

Drug and Alcohol Screening Protocol

Requirements of registrants

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Australian Health Practitioner Regulation Agency
National Boards

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Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

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Purpose

This protocol details the requirements of 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 a Board forms the belief that a registrant has an impairment, and who have registration conditions or undertakings (restrictions) which require them to undertake breath testing for alcohol, hair testing and/or urine drug screening (UDS). This protocol is referred to in the registrant's restrictions.

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 which 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.

The registrant is responsible for all costs associated with drug and alcohol screening. For alcohol screening this includes the purchase and maintenance of a breathalyser unit. For drug screening this includes direct payment to the collection centre including the cost of any additional and/or confirmatory testing that may be required. Where registrants are suffering financial hardship due to the cost of drug screening (not applicable to alcohol screening), 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

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 C. 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 may also 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](#) as published on the Ahpra website.

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 during either the last 14 days or since the previous sample was collected (whichever is longer) 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 day's 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 registrant. 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 above the level specified in Appendix A, further confirmatory testing may 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.

Substances that are detected in a sample below the cut-off levels or reporting limit specified in Appendix A, but above the laboratory validated lower limit of detection may be reported at the discretion of the laboratory. This may occur in circumstances where the presence of the substance is relevant to the interpretation of the 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 random 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. 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 may be required 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 may also require an additional test when a registrant returns a positive UDS result 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 in the following circumstances

- when a UDS result indicates the presence of one or more substances where the substance has not been prescribed by the registrant's treating practitioner, or approved or administered by another registered health practitioner, and/or

- when concerns are identified while 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 B and the substance of misuse (where not detailed in Appendix B). Other substances may be tested and detected by hair drug screening that are not included in Appendix B.

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 C.

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](#) as published on the Ahpra website, 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 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 day's 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 registrant. The

most commonly accepted forms of photo identification are those issued by government authorities, such as a valid driving licence, identity card or passport.

Positive hair testing results

Where testing indicates the presence of one or more drugs or substances above the reporting limit specified in Appendix B, and where there is no confirmed prescription for the drugs or substances detected, the sample is considered to be positive.

Substances that are detected in a sample below the reporting limit specified in Appendix B, but above the laboratory validated lower limit of detection may be reported at the discretion of the laboratory. This may occur in circumstances where the presence of the substance is relevant to the interpretation of the hair test result.

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 may 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 while 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 urine and hair 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 prescription only and any controlled drug medication as contained in Schedule 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. Urine and hair screening at a minimum will include testing for substances detailed in Appendix A and B. Other substances may be tested and detected by urine drug screening that are not included in Appendix A and B. 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 or B.

At the time of submitting a hair test or UDS sample, registrants are required to inform Ahpra of any substances taken during either the last 14 days or since the previous sample was collected (whichever is longer). 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 that Ahpra may contact the prescriber to confirm the prescription.

Taking prescribed or approved substances may affect drug screening results when a registrant required to undergo drug screening.

Over the counter (OTC) preparations

Registrants are also advised that care should be exercised when taking other OTC preparations, including some Schedule 3 medications, 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.

Changes to drug screening frequency

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 misuse 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 registrant's 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 may make written request to the Board to step down the levels of screening frequency as detailed in Appendix C. Additional information from the registrant's treating practitioner(s), supervisor(s) and workplace may assist in Board consideration of these requests.

Registrants must continue testing at their current frequency until the Board decides to change frequency of screening.

Step up of drug screening frequency

The Board may increase the frequency that the registrant is required to undergo urine drug screening. As a matter of procedural fairness, 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 about 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 included in Appendix A or B and 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 for 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 for 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 frequency 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 must be re-calibrated by the manufacturer at the interval for the device as specified by the manufacturer. Ahpra's website displays the [approved breath testing devices](#) for the purposes of this protocol and the required sampling mode when used.

Registrants must provide their case officer with proof of purchase including the name and model number of the breath-testing device and proof from the manufacturer of recalibration each time it is completed.

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.

While registrants may apply to the Board in writing to step down the levels of UDS frequency, there is no step down in frequency from breath testing requirements.

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 the Board. 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.

