Drug Impairment Training for Education Professionals (DITEP)

Participant Manual

Day Two

2023 Edition
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.

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.
- Explain the relationship between the eye examinations and the drug categories.
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<td>o Explain the relationship of the four types of drug combinations.</td>
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<td>o Identify and explain the components of the DITEP assessment form.</td>
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**QUESTIONS?**

[Image]

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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 pupilometer.
4. Interpret eye examination results in relation to drug impairment.

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### 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.

**Vestibular Nystagmus** is caused by movement or action to the vestibular system.

Types of vestibular nystagmus include:

- **Rotational Nystagmus** 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.

- **Post Rotational Nystagmus** 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.

- **Caloric Nystagmus** 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.

Nystagmus can also result from **neural activity**.

- **Optokinetic Nystagmus** occurs when the eyes fixate on an object that suddenly moves out 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.

### Categories of Nystagmus (Cont.)

**Neural Nystagmus**
- Optokinetic – caused by fast moving objects
- Physiological – natural nystagmus
- Gaze Nystagmus
  - Horizontal Gaze Nystagmus
  - Vertical Nystagmus
  - Resting Nystagmus
- **Physiological Nystagmus** 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.

**Gaze Nystagmus** occurs as the eyes move from the center position. It is separated into three types:

- **Horizontal Gaze Nystagmus** 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.

- **Vertical Gaze Nystagmus** 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.
- **Resting Nystagmus** is referred to as jerking of the eyes as the eyes look straight ahead. This condition is not frequently seen.

Nystagmus may also be caused by certain pathological disorders. These include brain tumors, other brain damage and some disorders of the inner ear.

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<td>There are examinations you can conduct to assess possible medical impairment. They include:</td>
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<td>o Equal tracking ability</td>
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<td>o Estimation of pupil size</td>
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Equal tracking ability can be affected by certain medical conditions or injuries involving the brain.

By passing the stimulus across the eyes, you can see if both eyes are tracking equally.

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.

If the two eyes do not track together, there is a possibility that the person may be suffering from a neurological disorder.

If a person’s eyes do not track together, they cannot perform the HGN test.
**Pupil size** will be affected by some medical conditions or injuries.

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.

If there is an indication the person may be suffering from a recent head injury, medical attention should be considered.

### F. Administrative Procedures for Horizontal Gaze Nystagmus

To properly conduct the HGN test, begin by instructing the person to remove any eyeglasses if worn.

It doesn’t matter whether the person can see the stimulus with perfect clarity, as long as they can see it

Give the person the appropriate verbal instructions, which include:

- Put your feet together with your arms at your sides.
- Keep head still.
- Keep your eyes focused on my (stimulus).
- Follow movement of the stimulus (penlight, pen, etc.) with your eyes only.
- Keep focusing on stimulus until told the test is over.
Position the stimulus approximately 12-15 inches in front of the person’s nose, and slightly above eye level to commence the test.

- 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.

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.

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.
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.

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.

Most people will exhibit identical clues in both eyes.
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.

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

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.
### H. Results of HGN and VGN

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.

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.

### I. HGN and VGN Demonstrations

- Check for lack of smooth pursuit.
- Check for distinct and sustained nystagmus at maximum deviation.
- Estimation of angle of onset.

Demonstration of Vertical Gaze Nystagmus

Practice HGN and VGN.

### J. Lack of Convergence

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.

Administering the LOC test includes the following steps:

- Instruct the person to keep his head steady, and follow the stimulus with their eyes only
- 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)
- 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).

- Pause after completing the slow circle movement and then slowly move (push) the stimulus towards the bridge of the person’s nose.
- Stop and hold the stimulus approximately 2” – 3” from the person’s bridge of the nose, holding it there for approximately 1 second.
- Closely observe the eyes and record the movement.
- If the eyes follow the stimulus to the center (eyes cross) then lack of convergence is not present.
- 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.
- Record the results of this test showing the movement of both eyes with an arrow.

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

**Drug Categories That Usually Cause LOC**
- CNS Depressants
- Inhalants
- Dissociative Anesthetics
- Cannabis
K. **Lack of Convergence Demonstration and Practice**

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

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.
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.

