

2. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

102695

Gouvernement du Québec

O.C. 694-2016, 6 July 2016

An Act respecting health services and social services (chapter S-4.2)

An Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2)

Certification of community or private resources offering addiction lodging

Regulation respecting the certification of community or private resources offering addiction lodging

WHEREAS, under the first paragraph of section 346.0.21 of the Act respecting health services and social services (chapter S-4.2) and subject to the exception provided for in the second paragraph of that section, the provisions of subdivision 2.1 of Division II of Chapter I of Title I of Part III of the Act apply, with the necessary modifications, to all resources and categories of resource offering lodging determined by government regulation except intermediary resources, family-type resources and specialized medical centres within the meaning of that Act;

WHEREAS, under section 1 of the Regulation respecting the certification of drug addiction or pathological gambling resources (chapter S-4.2, r. 1), subdivision 2.1 of Division II of Chapter I of Title I of Part III of the Act respecting health services and social services (chapter S-4.2) applies to any resource in drug addiction or pathological gambling;

WHEREAS, under section 346.0.6 of the Act respecting health services and social services, the Government may prescribe, by regulation, categories of drug addiction or pathological gambling resources, the qualifications an applicant for a temporary certificate of compliance must possess, the health and social criteria with which the

operator of an addiction resource must comply to receive a certificate of compliance, the standards applicable to such operation and the conditions that staff members and volunteers of such a resource and any other person working in such a resource must fulfill, in particular conditions relating to training and security, including conditions relating to judicial records;

WHEREAS the Regulation respecting the certification of drug addiction or pathological gambling resources (chapter S-4.2, r. 1) must be revised to include provisions concerning the qualifications an applicant for a temporary certificate of compliance must possess;

WHEREAS the health and social criteria and operating standards provided for in that Regulation must also be revised to take into account the problems encountered in the operation of addiction resources and their certification, and practices that are more up to date;

WHEREAS it is expedient to replace the Regulation;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1), a draft Regulation respecting the certification of private or community resources offering addiction lodging was published in Part 2 of the *Gazette officielle du Québec* of 2 September 2015 with a notice that it could be made by the Government on the expiry of 45 days following that publication;

WHEREAS it is expedient to make the Regulation with amendments;

IT IS ORDERED, therefore, on the recommendation of the Minister of Health and Social Services and the Minister for Rehabilitation, Youth Protection, Public Health and Healthy Living:

THAT the Regulation respecting the certification of community or private resources offering addiction lodging, attached to this Order in Council, be made.

JUAN ROBERTO IGLESIAS,
Clerk of the Conseil exécutif

Regulation respecting the certification of community or private resources offering addiction lodging

An Act respecting health services and social services (chapter S-4.2, ss. 346.0.1, 346.0.3, 346.0.6, 346.0.7, 346.0.20, 346.0.20.1 and 346.0.21)

An Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2, s. 46, 2nd par.)

CHAPTER I GENERAL

DIVISION I SCOPE AND DEFINITIONS

1. For the purposes of this Regulation, a place that offers residential services and support services of various kinds, including therapy, social reintegration, assistance and support in recovering from an intoxication, and assistance and support in disintoxication, as part of a mission in addiction or, if the intervention in addiction is not the only mission of the operator of the resource, as part of a structured intervention program in that field, is an addiction resource.

Despite the first paragraph, a place accommodating exclusively persons referred by the correctional services of Québec or Canada that is recognized by either services as a community residential centre, is not an addiction resource.

Subdivision 2.1 of Division II of Chapter I of Title I of Part III of the Act respecting health services and social services (chapter S-4.2), except sections 346.0.17.1, 346.0.17.2, 346.0.20.3 and 346.0.20.4, apply to an addiction resource, with the necessary modifications.

2. An addiction resource is in one of the following categories:

- (a) resource offering therapy services;
- (b) resource offering social reintegration services;
- (c) resource offering assistance and support in recovering from an intoxication;
- (d) resource offering assistance and support in disintoxication.

A resource that only offers intervention programs in the field of pathological gambling is part of a category in subparagraph *a* or *b* of the first paragraph, depending on the programs offered.

A resource may belong to more than one category.

3. Only a legal person may operate an addiction resource.

4. For the purposes of this Regulation,

(1) “activities” means an organized and structured activity in connection with an approach, that is conducted at a determined time, involves one or more participants and has a specific content. The activity is conducted as part of an intervention program for or with persons lodged to modify or cease a behaviour, a thought or an emotion. The assessment, support, education and follow-up of the persons lodged and conjugal and family intervention are considered activities;

(2) “approach” means a theory of intervention that guides the manner in which a problem is dealt with or conceived and ensures the coherence of the interventions;

(3) “addiction” means an addiction to alcohol, drugs or gambling;

(4) “case worker” means a person, including an officer, if applicable, who, in carrying on duties in the operation of the resource, intervenes directly with persons lodged to provide assistance and support in the course of the activities;

(5) “individualized intervention plan” is a tool used to identify the needs of the person lodged, the objectives pursued, the means to be used and the estimated period during which services are to be provided to the person lodged. The intervention plan must ensure coordination of the services provided to the person lodged by the various case workers involved;

(6) “recognized practice” means a component of an intervention that must rely on evidence-based data, such as scientific consensus from a collection of studies supporting the efficiency of treatment protocols or specific practices on the clinical or organizational level, or on the consensus of a group of experts;

(7) “intervention program” means a coherent and organized system of objectives, activities and human, material and financial resources based on an approach to be implemented to meet the needs of a specific clientele to change the clientele’s state.

DIVISION II REGISTER

5. In addition to the information referred to in the third paragraph of section 346.0.1 of the Act respecting health services and social services (chapter S-4.2), an integrated health and social services centre must collect and update the following information for the purposes of establishing and maintaining the register of addiction resources:

- (1) the date on which the operation of the resource began;
- (2) the business number assigned to the operator by the enterprise registrar in accordance with the Act respecting the legal publicity of enterprises (chapter P-44.1);
- (3) the name of any other resource for which the operator holds a temporary certificate of compliance or a certificate of compliance;
- (4) for each work shift of the week and weekend, the number of volunteers and staff members working in the resource, and the number of those persons who meet the conditions set out in the first paragraph of section 45;
- (5) a description of the specific clientele accommodated by the resource;
- (6) the list of the agencies with which the operator of the resource is affiliated and any associations of which the operator is a member;
- (7) concerning the information on the building, the number of floors in the building and the type of elevator with which it is equipped, if any;
- (8) the number of rooms of the resource and the maximum number of persons it may accommodate;
- (9) the average annual rate of occupation of beds;
- (10) the cost of each service offered in the resource.

