



**DVA OT PRESCRIPTION GUIDE - ELECTRONIC BIDET/DOUCHE SEAT**

This GUIDE can be used to inform clinical considerations and discussions with the client during OT home assessments.

This document is a GUIDE only and is NOT COMPULSORY for BIDET applications

Applications for bidet seats require completion of the [Home/Access Modifications Assessment Form\(D1327\)](#).

Refer to DVA [contracted suppliers](#) bidet seat prescription forms to prompt all the required measurements, photos and environmental considerations.

Client Name: \_\_\_\_\_ DVA Card No: \_\_\_\_\_

Weight of client: \_\_\_\_\_ Date of assessment: \_\_\_\_\_

*Please tick all relevant criteria throughout the form to assist with scripting*

Occupational Therapist's scripting considerations		Comments
<b>Clinical Criteria</b>		
Client has a medical condition causing chronic bowel or urinary problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Management of their conditions including any side-effects of medication have been discussed with their GP and/or Continence Nurse Specialist.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Client has a medical condition causing decreased range of movement of trunk and/or upper limb	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physiotherapy treatment has been considered to improve range of movement of trunk and/or upper limb prior to prescribing a bidet seat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Functional Criteria</b>		
Can the client independently/safely clean self after toileting?  Note: Limitations could be due to restrictions in trunk range of movement, upper limb strength, limited hand function or sensation (document objective measurement)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would Physiotherapy review and treatment reduce physical limitations for client and improve their ability to manage self-cleaning independently/safely?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Simpler options for personal hygiene have been implemented in the first instance and have been found to be ineffective in meeting hygiene needs.  E.g. The use of non-dominant hand, bottom wiper &/or use of wipes. Note: Wipes cannot be flushed as per advice from water authorities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	List of simpler options implemented
The client has sufficient balance and control to lower themselves onto the toilet and maintain a central upright position.  Note: Accessories such as a raised toilet seat and rails should also be considered when scripting.	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Occupational Therapist's scripting considerations		Comments
<p>The client has the capacity to position themselves appropriately so that the bidet outlet can provide effective cleaning, including taking into account the height and weight of the user.</p> <p>NB. In some cases showering may be recommended as an alternative.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Client can remain seated for duration of the cleaning cycle.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>The operator has sufficient cognitive capacity to effectively manage the controls.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Social Criteria</b>		
<p>Installation is to be located at the client's primary residence and the person intends to remain living at the residence for the foreseeable future.</p> <p>Note: Home modifications will only be carried out on the client's primary residence</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Will the installation of a bidet seat limit the client's ability to engage in their community due to their reliance on this aid?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Is the client/home owner aware of the aesthetic and practical implications of the installation? I.e. RPZ valve and power point? See example photos below.</p> <p>Note: The <a href="#">D1323 Authority to Install/Modify form</a> must be completed by the home owner prior to any installation occurring.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Type of Residence</b>		
<p>Not all residences can structurally meet compliance requirements for installation</p> <p><u>Style of home</u></p> <input type="checkbox"/> Single storey dwelling <input type="checkbox"/> Double storey dwelling <input type="checkbox"/> Unit/Apartment <p>Note: Toilets on upper levels can incur installation difficulties.</p> <p>Additional installation considerations may be required where toilets do not back onto an outside wall or in homes which have back to wall toilets. Liaise with suppliers regarding suitability of the nominated bidet seat model</p> <p>Properties on grey water may not meet plumbing code requirements for installation</p> <p>Properties on tank water may not require containment devices</p>		



Occupational Therapist's scripting considerations	Comments	
<b>Environmental Considerations</b>		
<p><u>Location of bidet seat</u></p> <p><input type="checkbox"/> Main bathroom</p> <p><input type="checkbox"/> Ensuite</p> <p><input type="checkbox"/> Powder room (separate toilet)</p> <p><input type="checkbox"/> Other area _____</p> <p>Note: Where a residence has multiple toilets, DVA will only install 1 bidet seat for eligible clients.</p> <p>Shape of the toilet bowl will limit the model of bidet seat suitable for installation. Careful measurement and completion of supplier scripting forms are essential.</p>		
<p>Is the installation intended for a toilet which is located on the ground level of the home?</p> <p>Note: Toilets on upper levels may require additional works to comply with the Plumbing Code of Australia. The installer is responsible for ensuring compliance with all relevant codes and will advise if installation cannot proceed in this location.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>Is the proposed location of the bidet seat the simplest installation?</p> <p>Note: If eligible, the bidet would only be provided to the toilet with the simplest installation which the client accesses the most and with consideration for other residents ability to use the toilet safely.</p> <p>E.g. To meet plumbing code requirements some jurisdictions require the installation of an 80mm spacer which may impact on other users.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>Is an existing power point available within 1.5m of the toilet bowl?</p> <p>Note: DVA will provide installation of a GPO if required</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>To prevent contaminated water flowing back to the main drinking water supply 1 or more reduced pressure zone backflow preventer devices (RPZ) <b>may be required</b> and must be installed according to the local water authority or state regulator requirements.</p> <p>Is an RPZ device required?</p> <p>If not required note reason in comments.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p><u>Location of RPZD</u></p> <p><input type="checkbox"/> At the toilet (indoors OR outside wall backing on to toilet)</p> <p><input type="checkbox"/> At the boundary</p> <p><input type="checkbox"/> Both at the toilet and boundary</p> <p>Note: An RPZ device installation may affect water pressure within the home in areas with low mains pressure or homes with older pipes.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	



Occupational Therapist's scripting considerations	Comments
<b>Residential Setting</b>	
<input type="checkbox"/> Owner-occupied residence <input type="checkbox"/> Private Rental accommodation <input type="checkbox"/> Retirement/Lifestyle Village <input type="checkbox"/> State/Community owned housing <input type="checkbox"/> Residential Aged Care Facility - DVA does not provide  Note: The <a href="#">D1323 Authority to Install/Modify form</a> must be completed by the home owner prior to any installation occurring. Consent also needs to be provided in writing by Retirement/Lifestyle Village Managers/Strata.  RPZ device installation where required by local authorities <u>must be discussed</u> with relevant parties.	
<b>General (indicate discussed with client)</b>	
All work is to be carried out in accordance with the Plumbing Code of Australia, Local Authority Regulations and Australian Standards. The installer is responsible for ensuring that Codes, Regulations or Australian Standards are being met.	<input type="checkbox"/> Yes
The DVA contracted supplier will register any RPZ installation with the relevant authority.  DVA will fund the annual inspection of any required RPZ installation as long as this remains the client's primary residence. DVA does not fund the removal of the bidet or RPZ device/s.  Annual inspection costs transfer to the occupier/new owner of the residence if the client relocates.	<input type="checkbox"/> Yes

Contracted [supplier's](#) bidet seat prescription forms have been completed in full and forwarded to supplier including measurements, photos and environmental considerations.  Yes  No

Property owner has signed the [D1323/ATIM](#) with the understanding DVA does not fund removal of the bidet seat or RPZ device/s.  Yes  No

**Examples of RPZ devices**



OT Name: \_\_\_\_\_

Contact details: \_\_\_\_\_