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Advocacy, consulting, and support for families of children with disabilities, communities, and organizations

Comment on Docket No. ATBCB-2026-0001

Universal Changing Tables - Technical Accessibility Standards

Submitted to:
U.S. Access Board

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Introduction

Access to a safe, private, and hygienic restroom is a fundamental requirement for participation in public life. For many individuals with significant disabilities and complex medical needs, however, this basic necessity remains inaccessible in much of the built environment.

Universal changing tables represent an important step toward addressing this longstanding barrier. Yet the installation of a changing table alone does not provide meaningful accessibility for a large segment of the disability community. Many individuals who require adult changing facilities cannot independently transfer from their wheelchair onto a toilet or changing surface and rely on caregivers and specialized equipment to do so safely.

Without appropriate equipment such as ceiling-mounted lift systems and sufficient space for caregivers, individuals with complex disabilities are often forced to endure unsafe manual transfers, remain in soiled clothing for extended periods, or rely on degrading and unsanitary alternatives such as being placed on restroom floors. These situations pose serious risks to the health, safety, and dignity of both individuals with disabilities and their caregivers.

For families and caregivers, the lack of appropriate assisted-toileting facilities often determines whether it is possible to leave home at all. Outings may be limited to short periods of time, or avoided entirely, because accessible facilities cannot be reliably found in public spaces. For many families, including my own as the parent of a child with significant physical disabilities, access to appropriate assisted-toileting facilities often determines whether participation in community life is possible at all.

Comprehensive universal changing facilities are therefore not simply a matter of convenience. They are essential infrastructure that enables individuals with complex disabilities to participate in community life, travel, work, attend cultural events, and engage with the broader public on an equal basis.

The importance of accessible assisted-toileting facilities will only increase as the United States population ages. Millions of older adults experience mobility limitations, neurological conditions, or other health issues that make independent restroom use difficult. As the number of Americans over the age of 65 continues to grow rapidly, the need for safe assisted-toileting infrastructure will expand well beyond the disability community



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alone. Designing facilities that accommodate individuals with the highest support needs today will also help ensure that public spaces remain usable and inclusive for an aging population in the decades ahead.

1in6 Support is a nonprofit organization serving caregivers and families of individuals with disabilities across multiple states. Through advocacy, community partnerships, and direct support to families, the organization works to improve accessibility, dignity, and quality of life for individuals with disabilities and their caregivers. In Midland, Michigan, the advocacy of 1in6 Support and community partners has helped catalyze the development of approximately ten Changing Places–style restroom facilities in public spaces, demonstrating that even smaller communities can successfully implement inclusive infrastructure when accessibility is prioritized.

I am Iris Mehler, MS, CRC, Co-Executive Director and Co-Founder of 1in6 Support. I am a Certified Rehabilitation Counselor and serve as a governor-appointed member of the Michigan Developmental Disabilities Council, where I participate in the Public Policy Committee. My work focuses on improving accessibility, community inclusion, and support systems for families and caregivers of individuals with disabilities. Through my professional work and advocacy, I regularly engage with families who face significant barriers when attempting to access basic community infrastructure, including restroom facilities that can safely accommodate individuals with complex disabilities.

In many cases, safe restroom use for individuals with severe mobility impairments, such as individuals with cerebral palsy, requires the ability to transfer from a wheelchair to both the toilet and the changing table using a mechanical lift system. For this reason, a universal changing table must not be considered as a stand-alone accessibility feature. Safe transfers require integrated design, including ceiling-mounted lift systems that can reach the wheelchair transfer area, the toilet, and the changing table.

Equally important is the placement of the toilet and the changing table within the operational range of the lift system so that caregivers can assist individuals safely and efficiently. Without this integrated layout, caregivers are often forced to perform unsafe manual transfers or reposition individuals multiple times, creating significant risks of injury.

Additionally, the design of the changing surface itself must consider the needs of individuals with neurological and developmental disabilities. Flat, rigid surfaces may trigger abnormal reflex responses in individuals with conditions such as cerebral palsy and can cause discomfort or physical distress. For this reason, changing surfaces should be padded and ergonomically supportive rather than hard and flat.

International experience provides important guidance on the design of assisted-toileting facilities. The **Changing Places** model, first developed in the United Kingdom and now widely implemented across Europe, Australia, and New Zealand, recognizes that meaningful accessibility requires a coordinated set of features. These facilities typically include adult-sized height-adjustable changing tables, ceiling hoist systems, centrally located toilets with caregiver space on both sides, adequate circulation space for a wheelchair user and multiple caregivers, slip-resistant flooring appropriate for wet environments, privacy features, accessible entry systems with wide door clearances, and emergency assistance alarms that can be activated if help is required. Many installations also incorporate height-adjustable hand basins, dedicated sinks for stoma care, large waste disposal units, hygiene paper rolls for the changing surface, and multiple hooks and seating areas to support caregivers and medical equipment.

This internationally recognized model demonstrates that comprehensive assisted-toileting facilities are both feasible and essential to ensuring that individuals with the highest support needs can participate fully in community life.

Ensuring access to appropriate assisted-toileting facilities is consistent with the broader civil rights goals of federal disability policy, including the Americans with Disabilities Act's commitment to equal participation in community life. The United States now has an opportunity to build upon these proven international practices by establishing accessibility standards that address the needs of the full spectrum of individuals who rely on assisted-toileting facilities, rather than only a portion of the disability community.

Community Implementation Example: Midland, Michigan

The experience of Midland, Michigan demonstrates that the implementation of comprehensive assisted-toileting facilities is feasible even in smaller communities when advocacy, community leadership, and local partnerships align.

In Midland County, the development of Changing Places–style assisted-toileting facilities has been driven by advocacy efforts led by 1in6 Support and by my work as a parent advocate and community member engaged in local accessibility initiatives. When this advocacy began, Changing Places facilities were largely unknown in the community. Through sustained engagement with local government, community organizations, and accessibility committees, awareness of the need for these facilities has grown significantly.

As a result of these collaborative efforts, Midland is developing a network of approximately ten Changing Places–style facilities across parks, community venues, and public gathering spaces. Six of these facilities are already operational, with additional installations currently in various stages of planning, design, and construction.

These facilities incorporate adult-sized height-adjustable changing tables, ceiling-mounted hoist systems, and layouts that support safe caregiver-assisted transfers between wheelchair, toilet, and changing surface. This initiative illustrates that the types of technical requirements being considered in this rulemaking can be implemented successfully in a wide range of public environments. The progress achieved in Midland County illustrates how clear federal guidance and technical standards could enable communities across the country to implement similar facilities more efficiently and consistently.

Responses to Questions Posed in the Advance Notice of Proposed Rulemaking

Question 1

Is the better approach to incorporate the industry standard, section 613.4 of ICC A117.1-2017 with Supplement 1, by reference or to develop an original standard derived from existing federal accessibility standards?

Incorporating Section 613.4 of ICC A117.1-2017 with Supplement 1 by reference provides a practical starting point, as it reflects a collaborative industry effort that involved manufacturers, accessibility experts, and disability advocates. However, the Access Board should consider modifying and expanding this standard to ensure that it adequately serves individuals with complex disabilities who require assisted transfers.

The ICC standard addresses several important characteristics of adult changing tables, including size, weight capacity, and adjustability. Nevertheless, it does not fully address the broader system of accessibility required for safe assisted toileting, particularly the need for integrated transfer equipment and caregiver support space.

Therefore, the most effective approach would be to adopt the ICC standard as a baseline while incorporating additional requirements derived from existing federal accessibility guidelines and international best practices, including those found in the Changing Places model.

Question 2

If Section 613.4 is incorporated, are there provisions that should be modified or added?

Yes. Several provisions should be clarified or expanded:

- **Integration with lift systems** - Standards should recognize that many individuals cannot transfer independently and require mechanical lift systems. The accessibility standard should ensure that changing tables can be used in conjunction with ceiling-mounted hoist systems.
- **Surface design** - Changing surfaces should be padded and ergonomically supportive rather than hard and flat, as rigid surfaces can cause discomfort and trigger abnormal reflex responses in individuals with neurological disabilities such as cerebral palsy.
- **Durable hygienic materials** - Surfaces should be designed for easy sanitation and infection control while remaining comfortable for prolonged contact.

