Romberg Balance is the first divided attention test administered during the DITEP drug assessment. The test requires the person to stand with their feet together, their head tilted back slightly, and their eyes closed.

The test also requires that the person attempt to estimate the passage of thirty seconds. To do this, the person must be instructed to open his/her eyes, tilt the head forward, and say “stop” when he or she thinks that thirty seconds have elapsed

**Note:** The person should not be instructed as to how he or she is supposed to estimate the passage of 30 seconds.

This test requires recording how much time elapsed from the start of the test until the person opened his/her eyes and says “stop”.

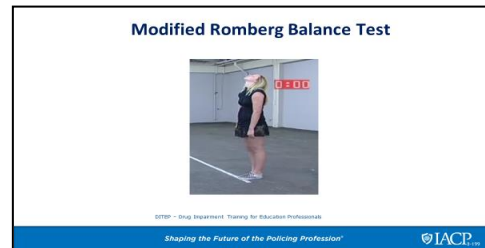
**Note:** Point out that some drugs tend to speed up the person’s internal timing, so that the person may open their eyes after only 10 or 15 seconds have gone by. Other drugs may slow down the internal timing ability so that the person keeps his/her eyes closed for 60 or more seconds. Sometimes the drugs confuse the person to the point where he/she won't remember to open the eyes until instructed to do so.

<p>If the person continues to keep the eyes closed for 90 seconds, the examiner should stop the test and record the fact that it was terminated at 90 seconds.</p> <p><u>Procedures for the Modified Romberg Test</u></p> <ul style="list-style-type: none"> <li>○ Have the person stand with his/her feet together and arms at the sides.</li> <li>○ Instruct the person to watch you and listen to the instructions, and not start the test until told to start.</li> <li>○ When told to start the test, have the person tilt his/her head back slightly (demonstrate) and close his/her eyes.</li> </ul>	 <p>The image shows a slide titled "Modified Romberg Balance". It includes a diagram of a stick figure with arrows indicating head tilting back and forward, labeled "Internal timing estimate" and "Internal Clock: Estimated as 30 sec.". To the right is a photograph of a person in a blue vest demonstrating the test to another person. The slide footer includes "IATP - Drug Impairment Training for Education Professionals", "Shaping the Future of the Policing Profession", and the "IACP" logo.</p>
<p><b>Note:</b> Make sure the person understands the instructions. If the person fails to maintain the starting position during the instructions, discontinue the instructions and direct the person back to the starting position before continuing.</p>	
<p><b>Note:</b> The examiner should not close his/her own eyes, for safety reasons.</p>	
<ul style="list-style-type: none"> <li>○ Instruct the person that once he/she has closed their eyes with the head slightly tilted back, have them estimate the passage of 30 seconds.</li> <li>○ Instruct the person that as soon as he/she thinks 30 seconds have elapsed to open their eyes and tilt their head forward and say "Stop".</li> </ul>	
<p><b>Note:</b> Emphasize asking the person if he or she understands the instructions. Once confirmed, have the person begin the test.</p>	
<ul style="list-style-type: none"> <li>○ Record the observations and the time that the person estimated.</li> </ul>	

**Note:** Examiners should look at a watch or other timing device as soon as the person starts the test and record the actual amount of time that passes until the individual opens their eyes and says “stop”.

**Note:** Examiners should not only be observant of the time the person estimates, but also any other possible indicators of impairment, such as body tremors, eyelid tremors, swaying, falling, laughing, etc.

### Demonstrations of the Modified Romberg Balance Test



**Note:** Select two participants to conduct the test. Coach the participants as necessary. Have one participant administer the test to the other participant.

Offer constructive criticism, as appropriate, about the demonstration. Have the second participant administer the test to the first and offer appropriate constructive criticism.

Thank the participants for the participation and solicit questions.

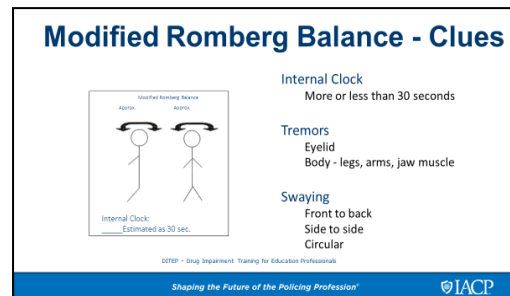
### Recording the Results of the Modified Romberg Balance Test

Some other impairment indicators that may be observed and should be recorded during this test include:

- Amount that the person sways
- Eyelid or body tremors
- Actual amount of time that the person keeps their eyes closed

To record swaying, the evaluator should estimate how many inches the person swayed, either front-to-back, side-to-side, or circular.

To record the time estimation, simply record the number of seconds that the person kept his/her eyes closed.



**Note:** If time permits, instruct the participants to work in pairs and practice administering the Modified Romberg Balance test to each other.

## **B. Walk and Turn**

The Walk and Turn is the second divided attention test administered during the DITEP drug assessment.

**Note:** If possible, have a visible line available on the floor for use during this portion of the training.

The test is administered in the same way as used for field sobriety testing purposes.

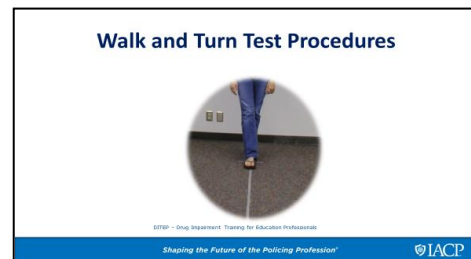
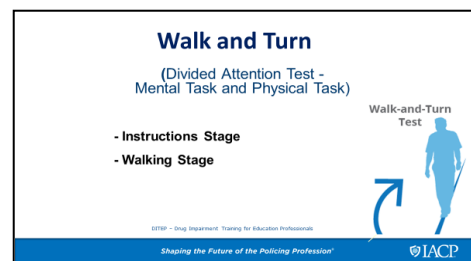
### Review of Walk and Turn test administrative procedures

The test has two stages:

- Instructions stage
- Walking stage

### Procedures for the Walk and Turn Test

- Instruct the person to stand on the line heel to toe, with the right foot ahead of the left foot, and keeping the arms at the sides



**Note:** Demonstrate the stance that the person must maintain during the instructions stage.

**Note:** Point out if the person fails to maintain the starting position during the instructions, discontinue the instructions and direct the person back to the starting position before continuing.

