



# Recovery-oriented Supervised Consumption Services Standards

*Mental Health Services Protection Regulation*

Recovery-oriented Supervised Consumption Services Standards

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# About these standards

The Recovery-oriented Supervised Consumption Services Standards (“Standards”) are made pursuant to the *Mental Health Services Protection Regulation* (“Regulation”) under the *Mental Health Services Protection Act* (“Act”). The Standards, along with the Act and the Regulation, set the minimum requirements that a licensed supervised consumption service provider must comply with in the provision of supervised consumption services.

## Definitions

1 In these Standards,

- (a) “additional measures” means administration of oxygen or naloxone to a client or calling emergency health services to attend to a client experiencing an actual or likely adverse drug reaction;
- (b) “client” means an individual who receives or has requested to receive supervised consumption services from a service provider;
- (c) “council of the band” means council of the band within the meaning of the *Indian Act* (Canada);
- (d) “Crown fiscal year” is a period of one year beginning on April 1 through to the following March 31;
- (e) “designated search area” means the designated area within which the service provider will conduct regular searches for and collection of discarded drug consumption supplies as set out in the good neighbour commitment;
- (f) “good neighbour commitment” means a good neighbour commitment in writing in the form determined by the service provider and containing the content as set out in section 5 of these Standards;
- (g) “individually identifying”, when used to define health information, means individually identifying as defined in the *Health Information Act*;
- (h) “mobile facility” means a vehicle, trailer or other moveable structure out of which supervised consumption services are offered or provided;
- (i) “municipal authority” means municipal authority as defined in the *Municipal Government Act*;
- (j) “*National Fire Code (Alberta Edition)*” means the *National Fire Code (Alberta Edition)* declared in force in respect of fire protection under the *Fire Code Regulation*;
- (k) “personal health number” means personal health number as defined in the *Health Information Act*;
- (l) “service provider” in these Standards means a licensed supervised consumption services provider;
- (m) “settlement council” means the council of a settlement that is established by section 2(1) of the *Metis Settlements Act*;
- (n) “supportive care” means care provided to a client experiencing an actual or likely adverse drug reaction, including giving the client a sternal rub, speaking loudly to the client, checking for the client’s breathing or shaking the client but not including additional measures;
- (o) “warm hand off” means assistance provided by a service provider to a client when making a referral to health, recovery support or social services including making the appointment on behalf of the client, assisting the client in determining how the client can travel to the appointment on the date and time in question, providing information to the client to support the client in travelling to the appointment, assisting the client with completion of a necessary application form, or assisting the client in accessing potentially available financial assistance to access a particular service where cost is a barrier.

## Issue or renewal of licence and community support

2 A director considering community support for the services, when deciding whether to issue or refuse to issue, amend or renew a licence under section 4 of the Regulation, shall consider a service provider’s efforts to

- (a) engage with and determine community support for the services in accordance with section 3 of these Standards, and
- (b) make specific good neighbour commitments following engagement with specific community stakeholders in accordance with section 4(2) of these Standards.

## Duty to engage with community

3(1) Subject to subsection (3), a service provider shall make reasonable efforts to engage with

- (a) the community in which the supervised consumption services are offered or provided,
- (b) the following community stakeholders:
  - (i) the municipal authority, council of the band or the settlement council of a Metis settlement as applicable,

- (ii) first responder organizations including the local
    - (A) emergency health services,
    - (B) police service, and
    - (C) fire service,
  - (iii) organizations associated with the local business community,
  - (iv) organizations that represent residents of the community,
- and

(c) clients of the service provider

prior to applying for a licence for the first time, and at least once a year following the issuance or renewal of a licence.

**(2)** Subject to subsection (3), a service provider shall actively seek community input during any engagement activities undertaken under subsection (1) on the following:

- (a) the area within which a service provider will commit to engage with the community and community stakeholder organizations respecting specific good neighbour commitments;
- (b) the designated search area within which the service provider will conduct regular searches for and collection of discarded drug consumption supplies.

**(3)** A director may, on a temporary basis, exempt a service provider from the requirements of this section where a facility or other location at which supervised consumption services is established on an emergency basis to meet a temporary need for supervised consumption services.

