

# Ahpra Protocol

## Test for Alcohol

This protocol applies to restrictions imposed or accepted from **16 September 2024**

Australian Health Practitioner Regulation Agency  
National Boards

GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](https://www.ahpra.gov.au) 1300 419 495

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.

# Ahpra Protocol: Test for Alcohol

## Overview

This Ahpra Protocol – *Test for alcohol* (the Protocol) sets out the requirements that apply to practitioners with a registration restriction for health.

You will receive a monitoring plan that details contact information, due dates, and the information you will need to provide to show that you are complying with your restrictions. The plan will be updated as you complete the requirements. Read your monitoring plan in conjunction with the Protocol /s.



### In this Protocol:

'Restriction' and 'Restrictions' refers to:

- conditions and undertakings on your registration that are related to the requirements of this specific Protocol

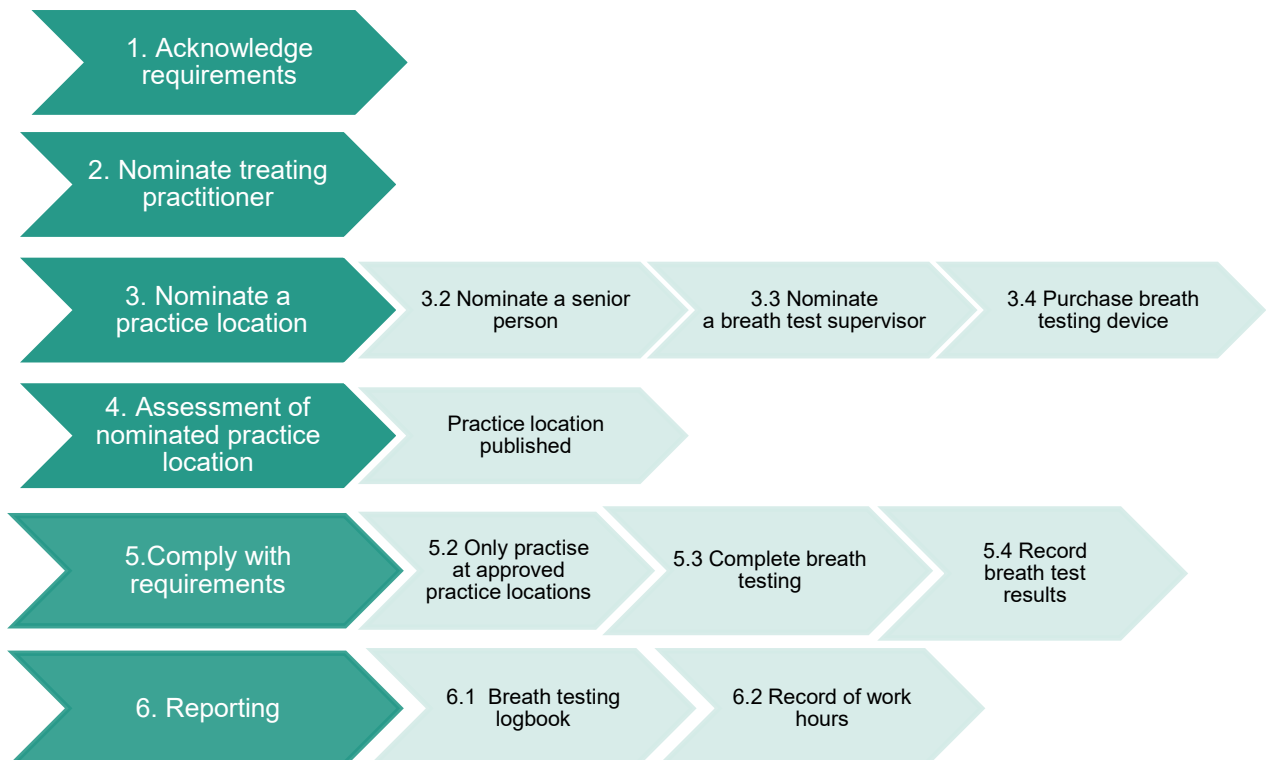
'We' 'us' and 'our' refers to:

- the Australian Health Practitioner Regulation Agency (Ahpra),
- the Board for the health profession you're registered for.

