

# The AKW Guide to Bathroom Hygiene

By Adam Ferry, Occupational Therapist of The OT Service  
and produced in conjunction with AKW

Using the toilet safely and effectively might be one of the most important things we do each day, yet the one we take most for granted.

Introduction

Like most activities we complete, it is not until challenges arise that we reflect on their importance and the impact they have on our day-to-day lives. For instance, consider the impact of incontinence, or the ability to manage toilet hygiene independently and safely, in someone’s work, leisure, social activity, and family roles.

It is normal to go to the toilet between 4-8 times per day, and no more than once a night according to the ‘healthy bladder guide’<sup>1</sup>. There are very few activities we engage in with such frequency, which therefore highlights how critical it is to ensure therapeutic assessments and interventions to clearly acknowledge any identified challenges, alongside robust and effective solutions.

Kate Sheehan, occupational therapist, says:

“Experience shows us that many people will try to modify their daily routines, including dietary or fluid intake, to self-regulate their need to use the toilet.”

Although the recommended fluid intake for adults is at least 1.5 litres a day or 6-8 glasses, we know that those who find toileting difficult are prone to limiting the amount of liquids they consume to reduce the number of times they need to use the toilet. This is dangerous however, as it can lead to dehydration<sup>2</sup>.

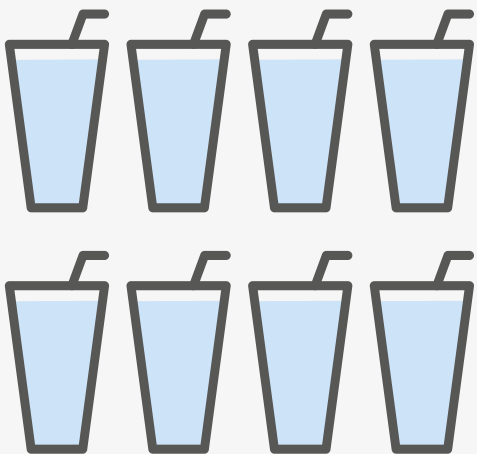
Not only does this increase the risk from a medical perspective, but it also has the opposite effect and increases visits to the toilet due to a higher concentration of urea, which is a bladder irritant.



Toileting barriers can lead to health problems<sup>1</sup>

RECOMMENDED ADULT FLUID INTAKE – AT LEAST 1.5 LITRES A DAY OR 6-8 GLASSES

Those who find toileting difficult may limit liquid consumption  
This can lead to dehydration



6-8 GLASSES

Who is at greatest risk of needing intervention?

- + Frail, older people
  - + People with loose stools or diarrhoea from any cause
  - + Women following childbirth (especially following third and fourth-degree obstetric injury)

**As well as people with:**

  - + Neurological or spinal disease/injury (for example, spina bifida, stroke, multiple sclerosis, spinal cord injury)
- + Severe cognitive impairment
  - + Urinary incontinence
  - + Pelvic organ prolapse and/or rectal prolapse
  - + Perianal soreness, itching or pain
  - + Learning disabilities

**Or people who have:**

  - + Had colonic resection or anal surgery
  - + Undergone pelvic radiotherapy

1 Bladder and bowel community (2016) A healthy bladder – What to do if things go wrong  
2 All Party Parliamentary Group (APPG) for continence (2011) Cost-effective commissioning for continence care. <http://www.appgcontinence.org.uk/pdfs/CommissioningGuideWEB.pdf>





## Maintaining dignity and independence

As occupational therapists and social care providers, personalised care is a top priority and a toileting solution needs to suit the individual's needs. The ultimate goal for any toileting strategy is maintaining the individual's dignity and where possible, promoting their ability to use a toilet independently without any additional care.

NICE (2007) states that any service addressing bladder and bowel management to maximise dignity, needs to ensure people are enabled to:

- + Access the assessment and treatment interventions they require
- + Agree shared goals
- + Manage their own care as an active partner in care
- + Manage in their own homes wherever possible



## Prevention is the key

Supporting a positive toileting experience reduces the risk of acute and chronic healthcare needs, encourages long-term psychological well-being through meaningful engagement, and promotes dignity through independence.