### **Duty to make good neighbour commitment**

**4(1)** A service provider shall make a good neighbour commitment to the community in which it provides services.

**(2)** A service provider shall make reasonable efforts to make specific good neighbour commitments to persons in the community who the service provider has engaged with where specific commitments or agreements have been made that are additional to the commitments made in the service provider's good neighbour commitment to the community.

### **Good neighbour commitment content requirements**

**5(1)** A good neighbour commitment to the community shall include the following:

- (a) a brief description of the service provider's organization, the facility or other location at which the supervised consumption services are provided, and the supervised consumption services offered and provided at and around the site;
- (b) information on how and to whom issues respecting the supervised consumption services may be communicated to the service provider;
- (c) information on how the service provider will respond to and address issues communicated to the service provider;
- (d) information respecting regular searches for and collection of discarded drug consumption supplies, including
  - (i) a description of the area that will be searched,
  - (ii) a map of the area that will be searched, and
  - (iii) the frequency with which searches will be conducted.

**(2)** A specific good neighbour commitment shall include the content required in subsection (1) and may include the following:

- (a) a dispute resolution process if a process has been agreed to by the service provider and one or more persons in the community;
- (b) any other agreements reached between the service provider and the persons in the community;
- (c) any additional commitments made by the service provider.

### **Duty to publish information and provide notifications to the community**

**6(1)** A person who applies to a director for a licence to provide supervised consumption services shall publish the following information on its website:

- (a) information about the service provider;
- (b) information that an application for a licence to provide supervised consumption services in the community has been submitted to a director;
- (c) information about the facility or other location at which supervised consumption services are proposed to be provided;

- (d) information about the supervised consumption services proposed to be offered and provided.
- (2)** A service provider shall publish the following information on its website:
- (a) information about the service provider;
  - (b) information about the facility or other location at which supervised consumption services are provided;
  - (c) information about the supervised consumption services offered or provided;
  - (d) the good neighbour commitment the service provider has made to the community.
- (3)** A service provider shall provide notice to the community through its website of any significant changes in how the service provider offers or provides supervised consumption services including changes in
- (a) hours of service provision,
  - (b) client capacity of the facility or other location at which supervised consumption services are provided, and
  - (c) the point where clients enter and exit the facility or other location at which supervised consumption services are provided.

### **Eligibility criteria**

- 7** A client is eligible for supervised consumption services if
- (a) consent has been obtained from the client, and
  - (b) the client has agreed to comply with any applicable requirements of the service provider, including any applicable policies and procedures of the service provider.

### **Requirements when providing supervised consumption services**

- 8** A service provider shall make the following available to clients during the provision of supervised consumption services:
- (a) sterile drug consumption supplies for use at the site, and
  - (b) take-home naloxone kits.

### **Duty to provide educational services**

- 9** A service provider shall provide the following services to clients at the facility or other location at which supervised consumption services are provided:
- (a) education on the effects of drug use,
  - (b) education on less harmful drug consumption practices, including use of sterile drug consumption supplies and safer consumption practices, and
  - (c) education on how to use a take-home naloxone kit in the event of a suspected opioid overdose.

### **Duty to provide referrals to other services**

- 10** A service provider shall provide referrals to health, recovery support and social services when it does not provide such services directly, including the following:
- (a) primary care to address complications related to drug use, including drug use as part of supervised consumption services;
  - (b) other primary care services;
  - (c) recovery support services, including:
    - (i) addiction treatment;
    - (ii) counselling;
    - (iii) peer supports;
  - (d) social services, including:
    - (i) housing support services;
    - (ii) employment support or vocational training services;
    - (iii) income-assistance programs;
    - (iv) family services;
    - (v) life-skills education;
    - (vi) legal support services;
  - (e) Indigenous cultural supports, including organizations that provide traditional Indigenous healing practices.

### **Duty to be aware of local resources related to referrals**

**11** A service provider who provides referrals to health, recovery support and social services shall make reasonable efforts to be aware of local resources related to such services including

- (a) waitlists,
- (b) requirements for admission to or initiation of service provision for a client,
- (c) costs to clients,
- (d) practitioner expertise and approach, and
- (e) location of the services and distance required to travel to receive the services

in order to provide informed referrals to clients appropriate to their needs.

