

access insight

Bathrooms

**Incontinence:
let's talk about it**

**Accessible Ensuites in
Aged Care Facilities**

**Unisex vs Gender Neutral
vs All Gender Toilets:
what's in a name?**

Access to Trails

World Hearing Day

World Autism Awareness Day



by Mark Relf AM
President of the Association of Consultants in Access Australia

By the time you read this magazine the information overload on COVID-19 will have been intensive and exhaustive with no end in sight. Similarly, the full economic impact is unknown at this stage and will undoubtedly affect all Australians in varying degrees.

While ACAA has limited direct exposure to COVID-19 we foresee challenging times ahead for some members and have considered what contribution can be made to ease a small burden on members.

1. Firstly, ACAA apologises for the short notice regarding the cancellation of the NSW Seminar that was scheduled for 26 March as the task of converting the face to face event to a webinar involving multiple speakers and audience remotely was too great in the available time. ACAA will be refunding all registration fees in the next 14 days.
2. All ACAA CPD activities will be conducted by webinar for the foreseeable future.

3. ACAA is suspending compulsory CPD requirements from 1 January to 31 December, 2020 which will be reviewed in the later in the year. Any CDP points attained in this period will rollover into 2021.
4. Membership renewals will remain at current levels for the coming year and the renewal period extended from 31 July to 31 December 2020 without any change in membership status.

With the myriad of cancelled events and unknown future the prospect for a full scale 2021 Access conference and exhibition looks in doubt and personally will not shackle ACAA to such a commitment, especially as I may not be president in 2021. We will keep you all posted concerning future CPD activities.

NCC 2019 AMENDMENT 1, REGULATION IMPACT STATEMENT AND VERIFICATION METHODS – THE NEXT STEP

The ABCB has released the *Consultation Regulation Impact Statement* regarding the *Process for the development of Performance Solutions* which proposes several options on what is the best strategy for mandating the use of verification methods into the National Construction Code (NCC) 2019 Amdt 1. While the RIS is heavily focussed on fire safety and structural matters the preferred option 2 is to mandate the application of VMs across the entire framework of the NCC.

ACAA has provide a submission to the ABCB concerning the RIS and proposed amendment to the NCC mandating the use of VMs for all performance solutions which is scheduled to take effect on 1st June 2021.

Essentially the ACAA submission calls for;

- Changing the language of performance design brief for whole buildings to that of individual components with the context of the subject building.
- The term 'reference buildings' could be improved by DtS provisions within buildings of similar classification, size and use.
- The removal of the formula from DV3 and insertion of an interpolation table.

- Development of report templates to enable consistency and transparency in readership and understanding.
- Other edits and inclusions to DV2 regarding equity frameworks, multiple examples of suitable performance solutions using the VMs, support to update the Supplement to AS 1428.1 and other necessary handbook guidance.
- Revision of FV2.1 to limit the application of reduced quantities on unisex accessible toilets.
- Moratorium until 1st May 2022 before full implementation of clause 2.2(4) of the draft amendment.

It is hoped an ongoing dialogue with the ABCB or we may need to use the proposal for change pathway to seek amendments. Alternatively, ACAA may need to develop practice notes to convey plain English interpretations of the VM process and suggested measurable criteria, modelling and testing methods and other guidance material to satisfy the new clause 2.2(4) of the NCC.

CONSULTATION REGULATORY IMPACT STATEMENT FOR ACCESSIBLE HOUSING

In conjunction with the ABCB the Australian Network for Universal Housing Design and Rights Inclusion Australia had scheduled a forum on the 20th April at Standards Australia regarding the Consultation Regulatory Impact Statement which is due to be released on Friday 3 April 2020, with an 8-week consultation period. This follows on from an earlier paper outlining possible amendments that could be made to volumes 1 and 2 of the NCC for the provision of Accessible Housing.

Given COVID-19 the release of the RIS and forum have been deferred until further notice, which you may wish to follow at:

- <https://www.abcb.gov.au>,
- <https://anuhd.org> or
- <http://www.riaustralia.org>.

Mark Relf AM

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February / March 2020 Issue

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Please email the Editor if you would like to showcase your project on the Cover of the next Access Insight

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Congratulations from the Committee of Management



The ACAA Committee of Management warmly welcomes the following people who have joined ACAA or upgraded their membership:

BRONZE CORPORATE MEMBERS

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- MN660 Khazen Bourkhazen
- MN661 Michael Neustein
- MN662 Stephanie Wright

Great news from the Committee of Management!

Great News! The ACAA Committee of Management have agreed that for our Access Insight Feature Article contributors, they will be awarded **1 CPD point per 250 words**.

ACCESS INSIGHT – MAY 2020 EDITION

Now is the time to get brainstorming!

The next Edition of Access Insight, to be published at the end of May 2020, will be on the theme of Specialist Disability Accommodation and Assistive Technology!

The Committee of Management is seeking Feature Article contributors, sponsors and advertisers for this upcoming issue. If you are interested in preparing an article, please email Anita at aieditor@access.asn.au

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State Insights



Moving forward, Access Insight will be seeking contributions from and featuring the activities of our various state networking groups.

NEW SOUTH WALES

The March 26 CPD event in NSW has been cancelled, and the NSW ACAA networking group will reconvene when everyone feels comfortable to do so.

In the interim any queries can be directed to Robyn Thompson rthompson@midsongroup.com.au.

SOUTH AUSTRALIA

Great news for our network in South Australia! The networking group, whilst it has not been active over the last year, are currently planning to get activities moving again in the near future (when everyone feels comfortable to meet again). Grant Wooller, your SA contact, is canvassing the local members to plan the year. So if any local ACAA members have not been involved or wish to have input and have not yet had contact from us, please get in contact with Grant Wooller gwooller@archaccess.com.au.

VICTORIA

The Victorian ACAA network is seeking an expression of interest from members to join the Victorian ACAA networking group committee. If you have an interest in joining the committee or attending future events, please email Paul Eltringham paul@stonehengeconsulting.com.au.

WESTERN AUSTRALIA

On Tuesday 10 March we enjoyed an enthusiastic state networking meeting with eleven people attending from various work environments and professional backgrounds including education, architecture, interior design, occupational therapy and building certification, all working in various aspects of access and inclusion for people with disability.

As usual, we had discussions on “tricky” access issues, plus we discussed adult change facilities in secondary and tertiary education, specialist disability accommodation and upcoming training for SDA Assessors, the recent success of the Highway to Hell event and AUSLAN interpretation at such events (have a look at the article prepared by Simone) and trail running in the Perth hills (see the article by a newcomer to our meeting, Melina).

The group welcomes all people interested in access and our next meeting is scheduled for Tuesday 9 June 2020 at 4pm.

Our particular thanks to Rob Morgan and North Metropolitan TAFE for hosting our meetings. They are held in the Student Services Conference Room (via Student Services), North Metropolitan TAFE, corner Oxford and Richmond Streets, Leederville.

ACAA NSW ACCESS CONSULTANTS NETWORK

Contact: ACAA NSW Chairperson
Robyn Thompson

ACAA SA ACCESS CONSULTANTS NETWORK

Contact: ACAA SA Chairperson
Grant Wooller

ACAA QLD ACCESS CONSULTANTS NETWORK

Contact: ACAA QLD Chairperson
Angela Chambers

ACAA VIC ACCESS CONSULTANTS NETWORK

Contact: ACAA VIC Secretary
Mr Paul Eltringham

ACAA WA ACCESS CONSULTANTS NETWORK

Contact: ACAA WA Chairperson
Anita Harrop

ACAA E-Forums



The ACAA forums are an invaluable tool for ACAA members to communicate and collaborate together. ACAA provides them with the intention of giving members a private area for informed discussion about their profession, the practice of that profession and the Association itself, as well as a place to ask for and receive assistance from your professional peers.

Started in September 2009, the forums have had a total of 211 topics with 6411 individual posts, an average of 51 posts a month over the life of the forums.

When first created in 2009, the forums were configured to automatically notify everyone about every post unless they opted out. Since then, worldwide and Australian privacy laws have changed and the forum software itself has changed in accordance with those laws. For users that were signed up in the first few years, you should be receiving all notifications on the original forums unless you unsubscribed, however, it is no longer possible to automatically notify NEW users about every post or to turn this function on for NEW FORUMS for all users, as users are required to opt into the information they want to receive.

