

## **Risk Assessment for Showering Tasks**

### **BASIC INFORMATION**

**Client Name:** \_\_\_\_\_

**CHI Number:** \_\_\_\_\_

**Date of Assessment:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Assessor Name & Role:** \_\_\_\_\_

**Designation/Service:** \_\_\_\_\_

**Contact Details:** \_\_\_\_\_

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### **TASK**

**Describe the nature of the showering task:**

\_\_\_\_\_  
**Frequency and duration:**

\_\_\_\_\_  
**Specific actions (e.g. washing lower limbs, hair, perineal hygiene):**

\_\_\_\_\_  
**Movement demands (e.g. reaching, twisting, bending):**

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### **INDIVIDUAL**

**Client's priorities (comfort, privacy, independence):**

\_\_\_\_\_  
**Physical abilities (sitting balance, postural stability, upper limb function):**

**Cognitive considerations:**

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**Behavioural considerations:**

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**Skin integrity risks (pressure areas, shear, moisture exposure):**

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## **LOAD**

**Weight bearing abilities and limitations:**

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**Assistance required for transfers:**

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**Safe working load compatibility with equipment:**

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## **ENVIRONMENT**

**Space in shower area:**

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**Flooring, thresholds, and drainage considerations:**

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**Accessibility of controls (temperature, shower head, call bell):**

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**Environmental risks (slips, lighting, obstructions):**

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## EQUIPMENT ASSESSMENT

Feature	Static Shower Chair Notes	Mobile Shower Chair Commode Notes
Safety & Stability		
Transfers & Mobility		
Comfort & Dignity		
Cleaning & Infection Control		

## EQUIPMENT KEY FEATURES CHECKLIST

Tick or comment on presence, appropriateness, or adjustments required:

### Overall MSCC weight & SWL (Safe Working Load):

☐ Suitable ☐ Requires review ☐ N/A

Notes: \_\_\_\_\_

### Portability, foldability, or packability:

☐ Yes ☐ No

Notes: \_\_\_\_\_

### Seat shape:

☐ Flat ☐ Horse shoe ☐ Aperture shape appropriate

Notes: \_\_\_\_\_

### Seat cushioning:

☐ None ☐ Integrated ☐ Specialist pressure cushion

Notes: \_\_\_\_\_

### Back support:

☐ Rigid ☐ Flexible ☐ Reclining ☐ Adjustable

Notes: \_\_\_\_\_

### Arm supports:

☐ Fixed ☐ Removable ☐ Flip-up

Notes: \_\_\_\_\_

**Lower leg / foot supports:**

☐ None ☐ Fixed ☐ Swing away ☐ Adjustable height

Notes: \_\_\_\_\_

**Tilt in space:**

☐ Yes ☐ No

Notes: \_\_\_\_\_

**Recline (seat to back angle):**

☐ Yes ☐ No

Notes: \_\_\_\_\_

**Brakes:**

☐ Castor brakes present and functional

Notes: \_\_\_\_\_

**RISKS IDENTIFIED & CONTROL MEASURES**

**Identified Risks:**

**Control Measures Implemented / Recommended:**

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**CLIENT'S PRIORITIES**

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**CAREGIVER OUTCOMES**

Signature of Assessor -----