

Clinical Task Instruction

Skill Shared Task

S-AD05: Prescribe, train and review use of toilet seating equipment

Scope and objectives of clinical task

This CTI will enable the health professional to:

- prescribe appropriate toilet seating equipment to address problems and risks identified in a toileting assessment e.g. over toilet frame, raised toilet seat, toilet surround and static commode.
- measure and fit the prescribed toilet seating equipment.

VERSION CONTROL

Version: 1.1

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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI must be used under a skill sharing framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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- train the client (and carer/s or facility staff) in the use of the prescribed equipment including safety checks and features, maintenance requirements, limitations and risks associated with use.
- review the use of the prescribed equipment including required adjustments and evaluation of the benefits and risks associated with its use.

Note 1: the local health service will determine which toilet seating equipment is included in the scope of this CTI for an individual health professional trained to implement.

Note 2: mobile commode chairs are included in CTI S-AD07: Prescribe, train and review use of shower seating equipment. Should the local service wish to include mobile commodes in the scope for the skill share-trained health professional, this resource will assist in identifying clinical knowledge requirements and learning resources. The mobile commode chair should then be listed under 'other' in the Performance Criteria Checklist of this CTI if not undertaking CTI S-AD07.

Note 3: in this CTI, the term "equipment" is used throughout the document and includes the related terms "assistive technology", "therapeutic devices", "assistive devices", "adaptive aids", "tools", "products" etc.

Requisite training, knowledge, skills and experience

Training

- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
- If not part of mandatory training requirements, complete patient manual handling techniques including competence in the use of walk belts and assisting clients into standing from sitting.
- Complete CTI S-AD04: Assess toileting and provide basic/bridging intervention.
- Competence in or demonstrated professional equivalence in:
 - CTI S-MT01: Assess functional walking
 - CTI S-MT07: Assess standing transfer
 and if the use of mobility aids is within the scope of the local implementation:
 - CTI S-MT02: Prescribe, train and review of walking aids.
- If the local service implementation includes performing the task in the community setting, additional training may also be required e.g. driver safety, workplace procedures for home visiting, occupational violence prevention and management. Additional training should be listed in the Performance Criteria Checklist or included in orientation checklists and/or workplace instructions.

Clinical knowledge

- To deliver this clinical task a health professional is required to possess the following theoretical knowledge:
 - the range of toilet seating equipment available including indications for use, limitations, safety, adjustment features and maintenance requirements.
 - implications of equipment set up for continence, balance and safety.
 - methods of measurement and fit for each toilet seating equipment item within the service or defined in the scope of this skill shared task in the local service.
 - local protocols and client education resources e.g. hip precautions
 - local falls risk screening and mitigation strategies, programs and/or processes.

- equipment hire, purchase protocols, processes and schemes e.g. the Department of Veterans' Affairs (DVA), Medical Aids Subsidy Scheme (MASS), National Disability Insurance Scheme (NDIS), workers compensation or local service.
- The knowledge requirements will be met by the following activities:
 - review of the Learning resource.
 - receive instruction from the lead health professional in the training phase.

Skills or experience

- The following skills or experience are not specifically identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are:
 - **required** by a health professional in order to deliver this task:
 - nil.
 - **relevant but not mandatory** for a health professional to possess in order to deliver this task:
 - competence in the prescribing, training and reviewing of bathroom grab rails and/or showering equipment.

Indications and limitations for use of a skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which they will deliver this clinical task. The following recommended indications and limitations are provided as a guide to the use of the CTI, but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation.

Indications

- The client has participated in an assessment for toileting and problems with sitting on or transferring off the toilet have been identified i.e. CTI S-AD04.
- OR
- The client has a hip precaution restriction i.e. < 90° hip flexion/knee below hip in sitting. If a client has had a hip replacement and has current hip precautions, they may also require access to additional equipment to assist with other activities of daily living including bathroom seating and long handled dressing aids. Implement local processes to access this equipment in addition to the planned toilet seating equipment.

AND

- The skill share-trained health professional has determined that there is an indication for trialling toilet seating equipment and a suitable option is available to trial as per *Table 1: Clinical reasoning guide to choosing toilet seating equipment* in the Learning resource.