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

Ahpra may approve breath test supervisors who meet the following criteria:

- not in any financial, employment, personal or other relationship with the registrant, and
- registered health practitioners, and
- not subject to restrictions on their registration, and
- Ahpra and the Board do not hold information that may indicate that they are unsuitable to act as a breath test supervisor, and
- Either a. or b. applies:
 - a. is senior to the registrant by role and/or experience, or

- b. it is not practicable for a senior person to be nominated as breath test supervisor and the nominated supervisor is not junior to the registrant by role and/or experience.

All other nominations are referred to the relevant Committee of the Board and may result in longer timeframes for approval.

Nominated breath test supervisors must provide written confirmation, on the approved form, that they have been provided with and understand the operation instructions for the use of the breath-testing device. 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 along with a copy of the nominee's curriculum vitae.

If a registrant's approved person becomes unavailable due to unforeseen circumstances (such as illness or emergency) 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 logbook. The logbook 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 handwrite the result in indelible ink in the logbook and sign to validate the result, where indicated.

Material to be provided by the registrant

At specific intervals, as detailed in the restrictions on their registration, the registrant must provide the following to their case officer by email (links to templates on Ahpra website):

- [Logbook of breath testing results](#)
- [Logbook of actual hours worked](#)

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 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.

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

Leave of absence from drug and alcohol screening requirements

Leave of absence from UDS may be available as detailed below. There is no leave of absence from hair testing or breath testing requirements other than due to illness or public health orders.

Overseas travel or exceptional circumstances

A registrant may be granted leave from UDS on an ad-hoc basis to travel overseas, for religious holidays relevant to the registrant or in other exceptional personal circumstances that also mean the registrant will not be practising.

Registrants must submit a written request for leave from screening to the case officer at least five business days before the anticipated leave. Requests should include evidence that supports the reason for requesting leave along with the registrant's contact details while on leave. Evidence should include a confirmed travel itinerary and work rosters and/or leave approvals from the registrant's workplace. Verbal requests for leave from screening will not be granted.

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. For example, leave will generally not be granted from screening on regular days of the week to facilitate the registrant's work or study requirements.

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.

Requests for leave from screening are considered on a case-by-case basis and will be informed by the registrant's screening frequency, history of compliance, and the number of requests for leave already granted. Requests for leave outside the circumstances described in this protocol may not be considered until the next available Board meeting and should be provided with maximum notice to avoid non-compliance.

Illness

Absence from UDS, hair 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 specific medical condition that caused the registrant to be unable to attend for UDS or hair testing or produce urine for screening. For breath testing the certificate must confirm that the registrant could not attend for work, or, if they had to depart work early due to illness, the specific medical condition that caused them to depart early.

When a registrant is unable to attend for UDS, hair or breath-testing due to illness, they must immediately inform Ahpra that this is the case. A copy of the medical certificate verifying the registrant's illness must be provided within five days. The circumstances and the registrant's history of compliance will be considered in deciding whether the how the absence from testing is managed.

Public health orders

During a public health direction or order requiring the registrant to remain at home for a period of ordered quarantine or self-isolation, such as in response to a positive test result or identification as a close contact, the registrant will not be required to complete drug screening requirements. The registrant will be required to provide evidence of the public health direction, including the dates the order was in effect and confirmation from their employer (or equivalent) that they were not practising for the duration of the period of quarantine or self-isolation.

Where a registrant is not subject to a specific requirement to self-isolate or quarantine then they are required to complete all scheduled drug screening. This includes periods of public health restrictions that limit movement generally and health services are permitted as essential services. In these cases, urine drug screening is a condition of providing that essential service.

Application to remove drug and alcohol screening requirements

The duration of a registrant's drug and/or alcohol screening requirements is determined by the Board based on an assessment of the registrant's overall compliance with restrictions, their progress in supportive or rehabilitative treatment programs, their practice environment and the consideration for public

safety. A further independent assessment may be required to inform any decision to remove drug and alcohol screening restrictions.

Registrants may submit an application for removal of drug and/or alcohol screening restrictions, however an application made prior to the expiry of the review period stipulated in the restrictions will not be successful unless the registrant demonstrates that there has been a material change in their circumstances.

