

### 2.4-2.2.9 Grab Bars

\*2.4-2.2.9.1 Grab bars shall comply with all local, state, and federal requirements.

\*2.4-2.2.9.2 Grab bars shall be installed in all resident toilet rooms, showers, and bathing facilities.

\*(1) Space for transfers. If residents will require a physical lift by two staff members, toilets used by residents shall have a minimum of 2 feet 6 inches

(76.2 centimeters) from the centerline of the toilet bowl to the wall.

(2) Alternative grab bar configurations

\*(a) When residents can undertake independent transfers, alternative grab bar configurations shall be permitted.

\*(b) Evaluation of the care population shall be considered in determining alternative grab bar configurations that meet specific resident needs.

## APPENDIX

**A2.4-2.2.9.1** ADAAG, UFAS, and ANSI accessibility standards were all developed with the intention of providing greater access for individuals with disabilities. However, their standards are based on assumed stature and strength, and thus their dimensional and grab bar requirements are intended to facilitate wheelchair-to-toilet transfers by individuals with sufficient upper body strength and mobility to accomplish such a transfer. The typical residential health, care, or support facility resident is unlikely to have such capabilities and thus will require the assistance of one or more staff members. Insufficient clearance at the side of the toilet can restrict staff mobility and access and result in injury.

### A2.4-2.2.9.2 Grab bars in bathrooms

a. Grab bars in bathrooms and bathing cores should allow residents to be as safe and independent as possible. This includes using drop-down grab bars when needed, with or without integral toilet paper holder. See appendix section A2.4-2.2.9.2 (2)(a) (Alternative grab bar configurations) for additional information.

b. When bathroom entrances in resident units are located on the same wall as the resident bed headwall, fewer steps are needed for the resident to reach the bathroom from bed. If this arrangement is provided, continuous handrails should be installed to assist with mobility and safety.

**A2.4-2.2.9.2 (1)** Grab bars in bathrooms should allow staff to complete a two-person transfer for a single resident. This includes evaluation of the toilet in relation to the wall and the grab bars provided. Clearance is required on both sides of the toilet for a double transfer to occur.

**A2.4-2.2.9.2 (2)(a)** Alternative grab bar configurations should address the following scenarios:

a. When a resident is capable of independent transfer facilitated by the grab bar and side-wall location required by accessibility standards, a removable/temporary wall structure and grab bar can be installed alongside the toilet.

b. When a resident requires partial assistance in transfer, provision of fold-down grab bars on one or both sides of the toilet would

facilitate such transfers. Installation of fold-down grab bars requires evaluation of the toilet in relation to the wall and the grab bars provided. Clearance is needed on both sides of the toilet for an assisted transfer involving two or more staff members. The location of the toilet should be reviewed with regulators.

c. Spacing of grab bars and appropriate lengths and heights for grab bars should be ergonomically evaluated in conjunction with the following:

- Toilet heights
- Sink locations
- Types of bathing fixtures
- Specific types of lifting equipment and toileting/bathing slings used by the care provider

d. Provision of a maximum clearance of 14 inches (35.56 centimeters) from a grab bar to the center line of the toilet bowl should be considered to allow residents to safely reach the grab bar. Specifically, this applies to residents independently raising and lowering themselves from the toilet with the assistance of the grab bar configuration.

e. The length of a grab bar should extend 4 inches (10.16 centimeters) from the front of the toilet bowl to allow for proper ergonomic use by residents raising and lowering themselves from the toilet with the assistance of the grab bar configuration.

f. Where bariatric design is required, the length of rear wall grab bars should be 44 inches (112 centimeters) and mounted per the ADA *Standards for Accessible Design*.

f. Creation of mock-ups should be considered when evaluating alternative grab bar configurations. In some cases, grab bar redundancy may be appropriate. See Section 1.2-3.1 (Resident Handling and Movement Assessment) for criteria to be evaluated in a mock-up.

g. Grab bars may be vertical or horizontal based on the model of care and the needs of the care population.

**A2.4-2.2.9.2 (2)(b)** Based on the care population, temporary alternative grab bar configurations may be permitted to allow for transfers for residents who have changing abilities, are in rehabilitation, or are increasingly frail. Grab bar configurations that offer flexible solutions should be considered. Installation of temporary or flexible