This re-focusing on toileting within holistic and client-centred healthcare assessments, as well as critical for the individual, can save valuable NHS resources due to the preventative agenda<sup>3</sup>. Indeed, The NHS Five Year Forward View puts an emphasis on prevention and keeping people well for longer. Prevention is a key part of any strategy to minimise harm and reduce healthcare costs<sup>4</sup>.



## Facilitating a stand

Often the biggest risk or challenge with toilet transfers is the transition from standing to sitting, and sitting to standing. This can be down to something as simple as reduced leg strength, but also due to other neurological, cognitive, or physical challenges.

In other areas of the home, therapists consider equipment that facilitates a stand, such as a rising armchair. These aids support natural ergonomic standing, whereas standard toilet equipment, although helpful, means the person has to adapt to a new standing or transitional posture.

Using equipment, such as the AKW Rise & Fall Bidet enables the facilitation of natural ergonomic standing, while reducing the level of effort and therefore decreasing risk. It also maximises exercise tolerance which can be used to engage in other meaningful activities.



## Occupational therapy

Maximising engagement in meaningful activity is within an occupational therapist's remit, so when the client faces challenges with toilet hygiene, it is important to consider the impact of this purposeful activity on meaningful engagement<sup>5</sup>.

Using the toilet and toilet hygiene has significant social consequences which impacts on how the person is perceived, and can lead to social withdrawal and occupational deprivation.



<sup>3</sup> All Party Parliamentary Group (APPG) for continence (2011) Cost-effective commissioning for continence care. <http://www.appgcontinence.org.uk/pdfs/CommissioningGuideWEB.pdf>

<sup>4</sup> NHS Five Year Forward View (2014) <https://www.england.nhs.uk/publication/nhs-five-year-forward-view>

<sup>5</sup> Pentland, D., Kantartzis, S., Giatsi Clausen, M. and Witemyre, K. (2018) Occupational therapy and complexity: defining and describing practice. London: Royal College of Occupational Therapists.



## Determining risk<sup>2</sup>

- + Approximately 80% of all bathroom injuries are caused by falls and the likelihood of injuries occurring on or around the toilet increases with age.<sup>7</sup>
- + The proportion of injuries that occur on or near the toilet is lowest among people aged 15-24 years (7%) and the highest among persons aged ≥85 years (51.7%).<sup>7</sup>

More injuries are associated with toilet transfers and the likelihood of this increases with age. However, participating in activity innately comes with risk, therefore the therapist's role is to reduce risk whilst maximising participation.

### Consider therefore:

- + Client goals
- + The activity analysis
- + Dignity
- + The impact on roles
- + Does the environment facilitate use of the toilet?

Approximately  
**80%**  
of all bathroom injuries  
are caused by falls

The proportion of injuries that happen on or near the toilet is highest among persons aged

**≥ 85 years (51.7%)**



## Toilet transfers

The activity analysis needs to identify a number of components which indicate the person's ability to sit and stand independently.

### These include:

- + Can the person weight bear?
- + Are they able to flex and extend their legs?
- + Does the person have bilateral grip strength?
- + Does the person have appropriate static and dynamic sitting balance, with the ability to maintain their midline?

## Activity analysis

An applied activity analysis is required to determine physical and cognitive ability or need, to ensure the activity can be completed by the individual in the appropriate environment.

This is supported by NICE (2007) which states that – when problems with toilet access are being addressed in any home or healthcare setting:

- + Locations of toilets should be made clear to the individual where appropriate
- + Equipment to help people to gain access to a toilet should be provided
- + Advice should be given to people with faecal incontinence on easily removable clothing to reduce time needed for access
- + If a person with faecal incontinence is dependent on others for access to the toilet, help should be readily available
- + If appropriate, people with faecal incontinence should be referred to the relevant professionals for assessment of their home and/or mobility

# AKW Rise & Fall Bidet

AKW's Rise & Fall Bidet has been designed with versatility in mind. It can be raised or lowered to suit individual user requirements, therefore promoting toileting independence. Flexible height greatly benefits users with side transfers on/off wheelchairs, and those living within a multi-generational or multi-user household, as each user can set the height of the pan to meet their individual needs.