The information is public, except the information provided for in subparagraph 9 of the first paragraph.

CHAPTER II OPERATION OF AN ADDICTION RESOURCE

DIVISION I GENERAL

6. The operator of a resource must ensure compliance with the Act respecting health services and social services and this Regulation as part of the operation of the resource.

DIVISION II TEMPORARY CERTIFICATE OF COMPLIANCE

7. In addition to the conditions set out in the Act respecting health services and social services (chapter S-4.2), every legal person who applies for a temporary certificate of compliance must meet the following conditions:

- (1) the legal person has not held a temporary certificate of compliance or a certificate of compliance that, in the year prior to the application, was revoked or, as the case may be, was not renewed pursuant to section 346.0.11 of the Act;
- (2) the legal person has not been refused, in the year prior to the application, the issue of a certificate of compliance pursuant to the Act;
- (3) the legal person has not been found guilty, in the year prior to the application, of an offence under the first paragraph of section 531.1 of the Act.

For the purposes of the first paragraph, every legal person one of whose directors or main officer acts or has acted as officer or director for a legal person that does not meet the conditions set out in any of subparagraphs 1 to 3 of the first paragraph or would not meet the conditions if they still existed, must demonstrate to the satisfaction of the integrated health and social services centre concerned that it will take the measures necessary to ensure that this Regulation is complied with.

8. Every legal person who applies for a temporary certificate of compliance must provide the following documents to the integrated health and social services centre concerned:

- (1) the name and contact information of the legal person and the officers assigned to the management of the resource;
- (2) the address where the legal person wishes to receive correspondence, if different from the address provided for the legal person under paragraph 1;
- (3) the name and address of the resource for which the application is made;
- (4) where applicable, the name of any resource for which the legal person holds or has held a temporary certificate of compliance or a certificate of compliance;
- (5) a certified copy of its constituting act;

(6) a copy of the registration declaration or, as the case may be, of the initial declaration filed in the enterprise register under the Act respecting the legal publicity of enterprises (chapter P-44.1) and of any updating declaration filed under that Act;

(7) a certified copy of the resolution of the board of directors authorizing the filing of the application for certification;

(8) a copy of all the information it provides for the purposes of the establishment and keeping of the register of addiction resources under the third paragraph of section 346.0.1 of the Act respecting health services and social services (chapter S-4.2) and section 5;

(9) a written declaration by each officer assigned to the management of the resource and by each director stating that they are aware of the relevant provisions of the Act respecting health services and social services (chapter S-4.2) and of this Regulation and that they undertake to comply or ensure compliance with those provisions from the beginning of the period of validity of the temporary certificate of compliance;

(10) a written declaration by each officer assigned to the management of the resource and by each director, who is, or has been, charged with or convicted of an indictable or other offence, unless, in the case of a conviction, a pardon has been obtained, along with all the information required for the verification of the declaration and written consent, from the person concerned, to the verification and to the disclosure of the results of the verification to the integrated health and social services centre;

(11) an attestation from the municipality where the resource will be situated confirming that the project does not violate any zoning by-law;

(12) an attestation from a professional, such as an architect or engineer, confirming that the building or part of a building that will be used for the resource complies with any regulatory provision made under the Building Act (chapter B-1.1) concerning such use, in particular the requirements provided for in the Construction Code (chapter B-1.1, r. 2);

(13) a copy of the insurance policies that the operator must hold under the first and second paragraphs of section 12;

(14) a description of any intervention program that will be used in the resource, including a description of the elements provided for in the third paragraph of section 13 for each program, where applicable;

(15) a copy of the document describing the mission of the resource referred to in section 17;

(16) a copy of the contract referred to in section 18;

(17) the model of the documents that will be used for the assessments required under section 19 and paragraph 1 of section 24;

(18) a copy of the cooperation agreement with a pharmacist entered into under the second paragraph of section 30 and the care and pharmaceutical services protocol established under the same section;

(19) the models of the medication inventory grid and distribution log that will be used under subparagraphs 1 and 5 of the second paragraph of section 31, and the list of persons who will be authorized to distribute medication under the first paragraph of that section;

(20) a copy of the protocol for intervention in crisis and emergency situations and procedures established under section 33;

(21) the identification of the staff member responsible for coordinating and assessing the intervention team in accordance with section 43 and of the staff member responsible for supervising case workers in accordance with section 44, as well as their work schedule, written proof that they hold a diploma certifying that they successfully completed any of the training required under those sections, a résumé showing that they have acquired the necessary number of years of relevant experience and, where applicable, the copy of the service contract binding them to the operator of the resource;

(22) a copy of the policy concerning the roles and responsibilities that may be entrusted to the volunteers, the persons lodged and persons who have previously been lodged established under section 48;

(23) a copy of the evacuation plan in case of fire established under the first paragraph of section 65;

(24) a copy of the monitoring plan established under the second paragraph of section 67.

DIVISION III HEALTH AND SOCIAL CRITERIA

§1. General

9. The board of directors of the operator of an addiction resource must be composed of at least 5 members representing the community served and a majority of whom are not staff members or volunteers working in the resource.

10. The operator of an addiction resource must make sure that every director completes, before taking up employment, a declaration describing any interest the director has or any particular situation that could present a conflict of interest with the functions of director of the resource or that could suggest such a conflict.

The declaration must be completed each year at the time determined by the operator's board of directors and kept on the premises of the resource.

11. The operator of an addiction resource must adopt general by-laws respecting its operation and the operation of the board of directors including

- (1) the criteria for becoming a member of the board of directors;
- (2) the number of seats on the board of directors;
- (3) the procedure for electing and dismissing directors, and the term of appointments;
- (4) the rules applicable where a declaration referred to in section 10 reveals a real or apparent conflict of interest;
- (5) the procedures for convening and organizing the annual meeting;
- (6) the number of meetings of the board of directors each year;
- (7) the procedure for convening meetings, the decision-making process and the quorum necessary at meetings of the board of directors; and
- (8) the content of the minutes of the meetings of the board of directors, which must describe the decisions made, and state that the decisions have been approved by the board of directors.