### **Duty to provide warm handoffs where reasonably possible**

**12** A service provider shall make reasonable efforts to provide warm handoffs when reasonably possible to provide clients with supportive assistance in following up on referrals made by the service provider for the client.

### **Duty to follow up on referrals and record referrals and known referral outcomes**

**13(1)** A service provider shall make reasonable efforts to follow up on referrals to health, recovery support and social services made for clients.

**(2)** A service provider shall record all referrals made for a client and any known outcomes of a referral.

### **Duty to arrange for emergency transfer of clients**

**14** A service provider shall ensure that arrangements are in place for the emergency transfer of clients to a hospital as needed.

### **Duty to conduct review of suspected adverse drug reaction**

**15** A service provider shall ensure that a review of a suspected adverse drug reaction is conducted and completed to the extent possible on the day the suspected drug reaction occurs with all employees of the service provider who were involved in the response to the suspected adverse drug reaction.

### **Duty to provide clients with access to washrooms**

**16(1)** Subject to subsection (2), a service provider shall provide washroom access at the facility or other location where supervised consumption services are provided.

**(2)** Where a service provider is providing supervised consumption services through a mobile facility and is unable to provide washroom access at the mobile facility, the service provider shall make arrangements for client access to washrooms at a location in close proximity to the place where the mobile facility is operating.

**(3)** A service provider shall ensure that clients are made aware of the access to washrooms available to them.

### **Duty to request personal health number from clients**

**17** A service provider shall ensure that a personal health number is requested from a client when registering the client as a new client of the service provider.

### **Duty to assist client in obtaining personal health number**

**18(1)** A service provider shall assist a client to obtain the client's personal health number when the client does not have their personal health number readily available and agrees to such assistance.

**(2)** A service provider shall assist a client to apply for a personal health number when the client does not have a personal health number but is or may be eligible to register for a personal health number.

### **Duty to assign a unique identifier to client without personal health number**

**19** If a client refuses to provide the client's personal health number or participate with the service provider to obtain the client's personal health number, a service provider shall ensure that an alternative unique identifier is created and assigned to the client prior to the provision of supervised consumption services to the client.

### **Duty to record reason for inability or refusal to obtain or participate in obtaining client personal health number**

**20** A service provider shall record the reasons for the inability of or refusal by a client to provide or participate in obtaining the client's personal health number.

### **Prohibition from refusing to provide services based on lack of personal health number**

**21** If a client is unable or unwilling to provide or participate in obtaining the client's personal health number, a service provider is prohibited from refusing to provide supervised consumption services to the client on the basis of the non-provision of the client's personal health number.

### **Duty to ensure appropriate oversight of clinical aspects of supervised consumption services**

**22** A service provider shall ensure that each facility or location at which the service provider provides supervised consumption services has a physician responsible to

- (a) provide clinical oversight of all clinical services provided by the service provider, and
- (b) review, amend and approve as required all clinically related policies and procedures of the service provider.

### **Duties of the service provider respecting employees**

**23** A service provider shall:

- (a) identify sufficient numbers and categories of appropriately qualified and trained employees, including those employees that must be present during the provision of supervised consumption services to clients, for each facility or other location used to provide supervised consumption services;
- (b) prepare written job specifications outlining duties and responsibilities for each category of employee and assign duties to an employee that are consistent with the job specifications for the employee's position;
- (c) ensure that sufficient numbers and categories of appropriately qualified and trained employees are present during service provision;
- (d) identify specific employee roles for responding to and addressing incidents and critical incidents.

### **Additional duties of service provider**

**24** A service provider shall:

- (a) prepare a plan to provide emergency first responder access to and within the facility or other location at which supervised consumption services are provided and, whenever reasonably possible, work with an emergency health services operator to develop the plan or have the plan reviewed by an emergency health services operator;
- (b) prepare a fire safety plan that meets the requirements set out in section 2.8.2 of Division B of the National Fire Code (Alberta Edition) and, whenever reasonably possible, work with a fire service to develop the plan or have the plan reviewed by a fire service;
- (c) prepare a plan respecting how to communicate and liaise with the local police service to proactively plan for and address, or mitigate and respond to threats to, the safety and security of clients, employees and others at or near the facility or other location at which supervised consumption services are provided, such plan
  - (i) to be developed by the service provider with the local police service whenever reasonably possible, and
  - (ii) to be set out in writing and agreed to by the local police service;
- (d) ensure that searches of the designated search area are conducted and discarded drug consumption supplies, including discarded syringes, are collected for appropriate disposal on a regular basis;
- (e) use an electronic database capable of performing all functions necessary to record on a client-specific basis the details respecting the use of the supervised consumption services and referrals made on behalf of clients.