### The Protocol includes:

- individually numbered paragraphs and sub-paragraphs to help you navigate the requirements.
- highlighted requirements that you must follow using this symbol: ▲
- clarifying information and advice from us to help you follow the requirements, using this symbol: ⓘ
- terms that we define in specific ways. The first time we use one of these terms, we've hyperlinked these to [definitions](#) for your reference

The Protocol's requirements fall into six main areas.



## Requirements

### 1. Acknowledge the requirements


#### 1.1 Practitioner Acknowledgement

- 1.1.1 You must acknowledge the requirements of the restriction on your registration, and the *Ahpra Protocol: Test for Alcohol* (the Protocol) within 3 calendar days of the restriction start date.
- 1.1.2 Complete the **Form: Test for alcohol - Practitioner Acknowledgement Form**

### 2. Nominate a treating practitioner

#### 2.1 Nominate a treating practitioner

- 2.1.1 You must nominate a mental health professional from whom you are receiving treatment of your health condition (treating practitioner) that we can contact and share information with.
- 2.1.2 Nominate the treating practitioner on the **Form: Test for alcohol - Nomination of Treating Practitioner Form**
- 2.1.3 You must nominate a treating practitioner whether you intend to nominate a [practice location](#) or not.
- 2.1.4 You must nominate your treating practitioner using the form listed above within 30 calendar days of the restriction start date.
- 2.1.5 You must provide an acknowledgement from the treating practitioner within 30 calendar days of the restrictions start date confirming that they are aware we will contact them and share information.  
You must also provide us a direct email address we can contact them on.
- 2.1.6 Your nominee must provide this acknowledgment on the **Form: Test for alcohol - Treating Practitioner Acknowledgement Form**
- 2.1.7 You must provide your treating practitioner with a full copy of the restrictions on your registration and this Protocol
- 2.1.8 You must also provide your nominee the contact details of your Ahpra case officer or team.
- 2.1.9 If your treating practitioner changes at any time you must advise us of the change within 3 calendar days of the change and complete and return a new nomination within 30 calendar days.

 If we receive information that raises concerns about your health impacting on your practice, we may request information from your treating practitioner.

We may ask for information about your health condition, such as the nature of the health condition, the severity and stability of your health condition, your treatment regime, your engagement in treatment, and, whether the treating practitioner has any concerns about your health where it may impact on your fitness to practise.

The treating practitioner will also provide a report to us whenever they have a concern or becomes aware of a concern regarding your health or if you don't attend for treatment at the required intervals.

### 3. Nominate a practice location

#### 3.1 Nominate practice location

3.1.1 You **must not practise** until approved practice locations are published to the online [register of practitioners](#). 

3.1.2 With any nomination of a practice location, you must provide the following information:

- nomination of a senior person,

- nomination of at least one breath test supervisor, and,
  - evidence of the purchase of an approved breath test device.
- 3.1.3 You must provide the relevant forms and evidence for each nomination of a practice location, senior person, and breath test supervisors as listed below:
- **Form:** Test for alcohol - Nomination of Practice Location Form
  - **Form:** Test for alcohol - Senior Person Acknowledgement Form
  - **Form:** Test for alcohol - Nomination of Breath Test Supervisor Form
  - **Form:** Test for alcohol - Breath Test Supervisor Acknowledgement Form
  - and,
  - **Evidence** of purchase of an approved breath test device.
- 3.1.4 You must, if requested, provide evidence of how your compliance with the restrictions will be supported at each nominated practice location.

① Generally, no more than three practice locations will be approved at one time. In extenuating circumstances, you may nominate additional practice locations for approval. Requests for approval of more than three practice locations may be refused.

### 3.2 Nominate a senior person

- 3.2.1 You must provide your senior person's details at each nominated practice location on the **Form:** Test for alcohol - Nomination of Practice Location Form

① The senior person may be the practice principal, or other person senior by position. Where possible your senior person should be another registered health practitioner. Your senior person will provide information about the characteristics of nominated practice location(s) such as the number of other registered health practitioners on site and details of electronic booking or roster systems.

