

# OVERDOSE PREVENTION & RESPONSE IN WASHROOMS: RECOMMENDATIONS FOR SERVICE PROVIDERS

### PURPOSE

To give guidance for service providers to develop safer washroom policies & protocols with a focus on overdose prevention. This checklist helps determine the **level of effort & cost per intervention**.

#### BACKGROUND

Many agencies do not condone substance use in their washrooms. However, washrooms are frequently used for substance consumption, often by injection. Some of the reasons people use these spaces are cited by <u>Canadian Institute</u> <u>for Substance Use Research "Every Washroom: De facto consumption sites" (2016</u>)": safety, privacy, access or availability. The perceived sense of safety however is often unfounded; if an agency does not have predictable washroom checks when the washroom is in use, a client who has overdosed in a washroom might not be found until the next time someone enters. Winnipeg, Manitoba has the first <u>published evaluation</u> on Safer Washrooms which can help explain many of the interventions described in these recommendations.

#### PHYSICAL SPACE

There are two uniquely different types of washrooms to consider:

1) Single use - Designed for a single occupant

Advantages:

- Offers privacy allows for people to take care of personal & medical needs
- More space for emergency responders
- More space for someone to be accompanied in toilet if assistance is needed

Disadvantages:

- Specifically, for people who are using substances or have another medical emergency, using alone can prove fatal when an incident occurs & there is no one there to respond
- Often one &/or both sides is only 18 inches from wall which is a dangerous gap between wall & toilet to fall & get stuck in
- Multi-stall Designed for multiple occupants. Rows of toilets are separated by partitions that may have shorter walls & gaps at the bottom

Advantages:

• They accommodate a larger number of people. A higher rate of use can prove beneficial for noticing an emergency

**Disadvantages:** 

- Lack of privacy
- Distance between stall wall & toilet on either side is 18 inches, which is a dangerous gap between wall & toilet to fall & get stuck in

### **CURRENT WASHROOM OPERATIONS**

There are many ways to run safer washroom services. Housing, clinic, drop-in, shelter & clinic settings will have uniquely different staffing abilities to manage washrooms. For example, clinic settings might have more staffing in an area proximate to a washroom. Housing settings will likely have less staff & limited ability to monitor communal or 24-hour washrooms. Below are some ideas to create a safety action plan for your agency.



## SAFER WASHROOM PROTOCOL SUGGESTIONS

Even though a service setting may not allow substance use on site, having a protocol will help with both worker & client safety.

Staff will play a key role in educating clients about the agency services, & should also consider visible signage. Announcing that, 'substance use is not allowed in the washroom,' may be part of an agency's internal policy; however, this can deter people from using the washroom space & using somewhere even more isolated & dangerous. Consider including other safety messages in the agency protocol:

- **Exact timing** of washroom checks
- □ Maximum allowed time in the washroom
- □ **Open hours** of the washroom
- □ **Nearest** Overdose Prevention Sites (OPS) &/or Supervised Consumption Sites (SCS)
- □ **Information** about the nearest public washroom
- □ Information that explains the benefits of using an OPS/SCS
- □ **Information** on treatment services (consider posting near biohazard container)
- Dest-overdose intervention duties (e.g., restocking supplies, supervisor notification, staff care plan & roles)
- A guide to promote staff resiliency & prevent distress after an overdose reversal

**Client input** for your agency's washroom services: If plans are created without the input of the clients, the service setting will likely not meet the needs of the clients. A variety of options can be used in combination such as:

□ Have accessible venues to solicit client feedback. A variety of options can be used in combination e.g., regular client meetings; annual anonymous surveys &; suggestion/complaint box

□ Have paid client positions to work on your agency's washroom safety program

□ **Request that clients** put needles (& other biohazard items) in the biohazard container (if provided) & not leave them in the garbage, toilet or any other place that could put staff at risk of a needle stick injury, or clog toilets

Debrief with staff & clients following an overdose. Is leadership aware of the <u>PHSA Mobile Response Team</u> resource?

□ Address stigma – Is stigma around substance use preventing clients from accessing the washrooms? Are there uniform safety practices for all people who use the washroom (e.g., shelf for belongings, biohazard containers, sufficient lighting)?



