

factsheet **Vanity units**

Prescribing vanity units



Semi-recessed with legs



Wall mounted



Standard toe recess

Occupational therapy considerations when prescribing vanity units

1. **Type** – can be full vanity cabinet, vanity with semi-recessed basin or custom made. Vanity units can be either floor or wall mounted. This will be influenced by:
 - the space available e.g. may require corner vanity unit
 - equipment used e.g. wheelchair/mobile shower commode chair and
 - client's functional reach e.g. may require narrow depth bench
 - vanity units usually come in standard sizes - 600mm, 750mm, 900mm or 1200mm
2. **Will the client be standing or seated?** – this will influence type, height and depth of vanity unit, type and position of basin and leg clearance if required. Standard vanity units will not provide leg clearance for wheelchair users.
3. **Position of basin on vanity unit** – this will be influenced by the client's functional reach, space available (including proximity to side wall) and position of mirror. Consider how basin is mounted on vanity unit - below bench level, on top? Also consider location of basin on vanity unit - middle, left or right side? Will the chosen vanity unit allow correct height to top of basin for your client? (see NSW HMMS State Council Fact Sheet 14 'Prescribing Hand Basins and Basins for Vanity Units').
4. **Size of toe recess** – this will be influenced by type of equipment used e.g. height and size of footplates on wheelchair/mobile shower commode chair or space for walking aid. Standard vanity units come with standard toe recesses. What does your client need?

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Prescribing vanity units ~ continued

5. **Client's hand function** – this will influence type of taps, and plug required e.g. standard or push plug
6. **Carer needs/other users** – do multiple users need to be accommodated and what are their needs e.g. a lower basin may not be appropriate in a large family. Also consider any OH&S risks / requirements.
7. **Access to electricals** – locate outside bathroom if possible e.g. light switches, general power outlet (GPO). If GPO located inside vanity unit, will vanity unit cupboard be kept closed while GPO in use? Who will be accessing the GPO - client or carer? Consider functional reach and cognition. Refer to Electrical Standard AS/NZS 3000:2000 Amendment No.3 re zones for installation of electrical equipment and consult with HMMS Builder.
8. **Storage** – consider access to grooming products, toothbrush, incontinence products. This will influence type of drawers/shelving required. Consider storage for both client and other users. A tallboy, built-in storage cupboard or a storage cupboard on wheels may also need to be provided - this will depend on space available.
9. **Type of handles on drawers/doors** AS 1428 Part 1 - 2001 recommends 'D' handles for easy grip
10. **Base of vanity unit** – vanity units raised on legs or wall mounted are recommended to avoid water damage particularly near hobless shower recesses. If choosing a vanity unit with legs ensure they do not splay out or extend beyond the vanity unit (trip hazard).
11. **Safety issues** – for example:
 - is a childproof lock required on vanity unit doors or drawers?
 - are rounded edges preferred? square edges on vanity unit vs rounded edges on basin?
 - will the client be pulling or leaning (weightbearing) on the vanity unit? If so, consider type/suitability of mounting - wall vs floor (check with HMMS Builder).
12. **Cost and availability** will also impact on type of vanity unit prescribed. Does your HMMS use a standard style/supplier?
13. **Simulate the task with the client** to ensure suitability of the vanity unit e.g. is the client able to reach basin and taps on vanity unit? Is the leg clearance adequate?

**Consult your local HMMS Builder or Technical Officer
regarding types and installation of vanity units**

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