## PUBLIC HEALTH DIVISION CENTER FOR HEALTH PROTECTION Oregon Psilocybin Services http://oregon.gov/psilocybin

Service Center name:



## **Emergency Services Contact Report**

Instructions: Oregon Psilocybin Services (OPS) rules require that facilitators and service center licensee representatives must contact emergency medical services, by calling 911, when any person on the licensed premises requires emergency medical care due to an immediate or potential life threat. Facilitators and service center licensee representatives are also required to make reasonable efforts to resolve any activity or conditions on the licensed premises that endangers the safety of any person present on the premises.

Service centers and facilitators must notify the Authority in writing using this within 48 hours of contacting emergency services. This form should be submitted through the Training Program, Licensing, and Compliance (TLC) system or can be emailed to the OPS Compliance Team at <a href="mailto:Compliance.Psilocybin@odhsoha.oregon.gov">Compliance.Psilocybin@odhsoha.oregon.gov</a>. OPS may request additional information in accordance with ORS 475A for investigation purposes.

| Person requiring emergency services:             |
|--|
| □ Client   |
| ☐ Licensee Representative or Facilitator         |
| □ Other  |
| Date and time emergency services were contacted: |
|  |
|  |

| Why were emergency services called?                                       |
|---|
| What steps were taken prior to contacting emergency services?             |
| Was the client transported by emergency services?                         |
| □ yes or □ no   |
| If yes, where?  |
| If yes, did the facilitator or service center staff accompany the client? |
| □ yes or □ no   |
|   |
| Complete this section for clients only:                                   |
| Time and Date of administration session:                                  |
| Facilitator name:   |
| Product consumed (type, dose and LIID):                                   |

| Was the person listed in the client's safety and support plan contacted? |
|--|
| □ yes or □ no  |
| If yes, when were they contacted?  |
| Name of service center representative who prepared this form:            |
| Signature:   |
| Date:  |