

## Drug and Alcohol Screening Protocol

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### Registrant information

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## Purpose

This document is provided to detail the requirements for practitioners and students (registrants) who have been assessed as having an impairment, as defined in the *Health Practitioner Regulation National Law Act 2009, as in force in each state and territory* (National Law) or where the Board forms the belief that a practitioner has an impairment and who have registration restrictions (conditions or undertakings) which require them to undertake breath testing for alcohol, blood testing, hair testing and/or urine drug screening in compliance with this protocol.

The Boards and AHPRA acknowledge that participation in drug and/or alcohol screening may be inconvenient, intrusive and expensive, however the Board's priority is to protect the public. Alcohol breath testing, urine drug screening and/or hair testing are currently the best means by which the Board can be satisfied that a registrant is unaffected by drugs and/or alcohol and able to continue safely in practice or clinical training. The registrant should refer to the restrictions on their registration for clarification of what aspects of this protocol apply.

When restrictions are in place requiring a registrant to participate in drug and/or alcohol screening, the registrant is required to do so whether or not they are actually practising or studying their profession. Registrants may apply for a change to restrictions on their registration if they consider there has been a material change in their circumstances.

The registrant is responsible for payment direct to the collection centre. This includes the cost of any additional and/or confirmatory testing of samples that may be required. Where practitioners are suffering financial hardship they should contact their case officer to discuss how they may be able to meet the requirements of this protocol.

## Urine Drug Screening (UDS)

### Substances subject to screening

At a minimum UDS will include testing for all substances detailed in Appendix A and the substance of use (where not detailed in Appendix A). Other substances may be tested and detected by urine drug screening that are not included in Appendix A.

### Frequency of urine drug screening

In order to provide optimal deterrent from the use of substances that may impair a registrant's capacity to practise safely, all registrants commencing urine drug screening will be required to commence screening at group 1 frequency.

The period of testing required by the Board at group 1 frequency will vary on a case by case basis and the factors considered include the nature of the drugs or substances concerned, the severity and history of the impairment, recommendations from independent assessors, information from treating practitioners, past history of compliance with UDS (where applicable), the registrant's practice environment and level of risk to the public presented if a registrant were to practise in this environment whilst intoxicated by drugs or other substances.

A randomised system for registrants undergoing UDS is operated under this protocol. Registrants are allocated to a screening group from one to four which test at frequencies outlined in Appendix B. A telephone service is used to inform registrants of the specific days on which they are required to screen.

Requirements for registrants undergoing UDS in screening groups one to four are as follows:

- The registrant is required to call the UDS telephone number **1800 027 624** every weekday after 6.00am local time to learn if their screening group is required to provide a sample for UDS on that day. The audio message on the UDS telephone service is played in a continuous cyclical manner. If a registrant calls and connects part way through the message the registrant is required to remain on the line until the entire message is heard.

- If a registrant is required to provide a sample for UDS they must provide it no later than 6.00pm on the same day. This may be varied and a particular time specified where the registrant has a history of using very short acting drugs or substances. The registrant must familiarise themselves with the opening hours of the collection centre they attend. Presentation for UDS after 6.00pm local time or the closing time of the chosen collection centre will be considered a missed test and will constitute a breach of this protocol.
- Results of drug screens are provided directly to AHPRA and will also normally be provided to the registrant's treating practitioner(s) directly by the pathology laboratory.

## Operational failures of the UDS telephone number

The UDS telephone number uses reliable technology and service interruptions are rare. If, for some reason, the UDS telephone number is not operational on any particular day no screens will be required on that day.

Registrants identifying that the UDS telephone number is not operational must contact AHPRA immediately to inform their case officer. Registrants should call the UDS telephone number as normal the following day. If a fault affecting the UDS telephone number is not expected to be rectified by the next day AHPRA will contact registrants to advise them of temporary measures that will be put in place.

