



TORONTO  
**DROP-IN**  
NETWORK

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# Bathroom Safety & Protocol

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A Practical Guide for Drop-ins

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## 1. Introduction

Bathrooms can be challenging spaces to manage in a drop-in. For people who live on the street, they can be one of the only available spaces that offer privacy; for this reason, drop-in bathrooms host a wide variety of uses beyond their primary function. They are a space where people feel safe from others and can have a quiet moment alone. They are a place where people bathe and sort through their belongings. They are spaces where people can have private conversations with one another, and engage in intimacy – including having sex. Drop-in bathrooms are also a place where people use drugs, and may experience an overdose.

As a bustling part of our spaces, drop-in bathrooms must be vigilantly maintained as safe and clean areas. For this reason, TDIN has created this guide of good practices. This guide reflects the value that bathrooms have for participants who lack access to privacy, and our obligation to support them to meet their needs while ensuring that the primary function of bathrooms is maintained.

In developing this guide, TDIN would like to recognize the collective knowledge of our members who participated in TDIN's Bathroom Safety and Protocol Forum.

## 2. Physical & Human Resources

### 2.1 Cleaning Supplies

Keeping drop-in bathrooms clean is an undertaking, and one that is vital to protect the health and safety of everyone who uses them. With this in mind, drop-ins should consider having cleaning supplies immediately on hand in the bathroom. A lockable cabinet is ideal, and may be stocked with the following:

- Sanitizer – *different varieties*;
- Glass Cleaner;
- Toilet Paper;
- Paper Towel;
- Hand Soap;
- Garbage Bags;
- Gloves – *both kitchen gloves, as well as longer, thicker gloves for retrieving potentially sharp objects in the bathroom, including deep inside toilet bowls*;
- Toilet Brush;
- Toilet Plunger;
- Plumbing Snake.

## **2.2 Harm Reduction Supplies**

For public health reasons, TDIN recommends that all drop-ins have plastic sharps bins, otherwise known as disposal boxes for used syringes, in their bathrooms. These are available for free in varying sizes and quantities from the City of Toronto's harm reduction program, The Works (277 Victoria Street).

Best practice is to place individual sharps bins in each bathroom stall. If this is not possible, placing a bin beside the garbage will ensure visibility, and may reduce the number of used syringes that are placed in the garbage. Once full, these should be returned to The Works regularly (weekly, bi-weekly, or as needed). It is also a good idea to identify areas where syringes tend to be hidden, e.g. ceiling tiles or toilet cisterns, and to address this with participants.

Sometimes people may break into sharps bins. This may be because people believe something has been dropped inside, such as drugs. Some folks may retrieve paraphernalia to reuse it. This can be for a number of reasons, including not feeling comfortable asking drop-in staff for unused supplies. Obviously, this creates a risk to health and safety. For this reason, some of TDIN's member drop-ins have outsourced metal cases for sharps bins. If it is within your drop-in's budget to order metal cases, consider doing so to reduce the risk of participants being "stuck" (punctured) by a used syringe by accident, or reusing equipment. With that in mind, a "needle stick" injury is considered to have a low-risk of infection, although the experience can be distressing and should be addressed with medical care.

Naloxone should also be accessible in bathrooms if possible, ideally to participants as well as staff.

## **2.3 Human Resources & Professional Development**

Issues with faulty plumbing can create many health and safety issues for drop-ins, including temporary closure of the drop-in if no functional bathrooms are available to participants.

While TDIN understands that working on the frontlines of drop-ins is challenging enough, consider basic plumbing as professional development for a dedicated staff person. This can decrease the costs of hiring external contractors to address minor plumbing concerns. Ideally, the role of 'Drop-in Building Maintenance Worker', or a similar delineation, would be a dedicated position with compensation commensurate with the required skillset. However, TDIN members have attached similar duties to the role of a frontline drop-in worker, and paid these individuals a premium on their hourly wage for their additional skillset and labour.

## **2.4 Capital Resources & Accessibility**

Every drop-in is unique, and this includes the physical space in which we work, as well as the people with whom we work. From a standpoint of inclusivity and a commitment to human rights, best

practice is to have a fully accessible, gender-neutral bathroom, or universal washroom, available to participants. In fact, having a universal washroom is the law for public buildings in Ontario under AODA (Accessibility for Ontarians with Disabilities Act). However, with the constraints on our capital budgets and the literal physical constraints of our building structures, there can be significant barriers to achieving true universality. If this is the case, survey your space and available resources to see what accommodations can be provided. For example, are there other bathrooms in the building which can be designated as gender neutral? Are they accessible, or can they be modified to be accessible? Management and the Board of Directors should seek grants and funding options to address accessibility concerns within drop-in spaces, understanding that it is both the law and in the interest of upholding dignity.

