Health Canada Santé Canada

Assisted Human Reproduction Implementation Office

Consultation Background Paper
Licensing Under the *Assisted Human Reproduction Act*

Premises-Related and Organization-Related Requirements for the Undertaking of Controlled Activities

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Seeking Input Concerning Licensing
Under the *Assisted Human Reproduction Act*

Premises-Related and Organization-Related Requirements
for the Undertaking of Controlled Activities

1.0 Introduction

The *Assisted Human Reproduction Act* (Act) became law on March 29, 2004. The Act governs the area of assisted human reproduction (AHR) in Canada. The Act has three primary objectives: first, to prohibit unacceptable practices such as human cloning; second, to address the health and safety of Canadians who use AHR procedures to help them build their families; and third, to require that research involving the *in vitro* human embryo, which may help find treatments for infertility and certain diseases, takes place within a controlled environment.

The purpose of this paper is to seek comment on policy options being developed for two sets of regulations intended under the Act. The first set will establish requirements for owners or operators to obtain a premises[1] licence. Such a licence is required for owners or operators of an AHR facility to permit the use of their premises for the undertaking of controlled activities[2]. The second will establish requirements for oversight of operations within premises.

2.0 Premises licensing under the Act

The AHR Act provides a framework for a licensing system that will be administered by Assisted Human Reproduction Canada (AHRC or the Agency), established under

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[1]Premises means the location of a clinic or laboratory that specializes in the area of fertility medical treatment, including the lands and building. It often includes two components: a "clinic" where the patient undergoes examination and treatment undertaken by a medical practitioner; and an "AHR laboratory" where specialized procedures such as *in vitro* fertilization takes place. Another kind of AHR service is a "cryopreservation bank" which may be a stand-alone unit or incorporated as part of an AHR centre where tissue, gametes and *in vitro* embryos may be stored.

[2]"Controlled activities" means activities that may not be undertaken except in accordance with sections 10 to 12 of the Act.

subsection 21(1) of the Act. The framework aims to ensure that controlled activities (sections 10-12) are undertaken by qualified persons (subsection 40(1)), in appropriate environments (subsection 40(5)). Two kinds of licences are required under the Act: a licence to undertake a controlled activity; and a licence to permit the use of a premises for a controlled activity. The qualifications of persons and the specific requirements related to the conduct of controlled activities will be dealt with in other consultation documents. The administrative processes for licensing (e.g., applying, reviewing, issuing) will also be the subject of a separate consultation document.

Premises licences will be issued under 40(5) to owners or operators of any premises permitting the use of those premises for a controlled activity, in accordance with regulations that will be developed. These regulations would pertain to the physical features of the premises, such as the location, design and condition of the building. Section 13 requires that licensed persons must only undertake controlled activities in premises that are licensed for that purpose.

Consideration will be given to minimize premises requirements for section 12 activities as these activities are administrative in nature. Separate additional requirements are being considered for premises permitting the use of an *in vitro* embryo for the purposes of research (40. (2)) and for clinical trials (40. (3)). These issues will be the subject of future and separate consultation documents.

3.0 Operational oversight of AHR premises

Requirements for operational oversight within AHR premises will be specified under 65(1). They are separate from requirements pertaining to premises and would not be applicable for the purposes of obtaining a premises licence.

Operational oversight within AHR premises is considered integral to the safe and efficacious conduct of controlled activities. By providing systems and directions respecting operations of activities and uses of facilities and equipment, it addresses health and safety issues arising from organization-related issues and errors.

4.0 Health and safety issues

Scientific literature indicates that there are possible immediate, theoretical and long term risks associated with the use of assisted human reproductive technologies. These risks can impact on the patient, the child, their families, society and future generations.

Clinical and laboratory risks are discussed in several consultation papers being presented by the AHR Implementation Office.

Health Canada has identified four groups of negative outcomes that can arise from causes related to physical features and operational aspects of the premises. These outcomes, their causes and where in the continuum of AHR procedures they are likely to occur are provided in Appendix A. The severity of outcomes can vary from non-serious to serious adverse health effects[3]. Serious effects can result in a birth of a child with severe abnormalities, the death of a child or death of the mother. In summary, these negative outcomes are:

- the reduction of reproductive capacity or potential;
- harm to women as a result of infection;
- harm to the offspring due to infection; and
- harm to the offspring due to congenital malformations.