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.
Additionally, a room capable of being completely darkened (as near total darkness as possible) will be needed.

It is highly recommended that at least two people are in the dark room with the individual whenever possible.

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<th>The procedures for checking for Room Light are:</th>
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<td>o Have the person look straight ahead and fixate their eyes on something in the distance.</td>
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<td>o Bring the pupilometer up alongside the person’s left eye.</td>
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<tr>
<td>o Using the pupilometer, find the circle or semi-circle closest in size to the person’s pupil and record the size.</td>
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<td>o Repeat the procedure for the right eye.</td>
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<table>
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<tr>
<th>The procedures for the checking Near Total Darkness are:</th>
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<td>o Explain the procedures to the person prior to darkening the room.</td>
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<td>o Completely darken the room or to near total darkness.</td>
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<td>o Wait approximately 90 seconds to allow everyone’s eyes to adjust to the darkness.</td>
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<tr>
<td>o Completely cover the tip of the penlight with a finger or thumb, so that only a reddish glow and no white light emerges.</td>
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<tr>
<td>o Position the pupilometer alongside the person’s face at eye level.</td>
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<tr>
<td>o 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).</td>
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</table>
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.

Repeat this procedure for the person’s right eye.

The DEC Program average range for Near Total Darkness is 5.0 - 8.5 mm

The procedures for checking for Direct Light are:

- Position the pupilometer alongside the person’s left eye.
- Bring the penlight from the side of the person's face, directly into the left eye.
- Position the penlight so that it illuminates and approximately fills the person’s eye socket.
- 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.
- Record the estimate and repeat the procedure for the person’s right eye.

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.

Pupil Reaction to Light

- Normal (within 1 second)
- Slow (more than 1 second)
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 impairment. It is conducted during the 15 second period when the penlight is directed into the person’s eye.
After completing the procedure for the left eye, repeat the procedure for the right eye.

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.

N. Relationship of Drug Categories to the Eye Examinations

Three of the seven drug categories cause horizontal gaze nystagmus (HGN) and four do not. The three that cause HGN are:

- CNS Depressants, Inhalants and Dissociative Anesthetics.

Any drug that will cause HGN will induce Vertical Gaze Nystagmus (VGN) if the dose is high for that individual.

Dissociative Anesthetics induce VGN, as do CNS Depressants and Inhalants at a high dose for that individual.

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.

CNS Stimulants and Hallucinogens usually cause the pupils to dilate.

Cannabis usually causes the pupils to dilate but may leave them average in size.

Cannabis also causes red, bloodshot eyes.
| Narcotic Analgesics usually cause the pupils to be smaller in size (constricted). |
| CNS Depressants, Dissociative Anesthetics and Inhalants usually leave the pupils average in size. |
| Certain drug categories cause the pupils to have a different reaction to light. |
| CNS Depressants, Stimulants, and Inhalants cause the eyes to have a slow reaction to light. |
| Hallucinogens, Dissociative Anesthetics, and Cannabis usually have a normal (within one second) reaction to light. |
| Narcotic Analgesics cause little or no (none) visible reaction to light. |

**Conclusion of Session VII**
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.

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- Examination of Vital Signs
- Session VIII

Drug Impairment Training for Education Professionals – Participant Manual
IACP 8/2023
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.

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

- Certain categories speed up the body and elevate the vital signs.
- 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.
**Measurement of Pulse Rate**

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.

The process for measuring pulse rate is:

- Locate the pulse using the person’s radial artery (in or near the natural crease of the wrist).
- Place the tips of the index finger and middle finger into the crease of the wrist.
- Once the pulse is located, count the pulses for 30 seconds and multiply by two.

**Do’s and Don’ts of Measuring Pulse Rate:**

- Don’t use the thumb to apply pressure while measuring a person’s pulse.
- Generally, the Radial Artery will be the only pulse point checked.

**Measurement of Blood Pressure**

Measuring a person’s blood pressure is not as easy as measuring pulse. Measuring blood pressure requires specialized equipment.