# Washroom Safety action plan checklist & overdose prevention

| Minimal Effort/Cost                        | Moderate Effort/Cost   | Maximum Effort &/or Cost<br>(can have high impact)           |
|--|--|--|
|  |  |  |
| Ensure all staff have                      | □ Install washroom/stall external facing washroom  | □Space between wall &  |
| access to key, fob &/or device to open all | doors that swing outward. However, this may create   | toilet—Can clients get stuck if                              |
| washroom locks. Note:                      | other safety issues for people outside the washroom<br>door. Each site is unique so assess accordingly | they fall? What can be done                                  |
| type of washroom door &                    |  | to prevent this?   |
| it's emergency procedure                   | □Ensure door can be unlocked from outside  | Timer locking mechanism                                      |
| of access – may vary across                | <b>Door length</b> – Consider a space from floor to bottom   | - Begins once a button is                                    |
| the building                               | of stall door (1 ft recommend) so others can tell if the   | pushed or automatically when the door locks. A               |
| <b>Have clients involved</b> in            | washroom is occupied or someone has fallen. Do not   | countdown timer should be                                    |
| planning of these services                 | compromise client privacy with door length or height   | displayed for both staff,                                    |
| (see above Client Input)                   | □Lighting – Ensure that there is even lighting & that  | outside the washroom, & for                                  |
| Develop agency protocol                    | stalls are well lit. As well, <u>blue lighting is strongly</u>   | the client in the washroom to                                |
| for washroom overdose                      | discouraged owing to the potential harms   | show when the time has                                       |
| prevention (see above)                     | First Aid training   | expired  |
| Provide overdose                           | □Providing ongoing/refresher train-the-trainer   | □Intercom –This feature can                                  |
| prevention, recognition &                  | support for new & casual staff   | be used to check on clients                                  |
| response training                          | □ <b>Manual timer</b> – Begins when staff sees a client enter  | after the washroom time has                                  |
| <b>Display signage</b> for safer           | the washroom or gives client a key & they set a manual   | expired, in order to minimize                                |
| spaces (see above). Signs in               | timer (e.g., a cell phone or egg timer)  | staff time for getting up &                                  |
| washrooms are exposed to                   | □ <b>Shelf/table</b> – Provide a flat space in the washroom  | knocking on the door   |
| moisture & vandalism;                      | stall for people to place personal belongings & for  | <b>Hire clients</b> to work in a                             |
| consider using an acrylic                  | medical needs preparation  | washroom safety & harm                                       |
| wall mounted cover                         | <b>Chair somewhere in washroom</b> (best in single-use   | reduction role   |
| □Provide overdose                          | washrooms where door opens outward & if the  | □ Motion detector - Frosted                                  |
| recognition & response                     | shelf/table is outside of the washroom stall <b>*this</b>  | glass on outer door & timed                                  |
| drills with staff                          | prevents falls* for someone who could be standing &  | lighting. Some agencies have                                 |
| □Provide emergency                         | medicating   | timed lighting so that if client stops moving the light will |
| naloxone on site –                         | □Secure, tamper resistant biohazard containers –   | turn off. It is then up to staff                             |
| Accessible to staff &                      | Sharps disposed of anywhere other than a biohazard   | to notice that the light is off                              |
| clients/guests                             | container can pose risk to others for needle stick injury.   | (through the frosted glass),                                 |
| □ Offer harm reduction                     | When a biohazard container is provided (especially in  | the door is locked & then                                    |
| training                                   | the stall), agencies might find their toilets are less   | check on client. The motion                                  |
| Offer anti-stigma                          | clogged with substance use supplies. Tamper proof<br>bins prevent access to previously used sharps     | detector could also be set to                                |
| training                                   |  | an alarm   |
| □dentify areas where                       | <b>Provide disinfectant wipes in washroom</b> so people  | □Emergency call bell –                                       |
| sharps get hidden (e.g.,                   | can clean surfaces on their own  | Ideally this bell is attached to                             |
| ceiling tiles, toilet cisterns,            | □Consider wall mounted emergency naloxone box  | a string & is not placed in an                               |
| garbage, lighting) &                       | □Provide washroom users & staff with intercom-   | area where clients can trigger                               |
| address those                              | system (baby monitor or walkie-talkie)   | it accidentally. String will help people on the ground       |
|  |  | people on the ground   |