The contributing factors to these causes are identified in Appendix B. They are identified separately as premises-related and organization-related factors.

The reduction of reproductive capacity or potential[4] can be caused by the loss of gametes and embryos due to contamination, exposure of gametes or embryos to extreme environmental conditions, information errors, and from environmental factors that impact on operations. Contamination of gametes and embryos can occur at any point along the continuum of AHR procedures and from several sources, such as the surfaces of the premises, uses of equipment and individuals within premises. Some of the losses can be perceived to be inconsequential, as gametes and embryos could recover from these errors or there may be enough of them available to continue with the IVF cycle. When the sum of these losses require the necessity to repeat IVF or even another gamete retrieval cycle, the severity of the negative outcome increases and a loss of reproductive capacity may be imminent.

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[3]Specifically what can constitute adverse health effects, and the range of effects, must be consulted on with the AHR sector. Health Canada will be presenting this subject to the sector for consultation in the near future. As well, other papers by the AHR Implementation Office will identify in further detail these adverse health effects.

[4]The reduction in reproductive capacity or potential is illustrated in the case of reduction in the ability to obtain more gametes. This is pertinent to older individuals who have fewer reproductive material or to individuals from whom it is difficult to obtain more gametes, i.e., in cases of severe male infertility.

The reduction of reproductive capacity or potential can be caused by miscarriage, which is common in one quarter of all pregnancies[5]. Miscarriage can be increased by the selection and use of aneuploid embryos, which can arise from environmental factors, such as temperature fluctuations and other quality control errors[6] [7].

Harm to women due to infection can be caused by non-sterile conditions during the conduct of controlled activities and by the transfer of contaminated gametes or embryos. Associated adverse health effects may require medical intervention.

Harm to children conceived by AHR procedures as a result of infection can be caused by the selection and use of contaminated gametes or *in vitro* embryos and by the transfer of gametes or embryos into women with undetected infection. Congenital malformations can also result in harm to children. These can be caused by the selection and use of poor quality gametes or embryos, which can arise from quality control errors. Serious adverse health effects can require continuous medical intervention for the life of the child, e.g., physical and mental deficits in the offspring.

Many causes of negative outcomes can arise from both premises-related and organization-related contributing factors. For example, in the case of loss of gametes and embryos due to biological contamination or due to extreme environmental conditions, the physical features of the premises, condition of facilities and equipment used and aspects of the operations of activities could all contribute to these causes.

5.0 Policy instruments to mitigate premises-related and organization-related risks

Health Canada is considering the following mix of policy instruments to mitigate premises-related and organization-related negative outcomes:

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[5]BUPA. *Miscarriage*. Health information fact sheet. Retrieved from http://hcd2.bupa.co.uk/fact_sheets/html/miscarriage.html on October 24, 2006.

[6]See pages 158-162 of Mortimer D, Mortimer ST (2005). *Quality and Risk Management in the IVF Laboratory*. Cambridge, United Kingdom, Cambridge University Press.

[7]*Spontaneous Abortion*. The Merck Manuals: Online Medical Library for Healthcare Professionals. Retrieved from http://www.merck.com/mmpe/print/sec18/ch263/ch263l.html on November 2, 2006.

- regulatory requirements;
- terms and conditions attached to premises licences;
- sector guidelines; and
- quality assurance mechanisms.

These instruments are aimed at reducing the likelihood of contributing factors that can lead to negative outcomes. These factors, which are elaborated on in Appendix B, are grouped under six categories:

- identity of the licensee and premises;
- premises design;
- equipment and materials;
- information and records;
- personnel; and
- operations.

Rather than using only one instrument (e.g., guidelines) it is thought that an approach that combines the various instruments would yield the maximum reduction of risks at the most reasonable cost. This approach is appropriate for AHR premises, where the contributing factors are diverse and are best managed by different methods.

