



Operational Procedure

TITLE: Safe Use of Health Facility Washroom by Clients

APPROVED BY: Healthy Sexuality and Harm Reduction Working Group

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Population and Public Health

**Oct
2012**

April 2015, May 2017, Dec 2018

PURPOSE

- 1.0 To promote and ensure the safety of clients using washrooms in the client-care area on the 1st floor of 496 Hargrave.

SCOPE & GOAL

- 2.0 All staff working in the client-care area on the 1st floor of 496 Hargrave, including administrative staff, outreach workers, nurses, and program leadership staff, will use the principles of harm reduction to promote the safety and dignity of clients using facility washrooms.

BACKGROUND

- 3.0 The availability of a public toilet for clients is a dignity that is congruent with the values and services of the Healthy Sexuality and Harm Reduction team. Dignity is a value that is important within the WRHA¹.

While some clients have asked if they can use substances inside the washroom, they have been informed that this is not legally permitted. However, it is evident that clients occasionally use the HSHR facility washroom for the preparation and injection of substances. Evidence of injection inside facility washrooms includes the finding of used injection equipment, altered state of a client on exiting the washroom, and by clients asking if they can use substances in the washroom.

The use of public facilities for substance use is of great concern due to the risk of overdose when substance use is kept secret. In Germany between 1995 and 1997, 11% of drug related overdoses occurred in public washrooms². This phenomenon of overdoses in public places is not well documented in Canada. Further, the Winnipeg Health Region does not have a supervised consumption facility where people who use drugs can prepare and consume psychoactive substances, and preparation and administration of psychoactive substances outdoors has been associated with a range of harms related to rushed procedures and unsafe needle/syringe disposal^{3,4}.

“Safer washroom” is a term used to describe public washrooms in which steps have been taken to prevent overdose or other health harms,⁵ consistent with the principles in this operational guideline.

PROCEDURE

- 4.0 Signage will be maintained inside the washroom to:



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- Advise of the 10 minute limit for washroom use
- Request that any client who is in the washroom answer when there is a knock on the door in order to indicate consciousness/well-being
- Inform clients that a staff member will enter the washroom if there is no answer to a knock on the door in order to check on client's consciousness/well-being.

5.0 Appropriate sharps containers will be attached to the wall and maintained in the washroom.

6.0 Any client in the client care area is under the supervision of the staff person serving that client until the client leaves the facility. If a client uses the washroom during a visit, the responsible staff person must ensure that the client leaves the washroom and client care area safely. The responsible staff person may mutually agree with another staff person to share or transfer the responsibility of a client's supervision.

7.0 If a client is using the washroom, the staff member should attempt to inform the client that there is a 10 minute limit and someone will knock on the door in 10 minutes if they are still in the washroom.

8.0 A number of safety features have been installed the washroom:

- A solid green ('door locked') light will illuminate when the washroom door is locked
- If the door has been locked for 10 minutes, a second solid yellow facing the reception area will illuminate. This light is in place to assist staff with this policy, not to replace staff in their duty to monitor clients for safety.
- There is a medical alarm (blue mushroom) inside the washroom for client use or staff use.

9.0 If a client remains in the washroom for 10 minutes, the staff person will knock on the door and ask if the client is okay:

- If the client responds, the staff will inform them that the 10 minute limit has lapsed.
- **If the client does not respond**, the door will be opened with a key available behind the reception (on a hook beside the alarm panel) desk by two staff persons (gender matched delegate if available) to check on the status of the



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client. **Let the client know you are entering** and make appropriate attempts to maintain privacy from others in the waiting area while assessing the consciousness of the client.

If the client responds that they are OK but does not exit the washroom after 10 minutes:

- The staff person will knock on the door again 3-5 minutes later and remind them that the 10 minute limit has lapsed. Request a response from the client.
- Generally there is a 15 minute time limit. If there are no other people waiting for the washroom, the client may be accommodated with a longer time limit (20-30 minutes) on a case by case basis with the staff member who is responsible.
- The door will be unlocked and opened or at any point that the client is verbally unresponsive.

10.0 If a client is found unresponsive or unconscious in the washroom, the staff will initiate facility Code Blue (per facility policy), ensure that 911 is called, appropriate first response initiated, and the blue medical emergency button is activated (in washroom or exam rooms). Interim medical assessment and support may be provided by the staff member who is attending, in accordance with their scope of practice and level of comfort.

11.0 Clients will not be refused access to facility washrooms and services offered by the Population and Public Health teams (HSHR and TB) if there are indications that a client has used the washroom for substance use. Using strategies that are matched to the client's priorities and resources, attempts should be made to engage in discussions regarding safe injection practices and resources. Inform the client that such discussions are intended to support the well-being of the client as well as provide helpful information for harm reduction program planning and advocacy.

12.0 Follow up

Near misses, occurrences, and incidents arising from client use of the washroom are reported according to existing WRHA policies (regional policies 10.50.020, 10.50.040, 10.50.045).

12.1 Notify the Healthy Sexuality Harm Reduction Team Manager in the event of instances where the washroom door had to be unlocked by staff, or instances



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where clients in the washroom were not checked in on according to this guideline.

REFERENCES

1. WRHA (2012). Mission Vision and Values. <http://www.wrha.mb.ca/about/mission.php>.
2. Bohnert, M., Hafezi, M., & Pollak, (2001). The changing phenomenology of drug death over the years. *Forensic Science International*, 124. p. 117-123.
3. Kinnard, E. N., Howe, C. J., Kerr, T., Skjødt Hass, V., & Marshall, B. D. (2014). Self-reported changes in drug use behaviors and syringe disposal methods following the opening of a supervised injecting facility in copenhagen, denmark. *Harm Reduction Journal*, 11(1), 29.
4. Petrar, S., Kerr, T., Tyndall, M. W., Zhang, R., Montaner, J. S. G., & Wood, E. (2007). Injection drug users' perceptions regarding use of a medically supervised injecting facility. *Addictive Behaviors*, 32(5), 1088-1093.
5. Vancouver Coastal Health (2017). *Overdose Prevention & Response in Washrooms: Recommendations for Service Providers*. <http://www.vch.ca/Documents/Washroom-Checklist-Service-Settings.pdf>

ADDITIONAL REFERENCE3S

WRHA Position Statement on Harm Reduction,
2016. <http://www.wrha.mb.ca/community/publichealth/files/position-statements/HarmReduction.pdf>

Strike, C. et al., (2013). Best Practice Recommendations for Canadian Harm Reduction Programs. <http://www.catie.ca/sites/default/files/bestpractice-harmreduction.pdf>