## **Prohibition on restricting lawful disclosure of health information through service provider policy or procedure**

**25** A service provider is prohibited from restricting the legislative authority to disclose health information through the establishment or implementation of policies and procedures.

## **Policies and procedures required**

**26** A service provider shall ensure that written policies and procedures are established and implemented respecting the following:

- (a) community engagement;
- (b) treatment of clients with dignity and respect;
- (c) expectations for clients;
- (d) clinical practice;
- (e) sterile drug consumption supplies distribution;
- (f) referrals to other services;
- (g) collection, use, disclosure and safeguarding of clients' individually identifying health information;
- (h) safety and security;
- (i) matters relating to employees and staffing;
- (j) facilities or other locations where services are offered or provided;
- (k) syringe and other drug consumption supplies debris mitigation;
- (l) record creation, maintenance and retention.

## **Community engagement policy and procedure**

**27** A service provider shall have a community engagement policy and procedure setting out:

- (a) how the service provider will communicate with local law enforcement to address or mitigate any public safety concerns;
- (b) how the service provider will attempt to address issues raised during community engagement.

## **Expectations for clients policy and procedure**

**28** A service provider shall have an expectations for clients policy and procedure that set out:

- (a) how expectations for client behaviour will be communicated to clients;
- (b) how to discourage loitering at the facility or other location where services are provided and support client engagement in the broader community;
- (c) when a client may be temporarily or permanently refused access to a facility or other location where supervised consumption services are provided.

## **Clinical practice policy and procedure**

**29** A service provider shall have a clinical practice policy and procedures setting out how:

- (a) to determine client eligibility to access the supervised consumption services;
- (b) to obtain the consent of clients prior to client access to the services;
- (c) to supervise the drug consumption of clients;
- (d) to comply with infection prevention and control requirements of the service provider;
- (e) the direction of the physician responsible to provide clinical oversight as required in section 21 will be communicated to employees of the service provider and implemented appropriately;
- (f) to respond to incidents and critical incidents;
- (g) to respond to adverse drug reactions including suspected opioid, stimulant or other drug overdoses;
- (h) to conduct a review of a suspected adverse drug reaction so that it is completed to the extent possible on the day the suspected drug reaction occurred and with the employees of the service provider who were involved in the response to the suspected adverse drug reaction;
- (i) to support and respond appropriately to clients who
  - (i) appear to be in a state of distress or crisis,
  - (ii) appear to be experiencing a psychotic episode, or
  - (iii) behave in an aggressive or violent manner;
- (j) clinical practices will be monitored and evaluated to support quality service provision and quality improvement;



- (k) drug consumption supplies used at a facility or other location at which supervised consumption services are provided will be disposed of by employees of the service provider.

### **Sterile drug consumption supplies distribution policy and procedure**

**30** A service provider shall have a sterile drug consumption supplies distribution policy and procedure that sets out how clients will be provided with:

- (a) sterile drug consumption supplies for use at the facility or other location where supervised consumption services are provided, and
- (b) information on how and where clients may dispose of used syringes and other drug consumption supplies that have been used at a place other than the facility or other location at which supervised consumption services are provided.

### **Referrals to other services policy and procedure**

**31** A service provider shall have a referral policy and procedures that set out the following:

- (a) how referrals shall be made to treatment, recovery support and social services;
- (b) how the service provider and its employees will make reasonable efforts to be aware of local resources related to referrals as required in section 11 to provide informed referrals and reduce barriers for clients where reasonably possible;
- (c) how the service provider will track referrals for each client, including
  - (i) information on whether and how a service provider has supported or assisted a client in following up on a referral made by the service provider, and
  - (ii) known outcomes of referrals.