## The height-adjustable unit:

- + Has an easily adjustable toilet pan seat height to accommodate side-transfers from wheelchairs and users of different heights, needs, and ages
- + Offers 410-610mm height range from finished floor level to top of bidet Consilio seat
- + Has fold-up arms for ease of access (that support up to 18.8st (120kg) each), which can be used to help users safely navigate around the bathroom
- + Includes a built-in concealed cistern and dual push button flush for ease of use
- + Has a stylish aesthetic with safety glass, taupe fold-up arms, and a minimalist, wall-hung pan design which helps to create the illusion of space
- + Features a rimless toilet pan with direct flushing function which improves hygiene levels and makes cleaning easier
- + The unit and toilet pan support 60st (400kg); the bidet seat supports 23.5st (150kg)

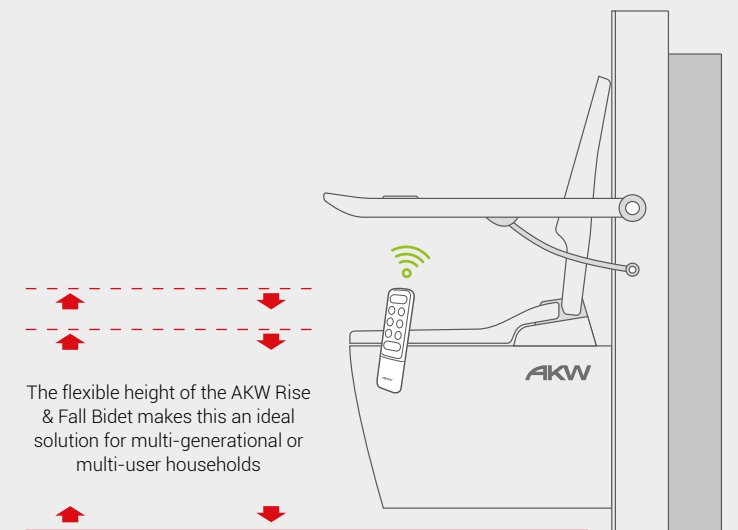
## Specify with peace of mind

- + Both the AKW Rise & Fall Cistern Unit and AKW Bidet come with a 2-year warranty as standard, with up to 5-years cover available with 1-3 year extended warranty options



