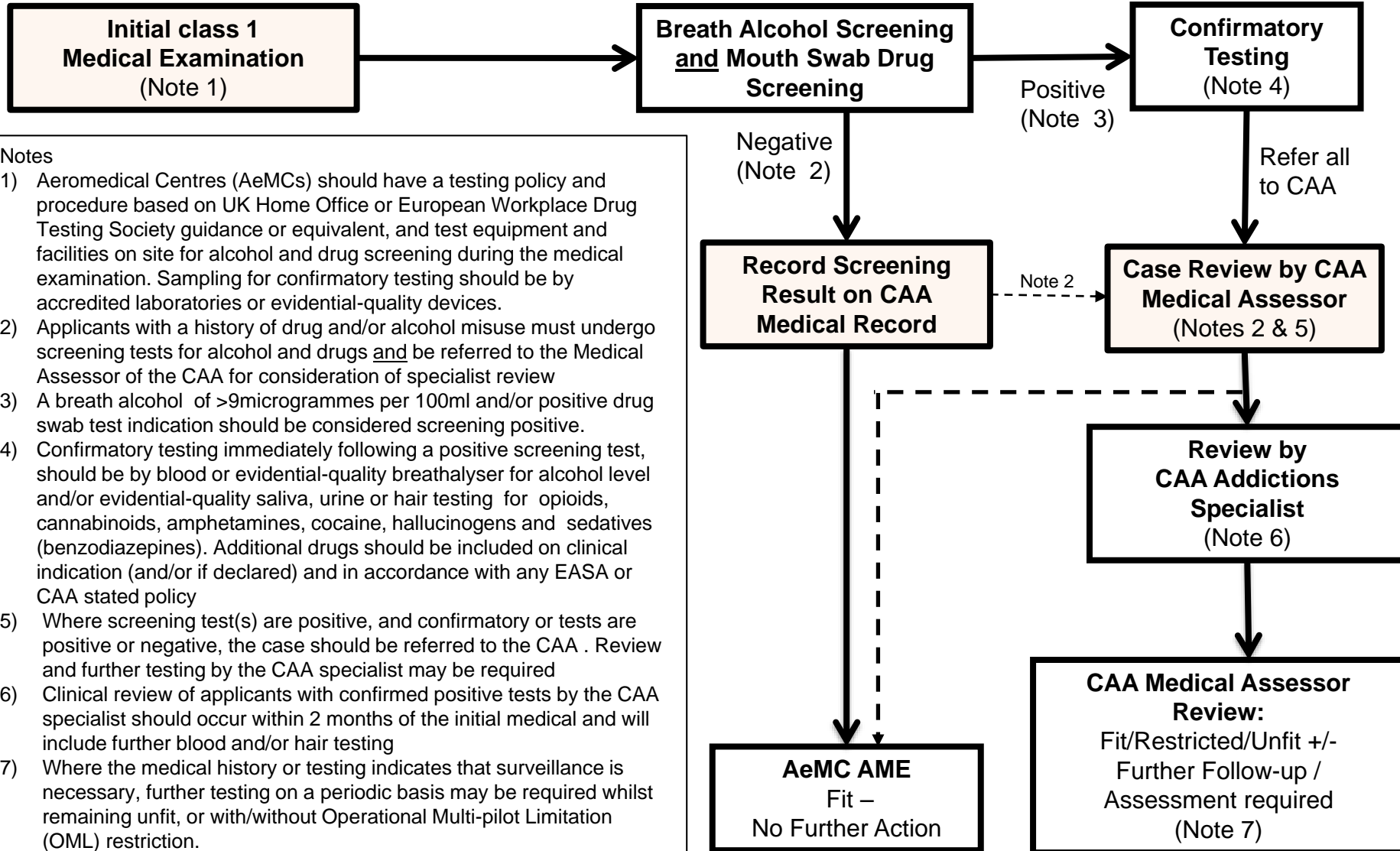


# CAA Guidance Material for Aeromedical Centres Undertaking Initial Class 1 Drugs and Alcohol Screening (V1.1 Jan 2019)



## Notes

- 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.
- 2) Applicants with a history of drug and/or alcohol misuse must undergo screening tests for alcohol and drugs and be referred to the Medical Assessor of the CAA for consideration of specialist review
- 3) A breath alcohol of >9microgrammes per 100ml and/or positive drug swab test indication should be considered screening positive.
- 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 EASA or CAA stated policy
- 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
- 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
- 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 Operational Multi-pilot Limitation (OML) restriction.