

Adverse Reaction Requiring Medical Attention or Emergency Services

Instructions: Oregon Psilocybin Services (OPS) rules require a facilitator to create records for client adverse reactions to consuming psilocybin products. Adverse reactions are defined as adverse medical or behavioral reactions that occur during an administration session and require contacting emergency service or receiving care from a medical care provider ([OAR 333-333-1010](#)). Facilitators may use this form to record clients' adverse reactions. This form is provided for record keeping and it must be stored at the service center where the incident occurred. OPS may request additional information, including the contents of this form, for compliance purposes.

NOTE: Beginning January 1, 2025, Senate Bill 303 ("SB 303") will require licensed service centers to report aggregated client data to OHA regarding adverse client reactions. Additional instructions will be provided to licensed service centers, including updated forms and instructions on how to report in the Training Licensing and Compliance system, in 2024 after adoption of final rules on SB 303 implementation.

If Emergency Services were contacted, a separate Call for Emergency Medical Services Report must be submitted within 48 hours of the event.

Facilitator name: _____

Service Center name: _____

Client Name: _____

Date of administration session: _____

Product consumed (type, dose and UID):

What was the client adverse reaction (physical, behavioral, etc.)?

Were emergency services contacted?

yes or no

Emergency services contacted:

Time emergency services were contacted:

Was the client transported by emergency services?

yes or no

If client was transported, indicate the address/location where the client was transported to:

If client was transported, did the facilitator or service center staff accompany the client?

yes or no

If the facilitator or service center staff accompanied the client, please provide details:

Was the person listed in the client's safety and support plan contacted?

yes or no

If yes, when were they contacted? _____

Facilitator Signature: _____

Date: _____