### **Collection, use, disclosure and safeguarding of health information policy and procedure**

**32** A service provider shall have a policy and procedures respecting the collection, use, disclosure and safeguarding of health information that include the following:

- (a) how to inform a client of the purposes for which the individually identifying health information is being collected and the specific legal authority for the collection;
- (b) how to inform a client of the title and contact information of an affiliate of the custodian who can answer the client's questions about the collection of the individually identifying health information;
- (c) what information to provide and how to inform a client of the service provider's duties to collect, use, disclose and safeguard health information in accordance with the Health Information Act.

### **Collection, use and disclosure of personal health numbers policy and procedure**

**33** A service provider shall have a policy and procedure respecting the collection, use and disclosure of clients' personal health numbers that set out the following:

- (a) how a personal health number shall be requested from each client on initial intake;
- (b) how a personal health number shall be collected from each client willing and able to provide or collaborate in obtaining a personal health number for the client, including
  - (i) how to inform a client of the specific authority under which the service provider is requesting the personal health number, as required in section 21(2) of the Health Information Act,
  - (ii) how to inform a client of the purposes for which the personal health number is being collected,
  - (iii) how to inform the client of the title and contact information of an affiliate of the custodian who can answer the client's questions about the collection of the personal health number,
  - (iv) how to record the client's personal health number or alternative unique identifier in a separate field in the service provider's electronic database;
- (c) how to assist a client in obtaining the client's personal health number where the client is willing to collaborate with the service provider to obtain a personal health number;
- (d) how an alternative unique identifier shall be assigned to each client who is unable or refuses to provide or collaborate in obtaining a personal health number for the client.

### **Safety and security policy and procedure**

**34** A service provider shall have a policy and procedures respecting safety and security measures, including:

- (a) how to seek assistance from and incorporate any feedback provided by an emergency health services operator respecting the service provider's plan to provide emergency first responder access to and within the facility or other location at which supervised consumption services are provided as required under section 13(a) of these Standards;
- (b) how to seek assistance from and incorporate any feedback provided by a fire service respecting the service provider's fire safety plan as required under section 23(b) of these Standards;
- (c) how to proactively plan for and address the safety and security of clients, employees and others at or near the facility or other location at which supervised consumption services are provided;
- (d) how to mitigate and respond to threats to the safety and security of clients, employees and others at or near the facility or other location at which supervised consumption services are provided;
- (e) how to communicate and liaise with the local police service to proactively plan for and address, or mitigate and respond to threats to, the safety and security of clients, employees and others at or near the facility or other location at which supervised consumption services are provided as required under section 23(c) of these Standards.

### **Matters relating to employees and staffing policy and procedure**

**35** A service provider shall implement a policy and procedure respecting matters relating to employees and staffing, including:

- (a) the training that must be completed by employees based on each category of employee;
- (b) how employees must respond to and address incidents and critical incidents based on each category of employee.

### **Facility policy and procedure**

**36** A service provider shall have a policy and procedure to support client access to washrooms, including a procedure that sets out how employees must inform clients about washroom access.

### **Syringe and other drug consumption supplies debris mitigation policy and procedure**

**37** A service provider shall have a syringe and other drug consumption supplies debris mitigation policy and procedure that sets out how and when employees must search the designated search area for and collect used syringes and other drug consumption supplies, including:

- (a) which and how many employees must search the designated search area for and collect drug consumption supplies and bring them to the facility or other location at which supervised consumption services are provided for appropriate disposal;
- (b) how used drug consumption supplies must be collected and disposed of;
- (c) how often the search and collection of used drug consumption supplies must be done.

### **Record creation, maintenance and retention policy and procedure**

**38** A service provider shall have a policy and procedures setting out how records must be created and maintained, including:

- (a) how the electronic database of the service provider required under section 23(e) of these Standards must be managed;
- (b) how a personal health number or alternative unique identifier for clients must be created and recorded when registering new clients;
- (c) how reasons for the inability of or refusal by a client to provide or participate in obtaining the client's personal health number must be recorded;
- (d) how referrals for a client to another service provider must be tracked;
- (e) how referrals and any known outcomes of referrals must be recorded;
- (f) retention requirements for the service provider's records.

