



ALCOHOL BREATH-TESTING PROTOCOL To monitor alcohol consumption

This protocol has been developed to inform registrants of the Board's expectations and to ensure standardisation in the operation of the Program.

Preamble:

1. A registrant participates in the Board's Alcohol Breath-Testing Program for one of three reasons:
 - An undertaking has been agreed upon and entered into between the Board and the registrant
 - A condition to do so has been imposed on his/her registration; or
 - An order to do so has been imposed
2. The Board's primary responsibility is the protection of "vulnerable persons." This includes the public and the registrant.
3. Non-compliance with the protocol may result in disciplinary action against the registrant.
4. The Board is aware that attending for such testing may be inconvenient, however, the alternative may be cancellation of registration. The Board requires such monitoring so that registrants who have an alcohol dependence/abuse disorder can remain in the workforce. Such monitoring provides evidence of compliance with management.

Requirements:

Purchase of a suitable alcolmeter for the purpose of alcohol breath-testing

When a registrant has a condition, order or undertaking to present for alcohol breath-testing in accordance with the Board's Program, the registrant is responsible for the purchase of a suitable alcolmeter to read the percentage of alcohol vapour expired in the breath.

A suitable alcolmeter is defined as one that conforms to at least the same technical specifications as those used by State Police Services and law enforcement agencies worldwide. Only alcolmeters that conform to these specifications are approved for the Board's Alcohol Breath-Testing Program. These specifications relate to:

- (1) Accuracy
- (2) Specificity (i.e. specific to ethyl alcohol, and free from interferents)
- (3) Long-term stability (i.e. not requiring frequent recalibration, for example calibration required on a monthly basis would not be classified as "long-term stability")

Registrants may purchase new or used alcolmeters, provided they meet the requirements as described above.

Calibration of alcolmeters

In order for the alcolmeter to maintain accuracy and reliability, calibration of the instrument must be checked and/or adjusted in accordance with the maintenance instructions specific to the individual alcolmeter. This procedure must be conducted using approved and accredited calibration standards and procedures.



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Alcolmeters approved for the Board's Alcohol Breath-Testing Program must have a long-term stability of a minimum of 6 months before requiring a calibration check. If registrants are unsure of the recommended frequency of calibration checks for the alcolmeter they have purchased, they should contact their alcolmeter distributor for maintenance instructions.

Most alcolmeters will require calibration checks on a 6 monthly basis. The registrant is responsible for meeting the cost of instrument calibration, and for ensuring that the frequency of calibration checks is strictly adhered to in accordance with maintenance instructions.

Alcohol breath-testing is to be administered by a person/s approved by the Board.

Every breath-test submitted by a registrant must be administered by a person/s approved by the Board. Family members will not be approved to administer breath-tests.

Persons eligible for approval by the Board include medical practitioners, police officers, registered nurses, pharmacists or other suitable persons by negotiation with the Board. Approval for a member of a registrant's staff to administer breath-testing will only be given in circumstances whereby the Board has reason to believe this to be the preferred option.

A person approved by the Board to administer alcohol breath-testing will be required to submit a signature specimen for the Board's records.

A person approved by the Board must be provided with the operating instructions for the use of the alcolmeter. It is the registrant's responsibility to ensure that the person administering the breath-test strictly adheres to these instructions. If the alcolmeter is not used correctly and an inaccurate result is subsequently recorded, the registrant must accept full responsibility for the result.

When an alcohol breath-test is required

A registrant undergoing alcohol breath-testing in accordance with the Board's Program must submit a breath-test on any day that he/she performs any medical duties, prior to commencing any shift or duty. The breath-test must be provided no more than 30 minutes prior to commencement of practice.

Following the initial breath-test, if a registrant takes a break that exceeds one hour in length, an additional alcohol breath-test will be required before duties may be recommenced.

Should a registrant be required to relocate from one practice/hospital to another during any work period, an additional alcohol breath-test may be required. Specifically, if the amount of time between finishing duties at the former location and commencing duties at the latter location exceeds one hour in length, an additional alcohol breath-test must be undertaken no more than 30 minutes prior to commencement of duties at the latter location.

Registrants may also be required to provide a breath-test at completion of a work period on a routine basis. For example, a registrant may be required to submit a breath-test within 30 minutes of attending to the last patient on a particular day, or if a registrant works 2 sessions in a day he or she may be required to submit a breath-test at the completion of each session. Implementation of this requirement is at the discretion of the Board.



Recording of alcohol breath-testing results

A registrant undergoing alcohol breath-testing in accordance with the Board's Program is required to keep a breath analysis log book.

The log book must include the following details:

- (a) Date
- (b) Time of breath-test
- (c) Breath-test reading
- (d) Signature and name of person administering the breath-test
- (e) Hours worked following the breath-test (start/finish times)
- (f) Breaks taken (start/finish times), where the break has exceeded one hour

Following the alcohol breath-test reading, the person who has administered the test is to record the result in the log book and sign the result where indicated in order to validate the result.

Material to be forwarded to the Board by the registrant

A registrant undergoing alcohol breath-testing in accordance with the Board's Program must fax or post to the Board the log book record of breath-testing results for a specified period at a frequency determined by the Board. For example, a registrant may be required to fax, post or email to the Board the log book entries for the preceding fortnight every second Friday evening.

When a registrant forwards his/her log book entries to the Board, he/she is also required to forward details of actual hours worked during the period covered by the log book. This is to verify that alcohol breath-testing has been undertaken at the correct times in accordance with the requirements of this Protocol.

Registrants working in a hospital setting will be required to provide a copy of their hospital roster for the specified period. Registrants working in private practice may be required to have their hours of work verified by a person approved by the Board (e.g. a workplace supervisor).

The Board may, from time to time, obtain information from Medicare Australia to assist in the monitoring of hours worked by a registrant undergoing alcohol breath-testing.

Positive tests

If a registrant submits an alcohol breath-test other than 0.00%, he/she must consent to the immediate notification of the Board by the person administering the test.

In addition to this, the registrant must present immediately to a pathology laboratory for the collection of a blood alcohol test (medico-legal). When presenting for this test a registrant must present to the collector with a pathology request form that has been provided by the Board. The registrant is responsible for meeting the cost of the test.

A registrant must **not** commence or recommence practice on any day where he/she has returned an alcohol breath-test result other than 0.00%. A registrant must notify his/her treating psychiatrist as soon as practicable after submitting an alcohol breath-test result other than 0.00%.

The Board reserves the right to investigate further any positive alcohol breath-tests submitted by a registrant.