<ul style="list-style-type: none"> <li>○ Make sure the person does not begin the test until told to do so</li> <li>○ Tell the person that when told to begin, to take nine heel to toe steps on the line, to turn, and to return nine heel to toe steps back on the line</li> <li>○ Tell the person that at the ninth step to leave his/her front (or lead) foot on the line, then turn on the front foot taking a series of small steps</li> <li>○ The examiner must demonstrate walking heel to toe and demonstrate the turn taking a series of small steps</li> </ul>	
<b>Note:</b> Demonstrate the heel to toe steps and demonstrate the turn.	
<ul style="list-style-type: none"> <li>○ Instruct the person to watch his/her feet while walking, and to count their steps out loud</li> <li>○ Remind the person to keep his/her arms at their sides throughout the test</li> <li>○ Tell the person to not stop walking until the test is completed</li> <li>○ Ensure that the person understands the instructions. If so, advise the person to begin the test</li> </ul>	
<b>Note:</b> Point out if the person stops, or fails to count out loud, or watch his/her feet, remind the person to perform these tasks. This interruption will not affect the test and is essential for evaluating divided attention.	
<u>Demonstrations of the Walk and Turn Test</u>	
<b>Note:</b> Conduct an instructor-to-participant demonstration. Select a participant to serve as the test person. Administer a complete Walk and Turn test to the participant.	
<b>Note:</b> Thank the participant for his/her participation and solicit questions about the administrative procedures.	

## Recording the Results of the Walk and Turn Test

Possible clues of impairment that may be observed during the Walk and Turn test include:

### Instructions Stage Clues:

- Can't balance during instructions (breaks from the heel/toe stance)
- Starts too soon

### Walking Stage Clues:

- Stops while walking
- Misses heel-to-toe (more than ½ inch)
- Steps off the line.
- Raises arms for balance (more than 6 inches)
- Takes the wrong number of steps
- Improper turn (spins around, loses balance, etc.)

Two out of eight possible clues are consistent with impairment.

### Standards for Test Performance

- Arms greater than six inches from the body
- Misses heel/toe greater than ½ inch


(Offer to let the person remove their shoes before performing the test if heels are 2" or higher)

### Walk and Turn Test - Clues

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

*Note: If student can't do test, record only the clues that were observed. Describe why the test was stopped*

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**Note:** Assign participants to work in pairs and instruct them to take turns administering the Walk and Turn test to each other. Monitor the practice and offer coaching and constructive criticism, as appropriate.

**Note:** Solicit questions regarding the Walk and Turn test.



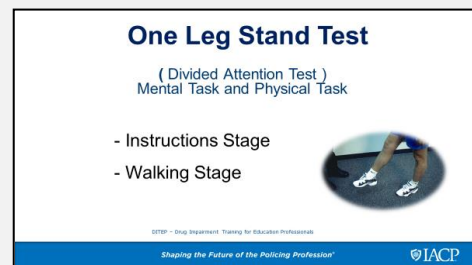
### C. One Leg Stand

The One Leg Stand is the third divided attention test administered during the DITEP drug assessment.

#### Administrative Procedures for the One Leg Stand Test

This test requires the person to balance while standing on one leg. The procedures for the test are:

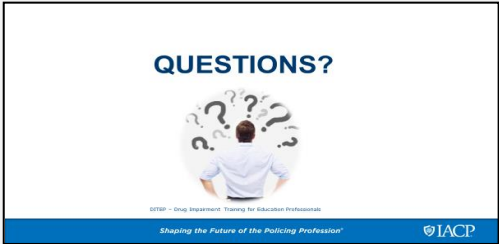
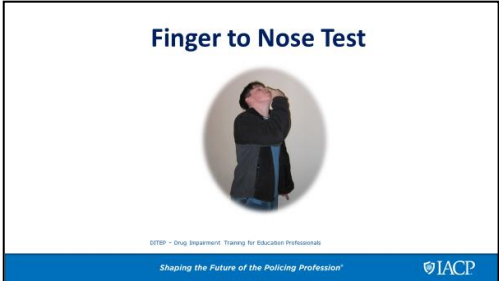
- Instruct the person to stand with his/her feet together, arms at the side, facing the examiner

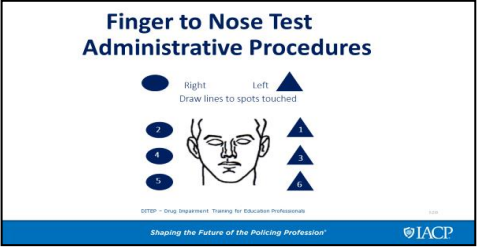


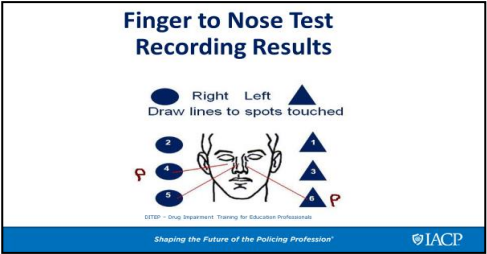
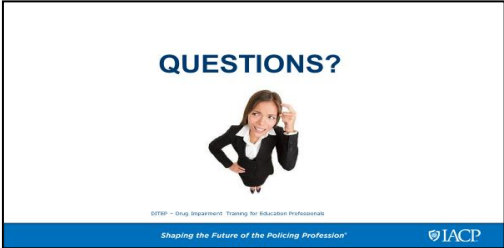
**Note:** Demonstrate the stance that the individual is required to maintain.

- Instruct the person that he/she will stand on the left foot, and raise the right foot approximately 6 inches off the floor, with the right leg held straight and the raised foot parallel to the floor
- Instruct the person that he/she must look at the elevated foot during the test

<ul style="list-style-type: none"> <li>○ Instruct the person that he/she will count out in the following manner: “One thousand one, one thousand two, one thousand three, and so on until told to stop”</li> <li>○ Remind the person to keep his/her legs straight and keep looking at the elevated foot, while keeping the arms at his/her sides</li> <li>○ Ensure the person understands the instructions then have the person beginWhen thirty seconds have elapsed, stop the test</li> </ul>	
<p><b>Note:</b> Point out the examiner must demonstrate the OLS test to the individual.</p> <p>Emphasize that the individual must maintain the foot elevation throughout the test. If the individual lowers the foot, he/she should be instructed to raise it.</p> <p>Emphasize that the examiner should not look at his/her own foot while giving the instructions for safety purposes. The examiner should keep his/her eyes on the individual during the test.</p>	
<p><b>Note:</b> Solicit participant questions about the administrative procedures for OLS test.</p> <p>The validation of the OLS test was based on a 30 second period. Therefore, the examiner must keep track of the actual time the individual stands on each foot.</p>	
<p><u>Recording the Results of the One Leg Stand Test</u></p> <p>The clues for the One Leg Stand test are:</p> <ul style="list-style-type: none"> <li>○ Sways while balancing</li> <li>○ Uses arms to balance</li> <li>○ Hopping</li> <li>○ Puts foot down</li> </ul>	

<p>Two out of four clues are consistent with impairment.</p>	
<p><b>Note:</b> Assign the participants to work in pairs. Instruct the participants to take turns administering the OLS test to each other. Monitor the practice and offer appropriate coaching and constructive criticism.</p>	
<p><b>Note:</b> Solicit questions regarding the One Leg Stand test.</p>	
<p style="text-align: center;"><b>D. <u>Finger to Nose</u></b></p> <p>The Finger to Nose test is the final divided attention test used in the DITEP drug assessment.</p> <p>The Finger to Nose test differs from the other three tests in that the examiner must continue to give instructions to the person throughout the test.</p> <p><u>Administrative Procedures for the Finger to Nose Test</u></p> <p>The person should be instructed to stand with their feet together, arms down at the sides, facing the examiner.</p> <p>Instruct the person to rotate the palms forward and then to extend the index fingers from the closed hands. (The examiner should demonstrate the correct hand position).</p> <p>Then the person is instructed to touch the tip of the index finger to the tip of the nose. The examiner should demonstrate to the person exactly how he/she is expected to touch the fingertip to the tip of the nose.</p>	