## Sample collection

All samples are required to be collected at one of the approved collection centres detailed at <http://www.ahpra.gov.au/Registration/Monitoring-and-compliance/Collection-centres.aspx>

Registrants who, due to their location, are unable to access one of the approved collection centres are required to submit a written proposal for alternate collection arrangements.

Alternate arrangements will be subject to approval by the Board. Alternate arrangements must still meet all of the collection and chain of custody requirements and can include, but are not limited to, collection by a local general practitioner or medical or nursing staff at a local hospital.

## Supervision and chain of custody

Collection of samples must occur under direct observation (Level 1 supervision) with the collector standing in front of the registrant directly observing the passage of urine from the urethral meatus to the container. It is the registrant's responsibility to ensure that the collection of samples is under direct observation.

Samples are to be collected and handled consistent with AS/NZS 4308:2008 'Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine' (the Standard).

A chain of custody form completed in compliance with the Standard must accompany each urine sample. This includes:

- recording the level of supervision, and
- that the temperature of the sample is recorded within 4 minutes of collection.

It is the registrant's responsibility to ensure that the collector completes the chain of custody form and the registrant must sign the chain of custody form at the time of sample collection.

A 'Drug Information Sheet' identifying drugs, medications or other substances taken in the period since the previous sample was collected must accompany each screen and is to be completed by the registrant.

## Request forms for samples

Registrants must only use request forms that have been provided by their case officer and must not self-refer for drug testing under any circumstances. When presenting for a test, registrants are required to write that days date on the request form.

When presenting for a test registrants are required to present photo identification as proof of identity to the collector. Photo identification is an identity document that includes a photograph of the holder. The most commonly accepted forms of photo identification are those issued by government authorities, such as a valid driving licence, identity cards or passport.

## Positive UDS results

Where a UDS result indicates the presence of one or more drugs or substances in the sample, further confirmatory testing will be required.

Where confirmatory testing indicates the presence of one or more drugs or substances and where there is no confirmed prescription, approval or administration by another health practitioner for the drugs or substances detected, the sample is considered to be a positive UDS result.

## Dilute urine samples

A sample for UDS is considered to be dilute when the creatinine level in the sample is below 1.76 mmol/L. Dilute samples are considered to be unsuitable for analysis under the standard.

In some collection centres a preliminary indication of whether the sample is sufficiently concentrated for reliable analysis may be given at the time of sample collection. This is not to be taken as confirmation that the sample is sufficiently concentrated; only the confirmed laboratory result provided directly to AHPRA will be regarded as an accurate assessment of sample concentration.

Registrants must ensure that they are not excessively hydrated to minimise the likelihood of providing a dilute sample. Such steps may include reducing fluid intake before providing a sample and changing the time of day they attend for screening.

## Missed urine drug screens

If a registrant becomes aware that they have failed to present for urine drug screening when required they must immediately notify their case officer, by email and explain why they failed to screen.

## Additional screening

In addition to the usual screening requirements for each screening group (as communicated by the UDS telephone number), further screens may be required by the case officer at any time and when this is the case, the registrant is required to provide a sample for screening as instructed, and irrespective of the daily message on the UDS telephone number.

Circumstances when additional screens will be required, subject to when the next UDS is scheduled, include when a registrant has:

- submitted a sample at a collection centre that is not approved or failed to attend for screening on a day on which they were required (i.e. a missed screen)
- not provided a sample under direct (Level 1) supervision
- used a request form other than that issued by their case officer
- provided a dilute sample or a sample that is otherwise unsuitable for UDS under the requirements of the Standard (e.g. it has failed the checks for adulterants, temperature, or the chain of custody is incomplete), or
- been granted leave from screening (including for extraordinary circumstances or due to illness), an additional screen will be required before re-commencing work – registrants must attend for an additional screen as follows:
  - Group 1 - where there has been 2 or more days of leave
  - Group 2, 3 and 4 – where there has been 5 or more days of leave

The case officer will also require an additional test, subject to when the next UDS is scheduled, when a registrant returns a positive UDS result in order to determine whether the drug or substance is still present in the registrant's body and may also require an additional hair test if a positive UDS is returned.