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.
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 snuggly around the bicep.
- Clip the manometer to the person’s sleeve or the instrument’s cuff.
- Twist the pressure control value 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.
## Do’s and Don’ts of Measuring Blood Pressure:

- 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.
- Wait for 3 minutes to repeat the measurement if needed.
- Don’t re-inflate the cuff once you start releasing the pressure.

## Body temperature measurement is taken by:

- Placing the oral thermometer covered with a plastic sleeve under the person’s tongue.
- Waiting until the thermometer beeps and recording the result.

## Do’s and Don’ts of Measuring Body Temperature:

- Ensure the thermometer remains under the person’s tongue.
- Refrain from letting the person eat or drink anything immediately prior to measuring temperature.
- Ensure a fresh disposable mouthpiece (sleeve) is used each time.
C. Relationship of Drug Categories to the Vital Signs Examinations

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

Two categories will usually lower pulse 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.

Depending on the substance used, Inhalants can cause the temperature to be elevated (up), lowered (down) or be normal.
| **Narcotic Analgesics usually lower body temperature.** |
| **The remaining two drug categories do not usually affect body temperature.** |

**Conclusion of Session VIII**
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.

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![Divided Attention Tests Session IX](image)
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.

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

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.

**Procedures for the Modified Romberg Test**

- Have the person stand with his/her feet together and arms at the sides.
- Instruct the person to watch you and listen to the instructions, and not start the test until told to start.
- When told to start the test, have the person tilt his/her head back slightly (demonstrate) and close his/her eyes.
o 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.

o 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”.

o Record the observations and the time that the person estimated.

Demonstrations of the Modified Romberg Balance Test

B. Walk and Turn

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

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:

o Instructions stage
o 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.

- Make sure the person does not begin the test until told to do so.

- 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.

- 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.

- The examiner must demonstrate walking heel to toe and demonstrate the turn taking a series of small steps.

- Instruct the person to watch his/her feet while walking, and to count their steps out loud.

- Remind the person to keep his/her arms at their sides throughout the test.

- Tell the person to not stop walking until the test is completed.

- Ensure that the person understands the instructions. If so, advise the person to begin the test.

### Demonstrations of the Walk and Turn Test
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)
### 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

- 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
| 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” |
| Remind the person to keep his/her legs straight and keep looking at the elevated foot, while keeping the arms at his/her sides |
| Ensure the person understands the instructions then have the person begin |

When thirty seconds have elapsed, stop the test.

### Recording the Results of the One Leg Stand Test

The clues for the One Leg Stand test are:

- Sways while balancing
- Uses arms to balance
- Hopping
- Puts foot down

Two out of four clues are consistent with impairment.
D.  **Finger to Nose**

The Finger to Nose test is the final divided attention test used in the DITEP drug assessment.

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.

**Administrative Procedures for the Finger to Nose Test**

The person should be instructed to stand with their feet together, arms down at the sides, facing the examiner.

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).

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.

The examiner then gives a series of commands, i.e., left, right, etc. to indicate which fingertip is to be brought to the nose.
Instruct the person that he/she is expected to return the arm to the side immediately after touching the fingertip to the nose.

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.

For the Finger to Nose test, the person is given the following sequence of commands; left, right, left, right, right, left.

**Instructor Led Demonstrations**

**Recording the Results of the Finger to Nose Test**

The Finger to Nose results are recorded by drawing a map showing exactly where the fingertips landed on each attempt.

A line should be drawn to the appropriate triangle to indicate where the person touched their nose.

**Hands on Practice**

**Conclusion of Session IX**
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.

<table>
<thead>
<tr>
<th>Content Segments:</th>
<th>Learning Activities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. The Four Effects of Polydrug Use</td>
<td>o Instructor Led Presentations</td>
</tr>
<tr>
<td>B. Common Drug Combinations</td>
<td></td>
</tr>
<tr>
<td>C. Specific Effects:</td>
<td></td>
</tr>
<tr>
<td>o Null Effect</td>
<td></td>
</tr>
<tr>
<td>o Overlapping Effect</td>
<td></td>
</tr>
<tr>
<td>o Additive Effect</td>
<td></td>
</tr>
<tr>
<td>o Antagonistic Effect</td>
<td></td>
</tr>
</tbody>
</table>
The practice of taking more than one drug to achieve desirable effects is very common.

Drugs taken in combination will produce one of four combining effects. Within the DEC Program training, these combination effects are referred to as:

- Null Effect
- Overlapping Effect
- Additive Effect
- Antagonistic Effect.

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.

Common Drug Combinations

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:

- Marijuana and Alcohol
- Heroin and Cocaine (street name Speedball)
- Marijuana and Alprazolam (Xanax) (street name Bars)
- Heroin and Marijuana (street name A-Bomb)
- Marijuana and Crack Cocaine (street name Bazooka)
- Crack Cocaine and Heroin (street name Chasing the Dragon)
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 affect 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.
### Polydrug Combinations

#### Null Effect

<table>
<thead>
<tr>
<th>Symptom</th>
<th>CNS DEPRESSANT</th>
<th>CANNABIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HGN</td>
<td>Present</td>
<td>None</td>
</tr>
<tr>
<td>VGN</td>
<td>Present</td>
<td>None</td>
</tr>
<tr>
<td>LOC</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td>PUPIL</td>
<td>Normal</td>
<td>Dilated (6)</td>
</tr>
<tr>
<td>RCT/LT</td>
<td>Slow</td>
<td>Normal</td>
</tr>
<tr>
<td>PULSE</td>
<td>Down (2)</td>
<td>Up</td>
</tr>
<tr>
<td>B/P</td>
<td>Down</td>
<td>Up</td>
</tr>
<tr>
<td>TEMP</td>
<td>Normal</td>
<td>Normal</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>DISSOCIATIVE ANESTHETIC</th>
<th>CANNABIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HGN</td>
<td>Present</td>
<td>None</td>
</tr>
<tr>
<td>VGN</td>
<td>Present</td>
<td>None</td>
</tr>
<tr>
<td>LOC</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td>PUPIL</td>
<td>Normal</td>
<td>Dilated (6)</td>
</tr>
<tr>
<td>RCT/LT</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>PULSE</td>
<td>Up</td>
<td>Up</td>
</tr>
<tr>
<td>B/P</td>
<td>Up</td>
<td>Up</td>
</tr>
<tr>
<td>TEMP</td>
<td>Up</td>
<td>Normal</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>CNS STIMULANT</th>
<th>CANNABIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HGN</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>VGN</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>LOC</td>
<td>None</td>
<td>Present</td>
</tr>
<tr>
<td>PUPIL</td>
<td>Dilated</td>
<td>Dilated (6)</td>
</tr>
<tr>
<td>RCT/LT</td>
<td>Slow</td>
<td>Normal</td>
</tr>
<tr>
<td>PULSE</td>
<td>Up</td>
<td>Up</td>
</tr>
<tr>
<td>B/P</td>
<td>Up</td>
<td>Up</td>
</tr>
<tr>
<td>TEMP</td>
<td>Up</td>
<td>Normal</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Effect + Effect = Any Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS STIMULANT</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>HGN</td>
</tr>
<tr>
<td>VN</td>
</tr>
<tr>
<td>LOC</td>
</tr>
<tr>
<td>PUPIL</td>
</tr>
<tr>
<td>RCT/LT</td>
</tr>
<tr>
<td>PULSE</td>
</tr>
<tr>
<td>B/P</td>
</tr>
<tr>
<td>TEMP</td>
</tr>
</tbody>
</table>

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

#### DISOCIATIVE ANESTHETIC and HALLUCINOGEN

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>HGN</td>
<td>Overlapping</td>
</tr>
<tr>
<td>VGN</td>
<td>Overlapping</td>
</tr>
<tr>
<td>LOC</td>
<td>Overlapping</td>
</tr>
<tr>
<td>PUPIL SIZE</td>
<td>Overlapping</td>
</tr>
<tr>
<td>RCT TO LIGHT</td>
<td>Null (may be overlapping (3))</td>
</tr>
<tr>
<td>PULSE</td>
<td>Additive</td>
</tr>
<tr>
<td>B/P</td>
<td>Additive</td>
</tr>
<tr>
<td>TEMP</td>
<td>Additive</td>
</tr>
</tbody>
</table>