<p>The examiner then gives a series of commands, i.e., left, right, etc. to indicate which fingertip is to be brought to the nose.</p>	 <p>The diagram illustrates the 'Finger to Nose Test' administrative procedures. It features a central line drawing of a human face. To the left of the face, there are three blue circles labeled 2, 4, and 5, representing the right hand. To the right of the face, there are three blue triangles labeled 1, 3, and 6, representing the left hand. Above the circles and triangles, the text reads 'Right' and 'Left' respectively, followed by 'Draw lines to spots touched'. The entire diagram is enclosed in a blue border with the title 'Finger to Nose Test Administrative Procedures' at the top. At the bottom of the border, it says 'STEP - Drug Impairment Training for Education Professionals' and 'Shaping the Future of the Policing Profession' with the IACP logo.</p>
<p><b>Note:</b> Demonstrate the touching sequence.</p>	
<p>Instruct the person that he/she is expected to return the arm to the side immediately after touching the fingertip to the nose.</p> <p>The person is also instructed to tilt their head back slightly and to close their eyes and keep them closed until the examiner says to open them.</p>	
<p><b>Note:</b> Point out the person's head should be tilted back in the same fashion as in the Modified Romberg Balance test and that the person should assume the stance with the head tilted back, eyes closed, arms at sides with index fingers extended.</p>	
<p>For the Finger to Nose test, the person is given the following sequence of commands; left, right, left, right, right, left.</p> <p><u>Instructor Led Demonstrations</u></p>	
<p><b>Note:</b> Select a participant to serve as the test subject and administer a complete Finger to Nose test to that person.</p> <p>Thank the participant for his/her assistance and solicit questions about the demonstration.</p>	

<p><u>Recording the Results of the Finger to Nose Test</u></p> <p>The Finger to Nose results are recorded by drawing a map showing exactly where the fingertips landed on each attempt.</p> <p>A line should be drawn to the appropriate triangle to indicate where the person touched their nose.</p>	 <p>The diagram shows a top-down view of a human head. On the left side, there are three blue circles labeled 2, 4, and 6. On the right side, there are three blue triangles labeled 1, 3, and 5. Red lines are drawn from the circles to the triangles, representing the path of the fingertips. Above the circles, it says 'Right' and above the triangles, it says 'Left'. Below the diagram, it says 'Draw lines to spots touched'. At the bottom, there is a blue banner with the text 'IATP - Drug Impairment Training for Education Professionals' and 'Shaping the Future of the Policing Profession' with the IACP logo.</p>
<p><b>Note:</b> If the examiner draws the line from the place where the individual touches to the triangle it enables them to draw a straighter line.</p>	
<p><u>Hands on Practice</u></p>	
<p><b>Note:</b> Assign the participants to work in pairs. Instruct the participants teams to take turns administering the Finger to Nose test to each other.</p>	
<p><b>Conclusion of Session IX</b></p>	
<p><b>Note:</b> Solicit questions regarding the Finger to Nose test and the other divided attention tests covered in this session.</p>	 <p>The slide has the word 'QUESTIONS?' in large blue letters at the top. Below it is a cartoon illustration of a woman in a business suit, looking thoughtful with her hand on her chin. At the bottom, there is a blue banner with the text 'IATP - Drug Impairment Training for Education Professionals' and 'Shaping the Future of the Policing Profession' with the IACP logo.</p>

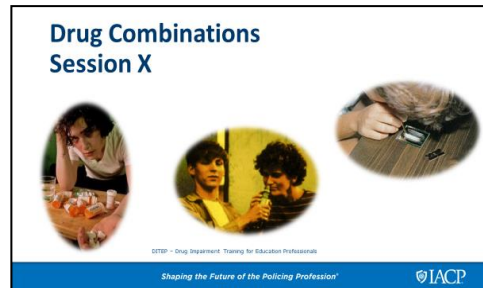
## Session X


# DRUG COMBINATIONS

## Objectives

Upon successfully completing this session, participants will be better able to

1. Identify the four specific effects of drug category combinations.
2. Identify the signs and symptoms of the combinations of various drug categories.

Content Segments:	Learning Activities:
<ul style="list-style-type: none"> <li>A. The Four Effects of Polydrug Use</li> <li>B. Common Drug Combinations</li> <li>C. Specific Effects: <ul style="list-style-type: none"> <li>○ Null Effect</li> <li>○ Overlapping Effect</li> <li>○ Additive Effect</li> <li>○ Antagonistic Effect</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Instructor Led Presentations</li> </ul>
	 <p>The slide titled "Drug Combinations Session X" features three circular images: a person looking distressed, two people talking, and a close-up of a hand holding a small object. At the bottom, it reads "Drug Impairment Training for Education Professionals" and "Shaping the Future of the Policing Profession" with the IACP logo.</p>

<p>The practice of taking more than one drug to achieve desirable effects is very common.</p> <p>Drugs taken in combination will produce one of four combining effects. Within the DEC Program training, these combination effects are referred to as:</p> <ul style="list-style-type: none"> <li>○ Null Effect</li> <li>○ Overlapping Effect</li> <li>○ Additive Effect</li> <li>○ Antagonistic Effect.</li> </ul> <p>Each of these effects will be covered in this training session. They are not covered to assist in being able to determine the exact combination of drug categories, but to provide a basic understanding of what is occurring when a person is displaying conflicting signs, symptoms, and indicators of impairment.</p>	
<p><b>Note:</b> Point out that combining drugs or polydrug use can be confusing, even for a highly skilled DRE. If signs, symptoms, and indicators of more than one drug are observed, it is very likely that there is more than one drug affecting the person.</p>	
<p><u>Common Drug Combinations</u></p> <p>There are literally hundreds of drug combinations. Some have been around for many years, and they continue to evolve in the drug culture. However, some of the more common combinations include:</p> <ul style="list-style-type: none"> <li>○ Marijuana and Alcohol</li> <li>○ Heroin and Cocaine (street name Speedball)</li> <li>○ Marijuana and Alprazolam (Xanax) (street name Bars)</li> <li>○ Heroin and Marijuana (street name A-Bomb)</li> <li>○ Marijuana and Crack Cocaine (street name Bazooka)</li> <li>○ Crack Cocaine and Heroin (street name Chasing the Dragon)</li> </ul>	<div data-bbox="894 1079 1373 1354"> <p><b>Some Common Combinations</b></p> <ul style="list-style-type: none"> <li>• Marijuana / Alcohol</li> <li>• Heroin / Cocaine</li> <li>• Marijuana / Stimulant</li> <li>• Marijuana / Ketamine</li> </ul>  <p><small>©2019 - Drug Impairment Training for Education Professionals</small></p> <p><small>Shaping the Future of the Policing Profession™</small></p> <p><small>IACP</small></p> </div>

**Note:** Point out there are many drug combinations, and this might be an opportunity to discuss some of the more common combinations in the community or the school.

