

There are many sources of potential impairment, including fatigue, life stresses, use of drugs (over the counter, prescription, illicit), consumption of alcohol.

Regardless of the cause, members of the Loyalist College community are expected to report 'fit' for learning. Each member of the College community must take all steps reasonable for the protection of the individual, other students, the environment, and College property.

If you suspect a person to be impaired, report it to the individual who is responsible for the learning activity. An investigation will follow.

When determining 'fitness', consider:

- Is something different than normal with this person?
- Do I know this person well enough to assess normal vs. abnormal behaviour?
- Is there anything going on in the learning environment that could explain it?
- Is anyone else affected?
- Is the safety of this person and/or others affected by the behaviour?
- Does the person have the ability to participate in task safely?
- What is the risk of harm?
- Does the person's actions cause disruption that interferes with the learning environment?

POSSIBLE ACTIONS: Based on the behaviour of the person and associated risk, you may:

- call 911;
- call the campus Security emergency number (x2222);
- call the campus non-emergency Security number (x2316);
- contact the responsible faculty; or
- contact Student Health Nurse.

COMPLETING THE INVESTIGATION:

The person completing this investigation must remain judgment-free and refrain from voicing personal opinions around drug, alcohol or other substance use.

The privacy and confidentiality of this information will be maintained throughout the process, and only shared with those parties deemed necessary for purposes of investigation and appropriate follow-up.

Completed form is to be submitted to AccessAbility Services.

Student Name:	
Program/Department:	
Date of Incident:	
Description of Incident:	

OBSERVATIONS:

BEHAVIOUR	<input type="checkbox"/> Nervous	<input type="checkbox"/> Insulting	<input type="checkbox"/> Sleepy/fatigued
	<input type="checkbox"/> Exaggerated politeness	<input type="checkbox"/> Confusion	<input type="checkbox"/> Combative/quarrelsome
	<input type="checkbox"/> Excited	<input type="checkbox"/> Paranoia	<input type="checkbox"/> Hallucinations
	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Overly talkative	<input type="checkbox"/> Inappropriate responses
	OTHER (please describe):		
UNUSUAL ACTIONS	<input type="checkbox"/> Sweating	<input type="checkbox"/> Slow reactions	<input type="checkbox"/> Crying
	<input type="checkbox"/> Quick moving	<input type="checkbox"/> Tremors	<input type="checkbox"/> Fighting
	OTHER (please describe):		
SPEECH	<input type="checkbox"/> Slurred	<input type="checkbox"/> Slow	<input type="checkbox"/> Confused
	<input type="checkbox"/> Thick	<input type="checkbox"/> Rambling	<input type="checkbox"/> Pressured
	OTHER (please describe):		
MOTOR SKILLS	<input type="checkbox"/> Falling	<input type="checkbox"/> Staggering/Unsteady	<input type="checkbox"/> Stumbling
	<input type="checkbox"/> Needs support	<input type="checkbox"/> Unsure	<input type="checkbox"/> Compromised fine motor skills
	OTHER (please describe):		
PERFORMANCE	<input type="checkbox"/> Frequent errors	<input type="checkbox"/> Safety infractions	<input type="checkbox"/> Lack of focus, apathy
	<input type="checkbox"/> Frequent lateness	<input type="checkbox"/> Frequent absenteeism	<input type="checkbox"/> Poor memory

Witness/others involved:	
Actions & next steps:	
Outcome:	
Planned follow-up:	

SUBMITTED BY:

Name – please print

Signature

DATE:

(adapted from CCOHS Workplace Strategies: Risk of impairment from Cannabis)