

OVERDOSE PREVENTION & RESPONSE IN WASHROOMS: RECOMMENDATIONS FOR SERVICE PROVIDERS

PURPOSE

To give guidance for service providers to develop safer washroom policies and protocols with a focus on overdose prevention.

BACKGROUND

Most agencies do not condone drug use in their washrooms. However, washrooms are frequently used for drug consumption, often by injection. Some of the reasons people use these spaces are cited by [Canadian Institute for Substance Use Research in Every Washroom \(2016\)](#): 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.

PHYSICAL SPACE

There are two uniquely different types of washrooms to consider:

1) **Single use** - Designed for single occupant use for toileting

Advantages:

- They offer privacy. Privacy allows for people to take care of personal and medical needs

Disadvantages:

- Specifically for people who are using drugs, using alone can prove fatal when an overdose occurs and there is no one there to respond

2) **Multi-stall** - Designed for multi-use toileting. Rows of toilets are separated by partitions that may have shorter walls and 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

CURRENT WASHROOM OPERATIONS

There are many ways to run safer washroom services. Housing, clinic, drop-in, shelter and 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 and limited ability to monitor communal or 24-hour washrooms. Below are some questions to start asking as it relates to your agency's current practices:

- What type of washrooms are at your facility?
- Does staff know when the washroom is being used and for how long?
- Do clients have 24-hour washroom access? If yes, how is this monitored?
- How does staff know if there is a medical emergency in the washroom? e.g. Are there emergency call bells in the stalls?
- Is there a client key for the washroom or is the door unlocked at all times? A key is a solution for preventing people from using a washroom without staff's knowledge however; it can also be interpreted as 'degrading' and 'paternalistic.'
- Does your agency provide sharps containers in each washroom stall?
- Does your agency have tiled ceiling where sharps can be hidden? Are sharps found in other areas of the washroom (e.g. toilets and garbage)?
- Are your washroom stalls well lit?
- Are all washroom doors keyed to a master key? Do all staff have access to the master key for emergency purposes?

*All underlined text is connected to a hyperlink

- Do clients have a time limit? If yes, how is this monitored?
- Does the agency have naloxone on site?
- Does your agency allow trained staff/clients to administer naloxone to clients/guests in the event of an overdose? Is there a protocol describing this intervention? Are staff trained yearly? Are there practice drills?

SAFER WASHROOM FEATURES

Even though a service setting may not allow drug use on site, providing various different amenities in washrooms will help with both worker safety and client safety.

Doors

Stall doors or external facing washroom doors that swing outward – This design can be critical in the instance that a client falls in a small space. If the doors swing outward, there will be one less barrier for staff/emergency personnel accessing the person in distress. Remember to get help if the unresponsive client is stuck in a stall and is difficult to move. This client will always need to be pulled out of a stall to safely and properly assess them.

- An outward swinging door may create other safety issues for people standing outside the washroom. Each site is unique so assess accordingly.

Timer system – Manual or automatic motion timers. The time is set to an amount determined by that agency (e.g. 5 minutes) and everyone that uses this washroom is given the same amount of time for use (e.g. max 15 minutes). Staff will check on the client in the washroom if the time has expired. See example from [the Corner Project](#) in the Washington Heights neighborhood of New York City.

- 1) **Manual** – Begins when staff sees a client enter the washroom and then they remember to set a manual timer.
- 2) **Lock** - Begins once a button is pushed by the client using the washroom which causes the door to lock. A countdown timer could be displayed for both staff, outside the washroom, and for the client in the washroom to display when the time has expired.
- 3) **Motion** - Frosted glass on outside door and timed lighting – Some agencies have a timed lighting system so that if client stops moving the light will turn off. It is then up to staff to notice that the light is off (through the frosted glass window), notice that the door is locked and then check on the client in the washroom. The motion detector could also be set to an alarm.

Door length – Consider having a shorter door on stalls in order to see if the stall is occupied or someone has fallen. It is important to not compromise client privacy with door length.

Lighting – Ensure that there is even lighting and that the stalls are well lit. As well, [blue lighting is strongly discouraged owing to the potential harms caused by this intervention.](#)

Shelf or table – Provide a flat space in the washroom stall for all people to place personal belongings.

