Overdose Washroom Safety Assessment Tool

# BUILDING NAME: COMPLETED BY: DATE:

# SECTION 1 – BUILDING AND PROGRAM INFORMATION

|  |
| --- |
| 1. **BUILDING INFORMATION** |
| **TO BE COMPLETED BY OPERATIONS** |
| 1. Building type (select one)   Automated public toilet Comfort station Community centre Library Public toilet in park Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Total # of washrooms in building: a) # single stalls: b) # of multi-stall? |
| 1. Total # of toilets in building: |
| 1. Estimated # of building users: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **SAFETY EQUIPMENT** | | | | |
| **TO BE COMPLETED BY OPERATIONS** | | | | |
| **QUESTION** | **YES** | **NO** | **COMMENTS** | |
| 1. Is there an AED in the building? |  |  |  | |
| 1. Is there a Naloxone kit in the building? |  |  |
| 1. Are there safety mirrors in the hallways? |  |  |
| 1. Are there surveillance cameras? (e.g. in washroom entrances, hallways, stairwells, etc.) |  |  |
| **TO BE COMPLETED BY WASHROOM ASSESSMENT TEAM** | | | | |
| **RECOMMENDATIONS** | | | | **COSTS** |
| **CAPITAL** | | | |  |
| **OPERATING** | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **STAFF TRAINING** | | | | |
| **TO BE COMPLETED BY OPERATIONS** | | | | |
| **QUESTION** | **YES** | **NO** | **COMMENTS** | |
| 1. Is there always a staff member on site with naloxone training? |  |  |  | |
| 1. If so, what is the frequency of the training? Yearly Other: | n/a | n/a |
| 1. Is there always a staff member on site with CPR training? |  |  |
| 1. Are staff required to have the following training?    1. Cultural safety training    2. Trauma-informed training    3. Harm reduction training    4. LGBTQI2S training? |  |  |
| **TO BE COMPLETED BY WASHROOM ASSESSMENT TEAM** | | | | |
| **RECOMMENDATIONS** | | | | **COSTS** |
| **CAPITAL** | | | |  |
| **OPERATING** | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **DATA COLLECTION** | | | | |
| **TO BE COMPLETED BY OPERATIONS** | | | | |
| **QUESTION** | **YES** | **NO** | **COMMENTS** | |
| 1. Is there a way to gather client feedback? |  |  |  | |
| 1. Is data collected on incidents? |  |  |
| 1. If yes, is the location of incident (e.g. washroom) included in incident reports? |  |  |
| **TO BE COMPLETED BY WASHROOM ASSESSMENT TEAM** | | | | |
| **RECOMMENDATIONS** | | | | **COSTS** |
| **CAPITAL** | | | |  |
| **OPERATING** | | | |  |