KENT COUNTY COUNCIL

**OCCUPATIONAL THERAPY SERVICE**

**RECOMMENDATIONS FOR DISABLED ADAPTATIONS**

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| NAME:      ADDRESS:      POST CODE:        | TEL NO:     OWNER OCCUPIER COUNCIL/LA/HAOTHERDETAIL:       |
| Reported Height:      | Reported Weight:       |

# THIS IS A RECOMMENDATION FOR A FLUSH FLOOR SHOWER

The following works of adaptation are required for the property to meet the afore mentioned person’s needs under the Housing Grants, Construction and Regeneration Act of 1996 and the Care Act of 2014.

Occupational Therapist name/ Assessment Officer name:

Email:

Tel Number:

Date:

|  |  |
| --- | --- |
| **LOCATION OF PROPOSED WORK** | * Existing bathroom on ground floor / first floor
* Within new extension
* Existing shower room on ground floor / first floor
 |
| **PRELIMINARY WORKS** | * Remove existing bath / shower cubicle to create space for a level access shower.
* Remove partition wall between bathroom and WC
* Remove airing cupboard within room
* Reposition existing window
* Reposition existing doorway
 |
| **SIZE OF SHOWER AREA** | * 750 / 800 / 850 / 900 / 950 /1000 / 1200mm wide x 1000 / 1100 / 1200 / 1300mm long
* Same size as removed bath
 |
| **FLOORING** | * Slip resistant flooring required to cover entire shower room floor.
* Slip resistant flooring adjacent to shower tray
* Minimum R11 resistance or PTV over 50 as standard
* Flooring to be wielded and coved up all walls by 100mm minimum
 |
| **SHOWER TYPE** | * Graded wet floor shower area for effective drainage.
* Shower tray set in floor to provide level access.
* Stand alone unit.
 |
| **SHOWER UNIT** | * Thermostatically controlled electric shower unit with a 43-degree centigrade anti-scald cut-off.
* Controls positioned      mm to centre from floor and      mm from the wall as sketch
* Please ensure shower isolator is within client’s reach
 |
| **SHOWER CONTROLS** | * Push button
* Lever
* Braille
 |
| **RISER RAIL** | * Length 1000mm long
* Height of the riser rail to be      mm to the lowest end from floor
* To be positioned as per sketch
 |
| **FLEXIBLE HOSE** | * Standard 1250mm long
* Extended 2000mm long
 |
| **SHOWER CURTAIN** | * Rail to be L-shaped / straight / U-shaped
* Full length weighted shower curtain (20mm from floor to base of curtain)
* Three quarter length weighted shower curtain (only for use with shower screens)
* Waterproof window blind
 |
| **SHOWER SCREEN** | * Not required
* Required to suit shower tray
* Free-standing shower screen to be provided by OT
* Panels to be bi fold / half height
* Screens to be positioned as per sketch
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| **SHOWER SEAT** | * Padded / slatted / wall mounted folding shower seat with back rest / arms / support leg
* Height from floor to top of seat to be      mm – confirm with client on site
* Seat width standard / extra wide. Minimum to be      mm.
* Weight limit to be standard / up to      stone tolerance
* Mobile shower chair will be provided by OT
* Special seating requirements
* Seat to be positioned as per sketch
 |
| **TILING** | * Full height required within shower area
* Two courses required above wash hand basin
 |
| **DOOR** | * No alterations required to existing
* Re-hang door to open outwards, hinged on the left / right side facing the shower room.
* Fit 180-degree hinges to existing door, to allow access in an emergency.
* Lock to be able to be opened from outside.
* Widen doorway to allow a 700 / 750 / 800 / 900 / 950mm clear opening
* Fit a sliding door on the inside / outside of the shower room sliding towards the left / right as facing the shower room
* Bi fold door hinged on the left / right as facing shower room. Fold to open into / out of shower room. Opening end of door should not be on a track.
* Seal up existing door and create a new doorway positioned as per sketch.
 |
| **TOILET (WC)** | * No alterations required to existing
* Reposition existing WC      mm from the wall to the centre of the pan
* Replace existing WC with a new WC, not close coupled. Height from floor to top of seat (measured from the front of the toilet) to be      mm, positioned      mm from left / right wall, as facing, to centre of pan. (note minimum 450mm) Refer to sketch
* Replace existing WC with a wash / dry WC, height from floor to top of seat (measured from the front of the toilet) to be      mm. Detail of specific requirements
* Toilet seat to be standard / heavy duty / with integral 2”/ 4” / 6” raise
* Flush mechanism paddle / button / lever / not critical
 |
| **WASH HAND BASIN** | * No alterations required to existing
* Reposition existing basin as per sketch
* Replace existing basin with a wall fixed standard (450 x 550mm) / corner basin, height from floor to top of basin to be      mm
* Replace existing basin with a height adjustable basin and flexible plumbing kit
 |
| **TAPS** | * No alterations required to existing
* Replace existing taps with full metal long / short quarter turn lever taps
* Replace existing taps with a centrally controlled mixer tap
 |
| **GRAB RAILS** | * 1/ 2 /3 x      mm horizontal / vertical/ diagonal / L-shaped / drop down / standard grab rail/s beside WC
* 1/ 2 /3 x      mm horizontal / vertical/ diagonal / L-shaped / drop down / standard grab rail/s in shower area
* Exact position to be agreed with client / OT on site
 |
| **LIGHTING** | * Vapour proof lighting required
* Extra lighting required
 |
| **HEATING** | * Retain radiator in situ
* Reposition existing radiator, position to be as per sketch
* Retain downflow electric heater in situ
* Provide additional downflow heater as standard. Pull cord control to be accessible to user.
 |
| **VENTILATION** | * Provision of extractor fan with pull cord control to be accessible by user – ensure ventilation and humidity requirements are met.
* Window Opener required with controls positioned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **VISUAL CONTRAST** | * No requirements
* Coloured grab rails required
* Other contrast considerations
 |
| **WARDEN PULL CORD** | * Reposition existing pull-cord ensuring accessible to user.
 |
| **OTHER WORKS REQUIRED** |       |
| **SKETCH PLAN OF PROPOSED LAYOUT (not to scale)** |       |

Occupational Therapist / Assessment Officer Signature: