SAMPLE Policy and Procedure

Blood Alcohol Tests

PURPOSE: To ensure legal compliance, patient rights and confidentiality, and specimen integrity when blood alcohol tests are requested by employers. To be performed if breath alcohol testing is unavailable, when authorized by regulations.

POLICY: Blood alcohol tests will be performed in XYZ Clinic at the request of an individual's employer only. This test is to be performed as part of post-injury, reasonable suspicion, post-accident and pre-placement evaluations only. No other purposes will be allowed. Written consent from the individual to be tested must be obtained before the collection process. The form to be used is titled Informed Consent for Blood Alcohol and Urine Drug Screens. This form must be properly signed and witnessed before the test begins.

Signature

An “X” mark will only be accepted as a signature if the individual to be tested is illiterate. In this case, the form must be witnessed by 2 employees of the Clinic and documented in the medical record.

Results

The individual should be instructed to read the consent form before signing it, and the results will be reported to the authorized company representative on file to receive drug testing results.
**Procedure**

**Blood Alcohol Test**

PURPOSE: To ensure proper collection technique and the integrity of the sample collected.

Who can perform:

A physician, RN, LPN, CRNP, certified PA, certified paramedic, a qualified person certified in venipuncture by a CAP or [State] Department of Human Resources certified laboratory.

Supplies needed:

- Signed informed consent form
- Gloves
- Tourniquet
- Betadine swab (do not use alcohol pads)
- Vacutainer holder
- Vacutainer needle (22 G or 23 G)
- Red-and-grey top vacutainer tube or grey top vacutainer tube
- Tamper-proof tape or pre-printed seal
- Shipping container

PROCEDURE:

1. Follow venipuncture procedures outlined in Nursing Procedure 122.12.
2. Prep the skin with Betadine.
3. Draw approximately 8-10 cc of blood.
4. Seal the vacutainer tube with preprinted seal or tamper-proof tape.
5. Print the patient’s full name, the date, time drawn, and have patient initial.
8. Complete laboratory requisition per instructions of testing laboratory.