Overdose Washroom Safety Assessment Tool

# BUILDING NAME: COMPLETED BY: DATE:

# SECTION 1 – BUILDING AND PROGRAM INFORMATION

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| 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:
 |

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| 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** |  |

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| 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?
 | [ ] [ ] [ ] [ ]  | [ ]  [ ]  [ ]  [ ]  |
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| **OPERATING** |  |

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| 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** |  |