

# Washroom Design and Monitoring

## IN VANCOUVER COASTAL HEALTH DOWNTOWN EASTSIDE FACILITIES: PRINCIPLES AND RECOMMENDATIONS

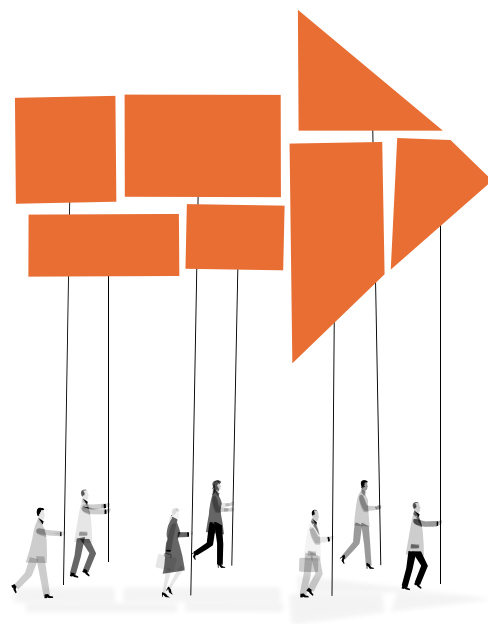
In the Downtown Eastside (DTES), Vancouver Coastal Health (VCH) serves diverse, often marginalized, populations including women, sex workers, trans and gender diverse individuals, drug users, individuals who are homeless or living in single-room occupancy (SRO) spaces, individuals with mental illness and many individuals with mobility challenges. VCH continually works to meet the needs of these diverse populations, considering both the services delivered and the facilities that they are delivered in. This document looks at washrooms as a component of VCH facilities and how to ensure they best meet the needs of clients in the DTES. It presents recommendations for both facility design and washroom monitoring.

### BACKGROUND

Several challenges regarding safety, inclusion and flow of users through washrooms have been raised regarding VCH facilities in the DTES. In a neighbourhood with high levels of street involvement and poverty, washrooms fill many functions beyond simply being a place to use the toilet. These multiple and competing uses lead to unique challenges of providing safe and timely washroom access for everyone.

#### Multiple and Competing Demands for Washroom Space

For multiple reasons, clients may use the washrooms for lengthy periods of time. Due to the scarcity of alternative private spaces in the neighbourhood, people use washrooms as a place to wash their bodies, use drugs, or sort through personal belongings. Individuals may also want to reserve this rare quiet space for as long as possible simply for reprieve and sanctuary. As well, for a variety of mental health and substance use related issues, such as anxiety or psychosis, a client may get “stuck” in the mirror, where they are transfixed and cannot break their connection with the reflection.



All of these situations can lead to challenges in the flow of users through the washroom facility, causing frustration or agitation in clients who are waiting and requiring additional staff time and attention to resolve.

#### Gendered Washrooms and Safety

Not all VCH washrooms are seen as safe inclusive spaces, particularly for trans and gender diverse individuals. For some, being required to use gender-segregated washrooms – particularly ones that do not have inclusive signage with supporting access policies – is forcing them to choose between two gender categories, neither of which they may identify with. Having to do so can expose individuals to harassment, shaming or violence. These experiences can have a significant negative impact on the health of these individuals and create barriers to accessing services offered in VCH facilities. Also, with high rates of gendered violence in the DTES, many women depend on washrooms to be women-only and/or monitored spaces to ensure safety during use.

#### Drug Use and Harm Reduction

Drug use in the washrooms and/or the use of washrooms as a place for users to discard items like syringes is problematic. The inappropriate discarding of syringes can put the safety of all washrooms users, staff and cleaners at risk. Drug overdose in unmonitored washrooms is also an ongoing reality in VCH facilities. With an increased number of supervised injection facilities expected in the DTES in the near future, it could be anticipated that drug use in washrooms will decline. That said, additional facility design and washroom monitoring elements can further reduce risks and harms for all.



### Washroom Monitoring

Currently there are no standard guidelines for how washrooms are monitored. Lack of regular monitoring is both a safety concern, where individuals may have overdosed, fallen, or need support exiting the washroom, as well as a hygiene concern, where required cleaning is not noticed and tended to in a timely way. Clean washrooms are more hygienic and, for clients using VCH facilities, can contribute to a sense of dignity and being valued.