12. The operator of an addiction resource must hold and maintain current liability insurance coverage in a sufficient amount to cover any claim resulting from the operator's general professional or civil liability.

The operator must also hold and maintain current separate insurance coverage concerning the liability of the resource's directors and officers.

The documents showing coverage under this section must be kept on the premises of the resource.

13. The activities on addiction conducted as part of the operation of the resource must be part of an intervention program that relies on an approach based on practices

recognized in the field. The program must meet the needs of the specific clientele and be in conjunction with the category to which the resource concerned belongs.

An addiction intervention program must be adopted by the operator's board of directors. The board of directors may adopt more than one program.

An intervention program must include

- (1) the specific clientele and the main characteristics of the clientele;
- (2) the goals and objectives to be reached;
- (3) the approach chosen by the resource;
- (4) the nature and specific objectives of the activities to be conducted to reach the objectives of the program;
- (5) a schedule describing the program activities;
- (6) the schedule for the implementation of each activity under the program and the duration of the program; and
- (7) a mechanism for the review of the program.

14. The operator of an addiction resource must group the activities offered as part of a program or programs referred to in section 13 and the residential services offered to the clientele of those programs in a location dedicated exclusively to the programs.

Any activity offered by the operator that is not included in an addiction program must be conducted in a location physically separated from the location referred to in the first paragraph.

15. The operator of an addiction resource must immediately notify the integrated health and social services centre concerned of any modification to its activities and any change to the documents or information referred to in paragraphs 1 to 6, 13 to 20 and 22 to 24 of section 8.

In addition, where an operator designates a new person responsible for coordinating and assessing the intervention team in accordance with section 43 or for supervising the case workers in accordance with section 44, the operator must immediately so inform the integrated health and social services centre and send to the centre the documents referred to in paragraph 21 of section 8.

16. The operator of an addiction resource must establish and apply a written reception and integration procedure for new persons lodged.

§2. *Information intended for persons lodged*

17. The operator of an addiction resource must make available to all persons lodged and provide to any person who wishes to obtain services a document describing the mission of the resource and including

- (1) a description of the general mission of the resource, its objectives with respect to its mission and the category of resources to which it belongs;
- (2) a description of the approach or approaches it favours;
- (3) a general description of the intervention program or programs applied in the resource;
- (4) a description of the specific clientele of the resource and admission and exclusion criteria;
- (5) the cost of each service offered in the resource; and
- (6) an indication, if applicable, that the resource advocates religious values or that the resource is associated in any way to a religion, a cult or a religious-type organization, whatever it may be.

The operator must include the elements provided for in the first paragraph in every information document describing the services offered by the resource.

In addition, the operator must post in a conspicuous place accessible to the persons lodged the cost of each service offered in the resource.

18. Before accommodating a person, the operator of an addiction resource must enter into a service contract with the person or the person's representative, if applicable.

Before signing the contract, the operator must inform the person and the person's representative of

- (1) the right to directly file a complaint with the integrated health and social services centre concerned on the services that he or she received or should have received from the operator of the resource;
- (2) the nature and duration of the services proposed;
- (3) the terms of payment;
- (4) the rules respecting the stay; and
- (5) the elements of the person's assessment.

The contract must mention, before the space for the signature, that the person who wishes to receive services or the person's representative, if applicable, received the document provided for in section 17 and the information the document contains was explained to the person or the person's representative. The indication must also state that the person or the person's representative, if applicable, received and understood the information provided for in the second paragraph of this section.

§3. *Health and safety of persons lodged*

19. The operator of an addiction resource must, as soon as a person arrives in the resource and before signing the contract referred to in the first paragraph of section 18, conduct, in accordance with recognized practices,

- (1) an assessment of the dangerousness of an actual suicide attempt by that person;
- (2) an assessment of the person's risk of homicide;
- (3) an assessment of the degree of severity of the person's withdrawal.

The operator must also, as soon as possible, but not later than 7 days after the admission of a person and before the drawing up of the individualized intervention plan referred to in section 23, assess, in accordance with recognized practices, the severity of the person's substance use and the inventory and history of the products used.

The operator of a resource accommodating persons who are intoxicated must assess, within the period provided for in the first paragraph and in accordance with recognized practices, the risks of deterioration of the general physical health of the persons.

The operator of an addiction resource belonging to the category of resources offering social reintegration services must assess, within the period provided for in the second paragraph and in accordance with recognized practices, the person's needs in social reintegration.

In addition, the operator of an addiction resource who offers a pathological gambling intervention program must assess, within the period provided for in the second paragraph and in accordance with recognized practices, the gambling behaviours of a person who wishes to participate in the activities of such a program, and their consequences.

20. Despite section 19, the operator of an addiction resource does not have to conduct the assessment or assessments provided for therein where the person who

wishes to obtain services has been referred by another addiction resource that holds a certificate of compliance or by a public institution within the meaning of the Act respecting health services and social services (chapter S-4.2) or the Act respecting health services and social services for Cree Native persons (chapter S-5) who sent to the operator, with the person's consent, the results of its own corresponding assessments, to the extent that they are still valid.

In addition, the operator of an addiction resource who only offers pathological gambling intervention programs is not required to assess the degree of severity of the withdrawal or conduct an assessment to establish the severity of the substance use and the inventory and history of the products used.

21. The operator of an addiction resource may not accommodate a person whose assessment of the degree of severity of the withdrawal shows that there are risks associated with the withdrawal and the operator must refer the person to the resources best suited to assist the person. The same applies when the result of the assessment of the risks of deterioration of the general physical health indicates that a person should be seen by medical staff or where the operator notices, as soon as the person arrives in the resource, that the services offered are not adapted to the person's needs.

22. Despite section 21, the operator of a resource belonging to the categories of resources offering assistance and support in recovering from an intoxication or resources offering assistance and support in disintoxication may accommodate persons whose assessment shows risks associated with withdrawal, to the extent that the risk measured allows withdrawal without danger under the supervision of psychosocial workers.