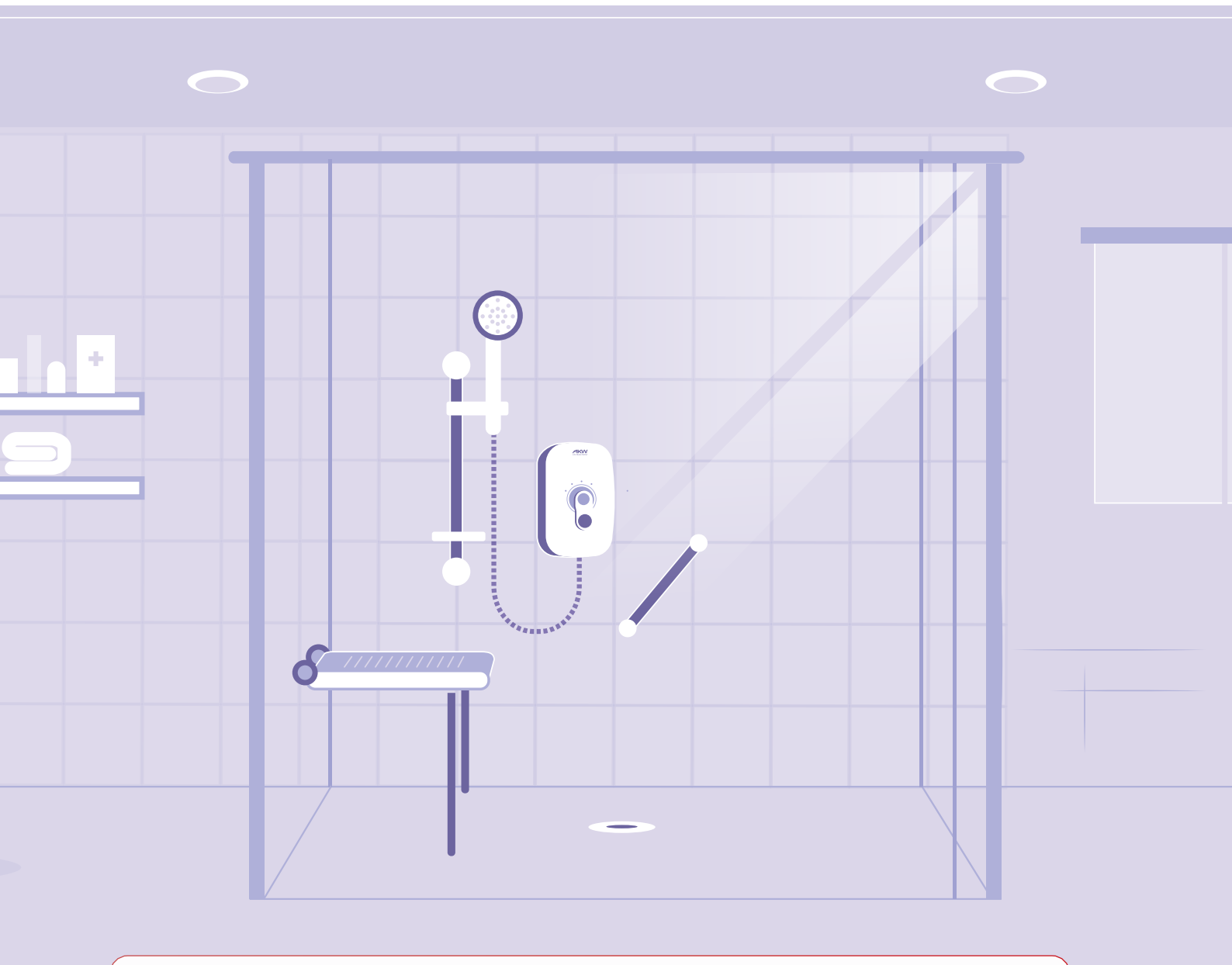
## Designed with versatility in mind:

- + 410-610mm height range from floor level to top of bidet seat
- + Fold-up arms support up to 18.8st (120kg) each
- + Unit and toilet pan support 60st (400kg)
- + Bidet supports 23.5st (150kg)

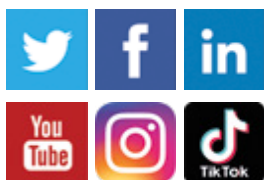


<sup>6</sup> <https://www.nice.org.uk/guidance/cg49/chapter/Key-priorities-for-implementation>

<sup>7</sup> Stevens JA, Haas EN, Hailey T (2011) Nonfatal bathroom injuries among persons aged >15 years—United States, 2008. J Safety Res.; 42:311–5. doi: 10.1016/j.jsr.2011.07.001.on 16.08.20



**AKW**  
Life Made Better



**Marketing**  
01905 823274  
[marketing@akw-ltd.co.uk](mailto:marketing@akw-ltd.co.uk)

**General Enquiries**  
01905 823 298  
[sales@akw-ltd.co.uk](mailto:sales@akw-ltd.co.uk)

**Technical Enquiries**  
01905 560 219  
[tech@akw-ltd.co.uk](mailto:tech@akw-ltd.co.uk)

**AKW**  
Pointon Way,  
Hampton Lovett  
Droitwich Spa,  
WR9 0LR

[www.akw-ltd.co.uk](http://www.akw-ltd.co.uk)  
[orders.akw-ltd.co.uk](http://orders.akw-ltd.co.uk)