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 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 about 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 included in Appendix A of B and 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 substances tested in urine drug screening

Substance/ metabolite	Cut Off (ug/L) as per AS/NZS 4308:2008	Reporting limit (ug/L)
Amphetamines		
Amphetamine	150	
Benzylpiperazine	N/A	
Methamphetamine	150	
MDA	300	
MDMA	300	
Methylphenidate	10	
Phentermine	500	
Pseudoephedrine	500	
Benzodiazepines and/or their metabolites		
Alprazolam	100	
Clonazepam	100	
Diazepam	200	
Flunitrazepam	100	
Nitrazepam	100	
Oxazepam	200	
Temazepam	200	
Cannabis Metabolites		
delta-9 tetrahydrocannabinolic acid (11-COOH-THC)	15	
Cannabinoids	50	
Cocaine		
Benzoyllecgonine	150	
Ecgonine methyl ester	150	
Opiates		
6-Acetylmorphine	10	
Codeine	300	
Codeine glucuronide	300	
Morphine	300	
Morphine glucuronide	300	
Synthetic and semi synthetic opioids		
Hydrocodone		300
Hydromorphone		300
Pholcodine		15
Thebaine		10
Alfentanyl		10
Alfentanyl metabolite Noralfentanyl		10
Buprenorphine		10
Buprenorphine glucuronide		10
Dextromethorphan		10
Fentanyl		3
Fentanyl metabolite Norfentanyl		9
Methadone		10
Methadone metabolite EDDP		10
Naloxone		10
Naltrexone		15
Oxycodone		10

Oxycodone metabolite Noroxycodone	10
Pethidine	10
Pethidine metabolite Norpethidine	10
Remifentanil	10
Remifentanil metabolite Remifentanil Acid	10
Propoxyphene (dextropropoxyphene)	10
Tapentadol	10
Tramadol	10
Tramadol metabolite O-Desmethyltramadol	10
Other Anaesthetic agents	
Ketamine	5
Ketamine metabolite Norketamine	10
Propofol metabolite Propofol Glucuronide	15
Anxiolytic agents	
Zopiclone	10
Zolpidem	10
Hallucinogens	
LSD	10
Mescaline	10
Other substances	
Chlorpromazine	10
Modafinil metab Modafinil Acid	10
Phencyclidine	10
Pregabalin	10
Promethazine	15

Appendix B: Schedule of substance tested in hair drug screening

Analyte (pg/mg)	Reporting Limit (pg/mg)
Amphetamines	
Amphetamine	50
Methamphetamine	50
MDMA	50
MDA	50
Phentermine	50
Pseudoephedrine/ephedrine	50
Benzodiazepines	
Alprazolam	50
Clonazepam	50
Clonazepam metabolite 7-Aminoclonazepam	50
Diazepam	50
Diazepam metabolite Nordiazepam	50
Flunitrazepam	50
Flunitrazepam metabolite 7-Aminoflunitrazepam	50
Lorazepam	50
Midazolam	50
Nitrazepam	50
Nitrazepam metabolite 7-Aminonitrazepam	50
Oxazepam	50
Temazepam	50
Cannabis metabolites	
D9-tetrahydrocannabinol (11-COOH-THC)	20
Synthetic cannabinoids	
JWH018	50
AM2201	50
Cocaine metabolites	
Benzoyllecgonine	50
Cocaine	50
Cocaethylene	50
Opiates	
6-Acetylmorphine	50
Codeine	50
Hydrocodone	50
Hydromorphone	50
Morphine	50
Opioids	
Buprenorphine	20
Buprenorphine metabolite Norbuprenorphine	20
Fentanyl	20
Fentanyl metabolite Norfentanyl	20
Methadone	50
Methadone metabolite EDDP	50
Oxycodone	50
Pethidine	50
Pethidine metab Norpethidine	50
Tramadol	50

Anaesthetic agents	
Ketamine	20
Ketamine metabolite Norketamine	20
Propofol glucuronide	100
Anxiolytic agents	
Zolpidem	50
Zopiclone	50
Cathinones	
MDPV	50
Mephedrone	50
Hallucinogens	
LSD	50
25I-NBOMe	50
25B-NBOMe	50
25C-NBOMe	50
Other substances	
Promethazine	50

Appendix C: Drug Screening Groups

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

Screening Group	Urine Screens (on average)	Hair Analysis
Group 1	12 per month	Quarterly
Group 2	4 per month	Quarterly
Group 3	1 per month	Quarterly
Group 4	5 to 10 times per year	Quarterly
Group 5	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 registrant.