### **3. Bathroom Policy**

#### **3.1 Policy Considerations**

Not every drop-in has a policy specific to bathrooms. At the same time, drop-ins that do have policies may not have generated them with participant input. As strong as our relationships may be with participants, we don't always know what makes a bathroom a safe and comfortable space for them.

Good practice is for all drop-ins to consider co-creating a bathroom policy with participant input to reflect the safety concerns of the whole community. The policy should balance the primary function of bathrooms with people's varying expectations of what a bathroom is and how it can be used. It should be written in simple and clear language, and even graphically or in multiple languages, depending on your drop-in's demographics. A benefit of this process is that when participants have ownership over policy, they are more likely to uphold the policy themselves, as well as encourage others to do so. Best practice would be to post the policy in the bathroom so that participants have access to it, and it can be referred to if needed.

Some considerations when developing policy might include:

- Rights and responsibilities in the bathroom space;
- Timing of bathroom checks;
- Maximum allowed time in the bathroom;
- Requests that participants place used syringes in sharps bins;
- Requests to flush only human waste and toilet paper.

While it is important to make policy visible and accessible, the clear role of frontline staff is to provide support to participants who may be experiencing difficulty around policy. Drop-in work is always flexible and situational, understanding that many of the people we work with face a multitude of barriers. Compassion and discretion should always be exercised. If a participant is experiencing barriers

around policy, especially when it is impacting service provision – for example, repeatedly flushing large items down the toilet – this should be debriefed at a staff meeting and a support plan created.

### **3.2 Nudity & Intimacy**

The Criminal Code of Canada deals with indecency and nudity under Disorderly Conduct (Sections 173 and 174). Under the Code, “indecency” is defined as willfully performing “an indecent act in a public place in the presence of one or more persons, or in any place with intent to insult or offend any person.” The law is unclear at best, as what is “indecent” or “intent to offend” is relative. For example, the “indecency” of breastfeeding in public was addressed by the Supreme Court of Canada in 1989; in this ruling, pregnancy discrimination – which includes discrimination against breastfeeding – was deemed in violation of the Canada Charter of Rights and Freedoms under Section 15.

Understanding that access to private space is limited for people who are street-involved, drop-ins should consider that what may appear as “indecent” or “offensive” in a drop-in bathroom is contextual. In fact, the drop-in bathroom may actually be the least “offensive” space for people to engage in certain activities. Of course, our work is to ensure that everyone feels as safe and comfortable as possible, so we must also consider other participants who may be triggered. This is where a bathroom policy co-created with other participants is especially helpful.

From a legal standpoint, private businesses – including drop-ins – do have broad rights to impose restrictions on service users as long as policies are legal and do not violate anyone’s human rights. In general, refusal of service is considered justified in cases where a customer’s presence interferes with the safety of other patrons and the establishment itself. It should be noted that if a participant is, for example, “bird bathing” (bathing in the sink) and is shirtless in the drop-in bathroom – or even in the drop-in itself – it is not a violation of any health code, even in the presence of food. Legally speaking, and understanding the complex experiences and traumas of our participants, nudity is only problematic if it is considered a danger to others. Again, what is “dangerous” is relative, and this makes interpreting and responding to situations involving nudity highly discretionary. Bathroom policy should reflect this fact.

As drop-in workers, best practice is not to shame people for their nudity. However, knowing that nudity may be triggering for others, we can try to get participants who are nude excited about finding or trying on clothing. We can also try to redirect people to more private areas of the drop-in, including inside showers or bathroom stalls, or any other private area so that people can do the things that they would prefer to do in privacy.

Beyond nudity, drop-ins are a space where sexual activity may occur. Often times, people who are street-involved are not thought of as sexual beings, and sexual activity among participants can be highly stigmatized. However, being able to express and act upon one’s sexuality is a basic human need. If

participants are engaged in sexual activity, the bathroom may be the least offensive space in the drop-in for this to occur – particularly if it is in a stall or private shower area.

## **4. Bathroom Checks**

### **4.1 Ideas for Bathroom Check Practice**

Maintaining a safe and comfortable drop-in means performing bathroom checks. Because different drop-ins have different needs, spaces, and staffing, there is no overarching standard for performing a bathroom check. However, in each drop-in, best practice would be to have a standardized practice that all staff that are regularly in the space are trained to perform. This can include managers and employees of other programs.

Managing bathroom checks can be difficult in a very busy drop-in, but staff should be intentional in ensuring that they are performed regularly. A way to accomplish this is to create a schedule, and manage it equitably so that all staff are involved in performing bathrooms checks. One method, used by a TDIN member, is to have each staff person on shift sign up to perform a check at a specific time (or times). Another method is to assign the duties of a “Bathroom Lead” for the day and rotate staff in this role. This person would be responsible for performing scheduled bathroom checks during the course of their shift, and potentially be the lead to address incidents in the bathroom. For spaces with gendered bathrooms, drop-ins should be mindful to have equitable coverage by staff of corresponding genders.