5.1 Regulatory requirements

Health Canada is considering an approach that would ensure optimum health and safety standards while imposing the least regulatory burden over licensees. Health and safety within AHR premises can be ensured by prescribing certain requirements that are sufficient to address premises-related and organization-related risks. Towards this goal, Health Canada has identified requirements from a review of national and international standards, guidelines and codes of practice. Health Canada is considering incorporating these requirements in regulations (see Appendix C).

Included in the requirements described in Appendix C are measures to ensure that the Agency has adequate oversight. These measures include inspections by the Agency upon the happening of specific events.

5.2 Terms and conditions

Terms and conditions are an instrument that allows the Agency to attach requirements specific to the individual applicant or licensee. Although particulars respecting terms and conditions would not be specified, criteria for their use or the range of requirements under certain criterion can be specified in regulations. In all cases, the use of terms and conditions is intended to ensure that the rights afforded by a licence to a licensee are exercised within the scope specified by the Agency and in step with appropriate levels of Agency verification. Terms and conditions could include requirements to be met at or within a specified time.

Terms and conditions to address premises-related and organization-related issues may include:

- controls during transitional periods when licensees are establishing their AHR premises (e.g., controls respecting physical features of the premises);
- reporting certain information to the Agency;
- controls resulting from amendments to premises licenses (e.g., to address changing the use of premises, adding new buildings, rooms, etc.); and
- controls for high risk situations.

An example of the use of terms and conditions in higher risk situations can be illustrated through the issuance of a licence for the conduct of an experimental procedure. The Agency may attach terms and conditions to the premises licence to require increased reporting so that Agency oversight can be ensured and is commensurate with the level of risks involved. Other additional controls may be required respecting physical features or organizational aspects of the premises.

5.3 Industry guidelines, standards and codes of practice

Health Canada is considering three uses of sector best practice guidelines, standards and codes of practice (hereafter referred to as guidelines). These three are:

- promotion of their use through the Agency's outreach activities;
- referencing appropriate sections in regulations; and
- if they are referenced in regulations, use by the Agency in its review of licence applications and in other licensing decisions.

A preliminary assessment of these guidelines, as a whole, has determined that many are more comprehensive than the regulatory requirements being considered by Health Canada, or that they contain some requirements beyond those needed to mitigate

premises-related or organization-related risks. Nonetheless, they can be of value for the purposes mentioned above. To consider referencing in regulations, Health Canada would need to perform a thorough assessment to determine the appropriateness of a section of a guideline in meeting the requirements being proposed.

Health Canada can recommend that the Agency promote the use of guidelines by the sector as outlined in subsection 25(1). Where guidelines or their relevant sections have been determined to facilitate the sector in meeting legislative and regulatory requirements, their high level of detail can be of value to both applicants undergoing the application process for a premises licence, as well as to licensees in the operations of their premises. Although these guidelines address best practices or stipulate requirements that are essential components to meet an award of accreditation, they can be used to guide or strengthen the development of policies and Standard Operating Procedures (SOPs), design of the physical features of the premises and implementation of quality control activities.

Relevant sections of these guidelines could be referenced in regulations where they are identified to meet the regulatory requirements. Some examples of documents that Health Canada is considering respecting the design of premises include:

- sections 5.1.1 to 5.2.3 of the CAN/CSA-Z900.1-03 standard on *Cells, Tissues and Organs for Transplantation and Assisted Reproduction: General Requirements*;
- sections 1.0 to 1.2 of the *Canadian Council on Health Services Accreditation (CCHSA) Program: Assisted Reproductive Technology Laboratory Services Standards*; and
- sections 3.1 to 3.2; 3.6; 3.9; and 3.10 of the Association of Clinical Embryologists' *Accreditation Standard and Guidelines for IVF Laboratories*

If guidelines or their appropriate sections are referenced in regulations, the Agency would then be able to take into consideration the use of these documents in its evaluation of applications for premises licences as well as in other licensing decisions, such as renewals and enforcement-related decisions.

5.4 Quality assurance

One option Health Canada is considering is the incorporation of requirements for quality assurance (QA) into the regulations (see Appendix C). Regulations might require licensees to develop and adopt QA systems and SOPs, as well as set out content of some SOPs, such as those for recall reporting.