- 3.2.2 Your senior person must be senior to you by role and/or experience.
- 3.2.3 The nomination of each senior person must be accompanied by an acknowledgement from each nominated person on the form listed above, and:
- confirm that they are aware that we will contact them to share information, and,
  - provide a unique email address at which they may be contacted.
- 3.2.4 Your senior person must provide this acknowledgement using the **Form:** Test for alcohol - Senior Person Acknowledgement Form
- 3.2.5 You must provide each nominated senior person a full copy of the restrictions on your registration, and this Protocol
- 3.2.6 You must provide all nominated senior person(s) the contact details of your Ahpra case officer.
- 3.2.7 You must declare any actual, potential, or perceived conflicts of interest with your nominated senior person. If requested, you must provide information on how you will manage the conflict.

① A conflict may arise from being in a collegiate, family, social or financial relationship which could compromise the nominee's judgment, decisions, or actions in performing the role. We must be confident that the senior person is able to give independent evidence of your compliance and be willing to provide reports to us if they identify concerns with your conduct, or compliance with your restrictions.

### 3.3 Nominate breath test supervisors

- 3.3.1 You must provide the details of the person(s) that will be responsible for recording and supervising your breath alcohol testing (breath test supervisor) on the **Form:** Test for alcohol - Nomination of Breath Test Supervisor Form.

3.3.2 You must nominate at least one breath test supervisor for each practice location you nominate.

① For a practice location to be considered for approval you must nominate at least one breath test supervisor.

You may want to consider nominating more than one breath test supervisor to ensure you are able to meet the requirements of the Protocol in the event of unexpected illness or absence of your breath test supervisor.

Your senior person may also be nominated as a breath test supervisor, using the **Form: Nomination of Breath Test Supervisor** form.

You may nominate additional breath test supervisors at any time.

3.3.3 The nomination of each breath test supervisor must be accompanied by an acknowledgement from each nominated person to confirm that they are aware that we will contact them to share information, and to provide a unique email address at which they may be contacted.

3.3.4 Your breath test supervisor nominee must provide this acknowledgement using the **Form: Test for alcohol - Breath Test Supervisor Acknowledgement Form**,

3.3.5 Both you and your nominee must declare any actual, potential, or perceived conflicts of interest. If requested by us, you must provide information on how you will manage the conflict.

① For a breath test supervisor to be approved, we must be confident that they are able to give an independent report of the breath testing results and be willing to provide reports to us if they identify concerns with your conduct, or compliance with your restrictions.

A conflict of interest may arise from being in a collegiate, family, social or financial relationship which could compromise the nominee's judgment, decisions, or actions in performing their nominated role.

3.3.6 Nominated breath test supervisors must meet the following requirements:

- not be in any financial, employment, personal or other relationship with you,
- be a registered health practitioner,
- not be subject to restrictions on their registration, and,
- is senior or equivalent to you by role and/or experience.

3.3.7 With each nomination for a breath test supervisor, you must provide:

- a copy of their curriculum vitae (or other acceptable evidence of the nominee's position and experience), and,
- a sample specimen of the nominee's signature and proof of identity (such as a certified copy of a valid driving license or passport)

3.3.8 You must provide all breath test supervisors a copy of this Protocol, and the operating manual for the breath testing device.

3.3.9 You must provide all nominated breath test supervisors the contact details of your Ahpra case officer or team.

① Your nomination of a breath test supervisor may be approved or refused.

Nominations that don't meet the above requirements may be considered in extenuating circumstances.

Nominations not meeting the above requirements usually require longer timeframes for consideration.

Other persons eligible for approval as breath-test supervisors include police officers, or other persons in exceptional circumstances only.

### 3.4 Breath testing device

**i** A breath testing device is a device that meets the Australian Standard for Breath Alcohol Testing Devices (AS3547:2019) is considered approved for the purposes of this Protocol. A list of other approved breath alcohol testing devices is published on the [Ahpra website](#).

