

factsheet Taps



Capstan ('X' style)



Lever



Flick Mixer

Occupational Therapy considerations when prescribing taps

1. **Client's diagnosis and prognosis** – consider foreseeability (future needs)
2. **Client's hand function** e.g. type of grip, strength – this will determine the type of taps required e.g. flickmixer, single spout with separate hot and cold taps or sensor tap
3. **Client's functional reach** – this will influence the location and position of taps, particularly in a shower recess. Consider the length shape and height of spout required, particularly for basins and kitchen areas. Consider reach range when seated and/or standing. Also, consider the position of tapware on basin - rear, side?
4. **Space available** – this may influence the type of taps e.g. wall mounted or bench mounted; relationship of taps to other fixtures e.g. grabrail on tap wall of shower recess. Is there adequate clearance between hinged doors on mirrored cabinet located above basin/vanity unit and top of taps/spout?
5. **Client's cognitive status** e.g. ability to learn new skills – this will influence the type of tap most suitable for the client; whether the taps are $\frac{1}{4}$, $\frac{1}{2}$ or $\frac{3}{4}$ turn; single lever mixer or dual lever taps; and/or counter or non-counter rotating (see next page). Separate hot and cold tap handles are often less confusing to operate than a single lever/flick mixer for those with impaired cognition. Keep new taps similar to existing taps if possible. Ensure hot and cold taps are clearly marked e.g. colour coded or labelled
6. **Client's vision** – consider the type of hot and cold indicators required on taps e.g. colour coding or appropriate labelling. Will the two taps be in the client's visual field or would a single mixer tap be more suitable? Is there adequate colour contrast between the taps, basin and/or vanity unit?
7. **Equipment/home modifications** e.g. shower chair and grabrails in shower recess – the position and height of such equipment will determine the location and position of taps. Will the client be seated or standing? Determine type and position of equipment before tap position.
8. **Other people who may use the taps** e.g. family members, community care workers – this will influence the type of taps required and the position. It may be more appropriate to position taps to the side/edge of shower recess if being operated by a carer.

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9. **Length of lever taps** – this will be influenced by the space available for turning the taps on/off e.g. clearance from wall and other fixtures; the clients functional use of upper limb/hand e.g. grip, strength, ataxia or tremor. Longer may be better with ataxia or tremor, or may need to consider sensor taps.
10. **Water temperature control** e.g. clients with impaired cognition or decreased sensation will require a thermostatic mixing valve (TMV) or tempering valve (TV) to be installed - refer to the NSW HMMS State Council's Technical Manual.
11. **Plumbing** – this will influence the type and position of taps, particularly if existing plumbing is utilised
12. **Cost/availability** – this may influence the type and number of taps required. Do all taps or just the washers need replacing (consult with HMMS Builder) or could equipment e.g. tap turner be used? Consider what is available in your local area i.e. what products do the local plumbers/HMMS Builders use or what do local suppliers stock? If there are no specific client needs, cost efficiency and availability should be taken into consideration when making recommendations. Sensor taps are available but are expensive and may require ongoing servicing (clinical reasoning may be required by the HMMS).
13. **Town or other water supply?** – water supply e.g. tank or bore water, may also influence the type of tap required i.e. any water supply other than town water can cause ceramic disc tapware to malfunction. If not town water supply, consult with HMMS Builder before specifying tapware required.
14. **Simulate the task with the client** to ensure suitability i.e. operation of taps

When completing Occupational Therapy written specifications for tap installation the following information is required:

Location and position of new taps (or replacement of existing taps) – include horizontal and vertical measurements to ensure correct positioning of taps for client. Refer to AS 1428 Part 1 – 2001 regarding additional information on zones for tap installation. Consider needs of carer/other users.

Type of taps required – for all taps use correct terminology. Specify:

- type e.g. lever or capstan
- specify correct 'set' and where mounted e.g. Shower set, basin set, sink set, wall mounted, basin or bench mounted etc.
- length of lever
- single lever/flick mixer

¼, ½ or ¾ turn ceramic disc taps – it is often easier to regulate the water temperature with a ½ or ¾ turn tap. Ceramic disc tapware and mixers are easier to operate.

Non-counter rotating spindles (hot and cold taps turn on/off in the same direction - also known as 'Standard') – this is the usual way standard, capstan style taps work. These spindles are also used for wall mounted, vertically aligned lever tapware.

Counter rotating spindles (cold tap turns on/off in opposite direction to the hot tap - also known as 'Contra') – this is the usual way basin, sink and horizontally wall mounted lever taps work (to prevent the lever handle coming into contact with anything e.g. contact with wall during its rotation. This can be a safety issue for some clients, especially those with a cognitive impairment, as it is easy to inadvertently fully turn the hot tap on when intending to turn it off. When specifying wall mounted tapware do the taps need to be vertically or horizontally aligned? Functionally it can be difficult to determine which way to turn counter rotating taps when installed vertically.

Occupational Therapy clinical reasoning – may be required if not using standard taps provided by HMMS.

For further advice consult your local HMMS Builder or Technical Officer.