A QA system would ensure high standards. It would require legislative and regulatory requirements to be met, as well as good practices within AHR premises, including good laboratory practices and good clinical practices. These practices are the part of quality assurance that ensures that procedures are consistently carried out and controlled in such a way to meet quality or safety requirements. Quality assurance is the sum of all activities required to meet the quality objective, which, in an AHR premises, is to ensure the safe and efficacious application of AHR procedures. It involves monitoring and evaluating all processes involved in this objective.

A QA system requires that premises define their processes and learn from them; thereby, facilitating their ability to mitigate risks, incorporate best practices and address future changes. This system requires operational oversight and SOPs for good clinical and laboratory practices, which include processes for adverse event and recall reporting. In requiring a QA system within AHR premises, Canadians could be reassured of high standards for the safe application of AHR procedures.

Health Canada is considering options that can assure that requirements proposed for quality assurance will be met. These options include requiring licensees to obtain certificates or awards of accreditation by recognized third-parties. Quality assurance is possible through recognition received as a result of assessments by these third-parties. This recognition could be considered by the Agency to be sufficient in meeting quality assurance requirements.

5.5 Conclusion

Health Canada is recommending a mix of policy instruments aimed at ensuring the safe and efficacious application of AHR procedures within premises. The combination of instruments being proposed include regulatory requirements, use of terms and conditions of a licence, use of sector guidelines and incorporation into regulations the requirements for quality assurance. These four instruments together provide a coordinated, proactive and responsive mechanism to ensure risk management and quality within AHR premises. Health Canada considers that with these instruments, AHR premises would be equipped to provide health and safety for women receiving AHR procedures and any children conceived from these procedures.

Appendix A

Premises-related and organization-related negative outcomes and their causes

Negative outcomes	Possible Causes	Occurrences
Reduction of reproductive capacity / potential	loss of gametes[1] or *in vitro* embryos due to contamination (chemical or microbiological)	during obtaining and storage of gametes, IVF[2], embryo culture, embryo storage, gamete transfer and embryo transfer
	loss of gametes or *in vitro* embryos due to extreme environmental conditions (e.g., temperature, pH, radiation, physical shock)	
	loss of gametes or *in vitro* embryos due to information errors (e.g., mislabeling, lost documentation, improper documentation)	
	loss of gametes or *in vitro* embryos due to environmental factors impacting on operations (e.g., overcrowding, equipment failure)	
	miscarriage due to aneuploid embryos resulting from environmental factors (e.g., temperature fluctuations, inadequate quality control[3] of reagents)	
Harm to women due to infection	non sterile conditions	during clinical procedures (i.e., oocyte retrieval, gamete transfer and embryo transfer)
	biologically contaminated gametes or embryos	during gamete transfer and embryo transfer

Negative outcomes	Possible Causes	Occurrences
Harm to the offspring due to infection	contaminated gametes or *in vitro* embryos	during obtaining and storage of gametes, IVF, embryo culture, embryo storage, gamete transfer and embryo transfer
	women with undetected infection	during gamete transfer and embryo transfer
Harm to the offspring due to congenital malformations	poor quality gametes or *in vitro* embryos due to quality control errors (e.g., inadequate quality control of media and reagents)	during obtaining and storage of gametes, IVF, embryo culture, embryo storage, gamete transfer and embryo transfer

1. Gonadal tissue contain mature and/or immature gametes. Gonadal tissue is meant to be included where gametes are mentioned under loss of reproductive potential / capacity and harm to women due to infection.

2. IVF include both traditional IVF and ICSI.

3. Inadequate quality control can lead to other causes; therefore, also causing other negative outcomes.

Appendix B

B.1 Contributing factors to one or more causes of the negative outcomes

The following contributing factors are common to AHR premises. Premises-related and organization-related contributing factors are identified separately. These factors create "error-producing conditions" or "latent failures," either separately or in combination. As such, they increase the likelihood of any or a combination of the causes of negative outcomes found in Appendix A. Mitigating or reducing the likelihood of these contributing factors requires the implementation of control measures, for which requirements are proposed in Appendix C.

