

## ALCOHOL BREATH-TESTING POLICY

### 1. INTRODUCTION

This policy informs nurses and midwives of alcohol breath-testing requirements and ensures standardisation in testing.

Non-compliance with this policy may result in disciplinary action against the nurse and/or midwife.

Attending for such testing may be inconvenient however the alternative may be cancellation or suspension of registration. Such monitoring is required so that nurses and midwives who have an alcohol dependence/abuse disorder can remain in the workforce. Such monitoring provides evidence of compliance with management.

### 2. RESPONSIBILITIES

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

The nurse and/or midwife is responsible for the purchase of an approved breath-testing device to read the percentage of alcohol vapour expired in the breath.

An approved device is one that has at least the same levels of accuracy, specificity and long-term stability as those breath-testing devices used by Police Services in Australia for road-side breath testing. Breath-testing devices must be specific to alcohol (i.e. free from interferences), with a long-term stability of a minimum of 6 months before requiring a calibration check (see below for more information on calibration).

Nurses and midwives must purchase their breath-testing device from one of the following suppliers to ensure compliance with this requirement:

- i. Pacific Data Systems
- ii. Alcolizer Technology
- iii. Draeger Safety Pacific Pty Ltd

Not all breath-testing devices that may be purchased from the above suppliers meet the Council's requirements. Nurses and midwives are therefore required to obtain approval prior to purchasing their preferred breath-testing device and must provide the Council with the name and model number of the breath-testing device for this purpose.

It is recommended that nurses/midwives purchase a new breath-testing device however nurses and midwives have the option of purchasing a second-hand breath-testing device from one of the above suppliers if the breath-testing device meets the requirements as described above.

#### b. Calibration of breath-testing devices

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

Breath-testing devices must undergo a calibration check every 6 months and nurses/midwives are to provide evidence that this requirement has been complied with.

The nurse/midwife is responsible for meeting the cost of instrument calibration.

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

Every breath-test submitted by a nurse/midwife must be administered by an approved person/s. Friends and family members will not be approved to administer breath-tests.

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Persons eligible for approval include medical practitioners, police officers, registered nurses, pharmacists or other suitable persons by negotiation. Approval for a member of a nurse/midwife's staff to administer breath-testing will only be given in circumstances where there is reasonable belief this to be the preferred option.

### **d. An approved person will be required to submit a specimen of their signature**

An approved person must be provided with the operating instructions for the use of the breath-testing device. It is the nurse/midwife'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 nurse/midwife must accept full responsibility for the result.

### **3. REQUIREMENTS**

#### **a. When an alcohol breath-test is required**

A breath-test must be submitted no more than 30 minutes prior to commencement of work.

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

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

Nurses and/or midwives may also be required to provide a breath-test at completion of a work period on a routine basis. For example, a nurse/midwife may be required to submit a breath-test within 30 minutes of completing their work day. If a nurse/midwife works 2 sessions in a day he or she may be required to submit a breath-test at the completion of each session.

#### **b. Recording of alcohol breath-testing results**

A nurse/midwife undergoing alcohol breath-testing is required to keep a breath analysis log book. The log book must include the following details:

- i. Date
- ii. Time of breath-test
- iii. Breath-test reading
- iv. Signature and name of person administering the breath-test
- v. Hours worked following the breath-test (start/finish times)
- vi. Breaks taken (start/finish times), where the break has exceeded one hour

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

#### **c. Material to be provided by the nurse/midwife**

- i. **Log Book Record** - The nurse/midwife must fax, post or email the log book record of results to the Council for a specified period to be advised. For example, a nurse/midwife may be required to fax, post or email the log book entries for the preceding fortnight every second Friday evening.
- ii. **Work Hours** – The nurse/midwife must fax, post or email details of their actual work hours for the period covered by the log book. Nurses/midwives working in a hospital setting will be required to provide a copy of their hospital roster for the specified period, and

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nurses/midwives working in private practice may be required to have their hours of work verified by an approved person such as a workplace supervisor/mentor.

From time to time, information may be obtained from Medicare Australia to assist in the monitoring of hours worked by a nurse/midwife.

### **d. Positive tests**

If a nurse/midwife submits a breath-test other than 0.00%, the approved person administering the test must immediately contact the Council by phone during business hours or fax or email afterhours.

In addition, the nurse/midwife must present immediately to a pathology laboratory for the collection of a blood alcohol test (medico-legal). To ensure that this test can be completed as quickly as possible, the nurse/midwife is required to obtain a pathology request form for blood alcohol testing from his/her treating practitioner prior to commencing alcohol breath-testing, to be used if there is any positive breath test. The nurse/midwife is required to submit a copy of this form to the Council as evidence that it has been obtained.

The nurse/midwife is responsible for meeting the cost of this test.

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

## **4. ASSOCIATED DOCUMENTS**

- Suggested template logbook