23. The operator of an addiction resource must draw up, for each person lodged, an individualized intervention plan based on the assessments conducted including, in particular,

(1) the specific objectives, the methods to be used in meeting the objectives, and a timeframe for meeting the objectives;

(2) a timeframe relating to the assessment and review of the intervention plan of not more than 90 days;

(3) the name of a case worker responsible for the intervention plan and, if applicable, the follow-up plan drawn up in accordance with section 24;

(4) guidance of the person, if necessary, to additional resources better suited to assist the person during the person's stay in the resource.

The operator must allow and encourage the participation of the person lodged and, if applicable, the person's immediate circle, in the drafting and review of the intervention plan.

24. Before the departure of a person lodged, the operator of an addiction resource must draw up a follow-up plan including, in particular,

(1) the assessment, in accordance with recognized practices, of the dangerousness of an actual suicide attempt by the person;

(2) the planning of actions to be taken at the end of the person's stay;

(3) guidance of the person, if applicable, to the resources better suited to assist the person and referral to those resources, where applicable.

25. The assessments referred to in section 19 and in paragraph 1 of section 24 as well as the individualized intervention plan referred to in section 23 must be carried out by a case worker who meets any of the conditions set out in subparagraphs 1 to 3 of the first paragraph of section 45. Such case worker may not be a person lodged.

In addition, before carrying out an assessment referred to in the first paragraph, a case worker must also have completed specific training concerning any tool used under recognized practices, where the training is required for the use of the tool.

26. Subject to any other legislative or regulatory provision requiring the presence of a higher number of persons in an addiction resource, at least 1 case worker of full age, other than a person lodged, must be present on the premises of the resource for each group of 15 persons lodged for each work shift during which program activities are conducted. If the last group has less than 15 persons lodged, it counts as a group.

In every addiction resource that offers services to minors or in a resource belonging to the category of resources offering assistance and support in recovering from an intoxication or to the category of resources offering assistance and support in disintoxication, the rule set out in the first paragraph applies by reducing the ratio to 1 person of full age who is part of the case worker team for each group of 10 persons lodged or less. In an addiction resource belonging to the category of resources offering social reintegration services, the ratio is increased to 1 person of full age who is part of the case worker team for each group of 20 persons lodged or less.

Outside the hours during which program activities are conducted, at least 1 person of full age must be present in the resource in order to provide supervision. That person must remain awake at all times and may not be a person lodged.

27. Mixed occupation by persons of full age and minors is prohibited on all the premises and common spaces of the addiction resource. Mixed occupation by men and women is prohibited in the resource's bedrooms and dormitories. It must also be avoided in sanitary facilities and common spaces, to the extent that it hinders the assistance and support objectives.

In addition, mechanisms must be put in place by the operator to prevent any close contact between persons lodged, staff members and volunteers.

28. The operator of an addiction resource accommodating clients on replacement therapy must establish and apply, with a pharmacist, a written procedure for the management of replacement medication that defines measures for the control, reception and return of the product, safe storage and distribution conditions, and measures to be taken if a person lodged on replacement therapy leaves precipitately.

29. The operator of an addiction resource accommodating clients on replacement therapy must establish and apply an admission protocol specific to persons on replacement therapy.

The protocol provides in particular that the operator must, before admitting such a person in the resource and after obtaining the person's consent, establish written agreements with the person's prescribing physician and dispensing pharmacist and, if applicable, with the psychosocial worker or nurse monitoring the person, setting out the terms and conditions on which the person may continue the treatment during the stay.

The second paragraph does not apply to the operator of a resource offering assistance and support in recovering from an intoxication, but the operator of such a resource must provide in the admission protocol the terms according to which the person lodged who is on replacement therapy has access to his or her replacement medication.

30. The operator of an addiction resource must take charge of the distribution of medication prescribed to the persons lodged.

To that end, the operator must enter into a written agreement of cooperation with a pharmacist and ensure that a care and pharmaceutical services protocol complying with

practice standards that regulate the management of all medication of the persons lodged and provides control mechanisms.

The protocol defines in particular

(1) the measures to be taken upon a person's arrival and departure;

(2) the terms for the preparation of medication by the pharmacist;

(3) conditions for the storage and conservation of medication;

(4) measures that must be taken where medication is no longer taken by a person lodged or is outdated;

(5) control measures to be implemented to ensure the application of the protocol.

31. The operator of an addiction resource must designate a person responsible for the application of the care and pharmaceutical services protocol from among the staff members that meet any of the conditions described in the first paragraph of section 45.

In addition to ensuring the application of the protocol, the person designated as responsible for the application of the care and pharmaceutical services protocol must in particular

(1) complete an inventory grid for medication;

(2) enter in the log the medication taken in charge by the operator on the admission of the person lodged and the medication given to the person on the person's departure;

(3) designate staff members who may distribute medication, in accordance with the rules established under the policy concerning the roles and responsibilities that may be entrusted to volunteers, persons lodged and persons who have been lodged referred to in section 48;

(4) make sure that every person distributing medication verifies the identity of the person lodged and ensures that the medication given is intended for that person;

(5) make sure that a medication distribution log is updated by the staff members designated for distributing medication;

(6) make sure that the medication prescribed in the name of each person lodged is stored in a piece of furniture under lock and key or in a refrigerator reserved for that purpose under lock and key situated in a room also under lock and key.

32. Subject to sections 28 to 31, no medication may be sold or made available to persons lodged by the operator of an addiction resource, even in the case of medication that may be sold by any person under the Regulation respecting the terms and conditions for the sale of medications (chapter P-10, r. 12).

33. The operator of an addiction resource must establish a protocol for intervention in crisis and emergency situations providing actions that take into consideration the various types of crisis that may occur as well as procedures in a medical emergency.

34. The operator of an addiction resource must establish and apply hygiene and sanitation measures to prevent and control contagion, infection and contamination.

35. All dangerous products must, between each use, be stored in a secure storage space under lock and key.

36. Force, isolation, mechanical means and chemical substances may not be used as a control measure for a person lodged in an addiction resource.

§4. Persons working in the resource

37. For the purposes of this Regulation, a person employed by the operator of an addiction resource, whether under an employment contract or a service contract, is a staff member.