### **Requirement respecting frequency of review of policies and procedures**

**39(1)** A service provider shall review all policies and procedures at least once every two years, with the exception of the clinical policy and procedures.

**(2)** A service provider shall review the clinical policy and procedures at least once a year.

### **Training and qualification requirements for employees**

**40** A service provider shall ensure that each employee is qualified, or completes training to become qualified, in matters needed to fulfil the employee's job duties and responsibilities based on the employee's category of employment, including:

- (a) how to engage with all clients as individuals in a respectful way, and foster open, inclusive, honest and compassionate relationships;
- (b) cultural competency, including Indigenous health cultural competency, and how to engage with all clients in a culturally safe way;
- (c) appropriate intervention in the case of adverse drug reactions and to address suspected drug overdoses including:
  - (i) naloxone administration,
  - (ii) cardiopulmonary resuscitation, and
  - (iii) contacting emergency health services;
- (d) appropriate response to medical emergencies other than adverse drug reactions;
- (e) harm reduction drug consumption training for clients;
- (f) standard first aid and basic life support for health care providers;
- (g) mental health first aid;
- (h) safety and security in response to aggressive or violent incidents;
- (i) how to make appropriate referrals for clients;
- (j) duties as an affiliate under the Health Information Act.

### **Criminal record check requirements**

**41(1)** A service provider shall require that a criminal record check satisfactory to the service provider that is dated not more than 90 days prior to a written offer of employment from the service provider is provided by the individual who has applied for and been selected to fill an employee position with the service provider.

**(2)** If an individual, who has applied for and been selected to fill an employee position with the service provider, has been an employee of the service provider in a position unrelated to supervised consumption services prior to the written offer of employment respecting supervised consumption services, the service provider may require an updated criminal record check satisfactory to the service provider.

### **Requirement for on-going disclosure of criminal charges or convictions**

**42** A service provider shall require all employees to disclose to the service provider on an ongoing basis any criminal charges or convictions as soon as reasonably possible.

### **Vulnerable sector search requirements**

**43(1)** A service provider shall require that a vulnerable sector search satisfactory to the service provider is provided by the individual who has applied for and been selected to fill an employee position with the service provider in an employment role that would place the individual in a position of trust and authority over clients.

**(2)** Where a vulnerable sector search is required under subsection (1), it shall be provided by the employee within three months of the employee commencing duties with the service provider in a position of trust and authority over clients.

**(3)** Employees in a position of trust and authority over clients include the following:

- (a) employees providing clinical care;
- (b) employees providing counselling;
- (c) employees providing security or protective services;
- (d) employees otherwise responsible for the safety or well-being of clients while supervised consumption services are being provided at the facility or other location where services are provided.

### **Duty to create and maintain records**

**44** A service provider shall create and maintain records containing the following:

- (a) in respect of each client,
  - (i) the client's personal health number or an alternative unique identifier,
  - (ii) records of any referrals made and the outcomes of such referrals if known;
- (b) in respect of each employee,
  - (i) the employee's position title, position description, qualifications and duties,
  - (ii) records of any information from the employee of any new criminal charges or convictions disclosed by the employee as required under section 31 of these Standards.

## **Duty to document efforts respecting community engagement**

**45(1)** A service provider shall create and maintain records in respect of community engagement containing the following:

- (a) a record of all engagement activities of the service provider;
- (b) a list of all persons who the service provider has made reasonable efforts to engage with, including documentation of all refusals of persons in the community to participate in an engagement activity of the service provider;
- (c) a list of all persons who the service provider has engaged with, to the extent known by the service provider;
- (d) a copy of all notices or other information provided to the community or persons in the community respecting any engagement, including engagement respecting any significant change in the provision of the services;
- (e) a copy of all information circulated prior to or used during an engagement activity and information about the specific engagement processes used;
- (f) a summary of feedback from each community engagement activity, including engagement with specific persons in the community, including any documentation received by the service provider in support of the services or which raises concerns respecting the services;
- (g) the service provider's plan to address how specific concerns raised by the community or specific community members will be addressed by the service provider.