Below is a brief overview on how to use the forums so that you, the members, can get the most benefit out of participating.

ACCESS

Access to the forums is for financially current ACAA members only. Nobody else has access and your posts are only read by members of the ACAA community. If someone's membership is ended for any reason, their access to the forums is turned off.

REGISTERING FOR THE FORUMS

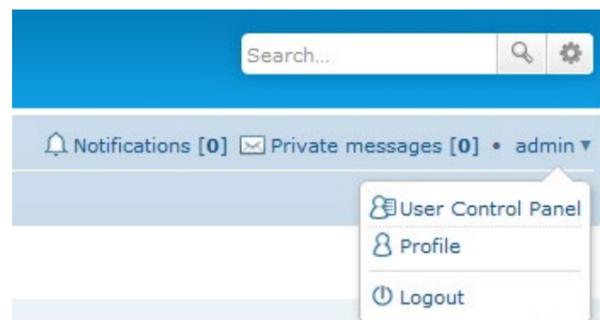
All new members are automatically registered for the forums and sent their login details; you are not required to register for the forums yourself. As such, if you wish to change your email address or password, please communicate with the admin to do so.

LOGINS

Logins are under your real name, not your email address or a pseudonym. This policy was adopted to keep the discussion as transparent as possible, on the premise that, if you aren't prepared to put your name to it, you probably shouldn't be saying it.

MANAGING YOUR ACCOUNT

Once logged into the forums, towards the top right of each page under the universal search function, you will see your notifications, private messages and your name. If you click the dropdown next to your name, you will be able to open your User Control Panel where you can manage your forum profile and many of your forum preferences.



GUIDELINES

Each forum has two pinned posts at the top, the moderators' responsibilities and the user guidelines. Reading these is recommended before you begin participating.

USING THE FORUMS

When you login to the home page, you will see 10 (currently) forums on different categories of topics that you can click on to participate in discussions relevant to that category, if you use the Board Index link anywhere in the forums, you will be taken back to this overview page.

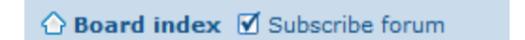
FORUM	TOPICS	POSTS	LAST POST
Accessibility in the Built Environment Information and discussion on accessibility in the built environment	619	5188	Re: easy step 2in1 staircase ... by Paul Huxtable 11 Mar 2020, 08:50
Disability Standards for Accessible Public Transport Information and discussion on the Disability Standards for Accessible Public Transport	6	28	Re: Accessible Transport Netw... by Paul Huxtable 03 Feb 2018, 07:43
LHA, SDA & Adaptable Housing Discussions on Livable Housing Australia, Specialist Disability Accommodation & Adaptable Housing	28	221	Re: Contacting LHA by Bryce Tolliday 29 Oct 2019, 16:11
Accessibility Practice Information and discussion on accessibility practice and related topics	60	322	Re: Discrimination by Scott Grimley 14 Feb 2020, 18:58
ACAA Management and Operations Information and discussions on the Association of Consultants in Access Inc.	21	134	Reminder - Call for articles ... by ACAA Moderator 01 May 2019, 08:37

When you click on a particular forum's title, you will be taken to that forum where you can see all the relevant topics and posts. Under the Forum's title, you will see the option to create a new topic or search the forum.

Accessibility in the Built Environment

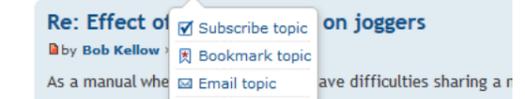
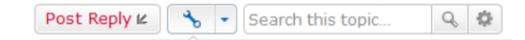


If you scroll to the bottom of the page, you will see information about the forum and your status in relation to it. The most important item here is the Subscribe forum tick box. If you tick that box on, you will receive all notifications for each topic and post in that forum. If you unsubscribe, notifications for that particular forum will be turned off.



If you don't wish to follow the whole forum but do wish to follow particular topics, you can unsubscribe from the forum but open the topic, and towards the top or bottom of each topic's page, you can use the topic tools to subscribe (or unsubscribe) for that topic only.

Effect of ramp landings on joggers



Once you have accessed a topic, you can post a reply, edit or delete your own posts or report a post if you think it is inappropriate for any reason.

Recharge point



MODERATION

The forums are lightly moderated, this is not meant to be a blanket censorship, ACAA encourages full and frank discussions between its members, however, the moderator has the power to suspend or unpublish a post if it is deemed to be outside the forum guidelines or for investigation if the post has been reported by another member.

I hope the ACAA members find this article useful. Remember if you need assistance in the forums, you can contact us (using the button near the bottom of all pages) at any time and either Terry Osborn or myself will assist you.

Warm regards and happy forum browsing

Jacqui Blanch (ACAA webmaster)

Incontinence: let's talk about it



by The Continenace Foundation of Australia

The Continenace Foundation of Australia is the national peak body promoting bladder and bowel health. As an organisation we advocate, inform, research, educate and raise awareness of incontinence and related health conditions.

Our vision is an Australian community free of the stigma and restrictions of incontinence.

We know that incontinence carries a lot of stigma and is rarely spoken about. We need society to open the conversation because bladder and bowel control problems are common, with one in four adults affected in Australia.

WHAT IS INCONTINENCE?

Incontinence can range in severity from 'just a small leak' to a complete loss of bladder and bowel control. There are two main types of incontinence: urinary and faecal.

URINARY INCONTINENCE

Urinary incontinence (or lack of bladder control) is a condition commonly associated with pregnancy,

childbirth, prostate cancer treatment and a range of chronic conditions such as asthma, diabetes or arthritis.

Women have a higher likelihood of experiencing incontinence. Of people in the community who have urinary incontinence, 80 per cent are women. Some of the most common types of urinary incontinence:

- **stress incontinence** where a person leaks small amounts of urine during activities that increase pressure inside the abdomen and push down on the bladder. This commonly occurs with coughing, sneezing, laughing, walking, lifting or playing sport.
- **urge incontinence** is a sudden and strong need to urinate. This can also be called an unstable or overactive bladder. It can make people suddenly need the toilet and some may leak urine before they get there.
- **incontinence associated** with chronic retention when the bladder is unable to empty properly and frequent leakage of small amounts of urine occurs as a result.



- **functional incontinence** relates to physical, intellectual or environmental issues that can be a contributing cause of incontinence in a person with normal bladder function. These can include not being able to get up and walk to the toilet, the toilet being hard to get to or use, and not having equipment such as handrails.

A REAL-LIFE LOOK AT INCONTINENCE

It can be difficult to understand the impacts of incontinence without living it. We have shared three situations to help show the reality of people experiencing incontinence.

Sara, urge incontinence

Sara is 32 years old and has been diagnosed with urge incontinence. She experiences a sudden need to empty her bladder at unexpected times. This means she has to rush to the toilet and hope there is an open one nearby that doesn't have a queue. If she knows she won't have immediate access to a toilet, she wears incontinence pads, liners or underwear.

Sara doesn't stay home and worry about her incontinence; she prefers to check nearby toilets using the tools at hand such as the National Public Toilet Map.

The National Public Toilet Map toiletmap.gov.au is a free website and app with details of over 19,000 publicly available toilets across Australia. Users can search for toilets nearby, as well as along their journey by simply entering their start and end points. Toilets can be filtered by specific features such as accessible parking, adult change, MLAK key and more.

John, incontinent after prostate surgery

John is in his 60s and a few weeks ago he

FAECAL INCONTINENCE

People with bowel control issues and faecal incontinence have difficulty controlling their bowels. This can result in accidental or involuntary loss of faeces (poo).

About one in 20 people experience issues with bowel control. It is more common as you get older, but a lot of young people also experience it. Many people with poor bowel control also have issues with bladder control.

The good news is that incontinence can be managed, treated and, in many cases, even cured. The first step is to seek help.

HELP IS AVAILABLE

The **National Continence Helpline (1800 33 00 66)** is a free telephone advisory service staffed by experienced continence nurse advisors. They provide information, education and advice to callers with bladder and or bowel issues, as well as health professionals.



underwent surgery for prostate cancer. He is now free of cancer and trying to get back to his normal life but is experiencing urinary (wee) leakage. He can't control a constant, but minor, urine leakage flow.

At first, he didn't leave his house because he feared having an accident in public. Now, while working on regaining continence he is using management strategies. He wears special pads and underpants designed to absorb the urine but has to plan ahead so he knows where the toilets are at all times.