Limitations

- Limitations listed in CTI S-AD04 apply.
- Additional limitations include:

- the client’s planned toilet environment is not appropriate for toilet seating equipment i.e. current fixtures including grab rails inhibit the fitting or effective use of the equipment or other users have known needs that conflict with the available suitable options. The skill share-trained health professional should consider a static commode placed in an alternative location such as the laundry and liaise with a health professional with expertise in the task prior to undertaking the prescription process.
- the client requires prescription of bariatric equipment. This may be due to the safe working load of available seating equipment being exceeded or the client’s body shape requiring the dimensions of bariatric equipment. Additional environmental considerations may need to be included as part of the prescription process e.g. floor safe working load requirements, door widths to fit equipment or home modifications. The skill share-trained health professional should liaise with a health professional with expertise in the task prior to undertaking the prescription process.

Safety and quality

Client

- The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task:
 - as toileting requires good dynamic balance, standby assistance of the client is required at all times. If the client needs to void, privacy should be provided without compromising safety e.g. client holds the grab rail during voiding whilst the skill share-trained professional stands outside the door and the client waits for assistance prior to attending to perineal hygiene.
 - skin and seating surfaces should be dry prior to transferring to reduce friction and the risk of pressure injury. If the client is at risk of pressure injury or skin shearing, include frequent visual inspection during the task. Increased risk occurs if the client has frail skin or is malnourished, incontinent or has limited mobility. If an injury occurs, cease the task and inform the healthcare team of any new wounds. If the client has an existing pressure area/skin tear, ensure the wound is covered with a dressing prior to commencing the task. If the injury is to be in contact with the seating surface, liaise with the healthcare team regarding any limitations to sitting duration and monitor the client’s pain. Cease the task if limits are exceeded.
 - shoes should be worn prior to the client standing up. Shoes should be enclosed, well-fitting and with good traction. If in the client’s home, conduct the assessment with the client’s usual footwear e.g. slippers, socks or bare feet. This should be noted in the chart entry with any recommendations for safety e.g. replace slippers.

Equipment, aids and appliances

- Perform an equipment safety check ensuring that the safe working load is suitable for the client, the height is adjusted to meet any restrictions or functional requirements and the dimensions can accommodate the client’s body shape without skin shearing. The safe working load for toilet seating equipment is generally 110-125kg. Clients above this weight range should be considered for bariatric equipment.
- Ensure all equipment is clean and in good working order as per local infection control protocols. Refer to the manufacturer’s guidelines for specific maintenance requirements e.g. check rubber grips have not perished and rubber stoppers are in place and have tread.

- As the client may require assistance to complete the task, it is advisable to either wear gloves or have them readily available.

Environment

- As this task includes observation of the client trialling toileting equipment, privacy should be maintained e.g. door closed, curtain pulled.
- If the task is being undertaken in the client's home, a visual safety inspection of the toilet environment should be conducted prior to the task including checking there are no leaks, cracks or loosening to the cistern, pedestal or floor surface. If an issue is identified, the client and/or carer should be informed regarding the required maintenance and any local service protocols implemented prior to the fitting of equipment e.g. falls prevention or public housing notification.

Performance of clinical task

1. Preparation

- Determine which toilet seating equipment is likely to be required for the trial i.e. over toilet frame, raised toilet seat, toilet surround or static commode, and ensure the equipment is available and appropriately prepared prior to commencing the session. See the Safety and quality section above.

2. Introduce task and seek consent

- The health professional checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

3. Positioning

- The client's position during the task should be:
 - initially standing to mobilise into the toilet, sitting down and weight shifting during perineal hygiene, and standing up as part of the task procedure.
- The health professional's position during the task should be:
 - standing in a position that allows observation and assistance to be provided for safety.

4. Task procedure

- The task comprises the following steps:
 1. Use information collected from the medical chart to determine if there is an indication for the trial of toilet seating equipment. This includes the outcome of the toileting assessment (CTI S-AD04: Assess toileting and provide basic/bridging intervention) and may also include information on toileting or mobility restrictions, current equipment used, short and long term prognosis.
 2. Determine the toilet seating requirements for the client including any preferences (refer to *Table 2: Toilet seating equipment* in the Learning resource). A catalogue can assist the client's understanding of the different equipment options.