### PRINCIPLES

**Harm Reduction** – VCH is committed to providing the safest space possible for clients to engage with services and supports. Harm reduction is an approach to reducing harms associated with substance use and sexual health for both individuals and communities. It meets clients where they are at, acknowledging and respecting their lived reality and self-determination.

**Trauma-Informed Practice** – VCH is committed to fully integrating knowledge of trauma into policies, procedures and practices; seeking to actively prevent re-traumatization. This approach emphasizes safety and trust, and opportunities for choice.

**Client-Centered Care** – VCH is committed to serving and supporting clients in a way that respects their individual needs, backgrounds and beliefs, values and preferences, and that allows clients to participate in care decisions. This means providing a safe space where clients can be confident that the quality of service will not be compromised by how they self-identity or their current life choices or circumstances.

**Community Engagement** – VCH understands that supports and services best meet the needs of clients when clients have an opportunity to inform the development and delivery of services and policies that affect their lives.

### SCOPE

This document has been created to inform VCH facility design and operation in the DTES. Implementation should be considered based on context, whether it is a current facility, a facility being retrofitted, or a new build. For other service providers in the DTES that find this document of value, its use is welcomed and encouraged.

VCH is committed to serving and supporting clients in a way that respects their individual needs, backgrounds and beliefs, values and preferences, and that allows clients to participate in care decisions.

VCH acknowledges that 24 hour access to safe and inclusive washrooms and shower facilities in the DTES remains a challenge. Lack of access has negative impacts on the health of individuals, and poses a public health risk for the community, as alleys and other outdoor spaces are often used for urination and defecation. VCH is committed to working with partners in the DTES to continue to address these challenges.

It should be noted that these recommendations are in response to the unique challenges of providing safe accessible washrooms to clients in the DTES, and that these recommendations are to be considered in addition to usual accessibility, safety and hygiene standards for washrooms.

### ACKNOWLEDGMENT

Jolene Lansdowne, Policy Consultant from VCH Population Health, was the lead author of this paper. It was created with the input of a working group. Thank you to participating VCH staff, representatives from the PACE Society and the City of Vancouver, and the VCH DTES Peer Reference Group for their input and guidance.

### References

- *Promoting Public Toilet use in the Downtown Eastside*, Vancouver Area Network of Drug Users & City of Vancouver, 2012
- *Building a Path to Parks & Recreation for All: Reducing Barriers for Trans\* & Gender Variant Community Members*, City of Vancouver Trans\* and Gender Variant Inclusion Working Group, 2014 <http://vancouver.ca/files/cov/REPORT-TGVIWorkingGroupReport-2014-04-28.pdf>
- *Preventing Drug Use: Design and Layout*, Hertfordshire Constabulary, accessed April 2016, [https://www.herts.police.uk/advice/advice\\_for\\_licensees/preventing\\_drug\\_use-1.aspx](https://www.herts.police.uk/advice/advice_for_licensees/preventing_drug_use-1.aspx)

## RECOMMENDATIONS: SAFE AND INCLUSIVE WASHROOM FACILITIES

These recommendations should be adjusted as appropriate based on population, facility and budget.

