**Note: This document can be used as a guide to develop a safer bathroom policy and protocol. Where necessary, we included options of terms to use in brackets. Please tailor the terminology to your organization and feel free to use, adapt, and share this document****.**

**1. Purpose**

The purpose of this policy/protocol is to promote the safety of and reduce overdose risk among [patients/customers/residents/clients/visitors] using bathrooms [in/on/at name of the location].

**2. Scope**

This policy/protocol applies to all staff working [in/on/at name of the location] and has implications for all [patients/customers/residents/clients/visitors].

**3. Background**

When people who use substances are unable to access supervised consumption or overdose prevention sites, bathrooms can provide a private space that feels safe. Even if supervised consumption or overdose prevention sites are available some people will continue to use substances in bathrooms for several reasons (e.g., privacy, fear of others knowing they use). However, there can be serious risks to using substances in bathrooms, including overdosing alone and potentially not receiving lifesaving help in time.

Restricting access to bathrooms or implementing measures to discourage substance use in bathrooms does not work. Doing so increases risks for people who use substances, staff, and other people at risk of injury due to unsafe bathroom lighting, layout, and so forth.

There are ways of making bathrooms safer for people who use substances. Implementing a safer bathroom policy/protocol promotes greater safety for all bathroom users, including staff. This document outlines principles, standards, and procedures for increasing bathroom safety.

**4. Guiding principles**

Bathroom safety is not limited to the immediate environment. It includes other aspects such as accessibility and inclusivity. The following guiding principles should inform policies, practices, and measures to promote bathroom safety for people who use substances and others.

**Principle 1. HARM REDUCTION**

Harm reduction seeks to reduce the harms associated with substance use and the context in which people use substances. Harm reduction takes as a starting point that people who use substances need access to bathrooms and they may use substances in bathrooms for several reasons, including the desire for a greater sense of safety. It also recognizes the risks of using alone in a bathroom and the accompanying need to reduce those risks through changes in policies, procedures, and practices.

**Principle 2. ACCESSIBILITY AND INCLUSIVITY**

Accessibility is not limited to the physical environment – that is, the ability to access a bathroom based on its design (e.g., ability to access the bathroom using a wheelchair) and features (e.g., door handle). It also includes the removal of potential barriers to the space itself, including who can access it, under what circumstances, and based on what criteria. Fully accessible bathrooms must be gender-neutral and inclusive by design.

**Principle 3. MEANINGFUL COMMUNITY ENGAGEMENT**

Meaningful engagement refers to the non-tokenistic and person-centered process of involving people most affected by decisions, services, policies, and practices. It recognizes that people with first-hand experiences of using substances in bathrooms should be involved in the process of making bathrooms safer. Meaningful community engagement is essential to meet the needs of the community *and* increase safety.

**5. Standards**

1. **Bathroom design**

Many bathrooms are unsafe by design. In other words, the bathroom layout can increase risks and create barriers to intervening if a person needs immediate assistance. Consult the [**Safer Bathroom Design Factsheet**](http://www.saferbathrooms.ca) when making plans for new bathrooms or when renovating/upgrading existing bathrooms.

A note about bathroom lighting: Good lighting plays a vital role in bathroom safety.

* Do not use blue lights. They pose significant risks to the safety of people who use substances as well as people who have a visual impairment, people at risk of falls, people who take medications, and people who may need to assess the integrity of their skin after a potential burn or injury. Safe lighting is also essential to ensure proper sanitization of bathrooms. The [BCCDC](http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/BCCDC_Blue_Lights_%20Position%20Statement.pdf) and [Fraser Health](https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Topics/Mental-Health-Substance-Use/Harm-reduction/201902_Fact_Sheet_Blue_Lights_in_Publicly_Accessible_Washrooms.pdf) have issued clear guidance *against* blue lights in bathrooms.
* Do not dim the lighting. This increases the chance of injury for *all* bathroom users.
1. **Bathroom safety assessment**

Complete a [**Bathroom Safety Assessment Walkthrough Checklist**](http://www.saferbathrooms.ca)for every existing bathroom (including bathroom used by staff only). Identify issues to be resolved in each bathroom and make a plan with clear deadlines. Immediately close any bathroom that does not allow staff to reach an occupant easily in the event of an emergency and implement a plan to meet the needs of bathroom users.

1. **Protocol**

Develop a standard bathroom protocol with the involvement of staff and bathroom users. Once implemented, review regularly to ensure that practices continue to meet outlined principles and standards. The next section of this document outlines key components of a standard bathroom protocol.