3. Select the most appropriate equipment to trial. Use *Table 1: Clinical reasoning guide to choosing toilet seating equipment* in the Learning resource. If the prescription decision is unclear, liaise with a health professional with expertise in this task area before proceeding.
4. Perform a safety check of the equipment and toilet environment. See the Safety and quality section above.
5. Adjust the selected equipment to suit the client and fit to the toilet. Use the manufacturer's instructions.
6. Provide education and demonstrate (if necessary) the use of the equipment to the client and/or carer.
7. Review the client's ability to use the equipment including the ability to access the toilet with the mobility aid (if relevant), circulation space, transfer on/off the equipment, clothing adjustment, use of arm rests/rails (if relevant) and perineal hygiene access.
Note: access to the perineum can be simulated if the client does not need to use the toilet during the task.
8. Based on the information collected, determine if the equipment provides a functional advantage/achieves the goals of prescription and make a recommendation to the client and team regarding the client's use of the trialled equipment and/or any further management plans.
9. If relevant, provide the client and family/friends/carer with information on accessing the trialled equipment (loan/purchase process) and the safe and effective use of the selected equipment (safety features and maintenance). This may include implementing the local protocol or procedure for suitable equipment schemes.

5. Monitoring performance and tolerance during the task

- Common errors and compensation strategies to be monitored and corrected during task include:
 - inadequate space and/or uneven floor surface in the bathroom for the prescribed equipment. Consider whether a raised toilet seat and/or grab rail may be more appropriate. If the skill share-trained health professional does not have competence in prescription of a grab rail, liaise with a health professional with expertise in the task.
 - manoeuvrability of the client's mobility aid in the bathroom with the equipment fitted is inadequate and a safety risk e.g. catching of equipment legs, inability to position appropriately or unable to close the door. Consider alternative toilet seating equipment options e.g. raised toilet seat or static commode beside the bed. If unable to determine a suitable option, discuss with a health professional with expertise in the task.
 - spillage outside of the toilet bowl during voiding. The use of a splash guard can prevent spillage and reduce slip hazards.
- Monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above.

6. Progression

- The client may require further review of toilet seating equipment if goals or factors impacting toileting change e.g. the client has a suprapubic catheter inserted or commences use of continence products, changes to medical or surgical restrictions, an increase in falls risk, an acute injury to the limbs, illness or surgery, or the client changes residence or is admitted to hospital or residential care.

7. Document

- Document the outcomes of the task as part of the skill share-trained health professional's entry in the relevant clinical record, consistent with relevant documentation standards and local procedures and commenting on the client's ability to complete the task including the following specifics of the task performance:
 - toilet seating equipment trialled i.e. type and brand, style, product code, and suitability of each item trialled including any problems with performance.
 - a description of the environment where the equipment is or will be fitted e.g. ensuite toilet or downstairs bathroom.
 - observation of the client using the prescribed equipment including transfer on/off, ability to reach and use toileting equipment including any required adjustments e.g. re-location of toilet paper or bin. If the observation did not occur in the environment planned for use, this should be noted e.g. ward toilet prior to discharge home.
 - if using a mobility aid, the ability to safely use brakes (if relevant) and manoeuvre within the environment with the toilet seating equipment fitted, including opening and closing the door.
 - safety during the task.
 - recommendation for ongoing toileting performance with the planned seating equipment including any assistance, use of grab rails or other toileting equipment.
 - education provided to the client and carer/s regarding maintenance, safe working limit, removal or use of equipment by other users, adjustment features and the process for review of the equipment if problems arise.
- The skill shared task should be identified in the documentation as 'delivered by skill share-trained (*insert profession*) implementing CTI S-AD05: Prescribe, train and review use of toilet seating equipment" or similar wording.