Question 3

What is the best approach to height adjustability and optimal range?

A continuously adjustable height range is preferable to discrete adjustment increments. Continuous adjustment allows caregivers of varying heights to position the table at the most ergonomically safe working height while also allowing the surface to be lowered sufficiently to facilitate wheelchair transfers.

The height range should accommodate:

- wheelchair transfer height
- caregiver working height
- safe lifting with mechanical hoists

A continuously adjustable range roughly equivalent to **17 inches to approximately 38 inches** would accommodate a wide range of transfer needs and caregiver ergonomics.



Question 4

Information regarding height adjustability of tables currently on the market

Many commercially available adult changing tables currently include electric height-adjustable systems. Some models already provide continuous adjustment across a wide height range using electric actuators.

However, the presence of height adjustability alone does not ensure safe usability. These tables must be integrated into rooms that provide sufficient clearance and access for both wheelchair positioning and mechanical lift transfers.

Question 5

Should the table surface be non-porous for sanitation?

Yes. The surface of a universal changing table should be constructed of **non-porous, easily sanitized materials**.

These surfaces must support effective infection control practices while maintaining sufficient padding to prevent discomfort and pressure injuries for individuals who may remain on the surface for extended periods.

Question 6

What other specifications should be required?

Additional specifications should include:

- **Ceiling-mounted track hoist systems** capable of transferring individuals between wheelchair, toilet, and changing table.
- **Lift track coverage across all transfer zones**, including the wheelchair positioning area, the toilet, and the changing surface.
- **Adequate room size** to allow caregivers to maneuver safely around the individual being assisted.

Without lift systems, changing tables alone remain unusable for many individuals with the most complex disabilities. In the absence of mechanical lift systems, caregivers are often forced to perform manual transfers between wheelchair, toilet, and changing surface. These transfers can present significant risks of injury to both the individual with a disability and the caregiver, particularly when assisting adults or larger individuals. Ceiling-mounted lift systems significantly reduce these risks and are widely recognized in healthcare and long-term care settings as an essential safety feature for assisted transfers. For many individuals with significant mobility impairments, the presence of a mechanical lift system is the only safe method of transferring between wheelchair, toilet, and changing surface. Without such systems, the changing facility remains functionally unusable for a substantial portion of the disability community. Incorporating lift systems, or infrastructure designed to support their installation, would therefore



improve accessibility, reduce caregiver injury risk, and ensure that these facilities can be used safely by individuals with the most complex disabilities.

Additional design features that should be considered for truly inclusive assisted-toileting facilities include slip-resistant flooring appropriate for wet areas; sufficient circulation space for a wheelchair user and at least two caregivers; a height-adjustable hand basin; appropriately positioned grab rails and lift-up support rails; a large waste disposal bin and, where appropriate, sharps disposal; an emergency assistance alarm reachable from both the floor and the changing surface; a wide paper roll or other bench-covering system to support hygiene; and multiple equipment and clothing hooks. International guidance also recommends minimum room dimensions sufficient to allow safe maneuvering of wheelchairs, mechanical lift systems, and multiple caregivers without obstruction. In more comprehensive installations, the Access Board should also consider recommending a shower with a flexible hose positioned near the changing surface, with wet-area design that prevents water from flowing across the room and creating slip hazards. These features are consistent with established international Changing Places models and would further improve safety, hygiene, dignity, and caregiver usability.

Question 7

What elements essential for assisted toileting should be required in the room?

Essential elements include:

- an accessible toilet
- an accessible handwashing sink
- consideration of an additional dedicated sink suitable for stoma care or other medical hygiene tasks
- soap and hand towel dispensers
- a waste receptacle
- coat hooks and equipment hooks
- seating for caregivers
- adequate counter space for medical supplies

These elements support safe and hygienic caregiving during assisted toileting procedures.

In some international universal restroom designs, including facilities in Japan, a separate sink is provided for stoma care and medical hygiene tasks in order to maintain better sanitation and avoid cross-contamination with standard handwashing facilities.

Because assisted toileting frequently involves medical equipment, feeding tubes, catheters, or ostomy supplies, restroom designs should anticipate the need for hygienic handling and disposal of medical materials. Providing appropriate hygiene infrastructure helps protect both individuals with disabilities and their caregivers from preventable health risks.

