

**FIT TO LEARN CHECKLIST & INVESTIGATION**

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.

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

**OBSERVATIONS:**

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