38. Case workers, persons called to ensure supervision under the third paragraph of section 26 and staff members designated as responsible for coordinating and assessing the intervention team under section 43 or supervising case workers under section 44 must not be charged with or have been convicted of an indictable or other offence related to the abilities and conduct required to work in the addiction resource, unless, in the case of a conviction, a pardon has been obtained.

The same applies to any person who, even if the person does not act as director or officer of the operator of the addiction resource, intervenes in its management or administration in any capacity.

39. Every person referred to in section 38 must, before taking up employment, provide the operator of an addiction resource with a declaration concerning any charge or

conviction of an indictable or other offence in the person's regard and for which, in the case of a conviction, a pardon has not been obtained.

The declaration must contain all the information necessary for verification and include written consent to the verification and to the disclosure of the results of the verification to the operator.

The operator must have the accuracy of the declarations verified before any person referred to in section 38 takes up employment. The operator must also, before the taking up of employment of a person for whom a verification has shown a charge or conviction of an indictable or other offence, give in writing the reasons for which the operator considers that there is no connection between the charge or conviction and the abilities and conduct required for the duties the person will carry on in the resource.

To the extent that it is necessary to ensure the conduct of the activities referred to in the programs, a person referred to in the first paragraph of section 38 may, provided that the person complies with the first paragraph of this section, take up employment as soon as the declaration and consent provided for in the second paragraph have been sent for verification.

40. The verification of a judicial record referred to in section 38 must be repeated when

(1) a person referred to in section 38 is charged with or convicted of an indictable or other offence; or

(2) the operator or the integrated health and social services centre concerned so requires.

Similarly, before a new director or officer assigned to the management of the addiction resource takes up employment, the operator must provide the integrated health and social services centre concerned with the declaration and consent of the director or officer, as described in paragraph 10 of section 8.

41. The operator of an addiction resource, the director of such a resource and the officer assigned to the management of such a resource must, as soon as possible, inform the integrated health and social services centre concerned if the operator, director or officer is charged with or convicted of an indictable or other offence.

The person referred to in section 38 must notify as soon as possible the operator of the resource in the same cases.

42. The operator of an addiction resource must ensure that at least 1 person of full age who holds an attestation of completion in standard first aid and cardiopulmonary

resuscitation in force issued by the persons or organizations listed in Schedule I to this Regulation that enables the acquisition of the skills listed in that Schedule, is present at all times on the premises.

That person may not be a person lodged.

43. The operator of an addiction resource must designate a staff member to act as person responsible for coordinating and assessing the intervention team.

The person responsible for coordinating and assessing the intervention team must carry on the following duties:

- (1) act as clinical manager responsible for the planning, organization and operation of the intervention programs and the quality of services provided;
- (2) take part in the management of human, material and information resources related to the intervention programs;
- (3) ensure compliance with the policies and procedures of the resource related to the intervention programs;
- (4) take part in the integration and assessment of volunteers, case workers and other staff members;
- (5) ensure the quality of the programs, with a view of ongoing improvement.

The person responsible for coordinating and assessing the intervention team must meet any of the following conditions:

- (1) hold a university-level diploma listed in Schedule II and have a minimum of 3 years of relevant experience in drug addiction or pathological gambling;
- (2) hold a college-level diploma in intervention listed in Schedule II and a university certificate in drug addiction and have a minimum of 5 years of relevant experience in drug addiction or pathological gambling;
- (3) hold a university certificate in drug addiction and have a minimum of 7 years of relevant experience in drug addiction or pathological gambling.

The person responsible for coordinating and assessing the intervention team must be replaced in the event of an extended absence.

44. The operator of an addiction resource must designate a staff member to act as person responsible for supervising case workers.

The person responsible for supervising case workers must carry on the following duties:

- (1) act as clinical expert responsible for guiding and supporting case workers to ensure the provision of relevant and quality services to the persons lodged;
- (2) support the drawing up of the intervention plans of the persons lodged;
- (3) ensure that the assessments and interventions conducted are based on the best practices;
- (4) promote the development of professional qualifications of case workers.

The person responsible for supervising case workers must also hold a university-level diploma listed in Schedule II and have a minimum of 3 years of relevant experience in the field of addiction.

The person responsible for supervising case workers must be replaced in the event of an extended absence.

45. Where program activities are conducted, not less than 75% of the total case workers present in the resource must meet any of the following conditions:

- (1) hold a university-level diploma listed in Schedule II;
- (2) hold a college-level diploma listed in Schedule II;
- (3) hold a university certificate in drug addiction.

Where only 1 case worker is present when program activities are conducted, the case worker must meet any of the conditions set out in the first paragraph.

46. The operator of an addiction resource offering services intended for clients with concurrent addiction and a mental health disorder must ensure that at least 1 staff member has the required skills to provide support to the intervention team with clients having mental health disorders.

The staff member has the required skills if the staff member meets any of the following conditions:

- (1) hold a university-level diploma listed in Schedule III and have a minimum of 2 years of experience in intervention with clients having mental health disorders;
- (2) hold a college-level diploma listed in Schedule III and have a minimum of 5 years of experience in intervention with clients having mental health disorders.

The operator of such a resource must ensure that 1 staff member who meets any of the conditions set out in the second paragraph may be reached at all times.

47. The staff members responsible for applying the procedure provided for in section 28 and the protocol in section 29 must have completed specific training on the management and monitoring of clients on replacement therapy developed by the Institut national de santé publique du Québec.

48. The operator of an addiction resource must draw up a policy concerning the roles and responsibilities that may be entrusted to volunteers, persons lodged and persons that have been lodged. The policy must meet the requirements referred to in this Regulation and be adopted by the operator's board of directors.

The policy must include

(1) the cases and conditions in which a person who has been lodged may be considered suited to work in the resource;

(2) the prohibition for a person lodged to work in the resource except as part of activities provided for in the person's individualized intervention plan drawn up under section 23;

(3) the duties that may be entrusted to volunteers, persons lodged and persons who have been lodged;

(4) the cases and conditions in which the application of the care and pharmaceutical services protocol and the distribution of medication may be entrusted to a person who has been lodged;

(5) measures for supervising duties entrusted to volunteers, persons lodged or persons who have been lodged.

The operator must make the policy known to volunteers and staff members.