Emergency call bell – Ideally this bell is attached to a string and is not placed in an area where clients can trigger it accidentally. The string will ensure that people who have fallen on the ground will be able to reach the string without having to stand.

Secure, tamper resistant sharps containers – Sharps disposed of anywhere other than a sharps container can pose risk to others for getting a needle stick injury. In addition, when a sharps container is provided, agencies might find that their toilets are less clogged with injection supplies, which will decrease frequency of out-of-order toilets and flooding.

Emergency naloxone

- 1) **Facility Overdose Response Box Program (FORB)** –This is the BCCDC program that provides a naloxone supply for staff, in social service settings, to use when responding to overdoses on site. To become a FORB site go to the [Toward the Heart website.](#)
- 2) **Alarmed wall mounted box in washroom**- This unlocked storage box will provide easy access to naloxone for anyone responding to an overdose and the alarm will serve as an indicator an overdose has occurred.

Intercom – Some agencies have an intercom system to check on clients after the washroom time has expired, in order to minimize staff time for getting up and knocking on the door.

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Signage

Staff will play a key role in educating clients about the agency services, but also consider visible signage. Announcing that, 'drug use is not allowed in the washroom,' may be part of an agency's internal policy; however, this can deter people from using this space and using somewhere even more isolated and dangerous. Consider including other messaging as well e.g.:

- The exact timing of washroom checks
- The maximum allowed time in the washroom
- Invite clients to help keep toilets functioning e.g., only put toilet paper in toilet
- Request that clients put needles in the sharps container (if provided) and not leave them in the garbage
- The open hours of the washroom
- Information about the nearest Overdose Prevention Sites (OPS) and/or Supervised Consumption Sites (SCS)
- Information about the nearest public washroom
- A sign that explains why using the nearest OPS/SCS is better than drug use in the washroom

-Signs in washrooms are exposed to moisture. Consider using a clear plastic sleeve for protection.

OVERDOSE PREVENTION, RECOGNITION & RESPONSE: FIRST AID & HARM REDUCTION TRAINING

Below is a range of trainings for staff:

- OVERDOSE prevention, recognition & response training** - Training resources include the British Columbia Centre for Disease Control (BCCDC) [online training](#) & [Training Manual](#); St. Paul's [Web app training](#). Contact the local health authority for in-person training support. This is recommended for unregulated care providers working where OVERDOSE risk is high.
- First Aid Training** – Does it include responding to overdoses? Depending on Emergency Services response times, higher levels of intervention may be required of front line staff, which could include Cardio Pulmonary Resuscitation (CPR).
- Harm Reduction Training** - Knowledge of harm reduction practices is fundamental for staff who work with people who use substances. Harm reduction addresses: safer use of drugs & alcohol; appropriate use of harm reduction equipment; access to health care; personal & cultural safety practices; and mechanisms for dealing with critical incidents. Contact the local health authority for training opportunities. Access the online [Harm Reduction Training module](#) from Learning Hub.

OVERDOSE PREVENTION

- Addressing stigma** – Is stigma around substance use preventing clients from accessing the washrooms? Are there uniform practices for all people who use the washroom? Consider having clients with lived experience using substances informing or working in your agencies washroom services.

CLIENT INVOLVEMENT

The clients who use the services of your agency are the best resource for informing policies that are designed to serve them/keep them safe. Does your agency:

- Have clients involved in the planning of services for them?** If plans are created without the input of the clientele, the service setting could mistake the actual needs that they are trying to address.
- Have accessible venues to solicit meaningful client feedback?** A variety of options can be used in combination such as:
 - Regular client meetings
 - Annual anonymous surveys
 - Suggestion/complaint box
- Have paid client positions** hired to work in your agency's washroom safety program?

POST OVERDOSE INCIDENT FOLLOW-UP

Does your agency:

- Debrief with staff & clients** following an overdose? Is leadership aware of the [PHSA Mobile Response Team](#) resource?
- Post-overdose intervention duties** (e.g. restocking supplies, supervisor notification, staff care plan and roles)?
- Have a [guide to promote staff resiliency & prevent distress after an overdose reversal](#)?**
- Fill out the [FORB Naloxone Administration Form](#)** following the administration of naloxone in the event of an overdose?
- Consult clients** about ways to improve?

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