1. **Signage**

Display signage to communicate your protocol, safety features, and nearby resources (e.g., supervised consumption or overdose prevention sites). Signs should be simple to understand, inclusive, accessible, and printed on waterproof material or displayed in a plastic sleeve. Feel free to use and adapt these available [**Bathroom Signs**](http://www.saferbathrooms.ca).

1. **Training**

Train all staff to respond to overdoses and provide first aid (including CPR). Provide refresher training every year and use available [**Mock Overdose Response Scenarios**](http://www.saferbathrooms.ca)to practiceevery month. Train staff to implement existing bathroom safety protocol. Upon hiring, train all staff on how to use an anti-stigma, trauma-informed, culturally safe, trans and gender inclusive, and harm reduction approach. Example of training available to frontline providers: [Resisting Stigma on Substance Use and the Downtown Eastside](https://learninghub.phsa.ca/Courses/25853/resisting-stigma-on-substance-use-and-the-downtown-eastside).

1. **Debriefing**

Debrief with staff after they provide respond to an overdose and/or first aid (including CPR). Identify a meaningful way to debrief with bathroom users.

A note about debriefing for frontline workers: The [Provincial Overdose Mobile Response Team](http://www.phsa.ca/our-services/programs-services/health-emergency-management-bc/provincial-overdose-mobile-response-team) (MRT) can assist with debriefing and support. *The Provincial Overdose Mobile Response Team (MRT) was created with support from the BC Ministry of Health and BC Ministry of Mental Health and Addictions in recognition of the psychosocial impact of the overdose public health emergency on first responders, frontline workers, and people with lived/living experience/peers. The team offers psychosocial support, education, and consultation to organizations and agencies working within British Columbia’s overdose public health emergency. This includes people impacted by critical incidents such as overdoses and/or overdose deaths during their work.*

**6. Key components of a safer bathroom protocol**

1. **Communicating with bathroom users**

Communicate essential information to all bathroom users. This information should also appear on [**Bathroom Signs**](http://www.saferbathrooms.ca) posted in designated areas outside and inside the bathroom. Develop a standard script to ensure consistency across staff, including basic information on flow, safety checks and features, door locking mechanism, and the circumstances staff may enter the bathroom.

1. **Managing bathroom access and flow**

Do not deny access to bathrooms. This does not improve safety. Instead, adopt clear parameters for bathroom use. Outline procedures for managing access and flow in the safer bathroom protocol. For example, communicating a time limit after which staff will check on the bathroom user is a valuable way of improving safety and preventing situations in which a person who needs assistance goes unnoticed. Clarify the procedure for allotting more time (if required/requested) to ensure safety.

A note about timers: If the door locking mechanism is connected to a timer, communicate this to the bathroom user and include this information in the safer bathroom protocol. Having a countdown clock on the inside of the bathroom to prevent bathroom users from being surprised by a bathroom check is ideal. Alternatively, a manual timer, such as an egg timer, can be a low-budget option to monitor the bathroom time limit and ensure compliance with safety check protocols. Outline the procedure for using these safety features in the safer bathroom protocol.

1. **Bathroom safety checks**

Outline the procedure for staff to conduct bathroom safety checks in the safer bathroom protocol. Communicate this procedure to bathroom users verbally and using [**Bathroom Signs**](http://www.saferbathrooms.ca). As a general rule, a safety check is done when the time limit has been met, starting with a knock on the door asking for a verbal response. If the bathroom door includes a vent, this feature can help staff on the outside of the bathroom hear a response after knocking. The next safety check is done 3-5 minutes after the first reply. In the absence of a reply or if there are audible signs of distress, staff informs the bathroom user that they will enter to check on the person. Any alarm (visual or audible), call bell going off, or call for help via the intercom or through the door require a safety check.

A note about intercoms: Consider adding an intercom in busy or loud spaces where knocking and talking behind the door may be challenging to hear. Intercoms can support staff to do safety checks more effectively and potentially remotely. This feature can save valuable time and most importantly accelerate the response time. Use walkie-talkies or baby monitors in the absence of an intercom system. Outlined the procedure for using these safety features in the safer bathroom protocol.

1. **Locking mechanism**

Explain the locking mechanism(s) on the bathroom door(s) in the safer bathroom protocol. Use a locking mechanism on a floor-to-ceiling door that indicates whether the bathroom is occupied or free. This feature helps check if someone is inside but cannot be relied on as a safety feature because someone could be in the bathroom without the door locked. Use locking mechanisms that allow the door to be open from the outside, in case of an emergency. All staff should carry a key, fob, or other device required to open the door.