The case officer may also require an additional test, subject to when the next UDS is scheduled, in the following circumstances

- when a UDS result indicates the presence of one or more substances where the substance has been prescribed by the registrant's treating practitioner, or approved or administered by another registered health practitioner, and/or
- when concerns are identified in the course of monitoring the registrant's compliance with restrictions relating to drug screening or via new information received that raises concerns relating to substance use by the registrant.

Registrants required to provide an additional urine sample for screening will be required to provide that sample within a specified timeframe.

In some states and territories, approved collection centres may be able to collect urine samples on weekends and public holidays. Registrants may be required to attend for additional testing on weekends and public holidays by the case officer.

## Hair testing

### Substances subject to testing

At a minimum hair testing will include testing for all substances detailed in Appendix A and the substance of use (where not detailed in Appendix A). Other substances may be tested and detected by urine drug screening that are not included in Appendix A.

### Timeframe and frequency of hair testing

All registrants being monitored through urine drug screening will undertake hair testing on an ongoing basis as detailed in Appendix B.

Other registrants may undertake hair testing alone as a step down from UDS.

Registrants will be advised in writing of the date by which a sample of hair is required. The registrant must attend prior to the date specified and then as advised by their case officer. The registrant may be required to submit for a hair test at any time during the testing interval at random.

### Sample collection

Registrants must contact one of the approved collection centres detailed at <http://www.ahpra.gov.au/Registration/Monitoring-and-compliance/Collection-centres.aspx> in advance to make an appointment to provide a hair sample.

Registrants who, due to their location, are unable to access one of the approved collection centres are required to submit a written proposal for alternate collection arrangements. Alternate arrangements will be subject to approval by the Board. Alternate arrangements must meet all of the collection and chain of custody requirements and can include, but are not limited to, collection by a local general practitioner or medical or nursing staff at a local hospital.

Registrants must keep the head hair to be sampled no less than 3 cm long. The collector will cut approximately a pencil-thickness section of hair as close to the scalp as possible and will complete a sample collection form confirming whether the registrant's hair:

- has been chemically treated by perming, dying or bleaching, and
- is free from all gels, oils and hair creams when presenting for collection.

A 'Drug Information Sheet' identifying drugs, medications or other substances taken in the period since the previous sample was collected must accompany each hair test and is to be completed by the registrant.

## Chain of custody

A chain of custody form must accompany each hair sample.

It is the registrant's responsibility to ensure that the collector completes the chain of custody form and the registrant must sign the chain of custody form at the time of sample collection.

## Request forms for samples

Registrants must use only request forms that have been provided by their case officer and must not self-refer for hair testing under any circumstances. When presenting for a test, registrants are required to write that days date on the request form.

When presenting for a test registrants are required to present proof of identity to the collector such as a valid driving licence or passport.

## Positive hair testing results

Where testing indicates the presence of one or more drugs or substances and where there is no confirmed prescription for the drugs or substances detected, the sample is considered to be positive.

## Missed hair tests

If a registrant becomes aware that they have failed to present for a hair test when required they must immediately notify their case officer by email and explain why they failed to screen.

## Additional tests

In addition to the usual screening requirements for each screening level, further screens may be required by the case officer at any time and when this is the case, the registrant is required to provide a sample for screening as instructed.

Circumstances when additional screens will be required include when a registrant has:

- submitted a sample at a collection centre that is not approved
- failed to attend for a test by the scheduled date (i.e. a missed screen)
- used a form other than that issued by their case officer, or
- provided a sample that is inadequate or otherwise unsuitable for hair testing (e.g. hair length is inadequate or the chain of custody is incomplete).

The case officer may also require an additional test, when concerns are identified in the course of monitoring the registrant's compliance with restrictions relating to drug screening or via new information received that raises concerns relating to substance use by the registrant.

Registrants required to provide an additional hair sample for screening will be required to provide that sample within a specified timeframe.