References and supporting documents

- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: performance criteria checklist

S-AD05: Prescribe, train and review use of toilet seating equipment

Name:

Position:

Work Unit:

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record.			
Identifies indications and safety considerations for the task and makes appropriate decisions to implement the task, including any risk mitigation strategies, in accordance with the clinical reasoning record.			
Completes preparation for the task including completing an equipment safety check and confirming client acceptance to trial equipment; ensures the environment is safe for equipment fitting and the client is wearing suitable footwear.			
Describes the task and seeks informed consent.			
Prepares the environment and positions self and client appropriately to ensure safety and effectiveness of the task, including reflecting on risks and improvements in the clinical reasoning record where relevant.			
<p>Delivers the task effectively and safely as per the CTI procedure in accordance with the Learning Resource.</p> <ul style="list-style-type: none"> a) Clearly explains and demonstrates the task, checking the client's understanding. b) Collects information from subjective and objective assessments (including S-AD04) to determine the indication for and suitability of toilet seating equipment. c) Selects a suitable piece of equipment for trial, consistent with Table 1 and Table 2 in the Learning resource and clinical reasoning. d) Confirms appropriate height and safe working limits of the equipment and adjusts to the client's requirements. e) Fits the equipment to the toilet using the manufacturer's instructions. f) Educates the client/carer and demonstrates use of the equipment, including sit to stand transfers. g) Assesses that the client is able to safely use the equipment including transfers on/off, circulation space, access to hygiene, voids into the toilet bowl 			

<p>and that the equipment provides a functional advantage/ achieves the goal of prescription.</p> <p>h) Considers factors such as the client's ability to purchase/hire equipment in the decision-making process.</p> <p>i) If relevant, provides the client and family/carer with education and advice for use of the equipment, maintenance requirements, safety features and access options (hire/purchase).</p> <p>j) During the task, maintains a safe clinical environment and manages risks appropriately</p>			
Monitors for performance errors and provides appropriate correction, feedback and/or adapts the task to improve effectiveness, in accordance with the clinical reasoning record.			
Documents in the clinical notes including a reference to the task being delivered by the skill share-trained health professional and the CTI used.			
If relevant, incorporates outcomes from the task into an intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record.			
Demonstrates appropriate clinical reasoning throughout the task, in accordance with the Learning Resource.			

The equipment approved as part of the local service model

The health professional has been trained and assessed as competent to deliver the task for the following toilet seating equipment:

- Raised toilet seat
- Over toilet frame
- Toilet surround
- Static commode
- Other _____

Notes on the service model in which the health professional will be performing the task

For example: in the community setting with cancer care clients; in the medical assessment planning unit to facilitate geriatric discharge.

Comments should also include any restrictions (type of walking aids, weight bearing status, etc.)

Comments

Record of assessment competence:

Assessor name:	Assessor position:	Competence achieved:	/	/
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Scheduled review:

Review date:	/	/
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S-AD05: Prescribe, train and review use of toilet seating equipment

Clinical reasoning record

- The clinical reasoning record can be used:
 - as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting.
 - after training is completed for the purposes of periodic audit of competence.
 - after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.
- The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: _____

1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

2. Client

Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

General care plan

- insert concise point/s on the client's general and profession-specific/allied health care plan e.g. acute inpatient, discharge planned in 2/7

Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

Other considerations

- insert concise point/s of relevance to the task not previously covered. If none - omit.

3. Task indications and precautions considered

Indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement/not implement the task including risk management strategies.

4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

Skill share-trained health professional

Name:

Position:

Date this case was discussed in supervision:

Outcome of supervision discussion:

Lead health professional (trainer)

Name:

Position:

/ /

e.g. further training, progress to final competency assessment

Prescribe, train and review use of toilet seating equipment: Learning resource

Clients who have toileting problems may benefit from the prescription of toilet seating equipment. Access to the toilet can be enhanced by matching the client performance with equipment features. Equipment with arm rests can provide extra support for balance. Increasing the height of the toilet seat can reduce the force required to transfer on and off the toilet or provide protection from injury or support restriction adherence e.g. orthopaedic precautions.