He stills runs into trouble because he needs to change the pads or pants he's wearing when they fill up, in order to avoid leakage into his clothes. This also means he has to check them regularly which proves to be pretty inconvenient. When they do require changing, he finds that most men's toilets don't have a disposal bin for pads and pants. He doesn't feel right using disabled toilets, so he carries his used products in a bulky bag and hopes there is a bin nearby. John doesn't think this is ideal, but it is his only option for now.

Martha and her son Jack

Martha's 16-year-old son Jack uses a wheelchair and wears continence aids 24/7. Martha finds she is forced to limit social outings with her son because she is unable to change his incontinence products. She needs to be able to lie him down to change the product, but her local shopping centre and cinema doesn't have accessible adult change

facilities/Changing Places with a hoist and adult change table.

If he ever experiences a bowel accident while they are out, they have to return home immediately. Martha says that when he was smaller, she had to lie him on the toilet floor to change. 



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Gold Coast 8, 9, 10, 13 14 July and 5, 6, 7, 10, 11, 12 August 2020
Perth 26, 27, 28, 31 August, 1 September and 7, 8, 9, 12, 13, 14 October 2020

CPP50711 Diploma of Access Consulting Course for Occupational Therapists - 9 days

Sydney 13, 14, 15, 18, 19 May and 10, 11, 12, 15 June 2020
Melbourne 24, 25, 26, 29, 30 June, 29, 30, 31 July and 3 August 2020
Gold Coast 8, 9, 10, 13 14 July and 5, 6, 7, 10 August 2020
Perth 26, 27, 28, 31 August, 1 September and 7, 8, 9, 12 October 2020

CPP50711 Diploma of Access Consulting - Course for Building Surveyors - 8 days

Sydney 13, 14, 15, 18, 19 May and 15, 16, 17 June 2020
Melbourne 24, 25, 26, 29, 30 June and 3, 4, 5 August 2020
Gold Coast 8, 9, 10, 13 14 July and 10, 11, 12 August 2020
Perth 26, 27, 28, 31 August, 1 September and 12, 13, 14 October 2020

CPP40811 Certificate IV in Access Consulting - 8 days

Sydney 13, 14, 15, 18, 19 May and 10, 11, 12 June 2020
Melbourne 24, 25, 26, 29, 30 June and 29, 30, 31 July 2020
Gold Coast 8, 9, 10, 13 14 July and 5, 6, 7 August 2020
Perth 26, 27, 28, 31 August, 1 September and 7, 8, 9 October 2020

CPP40811 Certificate IV in Access Consulting - Course for Building Surveyors - 5 days

Sydney 13, 14, 15, 18, 19 May 2020
Melbourne 24, 25, 26, 29, 30 June 2020
Gold Coast 8, 9, 10, 13 14 July 2020
Perth 26, 27, 28, 31 August, 1 September 2020

2020 Training Calendar

Due to COVID-19, courses maybe delivered via teleconference and / or webinar. This would occur on the day allocated in the timetable. Further details will be provided closer to course confirmation if this is to occur.

Bridging Course for CPP50711 Diploma of Access Consulting - 3 days

Gold Coast 30, 31 March, 1 April 2020
Melbourne 27, 28, 29 April 2020
Sydney 15, 16, 17 June 2020

CPPACC4005A Conduct a Building Access Audit - 2 days

Melbourne 21 & 22 May 2020
Adelaide 28 & 29 May 2020
Sydney 10 & 11 June 2020
Gold Coast 11 & 12 August 2020
Perth 13 & 14 October 2020

Understanding Access Legislation and Universal Design in Buildings - 1 day

Adelaide 28 May 2020
Melbourne 21 May 2020
Adelaide 28 May 2020
Sydney 10 June 2020
Gold Coast 11 August 2020
Perth 13 October 2020

Understanding Access and Universal Design in Parks & Outdoor Spaces - 1 day

Brisbane 3 April 2020
Sydney 18 June 2020

Livable Housing Australia - Design Guideline Assessor Course - 3 hours

Brisbane 1 April 2020, 1.00pm – 4.00pm
Melbourne 20 April 2020, 1.00pm – 4.00pm
Perth 29 April 2020, 1.00pm – 4.00pm
Sydney 11 May 2020, 1.00pm – 4.00pm
Adelaide 26 May 2020, 1.00pm – 4.00pm
Gold Coast 6 July 2020, 1pm – 4pm

Accredited Specialist Disability Accommodation (SDA) Assessor Course - 1 day

Melbourne 21 April 2020, 9.00am – 4.30pm
Perth 30 April 2020, 9.00am – 4.30pm
Sydney 12 May 2020, 9.00am – 4.30pm
Adelaide 27 May 2020, 9.00am – 4.30pm
Sydney 9 June 2020, 9.00am – 4.30pm
Gold Coast 7 July 2020, 9.00am – 4.30pm
Brisbane 2 April 2020, 9.00am – 4.30pm



Accessible Ensuites in Aged Care Facilities



by **Sarah McCarthy**
Access Consultant
Architecture & Access

Sarah has worked as an access consultant since 2012. She is a qualified interior designer with over 15 years' experience in the retail, health and education sectors. Sarah's experience working as an interior designer has given her a good understanding of the building and construction industries as well as a deep understanding of the way in which people move through the built environment.

The residents of aged care facilities have varying needs and abilities. Therefore, when it comes to designing residential aged care facilities, a one-size-fits-all approach isn't necessarily the best way forward. There are a multitude of factors to be taken into consideration such as the residents' level of mobility, cognitive ability and dignity as well as staff requirements for assisting residents and the use of equipment within the bathroom.

Over the past two decades in Australia, the number of people aged 85 years and older increased by 117%, to a total of 515,700 people¹ nationwide. With this staggering figure in mind, now seems like a good time to ensure that we are designing aged care facilities, in particular, residents ensuites, to best accommodate the individual.

Compliance with the regulatory code requirements doesn't necessarily provide the best outcome for the end user and often neglects the residents varied individual needs. This is in part due to the fact that AS1428.1 is founded on data collected by JH Bails which is based on people who use a wheelchair between the age group of

¹ Bureau of Statistics Data

18 to 60, "and may not be appropriate for people outside this range" according to Part 1 of AS1428.1, 2009. It therefore does not take into account the variables of aged care residents who use a motorised wheelchair or scooter and who are perhaps, less physically able than a 60 year old.

This implies that very few people in Aged Care facilities are having their needs addressed by the rigid Australian Standards for accessible bathrooms, which in some ways makes this data irrelevant for a large majority of the inhabitants.

In reality, most residents who use a wheelchair in residential care facilities are unlikely to be independently transferring whilst using the ensuite and are in fact more likely to need assistance from staff members when showering and using the toilet. This begs the question, have some of the fixtures and fittings within AS1428.1, 2009 compliant ensuites become obsolete?

One architect I spoke to believes that "we are missing a design guideline for aged care facilities" and through his extensive work in the Aged Care sector, has found that more and more often he is being asked to design ensuites without fold down shower seats or

compliant accessible pans. Feedback from facility managers and staff suggests that fold down shower seats are potentially dangerous as they lack the support as well as comfort of a shower chair. Furthermore, perhaps shower mixers should be located further away from the shower rail (and closer to the staff side of the shower recess) to assist those staff members who are showering the residents.

The AS1428.1 compliant accessible pan does not suit most residents, including those who are independently mobile with adequate mobility as it provides unilateral support. Increasingly, architects are being asked to specify a standard pan with pan-mounted arm rests (such as IFO Arm Supports). This style of pan with can be easily retro-fitted in existing buildings where sufficient wall strength cannot be economically provided, in addition, the drop-down grab rails can be installed and uninstalled as the individual's needs change.

Furthermore, the armrest style grabrails are positioned at a height of just over 700mm which allows users to push down when standing which provides a functional and more appropriate option for some independent users. However, on the opposite end of the spectrum, some staff members find that the armrests are obtrusive, and they question the strength of the loadbearing on the armrests.

As Access Consultants, it is clear that further discussion is required in this field. We are rarely engaged at the concept design phase to give our professional advice on the layout and design of accessible ensuites and as a result are often left with the job of writing performance solution reports to address the deviation from the code for the non-provision of compliant fixtures as well as reducing the number of accessible SOUs in the facilities.