## Taking other prescribed drugs, medications food and substances

A number of prescription and over the counter (OTC) medications and ingredients in some foods may cause positive hair and urine drug screening results.



Registrants undergoing drug screening are prohibited from using any substance unless prescribed, approved or administered by another registered health practitioner (the prescriber) who has been nominated to AHPRA.

Substance is defined as any illicit substance as well as any pharmacist only, prescription only and any controlled drug medication as contained in Schedule 3, 4 or 8 in the Standard for the Uniform Scheduling of Medications and Poisons (the SUSMP) as amended from time to time and as published at <https://www.tga.gov.au/publication/poisons-standard-susmp>.

The Board does not seek to intervene in the treatment of registrants. Hair and urine screening at a minimum will include testing for substances detailed in Appendix A. Other substances may be tested and detected by urine drug screening that are not included in Appendix A. For AHPRA to assess drug screening results, registrants are required to provide information about all substances consumed, regardless of whether they are included in Appendix A.

Registrants undergoing drug screening are required to inform AHPRA of any substances taken at the time of submitting a hair test sample or UDS. Registrants must also provide evidence, on the approved form, of the prescription, administration or approval for the substance, the name of the prescriber and acknowledge AHPRA may speak with the prescriber.

When a registrant required to undergo drug screening is also taking prescribed or approved substances this may affect drug screening results.

## Over the counter (OTC) preparations

Registrants are also advised that care should be exercised when taking other OTC preparations, including vitamin supplements and complementary medicines, as some may lead to positive drug screening results. Weight loss and body building supplements and medications should be avoided as they may contain stimulant substances, which can elicit a positive result. When taking any complementary medicine caution should be exercised and the ingredient list checked to ensure that they do not contain any restricted substances. If it is not possible to determine the exact ingredients contained within any medicines or substances, then they should be avoided.

## Poppy seeds

Registrants undergoing drug screening must not consume any food containing poppy seeds, as these may trigger a positive result in hair and urine drug screens. Poppy seeds are found in a range of foods such as muffins, cakes, breads and crisp bread.

Poppy seed consumption will not be accepted as an explanation for a drug screening result that is positive for opiates.

## Step down of drug screening frequency

This protocol is based on a 'contingency management approach'. In the context of drug screening for this protocol this is defined as positive reinforcement for abstinence from substances of abuse through a progressive reduction in testing frequency.

Registrants will be required to step down through each of the testing groups progressively. The period of time required in each testing group is determined by the Board on a case by case basis and is based on an assessment of the registrants overall compliance with restrictions, their progress in supportive or rehabilitative treatment programs, the registrant's practice environment and public safety. A further independent assessment may be required to inform any decision to step down drug screening.

Registrants undertaking drug screening are eligible, upon written request to the case officer, to step down the levels of screening frequency as detailed in Appendix B. An application for a change in the frequency of UDS may not be made prior to the expiry of the review period of the restriction relating to drug and alcohol screening unless the registrant believes that there has been a material change in their circumstances.

The Board makes the final decision about the appropriate frequency of screening.

## Step up of drug screening frequency

In some circumstances the frequency that the registrant is required to undergo urine drug screening may be increased by the Board. As a matter of natural justice when a Board proposes to increase the frequency of a registrant's drug screening, registrants will be given the opportunity to make a written or verbal submission to the Board in regard to this proposal. The Board will consider any submission prior to making a decision.

Circumstances when the frequency of urine drug screening may be increased include when a registrant has:

- provided a positive result for a drug or substance that the registrant is restricted from taking/using or which has not been prescribed for them
- provided a result that detected substances for a drug or substance that the registrant is prescribed but where the levels suggest use above the expected therapeutic range for the prescribed dose and frequency
- provided a positive result for illicit substances
- failed to attend for testing when directed or required by the restriction and/or protocol (this includes attending for additional testing)
- provided samples for testing outside of the approved collection and testing regimen
- submitted a sample at a collection centre that is not approved
- failed to attend for urine drug screening on a day on which they were required (i.e. a missed screen)
- failed to attend for hair drug screening by the date they were required to (i.e. a missed screen)
- not provided a urine drug screening sample under direct (Level 1) supervision
- used a form other than that issued by their case officer; or
- provided a dilute urine drug screening sample or a sample that is otherwise unsuitable analysis under the requirements of the Standard (e.g. it has failed the checks for adulterants, temperature, or the chain of custody is incomplete), and/or
- provided a hair drug screening sample that is unsuitable analysis under the requirements of the Protocol (e.g. inadequate sample size, or the chain of custody is incomplete).