Sometimes it can be awkward to perform a bathroom check. Acting casual can help. So can going in with two goals: to keep the space clean and to ensure everyone is safe. As a drop-in worker, being proactive about maintaining a clean environment is not only vital for the health of the community, it is also a great way to communicate respect for both the space and participants. In turn, participants are more likely to respect the space themselves, as well as you as a motivated staff person. In the case of bathrooms, cleaning as part of the bathroom check fulfills two important tasks, and can make monitoring the space less intrusive.

Another way to make performing bathrooms checks less awkward – and to make your work easier and more enjoyable overall – is to continually build rapport with participants through meaningful and supportive engagement. Growing our relationships with participants allows us to provide better, more tailored support for them to address their needs. Moreover, it builds trust between drop-in staff and participants, which can lead to safer environments – including safer bathrooms.

When staffing is an issue, or if drop-in services are particularly busy, some drop-ins engage a participant to take on a role monitoring bathroom spaces. This does not entail them directly intervening in situations, but has them function as “eyes and ears” to inform staff of unsafe activity in the

bathroom, specifically incidents of overdose or assault. For their time and contribution, drop-ins who engage participants in this form of leadership should compensate them, ideally with a cash honorarium.

## **4.2 Bathroom Checks & Overdose**

Overdoses happen in drop-in bathrooms, and it can be a lot of stress to manage the safety of the person overdosing, as well as attend to ourselves and the people we work with and support.

In drop-ins bathrooms where substance use is commonplace, we want to ensure that participants are checked upon regularly in case of overdose. A person who is using substances should not be left unattended for more than 10 minutes. When checking on a participant who is inside a closed stall, knock and announce yourself by saying “staff.” Be sure to get a verbal response. One thing to remember is that people who may be “dope sick” (going through withdrawal) may also be experiencing constipation or nausea, in which case they need to be in the bathroom and will not be very able to travel. Another thing to consider is flexibility around two people being in a bathroom stall at the same time, understanding that “not using alone” is a basic principle of harm reduction philosophy.

Protocol for responding to an overdose is dependent on your drop-in, the human resources on site, and the response supplies available, like naloxone or oxygen tanks, as well as their location. That said, be intentional in developing this protocol, and ensuring that all staff are trained in overdose recognition and response. Overdose response protocol can be posted in bathrooms, alongside bathroom policy and any other signage to promote safer and healthier spaces, e.g. the locations of Supervised Consumption Sites and available services in the drop-in. All staff should have access to any keys or fobs to open all bathroom locks. Naloxone should be accessible for staff in the bathroom, and ideally for participants as well.

Attending to an emergency is extremely stressful, and staff may lack confidence to respond to an overdose when it happens. To address this, drop-ins can and should run regular drills with staff to ensure that everyone is familiar with overdose recognition and response procedures. It is also extremely important for management to create responses around staff resiliency and feelings of distress after intervening in an overdose situation. With participants, harm reduction and anti-stigma training around substance use may help them to be more aware of safety for themselves, and for the drop-in community as a whole – including creating greater compassion for people who overdose.



## 5. Additional Resources

AODA Universal Washroom Requirement in Ontario

<https://bbgsec.com/automatic-doors/aoda/>

Every Washroom: De Facto Consumption Sites in the Epicentre of an Overdose Public Health Emergency

<https://www.uvic.ca/research/centres/cisur/assets/docs/bulletin-15-every-washroom-overdose-emergency.pdf>

Needle Disposal: Guidance for Policies and Procedures

<https://www.toronto.ca/wp-content/uploads/2018/12/8dbc-Needle-Disposal-Guidance.pdf>

Pharmacy Locations for Returning Used Sharps

<http://healthsteward.ca/returning-medical-sharps/>

Overdose Prevention & Response in Washrooms: Recommendations for Service Providers

<http://www.vch.ca/Documents/Washroom-Checklist-Service-Settings.pdf>

Reducing Harms: Recognizing and Responding to Opioid Overdoses in Your Organization

<https://ontario.cmha.ca/wp-content/uploads/2018/05/CMHA-Ontario-Reducing-Harms-Updated.pdf>

Safer Washroom Evaluation: Healthy Sexuality & Harm Reduction

[http://www.wrha.mb.ca/extranet/publichealth/files/HSHRSaferWashroomEvaluation\\_2019.pdf](http://www.wrha.mb.ca/extranet/publichealth/files/HSHRSaferWashroomEvaluation_2019.pdf)

Take Home Naloxone: A Guide to Promote Staff Resiliency & Prevent Distress after Overdose Reversal

<https://towardtheheart.com/assets/uploads/1498603569uLoegEpvU14s7SqwcwLiarQYrM2ce2RW66ET9NW.pdf>

The Works (Harm Reduction Supplies and Drop-Off)

<https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/services-provided-by-the-works/>

Toronto Toilets: A Map of Public Toilets Across the GTA

<http://torontotoilets.org/>