For a Class 9c aged care building, according to the NCC/BCA Part D3.1, five accessible SOUs are required where a total of 100 rooms are provided, this increases to nine rooms where 200 rooms are provided. This

number is substantial when we take into account that they are not providing a functional solution for most residents.

As we are all aware, the cost of increasing the room size of ensuites can be prohibitive, therefore, if residents are going to age-in-place then all bathrooms will need to be significantly larger to accommodate equipment which will be required as their mobility declines. Portable hoists, shower chairs, wheelchairs and commodes will often be utilised, all of which take up a significant chunk of the floorspace. Currently the standard room ensuites have limited capacity to fit all of the equipment that may be required as well as including one or two staff members and their spatial needs when caring for residents. Fortunately, some aged care facilities are designing rooms with ceiling hoists which will alleviate some of the stress on limited space.

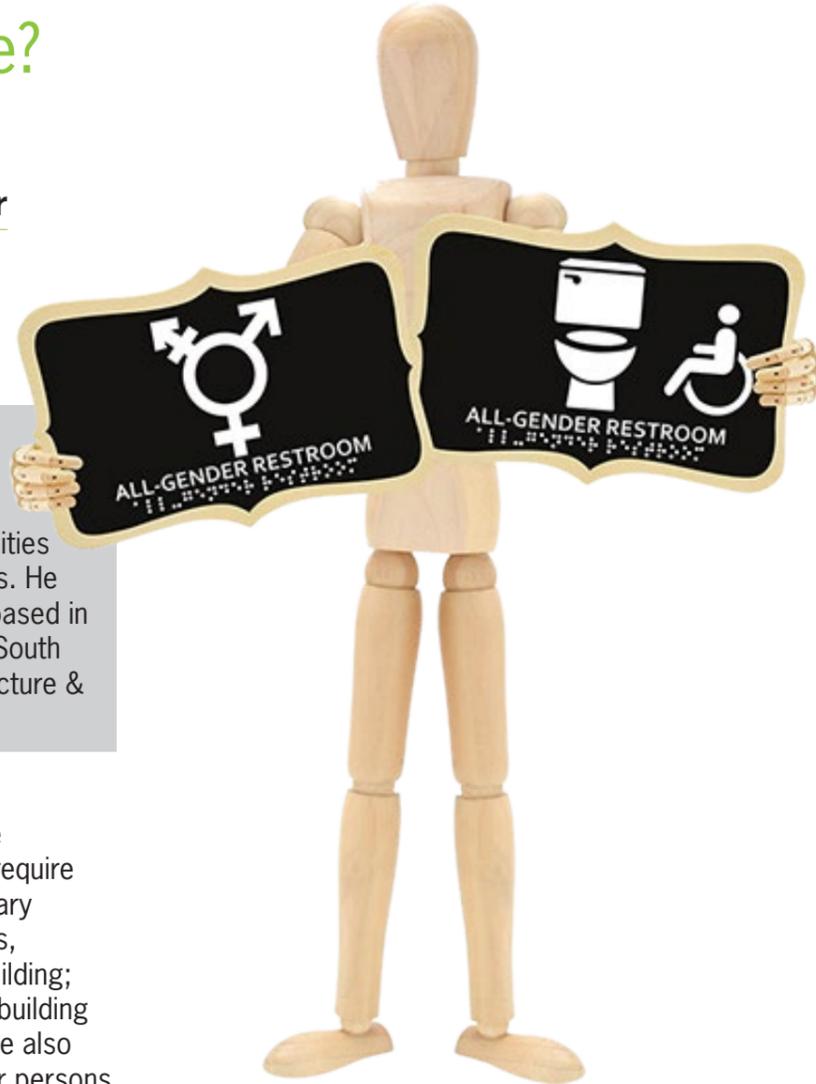
This presents an opportunity for the key stakeholders to re-address the design and layout of residential care ensuites and perhaps by engaging Access Consultants, occupational therapists, healthcare professionals and the elderly we can start the discussion to design bathroom spaces that are safer, more inclusive, aesthetically pleasing and functional for older Australians. 

Unisex vs Gender Neutral vs All Gender Toilets – what’s in a name?



by **Grant Wooller**

Grant Wooller is an Access Consultant (Accredited Member of ACAA) and Registered Occupational Therapist. He has worked with people with disabilities in various settings for the last 20 years. He has worked as an Access Consultant based in Victoria, Queensland, and currently in South Australia, leading the office for Architecture & Access.



The Disability (Access to Premises – Buildings) Standards 2010, and the National Construction Code (NCC) require the provision of “accessible unisex sanitary compartments” within specified locations, depending on the classification of the building; typically at least one on every level of a building provided with sanitary facilities. There are also provisions for sanitary compartments for persons with ambulant disability, that “must be provided for use by males and females” (NCC F2.4), and more recently NCC 2019 saw the requirement introduced for accessible adult change facilities within certain types of buildings. These specifications have been introduced gradually over time, with the goal of providing facilities for personal hygiene that are suitable for all people... but are they really inclusive for all people?

Over recent years there has been much debate around the designated of toilets as male, female, and unisex, in the context of gender identity; and many proponents of this debate would suggest the answer to the above question is no.

Since the introduction of the Disability Discrimination Act 1992, and the writing of various Australian Standards for mobility and access, there has been a lot of progress in the

quality and suitability of toilets for persons with disability. Possibly of greatest significance being the current standards, we have for unisex accessible sanitary facilities. The designation of “unisex” has been important to ensure that all persons with disability are able to use the facility and can be accompanied by a carer who may not be of the same sex as the individual with a disability.

Recognising the above, we have a National Construction Code that requires sanitary facilities to be separated for males, females, or in a few select scenarios (including accessible toilets), unisex facilities. This construct provides facilities that reinforce a binary notion of gender. Not everyone, however, identifies as male, female; or with “unisex”; which according to the Oxford Dictionary means “intended for or used by both men and women”.

In recent years, in addition to the rights of persons with disability, there has been increased awareness regarding discrimination against persons on the basis of sexual orientation, gender identity and intersex status; with formal protections introduced within the Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth). Many people who do not identify with gender binary notions, but rather transgender identity or intersex, experience discrimination in various areas; and one of the areas where this can be experienced is the very basic human need to go to the toilet.

Whilst I think we would all agree going to the toilet is a very basic human right, many persons who identify as transgender or intersex do not feel safe going to the toilet outside of their own home. In the 2015 U.S. Transgender Survey¹, with 27,000 respondents, the following was identified:

- 59% had avoided bathrooms in the last year because they feared confrontations in public restrooms at work, at school, or in other places.
- Over 12% reported that they had been harassed, attacked, or sexually assaulted in a bathroom in the last year.
- 32% had avoided drinking or eating so that they did not need to use the restroom in the last year.
- 9% reported being denied access to the appropriate restroom in the last year.
- 8% reported having a kidney or urinary tract infection, or another kidney-related medical issue, from avoiding restrooms in the last year.

¹ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.



This clearly demonstrates that sanitary facility options that are inclusive for everyone are of vital importance for the health and safety of the community, but that male and female toilets do not satisfy this, and neither do unisex facilities.

So if “unisex”, the term used in the NCC and Australian Standard AS1428.1, along with the depiction of male and female symbols, does not promote inclusivity of people who are gender diverse, how do we achieve sanitary facilities that are inclusive for all people? Some approaches may suggest to simply remove reference to gender from a toilet, and simply label it “Toilet”; but does this provide clarity when we are so used to seeing toilets as Male, Female or Unisex, and labelled with the corresponding symbols?

There has been much debate on this topic, with not one definitive answer; however, many sources are coming to a similar conclusion. The terms “Gender Neutral” and “All Gender” have come into use in recent years, however, in 2016 focus group results from the University of Arizona showed “that students prefer the language of “all-gender” to “gender neutral” or “restroom” (without any qualifiers)”. This is backed up by recent conversations with diversity and inclusion departments within some Australian universities, including Deakin University who reported that “All Gender” was terminology preferred from their consultation with the LGBTQI community.

Along with debates about the wording to be displayed on signage, possibly more debate has occurred about symbols that should be used. Some examples include the use of a combined transgender symbol ♀♂ (that has the male symbol ♂ circle with upward-right pointing arrow, female symbol ♀ circle with downward t or cross, and an upward-left pointing crossed arrow); however this is also not inclusive of all non-binary gender identities, and being that the symbols are an abstract representation of gender, they may not be easily understood by persons with cognitive impairment or intellectual disability.