## Authorities and endorsements to possess administer or prescribe drugs and poisons

Registrants being monitored for drug use who have had their authority or endorsement in relation to schedule 4 and/or schedule 8 drugs limited or revoked, and subsequently have those privileges restored, may be required to undergo an independent health assessment to inform whether their drug screening level remains appropriate.

Any decision to amend the frequency of screening in these circumstances will be made by the Board and will be based on the nature of the registrant's health issues, the registrant's overall compliance with restrictions, their progress in supportive or rehabilitative treatment programs, the registrant's practice environment and scope of practice and public safety as informed by the outcome of any health assessment process.

## Breath testing for alcohol

The requirements for breath testing prior to commencing each instance of practice are established to monitor recent alcohol consumption in relevant cases.

Registrants are prohibited from practising when their breath test result is greater than 0.01% Blood Alcohol Concentration (BAC).

## Purchase of a suitable breath-testing device for the purpose of alcohol breath testing

The registrant is responsible for the purchase of an approved breath-testing device to read the percentage of alcohol vapour expired in the breath. Breath testing devices that are approved for the purposes of this protocol are outlined in the table below.

Registrants must provide their case officer with proof of purchase and the name and model number of the breath-testing device for this purpose.

Case officers may approve alternate arrangements where an equivalent, regularly calibrated device is available for use through the registrant's place of employment.

All models of breath testing devices must only be used in the sampling mode as detailed in the table below.

**Table: Approved breath testing devices**

Manufacturer	Model	Sampling mode
<b>Lion Laboratories Limited</b> <a href="http://www.lionbreathalysersaustralia.com.au">www.lionbreathalysersaustralia.com.au</a>	SD400	Analyse mode
	SD400 Touch	Analyse mode
<b>Draeger Safety Pacific Pty Ltd</b> <a href="http://www.draeger.com">www.draeger.com</a>	5510	Automatic measurement
	5820	Active mouthpiece
	6820	Automatic measurement
	7510	Fixed volume with factory settings
<b>Alcolizer Technology</b> <a href="http://www.alcolizer.com">www.alcolizer.com</a>	Alcolizer LE5	Active test (mouthpiece) mode
	Alcolizer HH3	Mouthpiece testing mode

## Calibration of breath-testing devices

To maintain the accuracy and reliability of the breath testing device, calibration of the instrument must be checked and/or adjusted in accordance with the maintenance instructions specific to the individual breath-testing device. This procedure must be conducted using approved and accredited calibration standards and procedures.

Breath testing devices must undergo a calibration check no less than every 6 months and registrants are to provide evidence that this requirement has been complied with.

The registrant is responsible for meeting the cost of instrument calibration. If the registrant is not able to make alternate arrangements for breath testing whilst their approved device is undergoing calibration, they must not practise. Loan units may be available whilst the registrants approved device is undergoing calibration. Registrants should contact their case officer to discuss availability of a loan device. This is

subject to availability, and the registrant must have demonstrated they have made reasonable attempts to make alternate arrangements prior to requesting a loan device. Under no circumstances will a loan unit be provided as an ongoing arrangement in place of the registrant purchasing a device.

## When an alcohol breath-test is required

Each registrant required to undertake breath-testing for alcohol is to submit to breath-tests as per the requirements detailed in the restriction on their registration.