### Specific Effects

**Null Effect:** This is when neither drug category has an effect on the body function.

An example would be neither CNS Stimulants nor Narcotic Analgesics cause HGN. Therefore, HGN would not be expected to be seen with these drug categories in combination.

**Overlapping Effect:** When one drug category affects the body function, the other does not.

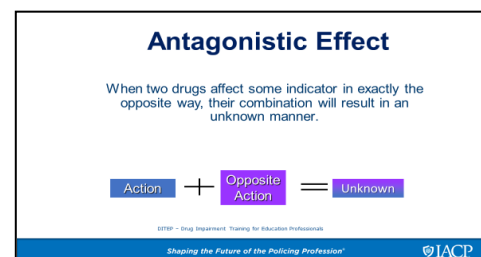
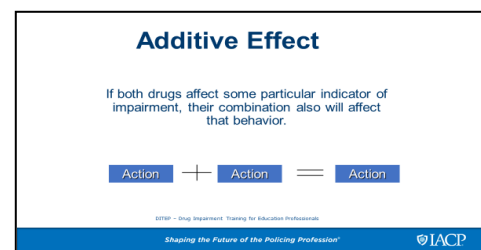
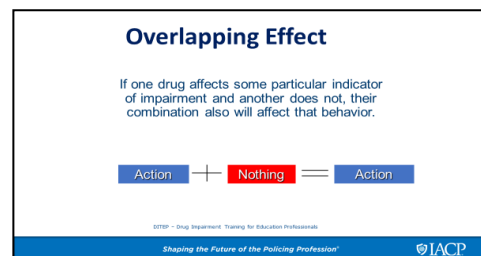
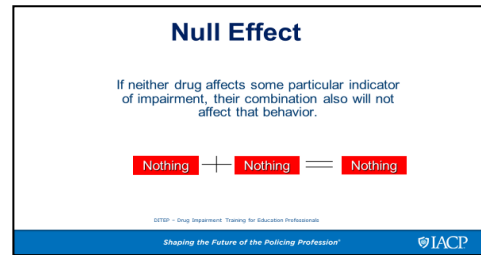
An example would be CNS Depressants cause HGN, CNS Stimulants do not. HGN would be expected to be seen with this drug category combination.

**Additive Effect:** When one drug category affects the body function, plus the same effect by another drug category, reinforces the affect.

An example would be both Hallucinogens and CNS Stimulants dilate the pupils. Therefore, dilated pupils would be expected with this drug category combination.

**Antagonistic Effect:** When one drug category affects the body function versus the opposite effect by another drug, outcome cannot be predicted.

An example would be Cannabis dilates the pupils. Narcotic Analgesics constrict the pupils. What is observed cannot be predicted.





**Note:** If time allows, refer the participants to the polydrug examples in their manuals and discuss some of the expected effects using the examples.

### Polydrug Combinations

#### **Null Effect**

***No Effect + No Effect = No Effect***

	CNS DEPRESSANT	CANNABIS
HGN	Present	None
VGN	Present	None
LOC	Present	Present
PUPIL	Normal	Dilated (6)
RCT/LT	Slow	Normal
PULSE	Down (2)	Up
B/P	Down	Up
TEMP	Normal	Normal

The Null Effect would only apply to one symptom: Body Temperature. Since neither drug category has any effect on body temperature, the combination of the two categories will have no effect on body temperature.

#### **Overlapping Effect**

***No Effect + No Effect = Effect***

	DISSOCIATIVE ANESTHETIC	CANNABIS
HGN	Present	None
VGN	Present	None
LOC	Present	Present
PUPIL	Normal	Dilated (6)
RCT/LT	Normal	Normal
PULSE	Up	Up
B/P	Up	Up
TEMP	Up	Normal

The Overlapping Effect would influence several symptom categories in this combination. Horizontal and Vertical Gaze Nystagmus are both present in Dissociative Anesthetics but not Cannabis. Because Effect + No Effect = Effect, both symptoms should be present. Dissociative

Anesthetics have no effect on pupil size, but Cannabis will dilate. Because of the overlapping effect, pupils should be dilated. Finally, Dissociative Anesthetics elevate the Body Temperature while Cannabis has no effect on body temperature. During the evaluation, the suspect should have an elevated body temperature.

#### Addictive Effect

#### *Effect + Effect = Reinforced Effect*

	CNS STIMULANT	CANNABIS
HGN	None	None
VGN	None	None
LOC	None	Present
PUPIL	Dilated	Dilated (6)
RCT/LT	Slow	Normal
PULSE	Up	Up
B/P	Up	Up
TEMP	Up	Normal

The Additive Effect will reinforce several symptoms indicative to both categories. First, Pupil Size. The symptoms of dilated pupils should be reinforced and very apparent since both categories tend to dilate pupils. Secondly, Pulse Rate and Blood Pressure are elevated in both categories. Again, this should reinforce an elevated pulse and blood pressure during the evaluation. Effect + Effect = Reinforced Effect.

#### Antagonistic Effect

#### *Effect + Effect = Any Effect*

	CNS STIMULANT	NARCOTIC ANALGESIC
HGN	None	None
VN	None	None
LOC	None	None
PUPIL	Dilated	Constricted
RCT/LT	Slow	Little/Non-Visible
PULSE	Up	Down
B/P	Up	Down
TEMP	Up	Down

The Antagonistic Effect will appear in several observable symptoms of this combination. The first will be in Pupil Size. Since CNS Stimulants dilate and Narcotic Analgesics constrict, we may see anything from either symptom to possibly a normal pupil. However, if the stimulant is wearing off and the narcotic is still active or predominant, then we would most likely see a constricted pupil. The opposite would be true if the stimulant was the dominant drug, then we would notice a dilated pupil.

Also, the following symptoms are antagonistic: Pulse, Blood Pressure, and Body Temperature. As with the pupil size, we could see anything from elevated to lowered, to normal, again depending on the strength or predominance of each drug in the body. It is important to remember that we simply cannot predict the outcome of antagonistic effects.

#### DRUG INTERACTIONS IN COMBINATION

DISSOCIATIVE ANESTHETIC and HALLUCINOGEN	
HGN	Overlapping
VGN	Overlapping
LOC	Overlapping
PUPIL SIZE	Overlapping
RCT TO LIGHT	Null (may be overlapping (3))
PULSE	Additive
B/P	Additive
TEMP	Additive

CNS DEPRESSANT and CANNABIS	
HGN	Overlapping
VGN	Overlapping
LOC	Additive
PUPIL SIZE	Overlapping (may be additive (1), (6))
RCT TO LIGHT	Overlapping
PULSE	Antagonistic (may be additive (2))
B/P	Antagonistic
TEMP	Null

CNS DEPRESSANT and CNS STIMULANT	
HGN	Overlapping
VGN	Overlapping
LOC	Overlapping
PUPIL SIZE	Overlapping (may be additive (1))
Rx TO LIGHT	Additive
PULSE	Antagonistic (may be additive (2))
B/P	Antagonistic
TEMP	Overlapping
<div> <div>Conclusion of Session X</div> <div></div> </div>	
<b>Note:</b> Solicit questions regarding this session from the participants.	