DIVISION IV OPERATION STANDARDS

§1. *General*

49. The board of directors of the operator of an addiction resource must meet at least 4 times a year.

50. The board of directors of the operator of an addiction resource must produce an annual activity report containing the following elements:

(1) the profile of the clientele served;

(2) the number of persons having received services from the resource;

(3) the type of services provided;

(4) the report referred to in the fourth paragraph of section 57;

(5) the measures planned to improve the quality of the services provided to clients.

The report is submitted at the annual meeting.

51. The operator of an addiction resource must send to the integrated health and social services centre concerned any updated declaration that the operator produced under the Act respecting the legal publicity of enterprises (chapter P-44.1).

52. The physical layout of the resource must facilitate activities and programs offered in the resource as well as daily life.

In addition, every individual interview with a person lodged must be held in a room laid out to ensure confidentiality.

53. The bedroom or dormitory used by the persons lodged must be a comfortable place to rest and recover.

54. The operator of an addiction resource must draw up for the persons lodged cohabitation rules promoting the supervision of the action, the reaching of objectives referred to in the individualized intervention plan and quality of life in the resource. The rules must include provisions to prevent any close contact.

Cohabitation rules must be adopted by the board of directors of the operator of the resource.

The operator of the resource must ensure that every person lodged has read and understood the cohabitation rules and has undertaken, in writing, to comply with them.

55. The operator of an addiction resource and staff members must treat persons lodged with courtesy, fairness and understanding, and with respect for their dignity, autonomy and needs. The same applies to every close relation of the person lodged.

56. The operator of an addiction resource may not, in any way, use advertising that is false, misleading or likely to mislead. The operator must ensure that the advertising accurately represents the services offered.

In addition, the advertising of an addiction resource may not refer to success rates.

57. The operator of an addiction resource must establish an internal procedure for processing dissatisfactions including

(1) the obligation to inform every person lodged, in writing or with the use of a poster located in a place accessible to the persons lodged, that the person may make comments or express dissatisfactions on services received or that the person should have received, verbally or in writing;

(2) the designation of a person responsible for examining the comments or dissatisfactions expressed by the persons lodged; and

(3) the obligation for the person responsible to justify every decision rendered following the examination of dissatisfactions.

The procedure must remind that at all times, a person lodged may, in accordance with paragraph 1 of section 60 of the Act respecting health services and social services (chapter S-4.2) and the first paragraph of section 51 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2), directly file a complaint with the integrated health and social services centre concerned with regard to services that the person received or should have received from the operator of the resource.

In addition, the operator must, during the person's stay, ask the person to complete a service assessment form adapted to the services offered in the resource that allows the assessment of the following elements:

- (1) the reception;
- (2) respect of the rights of the persons lodged and of the code of ethics;
- (3) the quality of the services offered by staff members;
- (4) the reaching of the objectives of the stay;
- (5) the premises of the resource;
- (6) the food offered by the operator of the resource;
- (7) ambiance;
- (8) the preparation of the return to the living environment.

The person responsible for the examination of dissatisfactions must prepare each year a report dealing in particular with the number of dissatisfactions, their type and follow-up measures taken. The report must also include a summary of the content of the assessment forms.

58. The operator of an addiction resource must inform every person lodged that they have the right, in accordance with paragraph 1 of section 60 of the Act respecting health services and social services (chapter S-4.2) and the first paragraph of section 51 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2), to address a complaint directly to the integrated health and social services centre concerned with regard to the services that the person received or should have received from the operator of the resource.

The operator must post in a conspicuous place accessible to the persons lodged information about the exercise of the right, including the information that a complaint must be sent to the local service quality and complaints commissioner and the contact information of the commissioner.

59. The operator of an addiction resource must allow every person lodged to request the assistance of a representative or attendant in all the steps taken to express a dissatisfaction or a complaint concerning the services the person received or should have received and inform every person lodged of that right.

§2. File keeping and confidentiality of information

60. The operator of an addiction resource must keep a file for each person lodged containing, in particular,

- (1) the person's name, date of birth and contact information;
- (2) where applicable, the contact information of the person's representative and a description of the acts that the representative is authorized to perform for the person;
- (3) the contact information of a person who may be contacted in an emergency or, if the person is a minor, of a parent or tutor;
- (4) the service contract referred to in section 18 entered into with the person or the person's representative, where applicable;
- (5) where applicable, the written consent to services other than those already provided for in the contract entered into under section 18;

- (6) assessments conducted under section 19 and paragraph 1 of section 24;
- (7) the individualized intervention plan established under section 23;
- (8) the follow-up plan drawn up under section 24;
- (9) every incident and accident report made pursuant to the procedure referred to in the second paragraph of section 70, where applicable;
- (10) the consent obtained by the operator for each disclosure of personal information concerning the person;
- (11) a summary of the person's stay;
- (12) the list of all medication and dosage;
- (13) a description of the person's health problems that must be taken into account in the event of an emergency, including any allergies;
- (14) notes concerning the person's progress during the stay;
- (15) any information provided by a third person concerning the person; and
- (16) any other information or document that must be placed in the person's file pursuant to this Regulation.

The files of the persons lodged must be kept on the premises of the resource during the stay of the persons.

In addition, the information contained in the file of a person lodged must be kept up to date and the case workers must sign and date any note added to the file.

61. The operator of an addiction resource must protect the confidentiality of personal information the operator holds and give access to the information only in accordance with the Act respecting the protection of personal information in the private sector (chapter P-39.1).

The operator must also establish a file management procedure that includes measures to ensure confidentiality and to permit access by the persons lodged, in accordance with the Act.

In the procedure, the operator must, in particular, appoint a person responsible for the custody, consultation, conservation and management of files. The operator must, in addition, establish a procedure for the archiving and destruction of files of persons lodged that provides in particular for their conservation for a minimum of 5 years after the departure of a person lodged.

62. The operator of an addiction resource must keep a file for each staff member and keep the file up to date.

The file must be kept on the premises of the resource.

The file must contain any information or document to be kept in the file of the staff member under this Regulation. It must also contain a description of the qualifications of the staff member and tasks performed as well as the documents certifying training received to meet the requirements of this Regulation.

The first paragraph of section 61 applies, with the necessary modifications, to the file and to any personal information concerning staff members.