## Alcohol breath-testing is to be administered by approved persons

Every breath-test by a registrant must be administered by a person/s approved by their case officer. Friends and family members will not be approved to administer breath-tests. Approval for a member of a registrant's staff to administer breath-testing will only be given in exceptional circumstances.

Person's eligible for approval as breath-test supervisors include medical practitioners, police officers, registered nurses, pharmacists or other persons by negotiation.

Nominated breath test supervisors must provide written confirmation, on the approved form, that they have been provided with the operation instructions for the use of the breath-testing device and they understand same. It is the registrant's responsibility to ensure that the approved person adheres to these instructions in full. If the breath-testing device is not used correctly and an inaccurate result is subsequently recorded, the registrant must accept full responsibility for the result.

The registrant must submit a specimen of the nominated breath test supervisor's signature and proof of the nominee's identity such as a certified copy of a valid driving licence or passport.

If a registrant's approved person becomes unavailable due to unforeseen circumstances (such as illness or emergency) in some circumstances the case officer may be able to provide interim approval of a person to administer breath testing. For any person nominated for interim approval by the case officer the registrant must provide evidence that requirements as stated above have been met in full.

## Recording of alcohol breath-testing results

All registrants undergoing alcohol breath-testing are required to keep a breath analysis log book. The log book must include the following details:

- Date
- Time of breath-test
- Location
- Result of breath-test
- Signature and name of person administering the breath-test

Following the breath-test, 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 provided by the registrant

At specific intervals, as indicated on the registrant's registration restrictions the registrant must, by fax, post or email provide the following to their case officer:

- Log book record of results for the specified period
- Evidence of their actual work hours for the specified period\*

\* Registrants working in a hospital setting will be required to provide a copy of their hospital roster for the specified period and registrants working in private practice may be required to have their hours of work verified by an approved person such as a workplace supervisor or mentor.

From time to time AHPRA may obtain information from Medicare Australia to assist in the monitoring of hours worked by a registrant.

## Positive breath-tests

A breath-test will be considered positive if a registrant submits a test greater than 0.01% BAC. If a result greater than 0.01% BAC is returned the test is to be re-administered (the second testing) 15 minutes after the initial test.

A registrant must not commence or recommence practice on any occasion they have returned a breath-test result of greater than 0.01% BAC on the second testing.

If a positive breath test occurs the registrant must not practise and must immediately contact the case officer by phone during business hours or fax or email after hours.

If a registrant wishes to dispute a positive breath test result, the registrant is required to submit a blood alcohol test taken within two hours of the recorded positive breath test and be able to submit evidence of chain of custody with the blood alcohol test result. The registrant is responsible for meeting the cost of the blood alcohol test.

## Missed breath-tests

If a registrant becomes aware that they have failed to present for breath testing when required they must cease practise immediately and notify their case officer in writing, by email, and explain why they failed to test.

In order to recommence practise, the practitioner must attend for a test with their approved person and provide a negative result being a result of less than 0.01% BAC.

## Review of breath testing requirements

There is no step down from breath testing requirements.

Registrants undertaking alcohol breath testing are eligible, upon written request to the case officer, to apply for removal of breath testing requirements. An application for removal of alcohol breath testing requirements may not be made prior to the expiry of the review period of the restriction relating to alcohol breath testing unless the registrant believes that there has been a material change in their circumstances.

The period of time registrants are required to continue alcohol breath testing is determined by the Board on a case by case basis and is based on an assessment of the registrants overall compliance with restrictions, their progress in supportive or rehabilitative treatment programs, the registrant's practice environment and public safety. A further independent assessment may be required to inform any decision to remove restrictions relating to alcohol breath testing.

## Leave of absence from Drug and Alcohol Screening Requirements

There is no leave of absence from hair testing or breath testing requirements. Leave of absence from UDS may be available as detailed below.

## Overseas travel or exceptional circumstances

A registrant may be granted leave from UDS on an ad-hoc basis to travel overseas or in exceptional personal circumstances. Leave from screening may also be approved for religious holidays relevant to the registrant.

