



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 5350.6
BUMED-M09B
12 Aug 2013

BUMED INSTRUCTION 5350.6

From: Chief, Bureau of Medicine and Surgery

Subj: USE OF HAND-HELD ALCOHOL DETECTION DEVICES

Ref: (a) OPNAVINST 5350.4D
(b) OPNAVINST 5350.8
(c) Non-Evidentiary Alcohol Detection Device Operating Guide of 22 Jan 2013
(d) BUMEDINST 6120.20C

Encl: (1) Monthly Alcohol Detection Device Program Report
(2) Standard Operating Procedure Template

1. Purpose. To establish Navy Medicine policies and procedures for the use of hand-held alcohol detection devices (ADDs). ADDs complement Navy Medicine's ongoing efforts to enhance the culture of fitness, support good order and discipline, and ensure the safety and security of the unit, the Service member, patients and the mission as required by references (a) through (c). The use of ADDs is intended to be an education and awareness tool to promote the responsible use of alcohol per the Navy's "Keep What You've Earned" campaign.

2. Scope. This instruction applies to all Budget Submitting Office (BSO) 18 activities.

3. Background. In March 2012, Office of the Secretary of the Navy announced the 21st Century Sailor and Marine initiative outlining objectives and policies to maximize personal readiness. The use of hand-held ADD's is an important component of our overall strategy and the Fleet's campaign to promote responsible use of alcohol and deter alcohol abuse based on education and awareness. The use of ADDs provides immediate feedback to our Sailors on the results of their alcohol use, alerts leadership to the culture surrounding alcohol use in their commands and also provides the opportunity to identify Sailors who may require positive intervention to deter destructive behaviors. Navy Medicine has an additional responsibility as it relates to patient safety. It is incumbent upon all BSO-18 activities to review reference (b), the Navy policy for using hand-held ADDs.

4. Policy

a. ADD results shall not be used as evidence for disciplinary purposes. Blood alcohol concentration (BAC) ADD reading of less than 0.02 percent BAC shall be considered a negative result. Any action taken in response to ADD results shall be at the discretion of the commander, commanding officer (CO), or officer in charge (OIC) subject to the limits stated in paragraph 5 of reference (b). The local Staff Judge Advocate (SJA) or Region Legal Service Office (RLSO) shall be consulted for guidance and direction in all situations involving competence for duty

examinations per reference (d). ADD testing programs shall be implemented throughout BSO-18 to ensure patient safety, to supplement preventative initiatives already in place, to deter irresponsible use of alcohol and identify Service members requiring additional support with alcohol use decisions.

b. Members subjected to testing shall be randomly selected per references (b) and (c), and shall not include those in an authorized leave or liberty status, in a liberty risk status, assigned extra military instruction, not scheduled for duty, designated as unauthorized absence (UA) or those involved in a mishap or safety inspection. Prior determined or communicated late arrivals are viewed differently from unauthorized absences and are not exempt from ADD testing. For example, if a Service member contacts his or her supervisor to communicate a late arrival, the Service member is authorized to undergo ADD testing upon arrival for work. However, if a Service member is classified in UA status, he or she shall not be subjected to ADD testing per references (b) and (c).

c. The decision to inspect and how to organize random testing is at the discretion of the commander, CO, and OIC and subject to guidance contained in reference (a). Generally, an unpredictable testing pattern will produce a more accurate indicator of the command's alcohol use culture. Written standard operating procedures (SOP) for each command to codify unit procedures will be developed and approved by the CO for implementation. Enclosure (2) provides a template for SOP development.

5. Action

a. Commanders, COs, and OICs shall:

(1) Develop and implement local command policy governing the decision to perform ADD testing, the frequency and the organization of random testing events per references (b) and (c).

(2) Direct random ADD testing events per references (b) and (c) to coincide with random urinalysis testing program events.

(3) Designate in writing, a command ADD Program Manager, which shall be in a pay grade of E7 or above.

(4) Designate in writing, personnel assigned to perform the duties of ADD Testing Officer (ADDTO), which should be in a pay grade of E7 or above. Drug and Alcohol Program Advisors (DAPA), Substance Abuse Counselors, Independent Duty Corpsmen (IDC), and legal personnel are not recommended for this collateral responsibility.

b. ADD Program Manager (ADDPM) shall:

(1) Ensure ADDTO training is conducted and documented on the use and operation of the ADD for all personnel authorized by the commander, CO, or OIC to administer the ADD.

(2) Coordinate with the Navy Alcohol and Drug Abuse Prevention Program Office (OPNAV N135F) via the respective echelon 2 or 3 Alcohol and Drug Control Officer (ADCO) to ensure that the command has sufficient inventory of ADDs to accommodate the size of the population of Service members subject to testing.

(3) Ensure the ADDs are in good working order and the replaceable module sensors are replaced per manufacturer's guidelines.