Required reading

- Government of South Australia (2013). Equipment program.
 - Clinical considerations for prescribing toileting aids. Available at: https://equipmentprogram.sa.gov.au/_data/assets/word_doc/0009/21114/toileting-aids-clinical-considerations-for-prescribers.doc
 - Clinical considerations for prescribers commodes. Available at: https://equipmentprogram.sa.gov.au/_data/assets/word_doc/0008/19655/commodes-clinical-considerations-for-prescribers.doc
- Manufacturer guidelines for each of the aids being prescribed, particularly equipment safety features (including safe working load), adjustment features and maintenance.
- OT discussions. Reasoning charts for simple personal care equipment. Accessed 4/6/2021. Available at: <http://www.otdiscussions.com/wp-content/uploads/2014/04/Clinical-reasoning-exercise-for-considering-ADL-equipment.pdf>
- Local implementation of this CTI will also require reference to manual handling programs and procedures, falls risk assessment and management processes, protocols/care pathways/set criteria (e.g. hip replacement precautions) and local equipment hire/purchase protocols, processes, schemes and application process (e.g. DVA and MASS) relevant to the facility. Information and resources should be read and discussed with the lead health professional at the commencement of the training phase and listed in the training record comments section. Read and discuss the following references/resources with the lead health professional at the commencement of the training phase:

Optional reading

- Shower/toilet chairs (mobile and static) must comply with Australian Standards. For more information, see Australian/New Zealand Standards™ AS/NZS 3973:2009. Shower/toilet chairs (mobile and static). Sydney Australia: SAI global 2009.
- van Houten P, Achterberg W, Ribbe M (2007). Urinary incontinence in disabled elderly women: a randomized clinical trial on the effect of training mobility and toileting skills to achieve independent toileting. *Gerontology* 53(4): 205-10. Available through CKN for Queensland Health staff.
- Cohen-Mansfield J, Jensen B (2005). The preference and importance of bathing, toileting and mouth care habits in older persons. *Gerontology* 51(6): 375-385. Available through CKN for Queensland Health staff

Optional viewing

- Adaptive Equipment Corner (2015). Specifics on Bedside Commodes and Raised Toilet Seats. Available at: https://www.youtube.com/watch?v=jjL4kEHGoE&index=1&list=PLdJmtIfUxx4fyFVX9UM12Dl0McN9nO3_l
- Adaptive Equipment Corner (2015). How to install a Bedside Commode Frame Over the Toilet for Extra Support. Available at: <https://www.youtube.com/watch?v=0zqSoYDXD0E&t=1s>
- Adaptive Equipment Corner (2015). How to Install a Raised Toilet Seat. Available at: https://www.youtube.com/watch?v=qLjNtzQEBiA&index=3&list=PLdJmtIfUxx4fyFVX9UM12Dl0McN9nO3_l

Example client fact sheets (Queensland Health staff only)

- Central Queensland Hospital and Health Service (2019). Patient information: Toilet Surround. Available at: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0023/2409080/toilet-surround.pdf
- Darling Downs Hospital and Health Service (2018). Fact sheet: Toilet Seat Raiser. Available at: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0018/425232/fact-1977.pdf
- Metro South: Princess Alexandra Hospital (2019). Occupational Therapy: Client Information: Static bedside commode. Available at: <http://paweb.sth.health.qld.gov.au/sqrm/qiu/brochures-posters/documents/PIB0672.pdf>
- QEII Jubilee Hospital (2018). Occupational Therapy: Over Toilet Frame. Available at: <https://docs.sth.health.qld.gov.au/information/qeii-jubilee-hospital/qeb1345>

Selecting toilet seating equipment

- The main indications to prescribe toilet seating are to:
 - adhere to surgical restrictions: clients may be provided with restrictions post-surgery whereby a standard toilet pedestal is too low e.g. total hip replacement.
 - pain: a client with reduced lower limb movement may find a higher toilet seat is easier to stand up from and sit down on e.g. post total knee replacement, hip fracture, knee or hip osteoarthritis.
 - fatigue, limited endurance, shortness of breath with walking to the toilet: providing a static commode can reduce the walking distance to void compared to the client's regular toilet.
 - balance deficits: sitting with back support and arm rests can assist clients with poor balance and transfers.
 - client requests: at times clients may request toilet seating equipment. This often relates to a fear of falling. The rationale for the request should be explored and assessed to ensure the prescription is appropriate and that any underlying medical conditions have been investigated and managed.
- There are many toilet seating equipment options available. Client preference should be considered as part of the prescription process. Factors that impact on client preference may include:
 - acceptability by other users in the home including their requirements for safe working load, access to other toilets, circulation space requirements and seat dimensions.
 - aesthetic appearance of the equipment.