#### CNS DEPRESSANT and CANNABIS

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>HGN</td>
<td>Overlapping</td>
</tr>
<tr>
<td>VGN</td>
<td>Overlapping</td>
</tr>
<tr>
<td>LOC</td>
<td>Additive</td>
</tr>
<tr>
<td>PUPIL SIZE</td>
<td>Overlapping (may be additive (1), (6))</td>
</tr>
<tr>
<td>RCT TO LIGHT</td>
<td>Overlapping</td>
</tr>
<tr>
<td>PULSE</td>
<td>Antagonistic (may be additive (2))</td>
</tr>
<tr>
<td>B/P</td>
<td>Antagonistic</td>
</tr>
<tr>
<td>TEMP</td>
<td>Null</td>
</tr>
<tr>
<td>CNS DEPRESSANT and CNS STIMULANT</td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td>HGN</td>
<td>Overlapping</td>
</tr>
<tr>
<td>VGN</td>
<td>Overlapping</td>
</tr>
<tr>
<td>LOC</td>
<td>Overlapping</td>
</tr>
<tr>
<td>PUPIL SIZE</td>
<td>Overlapping (may be additive (1))</td>
</tr>
<tr>
<td>Rx TO LIGHT</td>
<td>Additive</td>
</tr>
<tr>
<td>PULSE</td>
<td>Antagonistic (may be additive (2))</td>
</tr>
<tr>
<td>B/P</td>
<td>Antagonistic</td>
</tr>
<tr>
<td>TEMP</td>
<td>Overlapping</td>
</tr>
</tbody>
</table>

Conclusion of Session X
Session XI

Objective

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.

<table>
<thead>
<tr>
<th>Content Segments:</th>
<th>Learning Activities:</th>
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</thead>
<tbody>
<tr>
<td>A. Assessment Process and Procedures</td>
<td>o Instructor Led Presentations</td>
</tr>
<tr>
<td>Appendix 11-A: Sample Assessment Form</td>
<td></td>
</tr>
<tr>
<td>Appendix 11-B: Sample Referral Interview Form</td>
<td></td>
</tr>
</tbody>
</table>
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.

The assessment forms provide a step-by-step documentation tool to assist the examiners in the DITEP drug assessment process.

School administration should determine what process will be used to retain the completed assessment forms.

The assessment forms include the following areas:

- **Initial Contact and Interview**
  - If alcohol is suspected and the school or school district has an alcohol testing device and process in place, a screening test is recommended
  - The examiner should note their first impressions and the general appearance of the person in question
  - The examiner should also record responses to the initial questions asked of the person

- **Vital Signs**
  - If the person’s vital signs are taken, they should be recorded in the assessment form
  - 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.
Conclusion of Session XI

Questions? Comments? Disagreements?
Appendix 11A

**REFERRAL FORM:** To be conducted as soon as possible after the student’s assessment.

**Purpose:** To obtain a summary of the student’s behavior that led the staff member to refer the student.

---

**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   Vomit

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 a 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 students 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.

[Diagrams]

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 9th 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:**

  - [ ] 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

Page 4
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 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 nest 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 chart on next page.
<table>
<thead>
<tr>
<th></th>
<th>Room Light</th>
<th>Near Total Darkness</th>
<th>Direct Light</th>
<th>Reaction to Light (Normal/Slow/None)</th>
<th>Rebound Dilation</th>
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<tbody>
<tr>
<td>LEFT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Min._____ Max. _____</td>
</tr>
<tr>
<td>RIGHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Min._____ Max. _____</td>
</tr>
</tbody>
</table>

**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)
Appendix 11-B

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: __________________________

Page 2
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.

<table>
<thead>
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<th>Learning Activities:</th>
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<tr>
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<td>o Instructor Led Presentations</td>
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Session XII - Training Wrap-Up
Final Examination Participant Critiques