**(2)** A service provider shall create and maintain records in respect of good neighbour commitments including each good neighbour commitment made by the service provider under section 4 of these Standards.

## **Reporting requirement to send director copy of any new or amended good neighbour commitment**

**46** A service provider shall send a copy of any new or amended good neighbour commitment to a director as soon as reasonably possible after the commitment has been made and set out in writing.

## **Reporting requirements respecting service utilization**

**47(1)** A service provider's report respecting service utilization shall be submitted to a director every month on a date to be determined by a director.

**(2)** The monthly report respecting service utilization shall include the following information:

- (a) information respecting client visits to the facility or other location at which supervised consumption services are provided including
  - (i) total number of client visits;
  - (ii) number of client visits in the following categories of time:
    - (A) 07:00 to 15:00 hours;
    - (B) 15:00 to 23:00 hours;
    - (C) 23:00 to 07:00 hours;
  - (iii) number of visits that included a drug consumption event;
  - (iv) number of unique client visits;
  - (v) average number of unique client visits per day;
- (b) drug consumption events in the following categories of modes:
  - (i) injection;
  - (ii) inhalation;
  - (iii) intranasal;
  - (iv) oral;
- (c) negative health outcomes occurring at the facility or other location at which supervised consumption services are provided in the following categories:
  - (i) total number of actual or likely adverse drug reactions;
  - (ii) number of actual or likely adverse drug reactions that only required supportive care;
  - (iii) number of actual or likely adverse drug reactions that required additional measures;
  - (iv) number of actual or likely adverse drug reactions that required oxygen administration;
  - (v) number of actual or likely adverse drug reactions that required naloxone administration;
  - (vi) number of actual or likely adverse drug reactions that required a call to emergency health services to attend to the client;
  - (vii) number of actual or likely adverse drug reactions that were reversed by the provision of supportive care or additional measures;

- (viii) number of actual or likely adverse drug reactions that resulted in the death of a client at the facility or other location at which supervised consumption services were provided;
- (ix) number of negative health outcomes not related to an actual or likely adverse drug reaction;
- (d) name and percentage of each drug used at the facility or other location at which supervised consumption services are provided based on client report, including a percentage for the following categories:
  - (i) cocaine;
  - (ii) crack;
  - (iii) methamphetamine;
  - (iv) amphetamine;
  - (v) heroin;
  - (vi) fentanyl;
  - (vii) oxycontin/oxycodone;
  - (viii) morphine;
  - (ix) hydromorphone/Dilaudid;
  - (x) unspecified opioid;
  - (xi) speedball;
  - (xii) other substances;
  - (xiii) unknown drugs or drugs not specified by a client;
- (e) referral information including:
  - (i) health services in the following categories:
    - (A) primary care services;
    - (B) other health services with information about the type of health service provided;
  - (ii) recovery support services in the following categories:
    - (A) detox services;
    - (B) residential addiction treatment services;
    - (C) opioid agonist treatment services;
    - (D) substance use and addiction counselling;
    - (E) mental health counselling;
    - (F) other recovery support services;
  - (iii) social services in the following categories:
    - (A) shelter;
    - (B) transitional housing;
    - (C) long-term housing;
    - (D) other social services with information about the type of social service;
  - (f) demographic information, including information in the following categories:
    - (i) gender;
    - (ii) age;
    - (iii) ethnicity;
- (g) qualitative information including a description of any successes, challenges and any other relevant information.

### **Reporting requirements respecting complaints received from clients**

**48(1)** A service provider's annual report respecting complaints received from clients, or persons acting on behalf of clients, shall apply to the last Crown fiscal year and shall be submitted to a director within 60 days of the end of the last Crown fiscal year.

**(2)** A service provider's annual report respecting complaints received from clients, or persons acting on behalf of clients, shall include the following information:

- (a) the number of complaints received;
- (b) the number of complaints as related to the following categories:
  - (i) service delivery;
  - (ii) client abuse or neglect;
  - (iii) staffing issues;
  - (iv) client safety issues;

- (v) state of the facility;
- (vi) failure to respond to a complaint or, in the complaint's opinion, to address a complaint adequately;
- (c) the number of complaints resolved;
- (d) the number of complaints outstanding.