1. **Adding safety features**

Additional safety measures can improve bathroom safety and facilitate safety checks. Safety features such as motion detectors, intercoms, and call bells can be installed in existing bathrooms. Safety features such as [The Brave App,](https://www.brave.coop/Detect) motionless detector (software) can also be used for remote monitoring. Hardware features that accomplish the same goal have also been used for bathroom safety. These can alert staff with a flashing light or [sound](https://boston.cbslocal.com/2017/11/20/clinic-bathroom-alarm-helps-prevent-fatal-overdoses/?fbclid=IwAR1slW_EqZeQ9QWslzgUEe2nI7yj8NCTQ5BkrhNTRsKBBggohmOMPgmemto) with a lack of motion inside the bathroom. Update the safer bathroom protocol if safety features are added and train staff. For more details on safety features, see [**Safer Bathroom Design Factsheet**](http://www.saferbathrooms.ca). For example, see [Clinic Bathroom Alarm Helps Prevent Fatal Overdoses](https://boston.cbslocal.com/2017/11/20/clinic-bathroom-alarm-helps-prevent-fatal-overdoses/?fbclid=IwAR1slW_EqZeQ9QWslzgUEe2nI7yj8NCTQ5BkrhNTRsKBBggohmOMPgmemto) and [Innovative washroom system aims to keep clients safe at RISE Community Health Centre and Evergreen Ambulatory Care](http://www.vch.ca/about-us/news/innovative-washroom-system-aims-to-keep-clients-safe-at-rise-community-health-centre-and-evergreen-ambulatory-care)

1. **Bathroom supplies**

Make the following supplies available in bathrooms and outline the procedure for restocking if used or expired in the safer bathroom protocol: 1) disinfecting wipes, 2) tamperproof sharps container(s) (emptied regularly) – for example, see sharps container designs [here](https://www.ecs-cares.com/products), and 3) enclosed toilet paper in a cleanable locked dispenser. Naloxone should be within reach of staff and expiry date should be checked regularly.

**7. Supporting documents**

**7.1 Safer bathroom toolkit (click** [**here**](http://www.saferbathrooms.ca) **to access the tools)**

* Safer Bathroom Design Factsheet
* Bathroom Safety Assessment Walkthrough Checklist
* Bathroom Signs
* Mock Overdose Response Scenarios

**7.2 Additional safer bathroom references**

* [Overdose Prevention and Response in Bathrooms: Recommendations for Service Providers](http://www.vch.ca/Documents/Washroom-Checklist-Service-Settings.pdf), Vancouver Coastal Health
* [Bathroom Design and Monitoring](http://www.vch.ca/Documents/DTES-Washroom-Design-and-Use-Recommendations.pdf), Vancouver Coastal Health
* Bathroom Safety Check Procedure, Vancouver Coastal Health
* [Blue Lights in Public Bathrooms](http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/BCCDC_Blue_Lights_%20Position%20Statement.pdf), BC Centre for Disease Control
* [Factsheet: Blue Lights in Publicly-Accessible Bathrooms](https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Topics/Mental-Health-Substance-Use/Harm-reduction/201902_Fact_Sheet_Blue_Lights_in_Publicly_Accessible_Washrooms.pdf), Fraser Health
* [Every Bathroom: De Facto Consumption Sites in the Epicenter of an Overdose Public Health Emergency](https://www.uvic.ca/research/centres/cisur/assets/docs/bulletin-15-every-washroom-overdose-emergency.pdf), Canadian Institute for Substance Use Research (formally known as Centre for Addictions Research of BC)
* [Operational Procedure: Safe Use of Health Facility Bathroom by Clients](https://professionals.wrha.mb.ca/old/extranet/publichealth/files/services/healthy-sexuality/6.9SafeUseofHealthFacilityWashroombyClients.pdf), Winnipeg Regional Health Authority
* [Safer Bathroom Evaluation](https://professionals.wrha.mb.ca/old/extranet/publichealth/files/HSHRSaferWashroomEvaluation_2019.pdf), Winnipeg Regional Health Authority

**Disclaimer**

**The safer bathrooms toolkit provides a repository of potentially useful documents to assist with communication, training, policy and protocol development, and design. They were developed in 2022 using experiential knowledge, lessons learned in practice, and existing resources. The usefulness of these documents and outcomes may vary depending on the setting. The team responsible for the toolkit's development does not accept legal liability or responsibility for the toolkit or any consequences arising from its use.**