Session XI

ASSESSMENT PROCESS

Objectives

Upon successfully completing this session, participants will be better able to

- 1. Complete the DITEP drug assessment process.
- 2. Document the results of the DITEP drug assessment process.
- 3. Interpret the information obtained during the DITEP drug assessment process.

Content Segments:	Learning Activities:
A. Assessment Process and Procedures	<ul style="list-style-type: none"><li>○ Instructor Led Presentations</li></ul>
Appendix 11A: Sample Referral Interview Form	<div><div><div>Assessment Process and Procedures</div><div>Session XI</div></div><div></div><div><small>DITEP - Drug Involvement Training for Education Professionals</small></div><div><small>Shaping the Future of the Policing Profession</small></div><div></div></div>

<p>To assist in documenting the observations during the DITEP drug assessment, two assessment forms are provided in this training. These forms complement the initial Referral Form introduced on Day One.</p>	
<p><b>Note:</b> Even though the assessment procedure may seem similar in some ways to the DRE evaluation, it will not qualify participants to become a DRE or conduct an actual DRE drug influence evaluation.</p>	
<p><b>Note:</b> Point out copies of two possible assessment forms are included Appendix 11A and 11B of this session.</p>	
<p>The assessment forms provide a step-by-step documentation tool to assist the examiners in the DITEP drug assessment process.</p> <p>School administration should determine what process will be used to retain the completed assessment forms.</p> <p>The assessment forms include the following areas:</p> <ul style="list-style-type: none"> <li>- Initial Contact and Interview <ul style="list-style-type: none"> <li>○ If alcohol is suspected and the school or school district has an alcohol testing device and process in place, a screening test is recommended</li> </ul> </li> </ul>	
<p><b>Note:</b> Point out that the participants should follow school policy and procedures on chemical testing.</p>	
<ul style="list-style-type: none"> <li>○ The examiner should note their first impressions and the general appearance of the person in question</li> <li>○ The examiner should also record responses to the initial questions asked of the person</li> <li>- Vital Signs <ul style="list-style-type: none"> <li>○ If the person's vital signs are taken, they should be recorded in the assessment form</li> </ul> </li> </ul>	

- As a reminder, if any of the vital signs are abnormal to the point of medical concerns, medical personnel should be consulted

- Eye Examinations

The assessment eye examinations should be recorded and should include the following tests:

- Equal tracking
- Equal pupil sizes
- Resting nystagmus
- Horizontal gaze nystagmus (HGN)
- Vertical nystagmus (VGN)
- Lack of convergence (LOC)

- Divided Attention Tests

The divided attention tests administered to the person should be recorded and should include the following tests:

- Modified Romberg Balance
- Walk and Turn
- One Leg Stand
- Finger to Nose

- Pupil Size/Dark Room and Ingestion Examination

The pupil size, dark room examinations and signs of ingestion observations should be recorded on the assessment form.

- Muscle Tone

Any checks of the person's muscle tone should be recorded on the assessment form.

- Injection Marks

If any injection marks are observed during the assessment of the person, those should be recorded on the assessment form. Care should be used in inspecting injection marks for health purposes. Protective gloves are recommended.

Assessment Conclusions

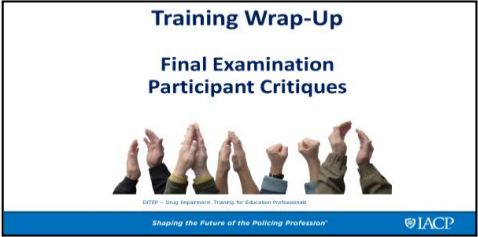

The conclusions of the assessment should include the following:

- Interview questions, statements, and other observations of the person
- Examiner's summary
- Additional chemical testing. This could include a breath test, if alcohol is suspected, or could include additional drug testing following school policy
- Team Consultation and Recommendations
- If an assessment team, or other relevant personnel, are involved or consulted, their recommendations should also be included in the assessment
- Conference with Parent(s).
  - If the assessment includes a conference with the parents or guardians, that information should be included in the assessment along with any relevant information obtained during that contact.

**Note:** Solicit questions or concerns about the assessment form(s) and the assessment process and procedures.

**Note:** Refer the participants to the assessment form(s) and if necessary, go through the assessment forms with them.



<p><b>Note:</b> Final Examination - If the school requires or requests a final examination for Continuing Education Units, use the examination and answer key in the DITEP instructor materials. There are examinations for one day of training (Day 1) and for Day 2 (Two days of training).</p>	 <p>The slide is titled "Training Wrap-Up" and "Final Examination Participant Critiques". It features a photograph of several hands raised in a gesture of participation or agreement. At the bottom, it includes the DITEP logo and the IACP logo with the tagline "Shaping the Future of the Policing Profession".</p>
<p><b>Conclusion of Session XI</b></p>	 <p>The slide is titled "Conclusion Session XI" and lists "Questions?", "Comments?", and "Disagreements?". It includes the DITEP logo and the IACP logo with the tagline "Shaping the Future of the Policing Profession" at the bottom.</p>
<p><b>Note:</b> Solicit questions regarding this session from the participants.</p>	

**DITEP ASSESSMENT FORM**

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ TIME: \_\_\_\_\_

REASON FOR REFERRAL: \_\_\_\_\_

PERSON MAKING REFERRAL(s): \_\_\_\_\_ POSITION: \_\_\_\_\_

COLLABORATING PERSONNEL(s): \_\_\_\_\_ POSITION: \_\_\_\_\_

ADMINISTRATOR NOTIFIED: \_\_\_\_\_

**FIRST IMPRESSION – GENERAL APPEARANCE** (Circle all that apply)

GAIT: Steady Weaving Needs assistance to walk Hold/reaching for support Other (Explain) \_\_\_\_\_

Comments \_\_\_\_\_

CLOTHING: Disheveled Neat Clean Dirty Tattered Coat on/off Arms exposed Hat on  
Multiple layers Appropriate for season Odor to clothing (describe) \_\_\_\_\_

HAIR: Combed Matted or unkempt Clean Dirty Debris in Hair

FACE: Flushed Cyanotic/Pale/Clean Dirty Shaved Unshaven (estimate # days growth) \_\_\_\_\_  
Bruised Bleeding Piercing - Yes/No Number \_\_\_\_\_ Location \_\_\_\_\_

LIPS: Bruised Burn marks Canker/cold sore/blisters Swelling Chapped/dry

HANDS: Clean Dirty Tremors Clenched fist(s) Hand(s) in pocket(s)

ODOR: Cigarette Marijuana Chemical Vomitus

BODY: Diaphoretic (sweating) Where (forehead, above lip, temples) \_\_\_\_\_ Warm to touch

Comments \_\_\_\_\_

DEMEANOR: Blank stare Calm Smiling Agitated Frowning/scowling Crying  
Slow movements (sluggish) Antagonistic Euphoric Fumbling Grinding teeth Hallucinating

SPEECH: Normal tone Normal speed Clear Garbled Slowed Slurring Yelling Talkative

Comments \_\_\_\_\_

**INTRODUCTION STATEMENT**

Explain why they are being assessed, but do not state that you are doing a drug exam. Example, "I am concerned about..." Confirm student understands.