- cost, including loan pool access, purchase and funding schemes.
- Clinical reasoning is required to determine the most effective and appropriate equipment for the client and their environment.

Table 1 provides a guide to choosing toilet seating equipment.

Table 2 provides indications, limitations and common performance errors for toileting setting equipment included in this CTI.

Additional training resources should be sourced if other equipment pieces are required.

Fitting toilet seat equipment

Person

- The toilet seat height is generally prescribed to be 5 centimetres (cm) above the popliteal crease. To measure the popliteal height, the client should be seated with shoes off. The measurement is taken from the floor to the popliteal crease on the outer side of the leg. The seat height is calculated by adding 5cm to this measurement.
- Feet should be placed flat on the floor when the client is seated.
- If arm rests are present, the client should be able to place their arms comfortably on the arm rests i.e. shoulders by side, elbows at approximately 90° flexion in sitting. The arm rests should also allow shoulder abduction without restriction. Arm rests should not rest against the client's trunk. If this occurs, review the need for arm rests and/or the seat width dimensions.
- The fitting guide for all toilet seating equipment is provided in the manufacturer's instructions.

Environment

- The seat should be stable.
- The circulation space should be reviewed for safety during mobilisation, transfers and use of the equipment.
- The equipment should be positioned to support access to grab rails, toilet paper, wipes, hygiene implements and continence product disposal units.

Toilet seat and grab rails

- If a client already has grab rails, confirm that the planned toilet seating equipment is able to be fitted and that the client is observed using the equipment with or without the grab rail as appropriate. If the planned toilet seating equipment has arm rests, the client should be educated to use two hands to push up on the arm rests, instead of one hand to pull on the grab rail. The grab rail may still be required for clothing adjustment.
- If the client does not have grab rails but is observed to prefer to pull up from sitting using the vanity or towel rail instead of using the seating arm rests to push down on, the client may benefit from a grab rail prescription.
- In both instances liaise with a health professional with expertise in grab rails, toileting assessment and equipment prescription during the toilet seating prescription process.

Table 1: Clinical reasoning guide to choosing toilet seating equipment

Indications for toilet seating equipment	Raised toilet seat	Over toilet frame	Toilet surround	Static commode
Difficulty standing up from the toilet (pain/reduced range of motion)	√	√	X Unless matched to popliteal height	√
Reduced eccentric control during lowering into sitting onto the toilet (flopping)	√	√	X Unless matched to popliteal height	√
Seat height adjustment required e.g. surgical restriction <90° hip flexion)	√	√	X	√
Balance deficits	√ With arm rests	√	√	√
Uneven weight shift – risk of tipping e.g. with perineal hygiene, upper limb weakness during transfers	√	X	X	X
Other considerations				
Limited circulation space	√	X	X	√ Placed outside the toilet environment
Client uses a mobility aid (if in scope for the local service)	√	√ Risk of clipping	√ Risk of clipping	√
Ease of equipment cleaning by the client/carer	X	√	√	X
Ease of removal i.e. for/by other users.	X	√	√	X

Table 2: Toilet seating equipment

All toilet seating options should consider:

1. Safe working load. Generally, 110-125kg. Bariatric equipment is required if limits are exceeded.
2. Seating dimensions need to accommodate the client’s body shape to avoid shearing.
3. Hygiene and maintenance requirements e.g. surfaces are wipeable. See manufacturer’s instructions for details.