Registrants must make written application for leave from screening at least five business days before the anticipated leave. Requests should be submitted to the case officer for approval. Leave from screening will not be granted on verbal requests. Requests for leave should be submitted with evidence that

supports the reason for requesting leave. Evidence may include a confirmed travel itinerary, work rosters or annual leave approvals from the registrant's workplace.

Leave will not be granted when doing so would prevent or limit the capacity to adequately monitor the registrant's compliance with the registration restrictions. This includes leave from screening on regular days of the week to facilitate the registrant's work or study requirements.

Requests for leave from screening are considered on a case by case basis by the case officer and will be informed by the registrant's screening frequency, history of compliance, and the number of requests for leave already granted.

When extraordinary circumstances prevent a registrant providing at least five business days notice, the request by email must be provided as soon as it becomes apparent that leave is required. The registrant must identify the date(s) of leave required and the reason. The registrant must then contact their case officer by telephone within one hour to confirm that the request has been received.

The circumstances and the registrant's history of compliance will be taken into account by the case officer in deciding if leave will be granted.

## Illness

Absence from UDS and/or breath-testing may be granted for illness only when the absence is supported by a medical certificate. The medical certificate must confirm the medical condition that caused the registrant to be unable to attend for UDS, or produce urine for screening or attend for work in the case of breath-testing.

When a registrant is unable to attend for UDS, blood testing and/or breath-testing due to illness, they must immediately inform their case officer that this is the case. A copy of the medical certificate verifying the registrant's illness must be provided to the case officer within five days. The circumstances and the registrant's history of compliance will be taken into account by the case officer in deciding whether the absence from testing is approved.

## Non-compliance or suspected non-compliance with protocol

The registrant is responsible for ensuring they comply fully with all conditions and/or undertakings on their registration, including those relating to drug and/or alcohol screening.

Full compliance with all of the requirements specified in this protocol is mandatory. A breach of a condition or undertaking, including these requirements relating to drug and/or alcohol screening, may result in the Board taking action against the registrant.

The possible consequences of a confirmed breach of these requirements include action from the Board to:

- take immediate action, such as suspension of registration or imposition of more stringent conditions
- increase in the frequency or duration of drug and/or alcohol screening
- require an additional early hair test to confirm compliance
- caution the registrant
- seek cancellation of registration by the tribunal, and/or
- take any other action permissible under Part 8 of the National Law.

As a matter of natural justice when a Board proposes to take action as a result of a breach of these requirements (including to increase the frequency of a registrant's drug screening), registrants will be given the opportunity to make a written or verbal submission to the Board in regard to this proposal. The Board will consider any submission prior to making a decision.

At a minimum the Board will consider action in the following circumstances:

## All screening methods

- Positive result for a drug or substance that the registrant is restricted from taking/using or which has not been prescribed for them.
- Detected substances for a drug or substance that the registrant is prescribed but where the levels suggest use above the expected therapeutic range for the prescribed dose and frequency.
- Positive result for illicit substances.
- Failure to attend for testing when directed or required by the restriction and/or protocol (this includes attending for additional testing).
- Providing samples for testing outside of the approved collection and testing regimen.
- The registrant knowingly uses, makes, alters or possesses any object or product in such a way as to defraud or attempt to defraud any type of drug or alcohol screening test designed to detect the presence of substances including alcohol.

## Urine drug screening

- Failure to provide samples for testing under the required level of observation.
- Providing urine samples that are dilute, or otherwise fail to meet the requirements of the Australian Standard (temperature, adulterants, chain of custody).

## Hair testing

- Providing hair samples that are not suitable for testing, or not maintaining hair at an adequate length.
- Providing hair samples that fail to meet chain of custody.

## Breathalyser testing

- Returning a positive breath test result for alcohol prior to commencing or recommencing practice.
- Commencing practice having not undergone a breath test for alcohol as required by the restriction and/or protocol.

## Pattern of behaviour or breach of other restrictions

- Where a pattern of registrant behaviour raises concerns about their compliance with this protocol and/or related registration restrictions.