(4) Prepare NAVMED 5350/7, Alcohol Detection Report route through the chain-of-command for review and signature.

(5) Prepare Monthly Alcohol Detection Device Program Report at enclosure (1) and submit to the commander, CO, or OIC on the first working day of each month.

(6) Maintain records of NAVMED 5350/6, Alcohol Detection Device Testing Event Log, NAVMED 5350/7, and Monthly ADD Program Reports per SECNAV M-5214.1 of December 2005.

c. ADD Testing Officer shall:

(1) Operate the ADDs per references (b) and (c).

(2) Complete NAVMED 5350/6 and submit to the ADDPM upon completion of each testing event. The test group is defined as the group or demographic randomly selected to undergo an ADD testing event; available entries in this block of the NAVMED 5350/6 include Duty Section, Late Arrivals, Urinalysis, Unit, Sub Unit, and Reserve Drill Periods.

(3) Prepare and submit NAVMED 5350/7 on the date of testing to the ADDPM for Service members whose BAC is .02 or greater as indicated by the initial ADD test and confirmed by the required retest after a 20-minute waiting period. Referral to the DAPA is appropriate. Command referral to a DAPA as a result of a positive ADD reading is not an alcohol-related incident (ARI). If the member manifests or complains of physiologic signs of dependence during the waiting period, then prompt referral for medical evaluation will be initiated. Under no circumstances will indicated medical evaluation or treatment be delayed based on the 20-minute waiting period.

d. Senior Watch/Command Duty Officer shall:

(1) Conduct a duty section sweep during duty section turnover of oncoming personnel when ordered by the commander, CO, or OIC per references (b) and (c).

(2) Remain available during random testing events to assist the ADDTO with the disposition and retention of Service members whose BAC is 0.04 or greater, in a safe and secure environment onboard the command until the member's ADD test reading is below .02 per references (b) and (c).

e. Drug and Alcohol Program Advisor shall:

(1) Review NAVMED 5350/7, and verify if the Service member is under the legal drinking age or has previously undergone alcohol rehabilitation as documented in the Alcohol and Drug Management Information Tracking System (ADMITS). If so, an interview shall be conducted and completed NAVPERS 5350/3, DAPA Admin Screening per reference (a).

(2) Supply educational materials for distribution during random ADD testing events.

(3) Provide additional counseling and education at the discretion of the commander, CO, or OIC per reference (b).

f. Urinalysis Program Coordinator (UPC) shall:

(1) Provide a list of names of personnel selected for random urinalysis testing to the ADDPM on the morning of the testing event when ordered by the commander, CO, or OIC to conduct a concurrent urinalysis and ADD testing event.

(2) ADD testing will not be conducted at the same location the urinalysis testing is taking place.

6. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.

7. Forms, Reports, and Sample Format

a. Forms. The following forms are available at:

<http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>

(1) NAVMED 5350/6 (4-2013), Alcohol Detection Device Testing Event Log.

(2) NAVMED 5350/7 (4-2013), Alcohol Detection Report.

b. Reports. The reports required in paragraphs 5b(4), 5c(2), and 5c(3) are exempt from reports control per SECNAV M-5214.1 of December 2005, Part IV, Paragraph 7k.

c. Sample Format. The monthly Alcohol Detection Device Program Report, enclosure (1) is available in Word format at: <http://www.med.navy.mil/directives/Pages/SampleFormats.aspx>.



M. L. NATHAN

Distribution is electronic only via the Navy Medicine Web Site at:

<http://www.med.navy.mil/directives/default.aspx>

BUMEDINST 5350.6
12 Aug 2013

MONTHLY ALCOHOL DETECTION DEVICE PROGRAM REPORT

5811
Date

From: Alcohol Detection Device Coordinator
To: Commanding Officer, Naval Hospital _____

Subj: MONTHLY ALCOHOL DETECTION DEVICE PROGRAM REPORT

Ref: (a) BUMEDINST 5350.6

1. Per reference (a), the following information is provided:
 - a. Number of testing events completed:
 - b. Number of samples taken:
 - c. Number of samples less than .02:
 - d. Number of samples between .02 and .04:
 - (1) Number of underage:
 - (2) Number of previous alcohol rehab treatments:
 - e. Number of samples between .041 and .08:
 - (1) Number of underage:
 - (2) Number of previous alcohol rehab treatments:
 - f. Number of samples between .081 and .40:
 - (1) Number of underage:
 - (2) Number of previous alcohol rehab treatments:
 - g. Competency of duty examinations:
 - (1) Number of personnel referred for competence for duty examination:
 - (2) Actions taken:
2. The Command point of contact in this matter is _____.

Signature Block

Copy to:
As directed

Enclosure (1)

STANDARD OPERATING PROCEDURE

Non-evidentiary Alcohol Detection Device (ADD)

(Note: This template may be used to tailor ADD policy requirements to develop unit-specific procedures and policies to effectively implement an ADD testing program that will complement unit efforts to deter irresponsible alcohol use.)