Equipment & Description	Indications	Precautions	Possible Performance Errors
<p>Raised toilet seat</p> <ul style="list-style-type: none"> • Lightweight, plastic, raised toilet seat that has a contoured surface, a rear cut out and a lid. There are 3 different heights available (50mm, 100mm and 150mm). • Secured in place onto toilet bowl via screws or clamps. • Can come with grab rails attached. Rails are beneficial if the client requires hand support for balance. • Rails should not be included if the client uses slide board transfers. • To view an example see: http://ilcaustralia.org.au/products/16550 	<ul style="list-style-type: none"> • Increasing the height of the toilet provides assistance with transfers by reducing the effort required to lower and raise the body from the toilet seat. • Primarily useful for decreased lower limb strength in transfers if the client is unable to transfer on/off the toilet seat OR toilet seat transfer is effortful. • Client/carer declines equipment with leg component due to possible trip hazard or difficulties with cleaning floor surfaces. • Client unable to evenly weight bear through the upper limbs such that a risk is identified in using equipment with legs that may ‘tip’. • Grab rails previously installed in the toilet environment are compatible with the client’s needs and primary concern is toilet height. 	<ul style="list-style-type: none"> • Ensure new toilet seat height is not >100mm above popliteal height and that the client’s feet are able to reach firmly to the floor to ensure stability and ability to release sphincter. • Item is not easily removed and reinstalled, therefore the client and/or other users need to consider acceptability of the equipment. • Item should be regularly checked for fit to ensure it remains secure. 	<ul style="list-style-type: none"> • Errors include: <ul style="list-style-type: none"> – ‘flopping’ onto the seat. Address by instructing on the appropriate technique to lower self onto the seat, or consider alternative equipment.

Equipment & Description	Indications	Precautions	Possible Performance Errors
<p>Over toilet frame</p> <ul style="list-style-type: none"> A portable, free standing, height adjustable aluminium over toilet frame with integrated armrests and a removable plastic toilet seat and lid. It is designed to be used over a toilet or as a commode. Options include collapsible or as a solid item, a splashguard and round commode pan with a lid. Item will not be compatible if waste outlet position interferes with the leg of the over toilet frame. To view an example see: http://ilcaustralia.org.au/products/2138 	<ul style="list-style-type: none"> Increasing the height of the toilet and providing arm rests provides assistance with transfers by reducing the effort required to lower and raise body from the toilet seat. Primarily useful for decreased lower limb strength in transfers such that the client is unable to transfer on/off the toilet seat OR toilet seat transfer is effortful. Additionally, the client benefits from arm rests for upper limb support and is able to evenly weight bear through the upper limbs. 	<ul style="list-style-type: none"> Ensure new toilet seat height is not >100mm above popliteal height and that client's feet are able to reach firmly to the floor to ensure stability and ability to release sphincter. Equipment legs may create a trip hazard in small circulation spaces particularly where mobility aid and carer are required to be accommodated. Clients who are unable to evenly weight bear through the upper limbs (e.g. hemiparesis, fracture) may still use if they can restrict the amount of force used via their intact arm on the arm rests and compensate with lower limb power, reducing the risk of 'tipping'. Increasing the seat height may allow urine flow between the toilet bowl and the frame creating a slip hazard, a splash guard is recommended. Item is easily removable from the toilet area. However, safety may be compromised if the client/carer needs to regularly remove and replace the item if mobility is impaired. If the item is not acceptable based on aesthetics, consider alternative equipment. 	<ul style="list-style-type: none"> Errors include: <ul style="list-style-type: none"> 'flopping' onto the seat. Address by instructing on the appropriate technique to lower self onto the seat or consider alternative equipment. uneven upper limb weight bearing causing 'tipping' of the equipment. Address by providing instructions on reducing upper limb force through one side and encourage increasing lower limb power to compensate. tripping or knocking into equipment legs. Address by improving planning of carer or mobility aid positioning in small circulation spaces.