Some other examples have included the male

pictogram and female pictogram (that are usually on unisex facilities), but include a third pictogram that is half male and half female. This has come under some criticism as it still reinforces a binary notion of gender, and has connotations of cross-dressing, “she-males”, and other derogatory terms that have oft been used to vilify the very people that should be feeling safe and included by the facility that is signed.

Another option for symbols used in conjunction with text is simply a symbol of a toilet; indicating the function of the room, rather than a specific understanding of gender. The focus group of transgender students from the University of Arizona² showed that students unanimously preferred the toilet symbol. Many others, including research by Buro North³, have found that the use of a toilet symbol is the most favoured.

Within the wider context of buildings, depending the building size and use, number of occupants of the building, and whether the building is existing; the most practical way to provide an “All Gender” sanitary facility, may be to combine it with the “Unisex Accessible Toilet”, but sign it as an “All Gender Accessible Toilet” with both the International Symbol of Access and a Toilet symbol. Thereby, providing a sanitary facility that is inclusive for all people. Possibly, there should be thought for update to the language within the NCC and AS1428.1 to replace “Unisex” with “All Gender” in future versions to improve inclusion for all people.

With new and larger buildings, it may be reasonable to provide “all gender” toilets in addition to the male, female, and accessible facilities. This is something that should be considered within future building codes and standards, and include guidance not only on signage, but on layout, privacy, and amenity such as provision for sanitary product bins.

Overall, the need for sanitary facilities to be more inclusive for all people, inclusive of

² https://lgbtq.arizona.edu/sites/lgbtq.arizona.edu/files/Resource_Guide-All_Gender_Bathrooms.pdf

³ <https://www.australiandesignreview.com/architecture/more-than-just-a-bathroom-sign-how-design-can-become-more-inclusive/>

persons with disability and persons of diverse gender identity, is well documented. There is still debate about the most appropriate signage for these sanitary facilities; however, the most common current consensus appears to be “All Gender Toilet” with a toilet symbol (in conjunction with the symbol of access where also an accessible toilet, or crutches where also a facility for persons with ambulant disability). Further research involving people from the LGBTQI community, as well as disability communities, would be useful to further developing standards around all-gender sanitary facilities, and their signage; and ensuring that the signage is also easily read and understood by people with vision impairment and people with cognitive or intellectual disabilities. Such research and standards would also have to drive a case for change to the provision in the NCC for inclusive sanitary facilities. ▲



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Master Locksmiths Access Key (MLAK)



MLAK SYSTEM

The Master Locksmiths Access Key (MLAK) system is a Masters Locksmiths Association of Australasia Ltd (masterlocksmiths.com.au) initiative that was launched in 1994 as a joint venture between Pittwater Council, ACROD and the MLAA, before being implemented nationally.

The MLAK system allows people with disability access to dedicated public facilities, including facilities in national parks and many council municipalities, lifts at railway stations, locked accessible toilets and Changing Places facilities throughout Australia. The MLAK is designed to increase access to these facilities.

Installation of the MLAK will assist reduce vandalism and aid in keeping facilities clean and at the same time overcome the obstacle of accessible toilets being locked.

Easy access to toilets that suit an individual's needs, or after hours, is something that the general public often takes for granted. For many people with a disability or continence issues, it can be difficult to locate an accessible public toilet or Changing Places facility that is unlocked, in good repair or clean. The MLAK scheme is therefore extremely important to enable people with continence issues or a disability to go out in the community, confident that toilet facilities will be available for their use, in a condition that enables their use.

People with disability can purchase an MLAK key, which will open toilets, playground equipment, Changing Places facilities and other facilities fitted with a lock that uses the special MLAK cylinder.

ELIGIBILITY AND GETTING AN MLAK

Eligibility is restricted to people who have a disability or have written authority from one of the following:

- a doctor
- a disability organisation
- community health centre
- the owner or management of a building with an accessible toilet on site

If someone meets these criteria, they can download the order form ([MLAK Order Form PDF](#)) and return it to the MLAA National Support Office, by email or post:

Post: Level 1, Unit 3, 34 Carrick Drive
Tullamarine Victoria 3043

Email: national@masterlocksmiths.com.au

Phone: (03) 9645 9995

Alternatively, MLAK keys are available for purchase from Business Members of the MLAA. These business members will display the "MLAK" symbol or the sign in their window.

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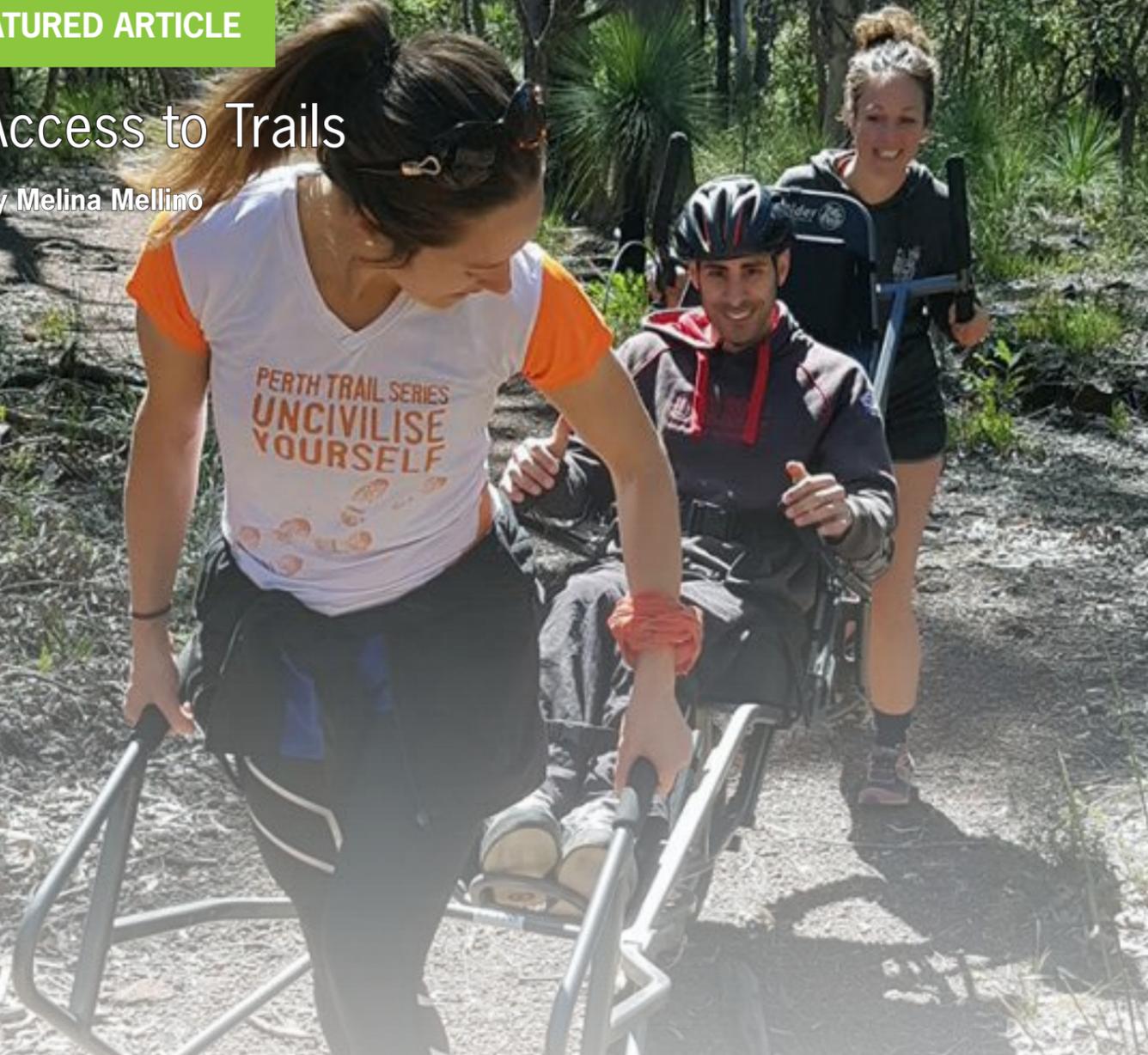
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Access to Trails

by Melina Mellino



In a relatively short space of time Melina Mellino has fallen in love with the wild trails of Western Australia, rallied the running community around a series of singletrack events, and established herself as one of the leading trail ambassadors in Australia. She's the Director of Perth Trail Series (PTS), involved in the World Trails Network, and a Trail Ambassador for Western Australia (WA).