63. The operator of an addiction resource must keep on the premises of the resource the declarations and consents referred to in the first and second paragraphs of section 39, and the result of the verifications performed with respect to the declarations and the reasons for which the operator considers that there is no connection between the charge or conviction of an indictable or other offence in the person's regard and the abilities and conduct required for the duties the person will carry on in the resource, if applicable.

In addition, the documents referred to in the first paragraph must be kept for at least 3 years following the date of termination of duties of a person referred to in the first paragraph of section 38.

§3. *Health and safety of persons lodged*

64. The operator of an addiction resource must ensure the health and safety of persons lodged by offering and maintaining an environment complying with every law or regulation, including a municipal by-law, that apply to the operator or to the resource, in particular every standard on hygiene, sanitation, construction, building, food products and safety, including fire safety.

Where the operator offers services through subcontractors, the operator must ensure that the subcontractors comply with the applicable legislative and regulatory provisions.

In addition, the operator of an addiction resource must keep on the premises of the resource, for at least 3 years, the orders, remedial notices and other documents of the same type issued to the operator by any authority responsible for the application of every applicable legislative and regulatory provision, along with proof that the operator has complied with them by taking the appropriate

remedial action, where applicable. Where the documents or proofs concern the building, they must be kept for the life of the building.

65. The operator of an addiction resource must establish, with a fire prevention technician, an evacuation plan in case of fire. The plan must be kept up to date and must comply with the provisions of every applicable Act and regulation, including a municipal by-law, where applicable. It must also be adapted where the physical modifications made to the resource have an impact on the evacuation routes.

Every modification to the plan is made in cooperation with a fire prevention technician.

66. The operator of an addiction resource must establish and apply a maintenance plan for the resource's premises so as to maintain them in a state favouring the health and physical security of the persons lodged.

67. The operator of an addiction resource must establish and apply safety measures that take into account the type of clientele accommodated in the resource, the environment in which the services are provided and the schedule of program activities.

To implement the first paragraph, the operator of a resource belonging to the categories of resources offering assistance and support in recovering from an intoxication or resources offering assistance and support in disintoxication must establish and apply a monitoring plan that takes into account

(1) the work schedule of the staff members and volunteers that hold the certificates and diplomas referred to in sections 42 and 45 and of those who have successfully completed specific training concerning the assessment of the degree of severity of a person's withdrawal and the assessment of the risks of deterioration of the general health referred to in the first and third paragraphs of section 19;

(2) admission hours;

(3) the physical layout of the premises; and

(4) the monitoring tools and means at its disposal.

68. Every addiction resource must be equipped with mobile first-aid kits, in good condition, that are easily accessible to the staff members and volunteers. They must not contain any medication.

The content of the kits must be adapted to the number of persons lodged, in particular with respect to the quantity of elements included in the kits.

69. The operator of an addiction resource must establish a procedure for the management of biomedical waste.

The operator must also make the procedure known to staff members and ensure its application.

70. To prevent situations creating a risk, correct them and reduce their frequency, the operator of an addiction resource must implement a procedure for reporting known incidents and accidents that occur in the resource involving a person lodged. The operator must designate a person responsible for the procedure.

The procedure must contain at least

(1) the keeping of a log to record the names of witnesses, the time and place of the incident or accident, a description of the facts observed and the circumstances of such an incident or accident;

(2) the means used by the operator to prevent the occurrence of other incidents or accidents; and

(3) the obligation to disclose any accident to the person lodged or the person's representative, where applicable, and the rules to be followed for the disclosure.

For the purposes of this section,

(1) "accident" means an action or situation in which a risk is realized that has, or could have, consequences for the state of health or well-being of a person lodged, staff member, volunteer, professional or third person;

(2) "incident" means an action or situation that has no consequences for the state of health or well-being of a person lodged, staff member, volunteer, professional or third person but that has an unusual outcome and could, in other circumstances, have had consequences.

71. The operator of an addiction resource who provides meals to persons lodged must offer varied menus in keeping with Canada's Food Guide published by Health Canada.

The person responsible for meal preparation may not be a person lodged.

§4. Persons working in the resource

72. The operator of an addiction resource must ensure that each case worker has received all necessary information on the program or programs the operator offers.

The operator must also ensure that all staff members and volunteers know the rights of the persons lodged and the rules, codes, agreements, protocols and procedures applicable in the resource.

Every staff member and volunteer must certify in writing that the protocol for intervention in crisis and procedures in the event of a medical emergency established under section 33 were explained to them and, in the case of a staff member, the attestation must be added to the file held under section 62.

73. The operator of an addiction resource must prepare, for the directors, officers assigned to the management of the resource, staff members and volunteers, a code of ethics that sets out the rules concerning their practices and behaviours with respect to the persons lodged. They must undertake in writing to comply with the code. In the case of a staff member, the undertaking must be added to the file held under section 62.

The code of ethics must be adopted by the board of directors of the operator of the resource.

The operator must post the code of ethics in a conspicuous place accessible to the persons lodged. The operator must also ensure the code is complied with in the resource.

CHAPTER III RENEWAL, CESSATION OF ACTIVITIES AND TRANSFER

74. The operator of an addiction resource who wishes to renew his or her certificate of compliance must provide to the integrated health and social services centre concerned the documents and information provided for in section 8, except documents and information previously provided to the integrated health and social services centre if the operator attests that they are still complete and accurate. This exception does not apply to the declarations referred to in paragraphs 9 and 10 of that section.

The operator must also provide the integrated health and social services centre with any information it requires concerning compliance with the conditions set out in section 7 and complete the form for self-assessment of compliance with the conditions of the Act respecting health services and social services (chapter S-4.2) and of this Regulation provided by the integrated centre.

75. The operator of an addiction resource who wishes to cease activities, even with respect to only part of the resource, must give at least 15 days' prior notice of his or her intention to the integrated health and social services centre concerned.

The prior notice indicates the expected date of the cessation of activities of the resource, the contact information of the persons lodged and that of any of their representatives.

The directors of the operator of an addiction resource and the chief officer of the resource must ensure that the declaration is sent.

76. Every legal person that wishes to become a transferee of the rights conferred by a temporary certificate of compliance or a certificate of compliance must meet the conditions set out in section 7 and provide the documents and information provided for in section 8.