Student Reaction: Verbal Yes / No Nonverbal Yes / No No response Other \_\_\_\_\_

Appears focused (eye contact) Appears to comprehend Following directions  
Comments \_\_\_\_\_

## **PRELIMINARY EXAM/QUESTIONS:**

Indicate if there is no reply to questions. Note if speech is clear/garbled etc. Where applicable, note type, time taken and quantity.

Without looking, can you tell me what time it is? \_\_\_\_\_ Actual time: \_\_\_\_\_

Have you taken any medications today? Recently? Verbal: Yes / No Nonverbal: Yes / No No response

Type \_\_\_\_\_ Time \_\_\_\_\_ Quantity \_\_\_\_\_

Have you taken any drugs today? Recently? Verbal: Yes / No Nonverbal: Yes / No No response

Type \_\_\_\_\_ Time \_\_\_\_\_ Quantity \_\_\_\_\_

Have you ingested any alcohol today? Recently? Verbal: Yes / No Nonverbal: Yes / No No response

Type \_\_\_\_\_ Time \_\_\_\_\_ Quantity \_\_\_\_\_

Have you had any injury to your head today? Recently? Verbal: Yes / No Nonverbal: Yes / No No response

Do you have any allergies? \_\_\_\_\_

When did you last eat? \_\_\_\_\_ What did you eat? \_\_\_\_\_

When did you last sleep? \_\_\_\_\_ How long did you sleep? \_\_\_\_\_

Are you diabetic? Yes / No Do you take insulin? Yes / No Type \_\_\_\_\_ Time \_\_\_\_\_

Are you an epileptic? Yes / No Do you take seizure medication? Yes / No

**VITAL SIGNS:** Time: \_\_\_\_\_ Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_

Comments \_\_\_\_\_

**EYES:** Do you wear glasses? Yes / No Do you wear contacts? Yes / No Do you have contacts in? Yes / No

Do you have blindness in either eye? Yes / No Have you ever injured your eye? Yes / No Have you ever had eye surgery? Yes / No

## **EYE EXAMS**

### **LACK OF SMOOTH PURSUIT**

Stand in front of the student while giving instructions. Have the student remove their glasses if they are wearing them. Hold the stimulus 12-15" from the face, in front of the nose and slightly above eye level. If the student's eyelids are droopy, hold the stimulus slightly higher to better view the eyes. Start with the student's left eye. Use smooth motions from one side to the other.

**Give the following instructions:** Stand with your feet together and your arms down at your sides. Stay in that position until I tell you the test is finished. I want you to follow the tip of my penlight (stimulus) with your eyes and your eyes only. Do not move your head. Continue to focus on the tip of my penlight until I tell you to stop. Do you understand the instructions?

**Check for equal pupil size, resting nystagmus, and equal tracking.**

Pupils Equal in Size: Yes / No Resting Nystagmus: Yes / No Equal Tracking: Yes / No

### **Lack of Smooth Pursuit**

Check for lack of smooth pursuit in both eyes. Start at the center (nose). Move the stimulus from your right to your left without stopping. Make two complete passes, taking approximately 4 seconds per pass. Record the requests.

Lack of smooth pursuit: Left eye: Yes / No Right eye: Yes / No Comments: \_\_\_\_\_

### **DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION**

After checking for Lack of Smooth pursuit, move the stimulus to your right (student's left eye) to maximum deviation with no white of the eye showing. Hold the stimulus for a minimum of 4 seconds. Then move the stimulus to your left so the student's right eye is at maximum deviation. Hold the stimulus for 4 seconds. Repeat the check for both eyes and record the observations.

Maximum deviation: Left eye: Yes / No Right eye: Yes / No Comments: \_\_\_\_\_

### **ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES**

After checking for distinct and sustained nystagmus at maximum deviation, check for an onset of nystagmus prior to 45 degrees. Do so by moving the stimulus to your right slowly until you observe the onset of nystagmus. It should take approximately 4 seconds to reach 45 degrees. At 45 degrees, you should be parallel to the outside of the student's shoulder. You should see only a slight white crescent in the corner of the eye. If you observe nystagmus prior to 45 degrees stop moving the stimulus at the first onset. Note the angle. Repeat the procedure for the right eye. Repeat the check for both eyes. Note your observations.

Estimated angle of onset: Left eye: \_\_\_\_\_degrees Right eye: \_\_\_\_\_degrees Other observations: \_\_\_\_\_

### **VERTICAL GAZE NYSTAGMUS**

To check for vertical gaze nystagmus, start in the center of the student's face and move the stimulus straight up until no white is showing at the top of the eyes. Look for the involuntary jerking of the eyes up and down. Hold for a minimum of 4 seconds. Move the stimulus back to the center and repeat the check. Note your observations.

Vertical nystagmus present: Yes / No Comments: \_\_\_\_\_

### **LACK OF CONVERGENCE**

Explain the test to the student and make sure they understand to watch the stimulus throughout the test. Start in the center above the student's eye level and move the stimulus in two large circles around the student's face, then move the stimulus towards the bridge of the nose. **DO NOT TOUCH THE BRIDGE OF THE NOSE.** The stimulus should be brought in to within approximately 2" of the nose and held for approximately 1 second. Note if the eyes both move in, one moves in, if they move in and stop halfway, if they move in and then drop down and back out or if the eyes do not converge at all. Note your observations. You may not see the same reaction with both eyes.

Able to follow stimulus: Yes / No Both eyes: Yes / No One eye only: Yes / No

Droopy eyelids: Yes / No Eyes: Watery: Yes / No Bloodshot eyes: Yes / No Other: \_\_\_\_\_

Indicate the result using the diagrams below to best show the student's reaction to the test.



### **DIVIDED ATTENTION TASKS**

#### **MODIFIED ROMBERG BALANCE**

Stand in front of the student while giving instructions. Demonstrate the test **but do not close your eyes**. Once the test has begun you may move around the student for better observations. If at any time the student appears they could fall or be injured, stop the test, and record the results and the reason for stopping the test.

**Give the following instructions:** Stand with your feet together and arms down at your sides. Stay in that position until I tell you to begin. When I tell you to begin, I want you to tilt your head back, close your eyes and estimate when 30 seconds have gone by. When you think 30 seconds have gone by, open your eyes, tilt your head forward and say 'stop'. Do you understand the instructions?