Commanding Officer: (signature)

**Navy Alcohol and Drug Abuse
Preventive Program
OPNAV N135**

(OFFICE SYMBOL)

(DATE)

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Standard Operating Procedure (SOP) for Use of Non-Evidentiary Alcohol Detection Device (ADD)

1. PURPOSE

This SOP describes the procedures and responsibilities required to implement ADD testing. The ADD is an education and awareness tool to assist a command in its efforts to promote the responsible use of alcohol. These devices complement command efforts to enhance the command's culture of fitness, support good order and discipline, and ensure the safety and security of the unit, the service member and the mission. This tool will also assist with identifying members who may not be fit and ready for duty as a result of their alcohol use decisions. The ADD may only be used during duty or normal working hours.

2. APPLICABILITY

This SOP applies to all military personnel assigned to (Command Name), including those assigned TAD. Deviation from or modification of the procedures set forth in this SOP is not authorized without the prior approval of the commanding officer.

3. RESPONSIBILITIES

The commanding officer (CO) is responsible to ensure that all requirements of OPNAVINST 5350.8 and the ADD OPGUIDE are met and this SOP is intended to supplement those references.

4. OBJECTIVES

The objectives of the ADD testing program are to:

- a. Enable immediate feedback to members about the results of their alcohol use decisions
- b. Facilitate command assessment of the unit's culture of alcohol use
- c. Provide opportunities for education, training, and assistance focused on deterring irresponsible alcohol use and identifying those who abuse alcohol
- d. Promote safety and maximum readiness by ensuring members are fit for duty
- e. Return members to duty as early as possible
- f. Prevent alcohol abuse and misuse.

5. REFERENCES

- a. OPNAVINST 5350.8
- b. ADD Operator's Guide (OPGUIDE)
- c. ALCOMATE Premium (AL7000) Users' Manual

6. WHO MAY BE TESTED

(Refer to reference (a) and (b) for specific guidance.)

7. INSPECTIONS

(Refer to references for specific testing event guidance. Below are examples of what a CO may include)

- a. ADD testing will be conducted by personnel designated by the commanding officer.
- b. A request to perform an ADD breath test is a lawful inspection. Refusal to comply is a violation of a direct order from the commanding officer.
- c. ADD testing may be unannounced or scheduled in advance.

8. TESTING PROCEDURES

(Refer to references for operation of the device to develop specific procedures. Below are several examples.)

- a. Members shall be tested only after a delay of at least 20 minutes following eating or drinking. Alcohol remaining in the mouth, or even excess saliva, may interfere with testing, which includes use of alcohol-based mouthwash, gum and similar products.
- b. The member being tested shall take a deep breath and then blow steadily and consistently, until the ADD signals test completion, usually four to five seconds.
- c. Prevent the introduction of smoke, saliva, or other contaminants into the device.
- d. Use at least 2 mouthpiece sections to reduce the risk of biologic cross-contamination. Attach a new mouthpiece after each individual use.
- e. Avoid testing in high wind or restricted spaces. Poor ventilation may lengthen the time required for warm up between tests.
- f. Wait for the unit to warm-up before initial testing and clear/rest after each use in accordance with instructions provided with each unit. This will significantly reduce the risk of a false sample on the subsequent reading.
- g. Calibrate devices as suggested by the manufacturer in the associated user's guide, and record calibration completion in a locally-generated record form.
- h. Wait a few moments for the device to indicate the alcohol concentration and display it on the screen.
- i. Before conducting subsequent tests, wait for the screen backlight to turn off, and then tap the power button to reset the unit.
- j. A "Flow" or "flo" warning display on the readout screen indicates the breath sample was not strong enough or more likely, not long enough.
- k. A "bat" warning display on the readout screen indicates that battery power is low and battery replacement is required.

9. DEVICE CALIBRATION

Members with an ADD-indicated device reading above 0.02 should be retested. The retest should be delayed for 20 minutes to allow the effect of mouthwash, breath mints, gums, and breath sprays that may produce a detectable device reading to clear.

- a. Replace the sensor card at least annually and in accordance with the Users' Manual.

10. DOCUMENTATION

- a. Retain records at discretion of CO or higher authority
- b. An ADD report page has been developed in Alcohol and Drug Management Information Tracking System (ADMITS) for completion by the unit if desired

11. GLOSSARY

ADD: Alcohol Detection Device

BREATH TEST: A separate breath sample or series of samples by one individual provided during a breath testing sequence.

CALIBRATION CHECK: Not required

TESTER: Designated by the CO

WAITING PERIOD/MONITORING PERIOD/DEPRIVATION PERIOD: Mandatory 20-minute period to administering or re-administering a breath alcohol test.