B.2 Premises-related contributing factors

Identity of the licensee and premises

- inability to identify to where gametes or embryos were relocated
- inability to identify the owner or operator of the premises, if different from the licensee, and request adjustment to the building conditions (e.g., air quality)
- inability to identify the person responsible for the operations of the premises
- inability to identify the building(s) within which controlled activities are conducted
- unauthorized controlled activities being undertaken on the premises
- inadequate financial provisions to ensure the health and safety of gametes, embryos and women undergoing AHR procedures
- contractual requirements of the lease for the building or premises does not permit the enforcement of premises-related regulations

Design

- Overcrowded working or high traffic areas
- Inadequate or absent storage capacity
- Absence of security barriers between staff and visitor areas, resulting in unrestricted access to sensitive areas
- Laboratory surfaces are difficult to clean and sanitize
- Inadequate environmental conditions (e.g., poor air quality; fluctuations in temperature, high humidity), causing escalation of parameters beyond appropriate benchmarks

- Illogical separation of key laboratory activities
- Illogical placement of laboratory equipment or storage cabinets
- unreasonable restrictions in accessing premises by Agency officials for the purposes of enforcement and inspection

B.3 Organization-related contributing factors

Equipment and materials

- Equipment surfaces not suitable for cleaning and sanitizing
- Materials not suitable for protecting gametes or embryos from contamination
- Equipment failure resulting in destruction of gametes and embryos
- Insufficient spare equipment, (e.g., not having spare cryotanks available partially filled with liquid nitrogen; not having spare frozen embryo storage facilities)

Information and records

- Inability to identify problems and risks and take corrective actions, where appropriate
- No records of the location of the patient samples and destination of reports or results
- No records of the outcomes of each treatment cycle
- No records of the donor's unique identification number in the patient's file
- No records of validated test results nor records for the authorization for the release of reports
- No records to track activities in progress and completed and their performance with respect to parameters established in SOPs
- Absent or inadequate logs of equipment calibrations and routine quality control checks
- No records of clinical and analytical errors, including any unusual laboratory results
- No records of corrective actions taken when problems were identified
- Records do not support recall procedures
- Records do not support tracking of adverse events
- Transfer of an incorrectly labelled embryo and birth of a child with a different genetic parentage than intended
- Information systems are inappropriately managed resulting in loss of critical data or its release without appropriate approval

- Use of outdated documents or invalidated laboratory results or other critical information

Personnel

- Lack of adequate training to keep staff current
- Lack of adequate supervision
- Failure to correct performance problems as they occur
- Insufficient number of qualified staff available to manage the number of patient cycles at any one time

Operations

- Using inappropriate equipment for the purpose intended
- Using equipment without following manufacturer's instructions
- Lack of proper equipment monitoring and maintenance
- Lack of direction to staff on how to ensure a safe, clean and sanitary environment
- SOPs lack appropriate controls for ensuring aseptic conditions for gametes and embryos
- Staff are wearing inappropriate clothing and protections when handling critical materials or dangerous substances
- Conditions within the premises have high potential for introducing contaminants
- Inadequate or an absence of SOPs

Appendix C

C.1 Review of national and international guidelines, standards and codes of practice

Health Canada reviewed requirements of national and international guidelines, standards and codes of practice established by and for the AHR sector. These touch on various components of good laboratory practices (GLPs) and good clinical practices and the elements of quality assurance programs. GLPs include standard operating procedures, isolation of activities that require sterile techniques and monitoring the quality of services provided by outside sources. Some of the requirements reviewed are beyond the scope of the Act, such as those relating to occupational health and safety. Others are written in a level of specificity or make requirements that are beyond our objective to mitigate health and safety risks. For example, some have administrative and information requirements beyond that needed to meet an appropriate level of protection. The control measures proposed in the following table were derived from this review to address the health and safety issues identified.