Verbal: Yes / No Nonverbal: Yes / No Other: \_\_\_\_\_ Time estimated (+/-30 seconds) \_\_\_\_\_

Circle all that apply: Body tremors Inability to close eyes completely Circular or jittery sway Counting to self

Moves feet apart Not keeping arms at sides Cannot keep balance during instruction Eyelid tremors

Counting out loud Loses balance Starts too soon Other \_\_\_\_\_

Note the approximate distance the student swayed (inches): Forwards\_\_\_\_\_ Backwards\_\_\_\_\_ Left\_\_\_\_\_ Right\_\_\_\_\_

Comments\_\_\_\_\_

### WALK AND TURN

Stand at an angle at a safe distance from the student while giving instruction. When the test begins you may move around to better observe the student. **Do not have the student walk towards you.** If it appears the student could fall or become injured, stop the test, and record the reason(s) for stopping the test.

**Give the following instructions:** Put your left foot on the line (if available) with the front of your right foot touching heel to toe. (Demonstrate the heel-to-toe stance). Put your arms down at your sides. Stay in that position until I tell you to begin. When I tell you to begin, I want you to walk 9 heel-to-toe steps up the line. When you get to your 9<sup>th</sup> step, leave your front foot on the line and turn taking a series of small steps, and return 9 heel-to-toe steps back down the line (Demonstrate the turn). While you are doing this, look at your feet, count your steps out loud, keep your arms down at your sides and once you start, do not stop. Do you understand?

Verbal: Yes / No      Nonverbal: Yes / No      Other:\_\_\_\_\_

☐ Loses Balance      ☐ Starts Too Soon      ☐ Raises Arms      ☐ Steps Offline      ☐ Wrong #of Steps

☐ Missed Heel-to-Toe      ☐ Improper Turn      ☐ Stopped Walking      ☐ Cannot Do Test      ☐ Completed without difficulty

Comments\_\_\_\_\_

### ONE LEG STAND

Stand in front of the student while giving the instructions. Demonstrate the test but **always watch the subject.** Once the test has begun you may move around the student for better observations. If it appears the student could fall or become injured, stop the test, and record the reason(s) for stopping the test.

**Give the following instructions:** Stand with your heels and toes together and arms down at your sides. Stay in that position until I tell you to begin. When I tell you to begin, I want you to raise your (right/left) foot off the floor approximately 6 inches and parallel to the floor. I want you to count out loud in the following manner, 'One thousand one, one thousand two, one thousand three and so on,' until I tell you to stop. Keep your arms at your sides. Keep your eyes on your elevated foot. Do you understand these instructions?

Indicate answer:      Verbal: Yes / No      Nonverbal: Yes / No      Other\_\_\_\_\_

Check all that apply:

	Left	Right
Sways while balancing	[ ]	[ ]
Uses arms to balance	[ ]	[ ]
Hopping	[ ]	[ ]

Put foot down, indicate # times:      \_\_\_\_\_

Stop the test for safety reasons if the subject puts the same foot down 3 times. Indicate by a circled number the number at which the student put their foot down, i.e., "one thousand two" "one thousand ten" "one thousand eighteen" "one thousand nine" etc.



Circle all that apply:    Touched 3 times    Test stopped    Body tremors    Looked out, not down    Counted incorrectly

Stopped counting    Used wrong foot    Can not keep balance during instructions    Started too soon

Comments\_\_\_\_\_

## FINGER TO NOSE TEST

Stand in front of the student while giving the instruction. Demonstrate the test but do not close your eyes. Once the test has begun you may move around the student for better observations. If it appears the student could fall or become injured, stop the test, and record the reason(s) for stopping the test.

**Give the following instructions:** Stand with your heels and toes together and arms down at your sides. Point your index fingers down with your palms facing forward (Demonstrate). Stay in that position until I tell you to begin the test. When I tell you to begin, I want you to tilt your head back slightly and close your eyes. I am going to give you a series of commands. I am either going to say, 'left' or 'right.' When I do, I want you to take that index finger, bring it forward out in front of you and then touch the tip of your finger to the tip of your nose. Do not use the pad of your finger. (Demonstrate the tip of the finger and tip of nose). After you touch your nose, I want you to immediately return your hand to your side. Do you understand these instructions?

Indicate answer:            Verbal: Yes / No            Nonverbal: Yes / No            Other \_\_\_\_\_

Example:

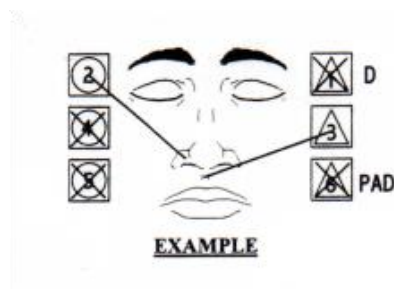
Draw lines from spot touched to the numbers.

Write "pad" under the number if student used the pad of the finger.

Write "D" under the number if student had to be told to put hand down.

Draw "X" over number if done correctly.

Indicate responses:



Circle all that apply:    Body tremors            Eyelid tremors            Starts too soon            Inability to close eyes completely

Eyes roll back instead of closed            Swaying            Used wrong hand            Can not keep balance during instructions

Comments \_\_\_\_\_

## EYES, MOUTH, NOSE OBSERVATIONS

### EYES:

**ROOM LIGHT:** Explain you are going to check the student's eyes. Have your penlight and pupillometer ready. Instruct the student to always look at the same focal spot. **You are very close and vulnerable to the student, so be aware of possible violent behavior.** Have the student remove their glasses if they are wearing them. Contacts do not have to be removed. Always start with the left eye. Hold the pupillometer next to the temple, even with the eye. Observe the pupil and estimate the size.

### DARK ROOM EXAMINATION:

Explain you are going to darken the room and check the students' eyes. Tell the student you will begin the screening within a few seconds after the light has been shut off. Wait approximately 90 seconds for their eyes (and yours) to adjust to darkness. Have your penlight and pupillometer ready. Instruct the student to always look at the same focal spot. Have another person (observer) in the room during the examination. **You are very close and vulnerable to the student, so be aware of possible violent behavior.** Have the student remove their glasses if they are wearing them. Contacts do not have to be removed. Always start with the left eye. Hold the pupillometer next to the student's eye. Observe the pupil and estimate the size using the pupillometer. Record the results.

**NEAR TOTAL DARKNESS:** Instruct student to look at focal spot. Cover penlight with finger, hold light at top of cheek next to the left eye. Observe the pupil and estimate the size. Record the results.

**DIRECT LIGHT:** Instruct the student to look at focal spot. Shine light onto the orbit of the eye, just below the lower lashes for a **FULL 15 seconds.** Look for the reaction to light. Look for rebound dilation and note any size change. Rebound dilation occurs when the pupils dilate and then start increasing in size with the light still illuminating the eye. Note the size estimations using the chart on next page.