I have never been past the sealed road section" our rider said as we headed off down towards the trail. There were a few nerves, a few nervous laughs and a lot of talking about how to use the Trail Rider properly. There are three of us. Two runners, me at the front and one at the rear and the rider, strapped in with an unexplained amount of trust in us. A trail rider is a single wheeled mobility transport supporter. Its got handles at the front and the back that two

trail runner "Sherpas" hold while they guide the rider along the trails. The one wheel is positioned underneath the rider to support their weight.

As we were making our way through the easy section at the start of the trail, we were all getting used to the device and how it manoeuvred. The two of us runners were getting used to being told what to do. Then we came to the sealed road. We crossed the road and I thought to myself "this is where it really begins...taking people places they have not been able to access before."

There were logs to go over, rocks to bounce across, hills to climb and then, of course, hills to go down. We had been walking until now. "You want to have a go at running?" came from our mad keen rider. "Sure, if you think we can".

Of course we can! And really quite fast it turns out. You turn into corners similar to a motor bike.

You can bounce down stairs and over rocks with speed but more than anything, there was a lot of laughter, shouting in the form of animated Woohoo's. It was exhilarating and scary for everyone. It's the feeling I get every time I run downhill, and a feeling our rider had not had on the trails since he has been in a wheelchair. This is how the relationship with runner and rider begins.

All my adult life, trails have played an important part of my physical and mental health. Wherever I've been in the world, I've always been able to spend the time in nature, running. Letting my thoughts clear and my body work. I now run Perth Trail Series full time, growing a community and finding ways to get as many people on the trails as often as possible. I feel like I've got the best job in the world, and to me, there's nothing more satisfying than seeing smiling faces at the end of a race and hearing endorphin filled stories. The trail community in Perth has grown to over 10,000 and now it's so exciting to be working with Break the Boundary. Right now, we're adding so many new people and stories to our community that haven't been possible.

Break the Boundary advocate for accessibility/ inclusion of people with physical and neurological

disabilities and empower people with physical disabilities to go beyond flat surfaces, out of their comfort zone, and into off-road areas, which they thought were inaccessible.

The relationship with Perth Trail Series and Break the Boundary is only in the early stages and we are really excited to see where this can go. We've got an enthusiastic bunch of trail runners and a growing number of Trail Riders, ready to break the boundaries. At Perth Trail Series, we are looking at ways to include Break The Boundary participants into the trail events we organise and taking people further off road and into nature. A place we all love. ▲

www.perthtrailseries.com.au
www.breaktheboundary.com.au

Editor's Note: ACAA will be focusing on outdoor trails, accessibility in the outdoor environments, accessible nature play, independent and assisted equipment for outdoor pursuits and relevant national and international work and resources pertaining to accessibility in the outdoor environment, in an upcoming edition of Access Insight. Stay Tuned!



World hearing Day 2020: Hearing for life

by **Simone Pirovich**
WSD Access Consultants

Simone Pirovich is a qualified Access Consultant Diploma and member of the Association of Consultants in Access Australia.

World Hearing Day is held on 3 March each year to raise awareness on how to prevent deafness and hearing loss and promote ear and hearing care across the world.

Being a Fremantle local and having watched the amazing Auslan Interpreters at the Perth Festival public music event 'Highway to Hell' held within the City of Melville and City of Fremantle constituency 1st March 2020, I thought it was prudent to link the two.

Not only did the attendees (deaf or not) enjoy the Auslan Interpreters, they were showcased across numerous social media platforms and news channels.

The event highlighted to me that the Interpreters are amazing performers in their own right, not just as Auslan Interpreters hired for a public event. What a wonderful way to raise awareness on hearing loss and care at a national and community level.

Around 466 million people worldwide have disabling hearing loss (1), and 34 million of these are children as cited by the World Health Organization.

(1) Disabling hearing loss refers to hearing loss greater than 40dB in the better hearing ear in adults and a hearing loss greater than 30dB in the better hearing ear in children.

World Health Organization advise that half of all cases of hearing loss can be prevented through public health measures.

For children under 15 years of age 60% of hearing loss is attributable to preventable causes. This figure is higher in low- and middle-income countries at 75% as compared to high-income countries at 49%.

Overall, preventable causes of childhood hearing loss include:

- Infections such as mumps, measles, rubella, meningitis, cytomegalovirus infections, and chronic otitis media. Totally 31%.
- Complications at the time of birth, such as birth asphyxia, low birth weight, prematurity, and jaundice. Totally 17%.
- Use of ototoxic medicines in expecting mothers and babies. Totaling 4%.

Other causes, not defined at 8%.

World Health Organization advise some simple strategies for prevention of hearing loss:

- immunising children against childhood diseases, including measles, meningitis, rubella and mumps;
- immunising adolescent girls and women of reproductive age against rubella before pregnancy;
- preventing cytomegalovirus infections in expectant mothers through good hygiene; screening for and treating syphilis and other infections in pregnant women;
- strengthening maternal and child health programs, including promotion of safe childbirth;

The above are simple measures to minimising hearing loss in developed countries such as Australia.

Clearly an onerous task in developing countries.

Teaching in sign language will benefit children with hearing loss, while provision of captioning and sign language interpretation on television will facilitate access to information.

Increasing the availability of sign language interpreters are important actions to improve access to sign language services.

Encouraging organizations of people with hearing loss, parents and family support groups; and strengthening human rights legislation can also help ensure better inclusion for people with hearing loss. 

<https://www.who.int/news-room/initiatives/world-hearing-day-2020>

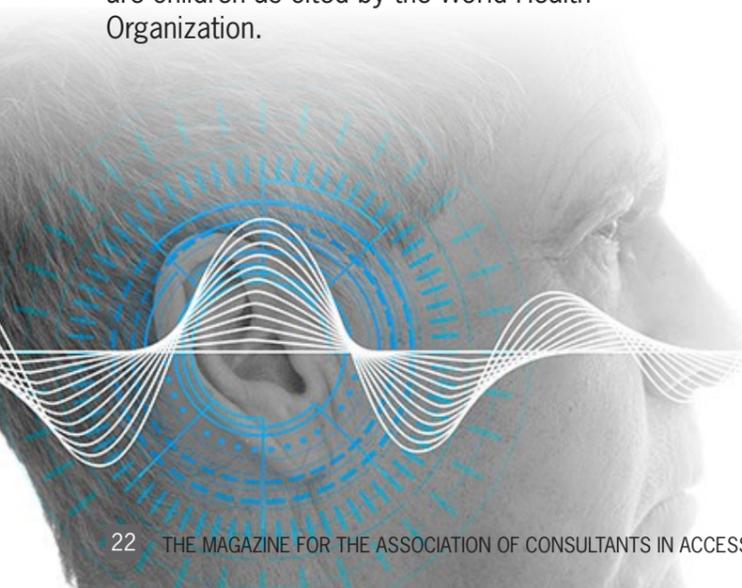
Editor's Note: The revision of AS1428.5 2010 is under way. Watch out for updates for this and other Australian Standards relating to access to the built and landscaped environment through ACAA's E-Forum and Access Insight.



DON'T LET HEARING LOSS LIMIT YOU

Hearing for life
World Hearing Day, 3 March 2020

World Health Organization



World Autism Awareness Day: 2 April 2020

In 2008, The United Nations General Assembly unanimously declared 2 April as World Autism Awareness Day. World Autism Awareness Day was declared by the UN to highlight the need to help improve the quality of life of those with autism and ensure their full and meaningful participation in society.

FOCUS OF THE WORLD AUTISM AWARENESS DAY 2020

As stated on the United Nations website:

"Becoming an adult is typically equated with becoming a full and equal participant in the social, economic and political life of one's community. However, the transition to adulthood remains a significant challenge for persons with autism because of the lack of opportunities and support devoted to this phase of their life. As a result, the completion of high school, when education and other supported services provided by some governments tend to cease, has often been likened to 'falling off a cliff'."

The 2020 United Nations observance of the Day draws attention to issues of concern related to the transition to adulthood, such as the importance of participation in youth culture and the community self-determination and decision-making, access to post-secondary education and employment, and independent living."