Question 8

Should the Access Board incorporate A117.1-2017 Section 613.2.1?

Incorporating this section may be useful as a baseline, but additional requirements should be included to address assisted care needs more fully.

Specifically, standards should require adequate circulation space for multiple caregivers, mobility equipment, and mechanical lift systems. Individuals who require adult changing facilities frequently depend on caregiver assistance and transfer equipment, and the room layout must support safe maneuvering of wheelchairs, lift systems, and caregivers around the individual receiving assistance.

Without sufficient circulation space, even well-designed equipment such as adult changing tables or lift systems may be difficult or unsafe to use effectively.

Question 9

What other sanitation equipment should be required?

Additional sanitation features should include:

- a dedicated sink suitable for stoma care or other medical hygiene tasks
- hands-free fixtures where possible
- easily cleanable surfaces and finishes
- accessible waste disposal for medical supplies

Because assisted toileting frequently involves medical equipment, feeding tubes, catheters, ostomy supplies, and other healthcare-related materials, restroom facilities should support hygienic handling and disposal of medical waste. Proper sanitation infrastructure helps protect both individuals with disabilities and their caregivers from preventable health risks while maintaining dignity during personal care.

Question 10

What additional privacy features should be required?

Privacy features should include:

- lockable doors operable from inside
- privacy screens or curtains within the room
- adequate sound and visual privacy
- doors that can be operated electronically or with minimal physical force
- emergency access capability for caregivers or staff in case assistance is required

These features ensure dignity for individuals receiving personal care.

Question 11

Costs associated with universal changing tables and rooms



Costs will vary depending on installation conditions and equipment choices. However, international examples demonstrate that such facilities can be successfully implemented in a wide variety of public spaces, including parks, transportation hubs, and cultural venues.

While the installation of adult changing facilities requires investment, these costs should be evaluated in the broader context of accessibility, inclusion, and civil rights. The societal benefits of enabling individuals with complex disabilities to participate fully in public life significantly outweigh the installation costs.

Question 12

Information regarding airports and facilities that may be affected

Universal changing facilities are already being implemented in airports and other transportation hubs in several countries, including the United Kingdom and Australia. These installations demonstrate that such facilities can be integrated successfully into large public infrastructure projects.

Further data collection from airport authorities and accessibility organizations would help identify existing installations and inform future planning.

Conclusion

Access to safe and dignified restroom facilities is not a luxury. It is a basic component of equal participation in public life. For individuals with complex disabilities and the caregivers who support them, the availability of appropriate assisted-toileting facilities often determines whether it is possible to leave home, travel, attend public events, or participate in community life.

The development of accessibility standards for universal changing tables presents an important opportunity to address a longstanding gap in the built environment. However, meaningful accessibility cannot be achieved by installing a changing table alone. Facilities must be designed to support safe transfers, caregiver assistance, and hygienic care for individuals with the highest support needs.

International experience has demonstrated that comprehensive models, such as the Changing Places approach, successfully address these needs through integrated design that includes height-adjustable changing tables, ceiling lift systems, adequate circulation space, and appropriate sanitation and privacy features. Adopting similarly comprehensive standards will ensure that the facilities envisioned in this rulemaking are usable by the full spectrum of individuals who depend on them. These internationally implemented models demonstrate that inclusive assisted-toileting facilities are both technically feasible and widely accepted as best practice for supporting individuals with the highest support needs.

Accessibility standards should not inadvertently create a two-tiered system in which individuals with moderate disabilities benefit from new infrastructure while those with the most complex disabilities remain excluded. Instead, the standards should reflect the principle that accessibility must extend to those who face the greatest barriers.



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By establishing thoughtful and comprehensive technical standards, the Access Board has the opportunity to significantly expand community participation for individuals with complex disabilities and their families.

Accessibility standards must ensure that individuals with the most complex disabilities are not left behind, because a society that designs for those with the greatest support needs ultimately creates environments that are safer, more inclusive, and more usable for everyone.

Thank you for the opportunity to provide comments on this important rulemaking.

Respectfully submitted,

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