C.2 Proposed control measures to mitigate premises-related and organization-related negative outcomes

Categories of Control Measures	Control measures
Premises-related: Identity of the Licensee and Premises	The holder of the premises license, or designated responsible person, shall have documentation on site to identify the: • contact information of the licensee • contact information of the owner or operator of the premises, if different from the licensee • identity of the premises (e.g., address; name(s) of building(s), etc.) • contractual requirements of the lease of the building or premises, when the licensee is not the owner of the premises • contact information and qualifications of the person responsible, e.g., medical director, to carry out organization-related requirements • contact information and qualifications of the quality assurance person available to the premises • sufficient financial information on the premises licences holder to satisfy Agency officials of the long-term stability of the premises • list of controlled activities (AHR procedures) being undertaken on the premises • volume of activity at peak periods The holder of the premises licence, or designated responsible person, shall ensure that: • the premises licence is visible to both staff and the public • holders of any controlled activities licences undertaking these activities on the premises are informed of any changes respecting the status or condition of the premises licence The licensee must notify the Agency within seven days from the date:

Categories of Control Measures	Control measures
	- a change is made respecting any of the information required - a person responsible has been named
Premises-related: Design	The holder of the premises licence, or designated responsible person, shall ensure that premises have: • adequate space for the volume and type of activities performed • adequate storage facilities • secure access to sensitive areas • surfaces that are easily washed and disinfected • logical location and separation of key activities • environmental conditions (e.g., temperature, humidity, air quality) that are safe for gametes and embryos • secure separate rooms for counselling and clinical activities, e.g., collection of patient specimens, if these services are provided • sufficient back up power supply to key laboratory equipment • access to the premises by Agency officials for the purposes of inspection and enforcement, in accordance with the AHR legislation and its regulations • features to ensure compliance with federal, provincial and local/municipal legislation If surgical AHR procedures are conducted, the location of the premises shall be close to obstetrics and gynaecology emergency services.
Organization-related:	The holder of the premises licence, or designated responsible person, shall ensure the following for the equipment and materials used:

Categories of Control Measures	Control measures
Equipment and Materials	• appropriate for the purpose intended, volume and type of procedures performed • protect gametes and embryos from contamination as much as practicable, e.g., do not react with or absorb reagents or tissues with which they come into contact • easy to clean and disinfect • sufficient spare equipment on hand • regularly monitored, maintained and calibrated at intervals appropriate to the type of equipment, volume of work and purpose intended • re-calibrated after every repair or service The licensee, or designated responsible person, must notify the Agency prior to the initial acceptance of patients, gametes or embryos.
Organization-related: Sanitation Programme	The holder of the premises licence, or designated responsible person, shall implement a sanitation programme that sets out: • procedures for handling substances and specimens under sterile and sanitary conditions • procedures for maintaining a safe, clean and sanitary environment • procedures for responding to emergencies • requirements for health, hygienic behaviour and clothing of personnel (e.g., hand washing) The Agency may inspect the sanitation programme within 30 days after the licensee's initial acceptance of patients, gametes or embryos.
Organization-related:	The holder of the premises licence, or designated responsible person, shall ensure that personnel: • are sufficient in number and of appropriate education, training and experience for the volume and

Categories of Control Measures	Control measures
Personnel	type of activities conducted • receive initial orientation and on-going training and evaluation of competencies • have sufficient and appropriate resources to carry out activities, including supervision capacity The Agency may inspect the management of personnel within 30 days after the licensee's initial acceptance of patients, gametes or embryos.
Organization-related: SOPs	The holder of the premises licence, or designated responsible person, shall ensure that standard operating procedures meet the following requirements: • be available where controlled activities are undertaken / conducted • be consistent with federal, provincial, and local/municipal legislation • be in a standardized format • be approved by the medical director, or designate • be kept up-to-date • after any changes, be approved by the medical director, or designate, before being implemented • be reviewed annually and revised, if appropriate, by the medical director, or designate, and again after any amendments to regulatory requirements or after a report of an investigation of any adverse events revealing a deficiency in procedures The SOPs manual shall contain: • all policies, directives and instructions for the operations of the premises • manufacturer's instructions or recommendations for equipment and materials • all maintenance manuals