	Room Light	Near Total Darkness	Direct Light	Reaction to Light (Normal/Slow/None)	Rebound Dilation
LEFT					Min. _____ Max. _____
RIGHT					Min. _____ Max. _____

**MOUTH:** With the room darkened, have the student open their mouth. Examine the mouth with your penlight. Circle all that apply:

Dry mouth    Excessive saliva    Tongue pierced    Tongue burned    Tongue scabs    Tongue discolored    Sores in mouth

Gums red    Gums bleeding    Teeth intact    Missing teeth    Poor oral hygiene    Other \_\_\_\_\_

Odor (describe smell) \_\_\_\_\_ Debris in mouth (tobacco/plant matter, etc.) \_\_\_\_\_

**NOSE:** Have the student tilt back their head and inspect the nasal area with penlight. Circle all that apply:

Red/inflamed    Running    Dried blood    Bleeding    Scabs    Residue (as in powder/inhalant) \_\_\_\_\_

**MUSCLE TONE:** Circle all that apply:

Arms: Rigid    Flaccid    Near normal    Other observations \_\_\_\_\_

**QUESTIONS AND STATEMENTS:** Check your assessment against the symptomatology chart. If needed, ask more direct questions to the student or seek clarification. **Do not conduct an interrogation.**

Comments: \_\_\_\_\_

Student Statement/Comments/Questions \_\_\_\_\_

Preliminary Exam Completed at Time: \_\_\_\_\_ Date: \_\_\_\_\_

**DISPOSITION:**

Parent/Guardian Notified: \_\_\_\_\_ Relationship: \_\_\_\_\_ Time: \_\_\_\_\_

No contact/no answer \_\_\_\_\_ Message left @ telephone # \_\_\_\_\_ Time: \_\_\_\_\_

Parent/Guardian coming for student \_\_\_\_\_ Conference with Parent/Guardian \_\_\_\_\_ Time: \_\_\_\_\_

EMTs (911) contacted: Yes / No    If yes, time \_\_\_\_\_

Referral to Student Substance Counselor: Yes / No    If yes, name \_\_\_\_\_

Referral to police agency: Yes / No    If yes, agency and officer \_\_\_\_\_ Time \_\_\_\_\_

Other referrals: \_\_\_\_\_ Time \_\_\_\_\_

Additional comments/actions: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**ASSESSMENT COMPLETED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_  
 (Signature)

## REFERRAL INTERVIEW

To be conducted as soon as possible after the student's evaluation.

**Purpose:** The purpose of the interview of the referring staff member is to obtain a summary of the student's behavior that led the staff member to refer the student.

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of person filling out referral interview: \_\_\_\_\_ Position: \_\_\_\_\_

What initially attracted your attention to this student? Describe (Be specific) \_\_\_\_\_

\_\_\_\_\_

Where were you when you observed this student? (In classroom, classroom doorway, hallway, stairwell, etc.,

\_\_\_\_\_

Where was the student when you noticed him/her? \_\_\_\_\_

How was the student dressed? Yes / No If yes, describe \_\_\_\_\_

Was the student carrying anything? \_\_\_\_\_

If with other students, list names or give descriptions: \_\_\_\_\_

\_\_\_\_\_

Did you observe the student eating, drinking, inhaling any substance or smoking? Yes / No \_\_\_\_\_

What actions did you observe? \_\_\_\_\_

Was there an incident or accident? Yes / No Describe \_\_\_\_\_

Was there a traffic crash? \_\_\_\_\_ If so, were there any injuries? \_\_\_\_\_

What did you initially say to the student? \_\_\_\_\_

What was the student's response/(note verbal as well as gestures) \_\_\_\_\_

Did the student attempt to throw away or conceal any items or materials? Yes / No \_\_\_\_\_

What is your opinion of the student's attitude and demeanor during the interaction with you?

\_\_\_\_\_

Did the student complain of illness or injury? If yes, describe \_\_\_\_\_

Did the student use any "street terms" or slang associated with drugs or drug paraphernalia? If yes, describe \_\_\_\_\_

\_\_\_\_\_

How did the student respond to your inquiries? Be specific. \_\_\_\_\_



Did the student's speech appear to be slurred, slow, rapid, thick, mumbled, etc.? Yes / No If yes, describe \_\_\_\_\_

Did you perceive the student as able to focus on your inquiries? Yes / No \_\_\_\_\_

Was eye contact made? Yes / No Comments \_\_\_\_\_

Did you touch or direct the student? Yes / No If yes, describe \_\_\_\_\_

Did you smell any unusual odors emanating from the student? Yes / No If yes, describe \_\_\_\_\_

Did the student make or continue any comments after you summoned assistance? Yes / No If yes, describe \_\_\_\_\_

What did the student do after you called for assistance? (Remain seated, become agitated, etc.) \_\_\_\_\_

Did the student go with you in a cooperative or hostile manner when instructed to leave the classroom, hallway, etc.?

Yes / No Describe \_\_\_\_\_

**PHYSICAL EVIDENCE:**

What items or materials were found? \_\_\_\_\_

Where were items or materials found? \_\_\_\_\_

Was any smoking paraphernalia found? Yes / No If yes, describe \_\_\_\_\_

Where there any injection materials, i.e., needles, syringes, leather straps, rubber tubes, spoons, bottle caps, etc. found? \_\_\_\_\_

Was the student's locker checked? Yes / No If yes, describe \_\_\_\_\_

By whom: \_\_\_\_\_ Position: \_\_\_\_\_

Was the student present? Yes / No Were any other belongings of the student's checked? (clothing, backpack, coat, gym locker) Yes / No If yes, describe \_\_\_\_\_

By whom: \_\_\_\_\_ Position: \_\_\_\_\_

What items were found? \_\_\_\_\_

Disposition of articles found \_\_\_\_\_

Were articles given to the police? Yes / No If yes, who and when \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

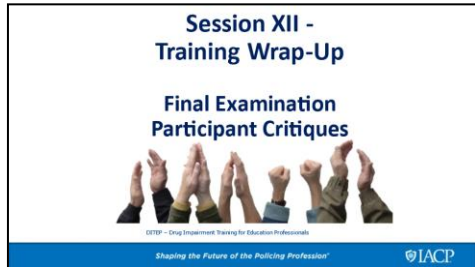
## Session XII

## TRAINING CONCLUSION – WRAP UP

**Objectives**

Upon successfully completing this session, participants will

1. Complete the DITEP final written examination.
2. Complete the DITEP participant course critique.
3. Earn educational credits for attending the training.

Content Segments:	Learning Activities:
A. Written DITEP final examination.	○ Instructor Led Presentations
	 <p>The image shows a presentation slide titled 'Session XII - Training Wrap-Up' with the subtitle 'Final Examination Participant Critiques'. Below the text is a photograph of several hands raised in a gesture of approval or participation. At the bottom of the slide, there is a blue banner with the text 'DITEP - Drug Impairment Training for Education Professionals' and the IACP logo on the right.</p>

**Note:** Many school jurisdictions will require a written examination for the participants to receive educational credits for the training. Handout the final written examination from the Administrator Guide and then go through the questions and answers with the participants.

There are examinations for one day of training (Day 1) and for Day 2 (Two days of training).

**Note:** If DITEP certificates of training are available or prepared by the school or hosting organization, handout those out to the participants.

**Note:** Solicit final questions or concerns about the training, assessment form(s) and the assessment process and procedures. Thank the participants for attending.