## Appendix A: Schedule of Drugs

Substance to be tested	Detection Limits
Amphetamine type substances <ul style="list-style-type: none"><li>• Amphetamine</li><li>• Benzylpiperazine</li><li>• Ephedrine</li><li>• Methylamphetamine</li><li>• MDA</li><li>• MDMA</li><li>• Phentermine</li><li>• Pseudoephedrine</li></ul>	As per AS/NZS 4308:2008
Benzodiazepines <ul style="list-style-type: none"><li>• Alprazolam</li><li>• Clonazepam</li><li>• Diazepam</li><li>• Flunitrazepam</li><li>• Nitrazepam</li><li>• Oxazepam</li><li>• Temazepam</li></ul>	As per AS/NZS 4308:2008



Substance to be tested	Detection Limits
<ul style="list-style-type: none"> <li>and/or their metabolites</li> </ul>	
Cannabis Metabolites	As per AS/NZS 4308:2008
Cannabinoids	As per AS/NZS 4308:2008
Cocaine Metabolites	As per AS/NZS 4308:2008
Opiates <ul style="list-style-type: none"> <li>6-acetylmorphine</li> <li>Codeine</li> <li>Morphine</li> </ul>	As per AS/NZS 4308:2008
Anaesthetic Agents <ul style="list-style-type: none"> <li>Ketamine</li> <li>Norketamine</li> <li>Propofol</li> </ul>	<ul style="list-style-type: none"> <li>10 ng/mL</li> <li>5 ng/mL</li> <li>50 ng/ml for hydrolysed urine measuring total propofol or 20 ng/ml for propofol itself and one or more of its metabolites</li> </ul>
Anxiolytic Agents <ul style="list-style-type: none"> <li>Zolpidem</li> <li>Midazolam</li> </ul>	<ul style="list-style-type: none"> <li>10 ng/ml</li> <li>10 ng/ml</li> </ul>
Synthetic/semi-synthetic Opioids <ul style="list-style-type: none"> <li>Fentanyl</li> <li>Norfentanyl</li> <li>Hydromorphone</li> <li>Methadone</li> <li>Oxycodone</li> <li>Pethidine</li> <li>Norpethidine</li> <li>Tramadol</li> <li>Buprenorphine</li> <li>Norbuprenorphine</li> </ul>	<ul style="list-style-type: none"> <li>0.5 ng/ml</li> <li>0.5 ng/ml</li> <li>10 ng/ml</li> <li>10 ng/ml</li> <li>10 ng/ml</li> <li>20 ng/ml</li> <li>20 ng/ml</li> <li>20 ng/ml</li> <li>10ng/ml</li> <li>1000ng/ml</li> </ul>
Cathinone Analogs (designer stimulants) including piperazine*	Dependent on drug being used
Synthetic Cannabinoids*	Dependent on drug being used
Halucinogens <ul style="list-style-type: none"> <li>LSD</li> <li>Nor-LSD</li> <li>NBOMe derivatives*</li> </ul>	<ul style="list-style-type: none"> <li>0.5 ng/ml screen using kits and 0.2 ng/ml for confirmation or using MS techniques</li> <li>0.2 ng/ml</li> <li>This will depend on drug, but likely to be &lt;1 ng/ml</li> </ul>

\*Will require further expert advice on case by case basis

## Appendix B: Drug Screening Groups

The following table details the random screening requirements for each level of screening.

Screening Group	Urine Screens	Hair Analysis
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	(on average)	
<b>Group 1</b>	12 per month	Quarterly
<b>Group 2</b>	4 per month	Quarterly
<b>Group 3</b>	1 per month	Quarterly
<b>Group 4</b>	5 to 10 times per year	Quarterly
<b>Group 5</b>	Nil	Annually*

\* The necessity for, and period of, continued testing will be informed by an assessment of risk. The assessment will be informed by available medical reports (independent and treating practitioner), compliance during monitoring and the nature and scope of practice of the practitioner.