The following are related links, sourced by the Australian Network on Disability:

- Westpac optimises employment through Tailored Talent
- Coles is massively expanding its "Quiet Hour" Program for shoppers with autism
- Thinking differently about diversity and talent at Infosys



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TECHNICAL INSIGHTS

The articles featured in Technical Insights are to prompt thought and discussion to assist our members' question and evaluate their understanding of the technical requirements of Australian Standards and other national/international source material. Technical Insights is intended to provide background information, a different viewpoint, a perspective from an individual with lived experience of disability or to prompt further discussion and/or research by you as an access professional.

Combined Bathroom Facilities Under AS 1428.1



by Howard Moutrie

There has been some confusion about the requirements for combined bathroom facilities. The following attempts to clarify the major issues.

FIGURE 50

Fig 50 of AS 1428.1 shows a combined bathroom with toilet and shower and is referenced in Clause 15.6.

There are two references, firstly to say that circulation spaces shall be in accordance with Clause 15.2.8 and Figures 43 to 47 and 50 and secondly, to say that the washbasin may encroach into the WC space in accordance with Figure 43 and 50. It is considered that the reference to Fig 50 in each case is in error and it is hoped that this will be corrected in the next iteration of AS 1428.1. The reference should be to Fig 52.

In fact, the whole Figure of Figure 50 is misleading.

Firstly, the heading of the Figure is *Sanitary Compartment Showing the Overlap Of Washbasin Fixture into the Shower Circulation Space* which is incorrect on two counts – the Figure doesn't show any encroachment and, from the text, the basin is not allowed to encroach into the shower circulation space. Secondly, the Figure is referenced in Clause 15.2.8 to indicate the circulation spaces.

But that is not the intention of the Figure and nor does it show all requirements. The Figure indicates

a 2 walled shower option and ignores the 3 walled option.

The Figure was intended to be an informative Figure, showing a possible layout of a combined facility, but has become a normative Figure by it being incorrectly referenced.

The confusion is continued by showing the shower seat in the down position. As it happens, the toilet circulation space extends up to the seat, and this Figure is often misinterpreted as requiring the seat to be outside the toilet circulation space, particularly because it is referenced in Clause 15.2.8 as providing the requirements for circulation space. The seat can be folded up against the wall, and the toilet circulation space can extend up to the seat in the folded-up position. Thus, if a three-walled shower is used, the width of the combined facility can be around 2000mm rather than 2300mm when calculated with the seat down. Assume a width for the shower seat of 100mm in the raised position.

WHAT ITEMS CAN ENCROACH INTO TOILET AND SHOWER CIRCULATION SPACES?

The Standard is again confusing on this issue.

Clause 15.6(b) says that fixtures shall not encroach into circulation spaces with the exception of the washbasin, which may encroach into the

toilet circulation space up to 100mm and into the door circulation space. This is contrary to Clause 15.2.8.1 which provides a list of items which are permitted to encroach into the toilet circulation space (with some limitation on height) and Clause 15.5.1 which provides a list of items which can encroach into the shower circulation space. It is considered that Clauses 15.2.8.1 and 15.5.1 should prevail. It is noted, however, that while the circulation spaces for the toilet and shower can overlap, any encroachments which are allowed in the toilet circulation space and not the shower circulation space should be limited to the toilet circulation space.

THE CONNECTION POINT FOR THE SHOWER HOSE

AS 1428.1-2009 introduced, in Figure 48, a height location for the shower inlet connection point. The reason was to make it easier to wash underneath oneself when seated, but it creates a number of issues.

Firstly, it allows the shower rose to sit on the floor, which requires the installation of a backflow prevention device to prevent water in the supply pipes becoming contaminated. Though costly, this can be done, and the Standard notes that such a device is required.

Secondly, if the showerhead can reach into the toilet, as would be the case of the traditional layout of the shower next to the toilet, there is a risk of further contamination. To overcome this high level contamination, the plumbing rules require the use of an RPZ backflow prevention device; however, these are large, expensive and cannot be fitted to a shower. This means that the traditional layout and that shown in Figure 50 of AS 1428.1 cannot be achieved.

It is acknowledged that there are instances where this layout has been installed in contravention of the plumbing rules, and I do not know how this is approved. To achieve a compliant installation the room must be larger to allow the separation of the toilet and shower. Alternatively, the Standard must be changed or ignored.

Ignoring the Standard may not be an option, but an examination of the requirement is useful. The only reference to the hose connection point is in Fig 48; there is no reference to the location in the

text. So it needs to be determined if the Figure is a Normative or Informative. There are arguments for it being either with it being Normative when it is providing information referenced in the text. So there is an argument that the hose connection point is not a Mandatory or Normative requirement.

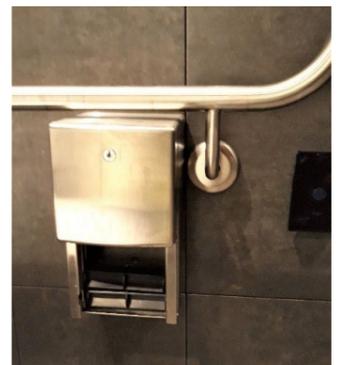
From a functional point of view, is it necessary to provide a connection point at 700mm above the floor and also provide a 1500mm long hose to allow a person to wash themselves? The ISO Standard, like many others, does not have this requirement; in fact, they do not permit the rose to sit on the floor. I also note that while the height is nominated, its location is not, so the connection could be located in the corner near the seat.

Each member needs to make their own decision on how to address this at least until the next iteration of AS 1428.1 when it may be clarified.

The Government of Western Australia, Department of Mines, Industry Regulation and Safety and the Plumbers Licensing Board have prepared a Technical Note on Accessible Sanitary Facilities, and this follows this article.

TOILET ROLL HOLDER LOCATION

Fig 41 provides a zone for the toilet paper dispenser, the top of which is 700mm above the floor. The title of the Figure says, the zone for the paper dispenser, but the text says the outlet for the dispenser must be within this zone. Given that the top of the zone is less than 100mm from the bottom of the grab rail, the dispenser could be located up to the grabrail and interfere with the use of the grabrail. This needs to be considered, particularly when the large dispensers are used.



[CLICK HERE for Accessibility Products database on the ACAA website](#)



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Technical Note

Technical Advice Line 1300 360 897 www.dmirs.wa.gov.au/building-and-energy

Accessible sanitary facilities

This technical note has been produced to provide technical information for plumbing work in accessible sanitary facilities. Australian standard, AS 1428 Design for access and mobility parts 1 and 2 are referenced in section E of the Plumbing Code of Australia 2019 (PCA). These standards list requirements of the lay out and clearances for plumbing fixtures in access bathrooms.

Accessible requirements

AS1428 has requirements for sanitary facilities for people with disability and people with ambulant disabilities. Ambulant applies to people who have a mobility disability but are able to walk.

AS 1428.1:2009, clause 15 and clause 16 list installation requirements for water supply taps, plumbing fixtures and fittings to assist people with disabilities.



Photo 1: Typical bathroom facilities for the disabled
Note: contrasting seat colour

AS 1428.1:2009 was amended in November 2010 and now sets out a height of 700 mm + or - 5 mm from finished floor level of the wall outlet of the shower hose and a minimum shower hose length of 1500 mm as shown in diagram 1.

These changes have resulted in an increased likelihood that the shower head will fall and remain below the rim of the toilet pan creating a high hazard backflow risk.

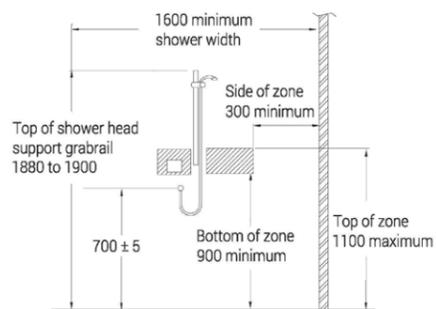


Diagram 1: Shower recess fittings

It is recommended that the provisions for access facilities is discussed at the building design stage or before construction commences. Reconfiguration of the plumbing fixtures or moving the outlet for the shower hose horizontally along the wall away from the toilet pan may avoid a high hazard backflow risk (see diagram 2).