- 3.4.1 You must provide your case officer with the name and model number of the breath alcohol testing device you will use for your breath alcohol tests, along with proof of purchase.
- 3.4.2 You must, if requested, provide a photograph of the breath testing device.
- 3.4.3 For breath alcohol testing devices that meet the Australian Standard for Breath Alcohol Testing Devices (AS3547:2019) you must use the device in the active testing mode.
- 3.4.4 For all other breath alcohol testing devices, you must use the breath testing device in the sampling mode published on the [Ahpra website](#) or as otherwise directed by us.
- 3.4.5 You must provide us with evidence of calibration of the device on request.
- 3.4.6 If your breath alcohol testing device changes for any reason, you must provide information about your new device within 30 calendar days of the change, and you must provide the information outlined at 3.4.1 above.

**i** In some circumstances you may seek approval to use an alternate breath alcohol testing device (such as a device available at your place of work).  
You will be required to provide details of the make, model, testing mode and operating instructions for any proposed alternate device along with evidence of calibration within the preceding six months.  
If an alternate breath testing device is approved, you will be required to provide evidence of subsequent calibration checks on no less than a six-monthly basis.

## 4. Assessment of a nominated practice location

### 4.1 Assessment of practice location nomination

**i** Your nomination of a practice location must include a nomination of a senior person and at least one breath test supervisor nomination. Incomplete nominations will not be assessed.  
For a practice location to be approved, we must be confident that the nominated breath test supervisor(s) and senior persons are able to give independent information about your compliance and be willing to provide reports to us if they identify concerns.  
A conflict of interest may arise from being in a collegiate, family, social or financial relationship with those you nominate which could compromise the nominee's judgment, decisions, or actions in performing their nominated role.

- 4.1.1 We may request information from your treating practitioner and senior person(s) to assess whether your health condition will or may impact on your practice, and whether your proposed work arrangements are appropriate.
- 4.1.2 Practice locations will be assessed for approval based on their suitability on a case-by-case basis.

### 4.2 Each nominated practice location must meet the following requirements:

- 4.2.1 You will not be the sole registered health practitioner at the practice location,
- 4.2.2 The senior person at the practice location does not have a direct personal relationship with you (for example, a spouse, de facto, sibling or other relative),
- 4.2.3 At least one nominated breath test supervisor(s) is approved for the practice location,
- 4.2.4 The practice location can produce the required reports on dates and times of practice or rosters,

- 4.2.5 The suitability of the practice location to accommodate the requirements of the restrictions on a case-by-case basis,
- 4.2.6 Whether there is likely to be sufficient oversight or ability to provide independent evidence of compliance, and,
- 4.2.7 There is likely to be sufficient oversight or ability to provide independent evidence of your compliance with the registration restrictions.

**i** Nominations that do not meet the above requirements may be considered in extenuating circumstances. Nominations not meeting the above requirements usually require longer timeframes for consideration.

We may refuse your nomination.

## 5. After publication of a practice location

**5.1.1 You must not practise until approved practice locations are published to the online [register of practitioners](#).**



### 5.2 After publication of practice location

- 5.2.1 If a practice location is published on the National register, you can commence practising.
- 5.2.2 You must only practice at approved and published practice locations.
- 5.2.3 If you cease practising at any of your published practice locations, you must notify your Ahpra case officer within 14 calendar days.

### 5.3 Breath alcohol testing

**5.3.1 You must not practise if you have not tested for breath alcohol, or if you test positive for breath alcohol.**



- 5.3.2 Unless otherwise advised by us, you must undertake breath alcohol testing at the following times:
- no more than 30 minutes prior to the commencement of each [period of practice](#)
  - no more than 30 minutes after the completion of each period of practice, and
  - between 4 to 5 hours after the commencement of each period of practice period.
- 5.3.3 Every breath alcohol test must be directly observed by an approved breath test supervisor.