CHAPTER IV OFFENCES

77. A violation of sections 9 to 12, 14 to 19, 21 to 24, the second paragraph of section 27, sections 28 to 34, 41, the first paragraph of section 42, the first paragraph of sections 43 and 44, the first and third paragraphs of section 46, section 48, section 51, the first and third paragraphs of section 54, section 55, the first paragraph of section 56, sections 57 to 67, sections 69 and 70, the first paragraph of section 71, the first and second paragraphs of section 72, the first and third paragraphs of section 73 and sections 74, 75, 79 to 81 and 83 constitutes an offence.

The fact that the operator of an addiction resource did not ensure compliance with sections 13, 25, 26, the first paragraph of section 27, sections 35, 36, 38 to 40, the second paragraph of section 42, the second, third and fourth paragraphs of sections 43 and 44, section 45, the second paragraph of section 46, section 47, sections 49, 50, 52, 53, the second paragraph of section 54, the second paragraph of section 56, section 68, the second paragraph of section 71, the third paragraph of section 72 and the second paragraph of section 73 also constitutes an offence.

CHAPTER V MISCELLANEOUS, TRANSITIONAL AND FINAL

78. This Regulation replaces the Regulation respecting the certification of drug addiction or pathological gambling resources (chapter S-4.2, r. 1).

79. Until the coming into force of subparagraph 1 of the first paragraph of section 19 and paragraph 1 of section 24, the operator of an addiction resource must assess, in accordance with recognized practices, the suicide risk of each resident at the resident's arrival and departure.

80. The operator of an addiction resource has until (*insert the date that occurs 1 year after the date of coming into force of section 39*) to obtain from staff members and

volunteers who took up employment before (*insert the date of coming into force of section 39*) the declaration referred to in section 39 and have it verified in accordance with that section.

81. Every person who, on (*insert the date of coming into force of section 45 with respect to the operator of an addiction resource not referred to in paragraph 3 of section 84*), carries on duties in an addiction resource and holds a university-level diploma in sociology is deemed to meet the condition provided for in subparagraph 1 of the first paragraph of section 45.

In addition, until the coming into force of section 45 with respect to the operator of an addiction resource holding a certificate of compliance on (*insert the date of coming into force of section 45 with respect to the operator of an addiction resource referred to in paragraph 3 of section 84*) the rules provided for apply to such an operator, but the percentage of case workers present in the resource that must meet the conditions provided for therein is 50%.

82. The operator of an addiction resource holding a certificate of compliance on (*insert the date of coming into force of section 65*) is deemed to have established the evacuation plan in case of fire with a fire prevention technician.

83. The operator of an addiction resource who, on (*insert the date of coming into force of section 7*), does not hold a certificate of compliance must, not later than (*insert the date that occurs 1 month after the date of coming into force of section 7*), submit an application for a temporary certificate of compliance with the integrated health and social services centre concerned and obtain from that integrated centre such a certificate within 3 months following the submission of the application.

84. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*, except

(1) the second paragraph of section 25 relating to the obligation for a case worker to have completed specific training concerning assessment tools provided for in subparagraph 3 of the first paragraph of section 19 and in the second, fourth and fifth paragraphs of section 19, as well as section 48, the second paragraph of section 67 except the words “and the assessment of the risks of deterioration of the general health” in subparagraph 1, and section 70, which come into force 6 months after that date;

(2) subparagraphs 1 and 2 of the first paragraph of section 19 and paragraph 1 of section 24, which come into force 1 year after that date;

(3) the third paragraph of section 19, section 45 regarding the operator of an addiction resource holding a certificate of compliance on (*insert the date of coming into force of section 1*), and the words “and the assessment of the risks of deterioration of the general health” in subparagraph 1 of the second paragraph of section 67, which come into force 2 years after that date.

SCHEDULE I (section 42)

Organizations recognized for cardiopulmonary resuscitation and standard first aid are

— St. John Ambulance;

— Heart & Stroke Foundation of Québec;

— Canadian Red Cross;

— any other organization contractually linked with the Commission de la santé et de la sécurité du travail (CSST) to provide first aid training.

Those organizations are recognized for their training that allows the acquisition of the following skills:

(a) skills in cardiopulmonary resuscitation:

— assess properly vital functions;

— be familiar with techniques to unblock airways, apply artificial respiration and perform cardiac massage;

— be able to apply the techniques;

(b) skills in standard first aid:

— understand the role and responsibilities of a first aid provider with regard to the legislative and regulatory provisions in force;

— know how to take charge of an emergency situation;

— recognize urgent situations and intervene appropriately while waiting for emergency services, in particular in the following situations:

— allergic reactions;

— problems related to heat or cold, such as heatstroke and hypothermia;

— poisoning;

— hemorrhaging and shock, including the prevention of blood-borne contamination;

– muscular and skeletal injuries, including prevention during convulsions;

– eye injuries;

– open wounds of medical or accidental origin, including the application of sealed compression dressings;

– medical problems such as chest pain, hypoglycemia and epilepsy.

SCHEDULE II

(sections 43 to 45)

(a) College level

Diploma of college studies in

— Nursing;

— Special care counselling;

— Social service;

— Youth and adult correctional intervention;

(b) University level

Bachelor's degree, master's degree or doctorate in

— Special education;

— Criminology;

— Psycho-education;

— Psychology;

— Counselling;

— Social service or social work;

— Sexology;

— Nursing;

— Drug addiction.

Multidisciplinary bachelor's degree composed of 3 training fields in the fields listed in paragraph *b* of this Schedule.

SCHEDULE III (section 46)

(a) College level

Diploma of college studies in

— Nursing;

— Special care counselling;

— Social service;

— Youth and adult correctional intervention.

(b) University level

Bachelor's degree, master's degree or doctorate in

— Criminology;

— Psycho-education;

— Psychology;

— Social service or social work;

— Sexology;

— Nursing;

— Drug addiction.

102696

Gouvernement du Québec

O.C. 703-2016, 6 July 2016

Building Act
(chapter B-1.1)

Professional qualification of contractors and owner-builders — Amendment

Regulation to amend the Regulation respecting the professional qualification of contractors and owner-builders

WHEREAS, under section 84 and paragraphs 17, 19.7 and 38 of section 185 of the Building Act (chapter B-1.1), the Régie du bâtiment du Québec may, by regulation,