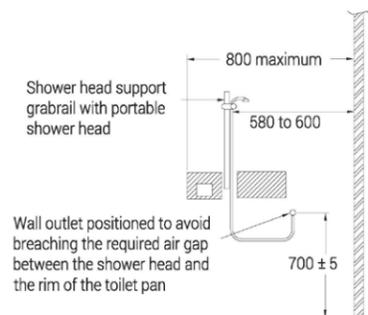


Diagram 2: Shower outlet re-located to avoid cross connection with toilet pan

The installation of a high hazard rating backflow prevention device, for example a reduced pressure zone device is not a solution and must not be used on the water supply to the shower outlet. The requirement in the Plumbing Code of Australia; BP1.1 and BP 2.1 state that only drinking water must be supplied to outlets for personal hygiene.



Photo 2: Disabled toilet with disabled shower head below rim of the toilet pan

If reconfiguration of the plumbing fixtures does not solve the backflow issue, another solution is the installation of a proprietary fitting as shown below in photo 3. This device retracts the shower head after use and removes the cross-contamination hazard.

The use of a bracket or clip to restrain the hose to avoid backflow issues is not acceptable as it may affect the usability of the shower for people in wheelchairs.



Photo 3: Proprietary fitting with retractable arm

Toilet pan and basin clearances

AS 1428.1:2009, clause 15.2 sets out requirements for toilet pans and basins (see diagrams 3 & 4).

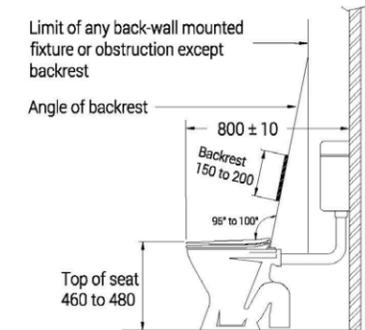


Diagram 3: Toilet pan side view

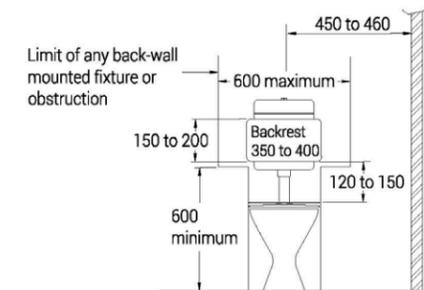


Diagram 4: Toilet pan front view

Water taps and temperature control

Water taps in access facilities must have lever handles with a minimum clearance of 50 mm, sensor plates, or similar controls.

It is not mandatory to provide heated water to accessible facilities although where cold and heated water are supplied they must discharge through a mixing outlet.

AS/NZS 3500.4:2018, clause 1.11.2(a) requires that heated water at outlets of sanitary fixtures used primarily for personal hygiene in access facilities shall not exceed 45°C. This provision only applies to fixtures in those facilities and not at other sanitary fixtures for personal hygiene within the same building.

As stated in AS/NZS 3500.4:2018, clause 1.11.3(a), the only deemed-to-satisfy solutions for the control of heated water delivery temperature to accessible facilities is from a thermostatic mixing valve (TMV) complying with AS 4032.1:2000 or a thermostatically controlled tap complying with AS 4032.4:2014.

Water temperatures may be required to be lower in other regulated circumstances. In child care centres for example, under the Child Care Services (Child Care) Regulations 2006, heated water must be thermostatically controlled to a temperature of less than 42°C.

Version 3 - May 2019

Version 3 - May 2019

REVIEW



Prepared by
Cathryn Grant

AROUND THE TOILET: A RESEARCH PROJECT REPORT ABOUT WHAT MAKES A SAFE AND ACCESSIBLE TOILET SPACE



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Authors: Dr. Jen Slater and Dr. Charlotte Jones
Date: April 2015 - Feb 2018

METHOD:

This is a UK based study funded by the Arts and Humanities Council and uses arts-based methods to consult with people about their experience of toilets. Initially the study focused on trans, queer and people with a disability. However, it was later expanded to include parents, mobile workers, toilet cleaners and those whose religious beliefs impacted upon toilet use.

- Whilst the accessible toilet might be labelled as such it may not actually be accessible due to it being used as a storage cupboard, lack of appropriate fittings/fixtures, not having a hoist or change bench which are required by some users with a disability.
- The consequences of the lack of appropriate toilet facilities include restricting people's access to the community, work, travel opportunities and can lead to severe health and personal safety issues.

FINDINGS:

Below are some of the findings of this research:

- The difficulty of finding a toilet was raised and the provision of public vs private toilets. Participants raised that they often chose a venue to visit based on toilet suitability.
- Social regulation with the current categorisation of toilets was discussed including trans and to a lesser extent cis participants raised that others made assumptions about their gender, they experienced people questioning their motives for using the toilets.
- Similarly other people needing to use the accessible toilet including those with an invisible disability or non-disabled people, for example parents of young children, Muslim people, trans people, those who are breast-feeding and some menstruating people, particularly those using re-usable menstrual products, spoke of harassment when using this facility. The toilet signage was often used to justify the policing of the use of toilets.

TAKE HOME MESSAGE:

The study highlighted that toilets are not only used to urinate and defecate but provide other services including changing clothes, nappies, ostomy bags and menstrual products, administering medication, a place to cry whilst at work, to take time away from people at busy events, find privacy or silence during a panic attack or to breastfeed, it raises that more private spaces in the public area are needed to cater to some of these other needs. In addition, signage is powerful and has the ability to exclude and perhaps instead of indicating who can use the toilet, the sign should reflect the facilities enclosed within the space.

Following this research a website has been developed to provide information and assist designers to design toilets for a diverse range of users. There is also a really beautiful video educating people on the issues raised in the research.

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HOT APPS March 2020



By Jen Barling



FOCUS BOOSTER

focus booster is a productivity and time tracking app, based on the Pomodoro Technique of breaking up tasks into 25 minute chunks, then taking a 5 minute break. You can allocate your time tracking to particular clients and view stats regarding your profitability and percentage of tracked time per client.

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hearWHO

Developed by the World Health Organisation, the hearWHO app gives the general public access to a hearing screener to check their hearing status and monitor it over time. It is based on validated digits-in-noise technology. The easy to use app clearly display the users' results and keeps a personalised track record of their hearing status over time.

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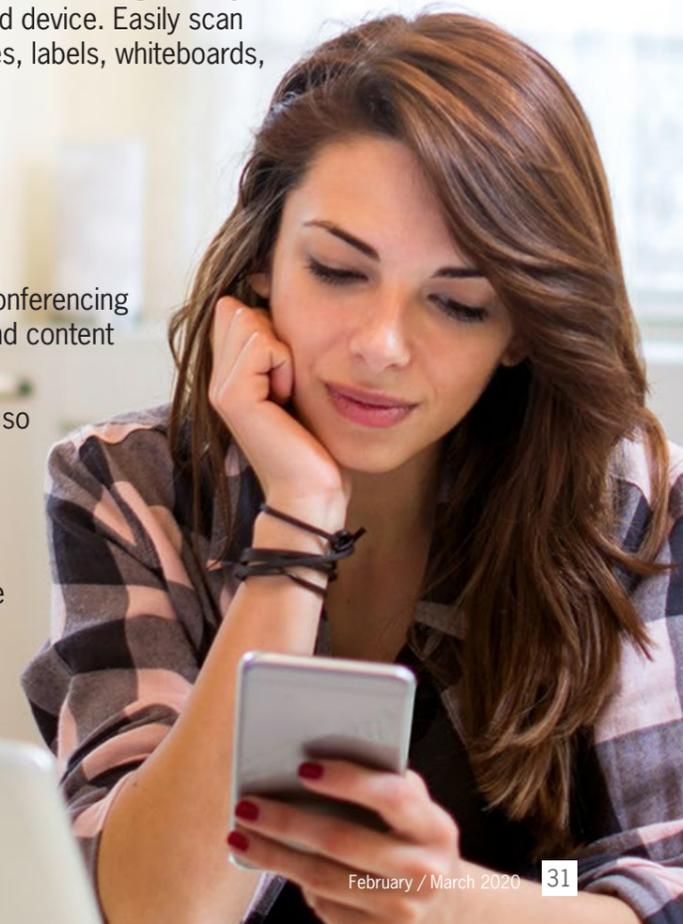
ZOOM

Zoom is an easy to use video conferencing app with real-time messaging and content sharing.

It has built-in collaboration tools so multiple participants can share their screens simultaneously and co-annotate for a more interactive meeting. Meetings can be recorded and searchable transcripts produced.

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