Categories of Control Measures	Control measures
	• all SOPs required • documentation demonstrating implementation of procedures The Agency may inspect the SOPs manual within 30 days after the licensee's initial acceptance of patients, gametes or embryos.
Organization-related: Quality Assurance (QA) System	The holder of the premises license, or designated responsible person, shall have an available and qualified quality assurance person to: • design internal quality control systems for all operations, including adverse event and recall reporting • ensure the quality of the premises, equipment, procedures and personnel • ensure the use of processes towards the verification of safety and quality of all gametes and embryos, equipment and procedures prior to their use • ensure all adverse events are investigated, reported and corrective actions are taken to address events • perform annual internal audits (the quality assurance person should not have any responsibility for the conduct of activities being audited). The use of a recognized QA organization could meet this requirement. The Agency may inspect the QA system within one year after the licensee's initial acceptance of patients, gametes or embryos.
Organization-related:	The holder of the premises licence, or designated responsible person, shall have a records management system that:

Categories of Control Measures	Control measures
Records Management	• has easily retrievable records and permits an audit to be made • has procedures for accessing, altering, validating, storing and disposal of records • uses the donors' or patients' unique identification code as an integral component of its records system • permits the tracking of health information of donors or patients and the linking of this information to children conceived from AHR • gives provisions for records maintenance in the event the premises ceases operation or engages in a merger • maintains records in a manner that protects the integrity of the information, ensures patients' confidentiality and privacy and respects any legislative and regulatory requirements The Agency may inspect the records management system within 30 days after the licensee's initial acceptance of patients, gametes or embryos.
Organization-related: Adverse Event Reporting	The holder of the premises licence, or designated responsible person, shall ensure SOPs on adverse event reporting are on-site and which permit: • identification of problems and documentation of the event • identification of risks and appropriate corrective actions • identifying and quarantining if necessary the gametes or embryos • identification of impacted individuals or premises (e.g., outside service provider, physician, donor or patient) • notifying all recipients or premises to which the gametes or embryos have been distributed • notifying all recipients or premises from which the gametes or embryos were received • initiating an investigation into the adverse reaction

Categories of Control Measures	Control measures
	In notifying recipients and premises, the holder of the premises licence, or designated responsible person, shall provide the following information: • a description of the adverse event • the donor or patient identification code of the gamete or embryo • the name of any suspected transmissible disease or disease agent or a description of how the integrity of the implicated gamete or embryo may have been compromised; and • a statement that the gamete or embryo will be quarantined immediately until an investigation is completed The holder of the premises licence, or designated responsible person, shall: • provide a written notice within 24 hours after giving a verbal notice to recipients and premises • notify regulatory authorities if the adverse reaction is serious in nature (e.g., transmission of an infectious disease) • provide a final notice to recipients and premises once the investigation is completed on the outcome of the investigation (e.g., positive or negative contamination or comprised gametes or embryos) In the case of any adverse event, the holder of the premises licence, or designated responsible person, shall conduct an investigation and prepare a case report, which shall include: • the identification of the problem(s) and/or adverse trends • corrective actions taken • documentation of whether corrective actions resolved the problems • final disposition of gametes or embryos implicated

Categories of Control Measures	Control measures
	The Agency may inspect the management of the adverse event reporting and related SOPs within 30 days after the licensee's initial acceptance of patients, gametes or embryos.
Organization-related: Recall Reporting	A corrective action that AHR premises can undertake is the recall of any gametes or embryos. The Agency may request a recall for cause. In either case, the holder of the premises licence, or designated responsible person, shall provide the following information to the Agency in the event a recall is conducted: • the identification of all recipients and premises to whom the gametes and embryos were distributed • the identification of all recipients and premises from whom the gametes and embryos were received • the identification of the source premises from where the gametes or embryos were obtained • the location of the premises where the gametes or embryos are stored • the reasons for commencing the recall, if voluntary • the quantity of gametes or embryos implicated that were obtained within Canada or imported into Canada • the quantity of gametes or embryos that were transported to other premises in Canada The holder of the premises licence, or designated responsible person, shall ensure that SOPs for recall reporting are on-site and which permit or provide: • tracing the identity of each donor or patient's specimen to the use of his/her gametes or embryos • handling returned material and embryos • steps to be taken to quarantine recalled gametes or embryos that have not been used or handled • all communications and correspondence to be conducted (e.g., to recipients, premises and Agency) • final disposition of gametes and embryos

Categories of Control Measures	Control measures
	• packing and shipping instructions for consignees, if applicable The Agency may inspect the management of the recall reporting and related SOPs within 30 days after the licensee's initial acceptance of patients, gametes or embryos.

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