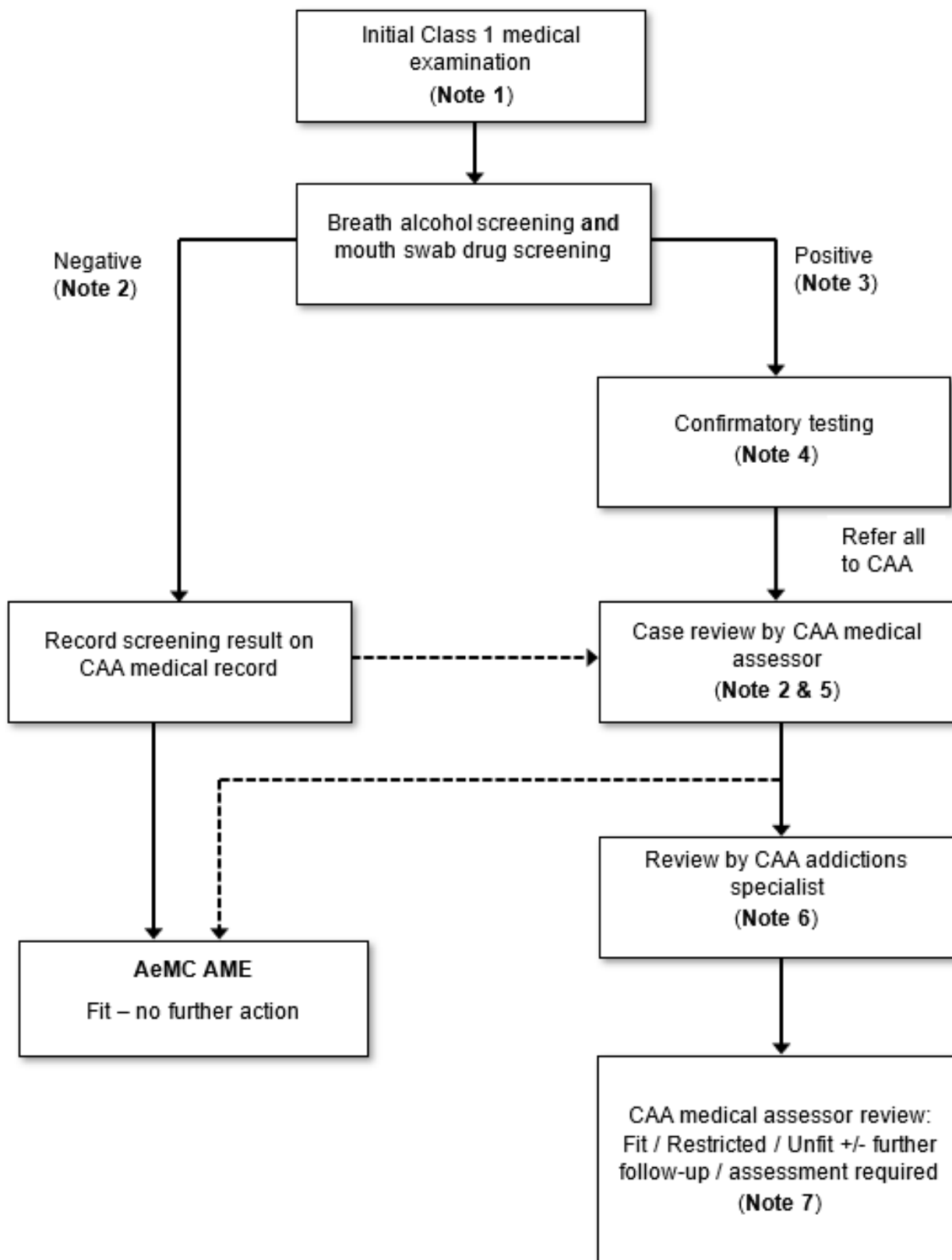




# Guidance for aeromedical centres undertaking initial Class 1 drugs and alcohol screening

This flow chart sets out the certification process following drugs and alcohol screening at an initial Class 1 examination.



## Policy and procedure for screening

**Note 1:** Aeromedical centres (AeMCs) should have a testing policy and procedure based on UK Home Office or European Workplace Drug Testing Society guidance or equivalent, and test equipment and facilities on site for alcohol and drug screening during the medical examination. Sampling for confirmatory testing should be by accredited laboratories or evidential-quality devices.

### Screening negative

**Note 2:** Applicants with a history of drug and / or alcohol misuse must undergo screening tests for alcohol and drugs **and** be referred to a Civil Aviation Authority (CAA) medical assessor for consideration of specialist review.

### Screening positive

**Note 3:** A breath alcohol of > 9 microgrammes per 100ml and / or positive drug swab test indication should be considered screening positive.

### Confirmatory testing

**Note 4:** Confirmatory testing immediately following a positive screening test, should be by blood or evidential-quality breathalyser for alcohol level and / or evidential-quality saliva, urine or hair testing for opioids, cannabinoids, amphetamines, cocaine, hallucinogens and sedatives (benzodiazepines). Additional drugs should be included on clinical indication (and / or if declared) and in accordance with any CAA stated policy.

### Referral to CAA

**Note 5:** Where screening test(s) are positive, and confirmatory or tests are positive or negative, the case should be referred to the CAA. Review and further testing by the CAA specialist may be required.

### Specialist review

**Note 6:** Clinical review of applicants with confirmed positive tests by the CAA specialist should occur within 2 months of the initial medical and will include further blood and / or hair testing.

### Follow-up

**Note 7:** Where the medical history or testing indicates that surveillance is necessary, further testing on a periodic basis may be required whilst remaining unfit, or with / without restriction.