Equipment & Description	Indications	Precautions	Possible Performance Errors
<p>Toilet Surround</p> <ul style="list-style-type: none"> • A frame that surrounds the toilet and provides height adjustable armrests. • There is no attached toilet seat. • Product may be supplied with a mounting kit which enables the toilet surround to be permanently bolted to the floor. • User needs to consider with floor mounting the impacts on water proofing in wet area rooms. • Item may not be compatible with side waste outlet as the leg of the toilet surround will conflict with the waste pipe. • To view an example see: https://ilcaustralia.org.au/products/12329?search_tree=893 	<ul style="list-style-type: none"> • Arm rests provide assistance with transfers by reducing the effort required to lower and raise body from the toilet seat without raising the toilet seat height. • Primarily useful for decreased lower limb strength in transfers such that the client is unable to transfer on/off the toilet seat or toilet seat transfer is effortful. • Additionally, the client benefits from arm rests for upper limb support and is able to evenly weight bear through the upper limbs. • As toilet seat height is not raised, this equipment is particularly helpful for clients of shorter stature to ensure feet are stable on the floor and the client is able to release sphincter when voiding. 	<ul style="list-style-type: none"> • Equipment legs may create a trip hazard in small circulation spaces particularly where mobility aid and carer are required to be accommodated. • Clients who are unable to evenly weight bear through the upper limbs (e.g. hemiparesis, fracture) may still use if they can restrict the amount of force used via their intact arm on the arm rests and compensate with power of lower limb strength, reducing the risk of 'tipping'. • Additionally, equipment can be secured to the floor with permanent mounting. • Unless secured with permanent floor mounting, the item is easily removable from the toilet area. However, safety may be compromised if the client/carer needs to regularly remove and replace the item if mobility is impaired. If the item is not acceptable based on aesthetics, consider alternative equipment. 	<ul style="list-style-type: none"> • Errors include: <ul style="list-style-type: none"> – 'flopping' onto the seat. Address by instructing on the appropriate technique to lower self onto the seat or consider alternative equipment. – uneven upper limb weight bearing causing 'tipping' of the equipment. Address by instructing on reducing upper limb force through one side, encourage increasing lower limb power to compensate. – tripping or knocking into equipment legs. Address by improving planning of carer or mobility aid positioning in small circulation spaces.
<p>Static Commode</p> <ul style="list-style-type: none"> • A steel frame chair with adjustable height legs, a curved padded backrest, padded armrests and a fold back padded seat. The seat hinges back and down behind the back legs when using the 	<ul style="list-style-type: none"> • Primarily useful for clients who are unable to safely access the toilet due to impaired mobility and difficulty with distance or stair negotiation, or nocte frequency. 	<ul style="list-style-type: none"> • Ensure toilet seat height in comparison to client's overall height is not >100mm above popliteal height OR that the client's feet are able to reach firmly to the floor to ensure 	<ul style="list-style-type: none"> • Errors include: <ul style="list-style-type: none"> – 'flopping' onto the seat. Address by instructing on the appropriate technique to lower self onto the seat or

Equipment & Description	Indications	Precautions	Possible Performance Errors
<p>commode. It has a lift-up toilet seat under the padded seat and a removable pan with lid.</p> <ul style="list-style-type: none"> Note: funding via MASS may be available for this item. Review local processes and liaise with the lead professional. To view an example, see: http://ilcaustralia.org.au/products/1484 	<ul style="list-style-type: none"> Sufficient space must be available to position items e.g. beside bed. Client/carer need to be able to manage waste disposal and cleaning. 	<p>stability and ability to release sphincter.</p> <ul style="list-style-type: none"> Equipment legs may create a trip hazard in small circulation spaces particularly where mobility aid and carer are required to be accommodated. Clients who are unable to evenly weight bear through the upper limbs (e.g. hemiparesis, fracture) may still use if they restrict the amount of force used via their intact arm on the arm rests and compensate with power of lower limb strength reducing the risk of 'tipping'. Ensure that the client or carer can safely remove the bowl and lid and dispose of contents e.g. without spilling and flush down the toilet. Unless secured with permanent floor mounting, the item is easily removable from the area. However, safety may be compromised if the client/carer needs to regularly remove and replace the item if mobility is impaired. If the item is not acceptable based on aesthetics, consider alternative equipment. 	<p>consider alternative equipment.</p> <ul style="list-style-type: none"> uneven upper limb weight bearing causing 'tipping' of the equipment. Address by instructing on reducing upper limb force through one side and encourage increasing lower limb power to compensate. tripping or knocking into equipment legs. Address by improving planning of carer or mobility aid positioning in small circulation spaces.