**5.3.4 Nominated breath test supervisors must not supervise or record breath testing for you until they have been approved by us.**



- 5.3.5 You must complete all required breath alcohol tests by only using an approved breath alcohol testing device.
- 5.3.6 You must adhere to the operating instructions of your breath alcohol testing device in full.

**i** Use of the breath-testing device incorrectly is a breach of the Protocol.

The breath test supervisor will notify your case officer in the event of a positive breath alcohol test, use of the breath test device outside of the operating instructions, or a refusal by you to undertake breath alcohol testing.

- 5.3.7 You must return a negative breath alcohol test on each occasion you are required to test.
- 5.3.8 A breath-test will be considered positive if you submit a test greater than 0.01% Breath Alcohol Concentration (BAC).
- 5.3.9 If a breath test result is returned and is greater than **0.01% BAC** the test must be re-administered (the second test) 15 minutes after the initial test. If the second test returns a result greater than 0.01% BAC, then this is a positive breath test result.

5.3.10 If a positive breath alcohol test occurs, you must immediately contact your case officer by phone during business hours or email after hours.

**5.3.11 You must not commence or recommence practice on any occasion you provide a positive breath alcohol test until you are able to return a BAC of less than 0.01%.**



5.3.12 If you wish to dispute a positive breath alcohol test result, you must submit a blood alcohol test taken within two hours of the recorded positive breath alcohol test. You must be able to submit evidence of chain of custody with the blood alcohol test result.

5.3.13 If you become aware that you have failed to present for breath alcohol testing when required, you must cease practice immediately until you are able to return a BAC of less than 0.01%.

5.3.14 You must notify your case officer in writing and explain why you failed to test within 7 calendar days of any failure to breath test.

5.3.15 The breath alcohol testing device must undergo a calibration check, using manufacturer approved and accredited calibration standards and procedures, at the frequency specified by the manufacturer. If no frequency is specified by the manufacturer the device must be calibrated at a frequency no less than every six months.

#### **5.4 Recording breath testing results - logbook**

5.4.1 You must keep a logbook of your breath alcohol testing results in the format required by us.

5.4.2 The logbook must include the following details:

- date of test,
- time of breath-test,
- practice location of test,
- result of breath-test, and,
- signature and name of the person that directly observed the breath-test

5.4.3 Following each breath alcohol test, you must ensure that the person who has directly observed the test checks the record of the result and signs the logbook to validate the result.

5.4.4 All entries in the logbook must be made in permanent ink and legible.

- Changes to the logbook must be made by striking out the entry and recording the entry on a new line.
- For all entries that are struck out and re-entered, you must provide details of the reasons for the changes with the logbook for the relevant period.

#### **5.5 Record of work hours - logbook**

5.5.1 You must keep a logbook of actual work hours in the format required. The logbook must include the following details:

- date,
- location,
- start time,
- finish time,
- time of any breaks of 30 minutes or more.

## **6. Reporting**

### **6.1 Breath testing logbook**

6.1.1 You must provide your logbook of breath alcohol testing results to us at least monthly.

6.1.2 Logbooks may be provided electronically.

6.1.3 You must, when requested, provide the original document within the timeframe required.



## 6.2 Work hours record

- 6.2.1 You must provide your record of work hours to us at least monthly. Logbooks may be provided electronically.
- 6.2.2 You must, when requested, provide the original document within the timeframe required.

## 6.3 Other reporting

- ① We may ask your treating practitioner for information about your health condition such as the nature of the health condition, the severity and stability of your health condition, your treatment regime, your engagement in treatment and whether there are any concerns about your health where it may impact on your fitness to practise.

The treating practitioner will also provide a report to us whenever they have a concern or becomes aware of a concern regarding your health, once you have completed your program of treatment, or if you don't attend your program of treatment.

We may ask your nominated senior person to provide reports to us to confirm your compliance with your restrictions. If regular reporting is required, the frequency will be detailed in your Monitoring plan.

We may request information from the senior person at each of the approved places of practice including appointment diaries, patient booking schedules, audit logs of electronic booking systems and patient records and the like.

Your senior person will also provide a report if they have a concern or become aware of a concern regarding your health.