### FACILITY DESIGN

INCLUSIVE SPACE	R1	Washrooms have inclusive signage for trans and gender diverse individuals (with accompanying access policy)
	R2	Function-based icons are used on signage, as opposed to gender figures
	R3	Stall doors have minimal gaps on the sides to allow for maximum privacy
	R4	Facility has at least one universal, accessible single-user washroom
	R5	All single-user washrooms are designated as universal washrooms
	R6	Washrooms are located close to front door, allowing easy access for everyone, eliminating need to walk through a perceived unsafe space
HARM REDUCTION & SAFETY	R7	Safety mirrors are used
	R8	Locks are secure and have a safety mechanism that allows staff or emergency responders to open from the outside
	R9	Sharps containers are securely fixed to the wall (beyond normal measures)
	R10	No blue lighting is used (it has not been shown to deter drug use but instead poor lighting leads to more harm for those who do use)
	R11	Washroom and stalls are large enough to allow easy access for emergency responders
	R12	Washroom and stall doors open outward to allow easy access for emergency responders
	R13	Washrooms are located in the line of sight of staff, not hidden down hallways, alcoves or recessed areas
	R14	Design eliminates need for an entrance door into a multi-stall washroom or the door can be locked open to allow easy line of sight for washroom monitoring
	R15	Toilet stall doors leave a space between bottom of door and floor to allow others to see if user may be in distress
	R16	Toilet cisterns are located behind wall panelling to eliminate space to discard syringes or other items
R17	Ceiling and wall tiles or panelling, as well as ventilation covers are securely affixed to eliminate spaces to conceal or discard syringes or other items	
CLIENT FLOW	R18	Additional mirrors and counters or ledges are provided separate from toilet and sink area
	R19	Quiet sanctuary spaces are provided, separate from washrooms
HYGIENE	R20	Hand sinks have hot and cold running water with adequate water flow and pressure, along with liquid soap, paper towels and warm air dryers
	R21	Floors, walls and surfaces are of industrial quality materials that are smooth, impervious and easy to clean
	R22	VCH Environmental Health Officer consultation completed

### FACILITY MONITORING

SAFE INCLUSIVE SPACES	R23	Washroom monitoring protocol/guidelines exist that define monitoring practices such as how often washrooms are checked, how they are checked, sanitation standards and the protocol to support “stuck” clients to move on (not penalized)
	R24	Washroom use guidelines and monitoring details are posted in/near washrooms
	R25	Washroom monitoring is included in staff/Peer Worker role description
	R26	Staff/Peer Workers are trained on access policies, providing safe space for trans and gender diverse individuals, and supporting clients to disengage from a mirror

### WASHROOM SAFETY AND INCLUSION AUDIT

Complete this audit to support planning to improve the safety and inclusion of the washroom facilities at your site.

DESIGN OR MONITORING ELEMENT	Y/N	Notes and/or actions	Timeline for completion
<b>INCLUSIVE SPACE</b>			
1		Washrooms have inclusive signage for trans and gender diverse individuals (with access policy)	
2		Function-based icons are used on signage, as opposed to gender figures	
3		Stall doors have minimal gaps on the sides	
4		Facility has at least one universal, accessible single-user washroom	
5		All single-user washrooms are designated as universal washrooms	
6		Washrooms are located close to front door	
<b>HARM REDUCTION &amp; SAFETY</b>			
7		Safety mirrors are used	
8		Locks are secure and have a safety mechanism that allows staff or emergency responders to open from the outside	
9		Sharps containers are securely fixed to the wall (beyond normal measures)	
10		No blue lighting is used	
11		Washroom and stalls are large enough to allow easy access for emergency responders	
12		Washroom and stall doors open outward	
13		Washrooms are located in the line of sight of staff	



14	Design eliminates need for entrance door into multi-stall washrooms or door can be locked open to allow quick line of sight for washroom monitoring			
15	Toilet stall doors leave a space between bottom of door and floor			
16	Toilet cisterns are located behind wall panelling			
17	Ceiling and wall tiles or panelling, and ventilation covers are securely affixed			

#### CLIENT FLOW

18	Additional mirrors and counters or ledges are provided separate from toilet and sink area			
19	Quiet sanctuary spaces are provided, separate from washrooms			

#### HYGIENE

20	Hand sinks have hot and cold running water with adequate water flow and pressure, along with liquid soap, paper towels and warm air dryers			
21	Floors, walls and surfaces are of industrial quality materials that are smooth, impervious and easy to clean			
22	VCH Environmental Health Officer consultation completed			

#### MONITORING

23	Washroom monitoring protocol/ guidelines exist that define monitoring practices such as how often washrooms are checked, how they are checked, sanitation standards and the protocol to support "stuck" clients to move on			
24	Washroom use guidelines and monitoring details are posted in/ near washrooms			
25	Washroom monitoring is included in staff/Peer Worker role description			
26	Staff/Peer Workers are trained on access policies, providing safe space for trans and gender diverse individuals, and supporting clients to disengage from a mirror			