## 7. Monitoring activities

### 7.1 Monitoring your compliance

- ① We may obtain data from Services Australia relating to prescribing and services rendered to patients by you to monitor:
- any practice during the prohibited period while there are no approved practice location(s) published on the National Register, and
  - any practice that may have occurred in the absence of a record of a breath test.

## 8. Costs

### 8.1 Cost of testing

- 8.1.1 You are responsible for all costs associated with alcohol testing.

- ① For alcohol screening this includes the purchase and maintenance of a breath testing device and the cost of any blood alcohol test you take to dispute a positive breath alcohol test result.

## 9. Leave of absence from alcohol screening requirements

### 9.1 On leave

- 9.1.1 You must complete breath testing when you practise. You are not required to breath test when you are on leave from practise.

### 9.2 Illness

- 9.3 You must provide a medical certificate when requested, that confirms you had to depart work early due to illness.
- 9.4 If requested, you must provide evidence of the specific medical condition that caused you to be unable to complete a breath test.

- ① The circumstances and your history of compliance will be considered in deciding how the absence from testing is managed.

## 10. Public health orders

- ① If you are subject to a public health order to self-isolate and/or quarantine, and you are not practising, you are not required to breath alcohol test.  
If you are not subject to a specific requirement to self-isolate or quarantine, and are practicing, then you are required to complete breath alcohol screening as usual.  
This includes periods of public health restrictions that limit movement generally and health services are permitted as essential services.  
In these cases, breath alcohol screening is a condition of providing that essential service.

## 11. Extensions of time

- ① Extensions of time are generally not permitted for any requirements relating to breath alcohol testing once a practice location has been approved.  
An extension of time may be permitted on a case-by-case basis for you to nominate a treating practitioner.  
Extensions may be considered in the following circumstances:
  - A third party requires additional time to provide the required information or
  - In extenuating circumstances such as significant ill health, or other events outside of your direct control.

### 11.1 Requesting an extension

- 11.1.1 If you are seeking an extension of time, you must provide a written request.
- 11.1.2 You must request an extension of time before the applicable due date.
- 11.1.3 You must provide a proposed timeframe for completion of the requirement when making an extension request.
- 11.1.4 You must indicate the reason for your request and provide evidence of the basis of the extension.

- ① Evidence of the basis of the request may include evidence of engagement with third parties such as registered health practitioners, medical certificates or other documentation evidencing steps taken to comply with the imposed restrictions.

### 11.2 Change of circumstance

- 11.2.1 You must contact your Ahpra case officer or team as soon as possible if you have had a change in your circumstances or are unable to comply with the requirements for any reason. See your monitoring plan for contact information.

## 12. Privacy

### 12.1 Collection of personal information and health information

- ① We are committed to protecting your personal information. The ways in which we may collect, use and disclose your information are set out in our [Privacy Policy](#). Further information regarding [Ahpra's Privacy, Freedom of Information and Information publication scheme](#) is available on Ahpra's website.

## Definitions

For the purposes of the restrictions and this Protocol the following terms are defined:

Term	Definition
<b>Practise</b>	Any role, whether remunerated or not, in which the individual uses their skills and knowledge in their registered health profession. It is not restricted to the provision of direct clinical care and includes using the knowledge and skills in a direct non-clinical relationship with a client, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in their registered health profession.
<b>Practice location</b>	Any location where the practitioner practises the profession including any place where the practitioner: <ul style="list-style-type: none"><li>a. is self-employed</li><li>b. shares premises with other registered health practitioners</li><li>c. is engaged by one or more entities under a contract of employment, contract for services or any other arrangement or agreement</li><li>d. provides services for or on the behalf of one or more entities, whether in an honorary capacity, as a volunteer or otherwise, whether or not the practitioner receives payment from an entity for the services, or</li></ul> provides professional services at the residential premises of a patient.
<b>Period of practice</b>	Commences when you begin to conduct any of the activities as defined in the meaning of <i>practise</i> and ceases with any break from carrying out these activities of 30 minutes or longer, regardless of whether you are being remunerated for the break or not. There may be several practice periods within any working day.