

Clinical Task Instruction

SKILL SHARED TASK

S-AD07: Prescribe, review and train use of shower seating equipment

Scope and objectives of clinical task

This CTI will enable the health professional to:

- prescribe appropriate shower seating equipment to address risks and functional limitations identified in a showering assessment. This includes shower chair, shower stool, bath swivel seat, tub transfer bench static, slide tub transfer bench and a mobile shower commode
- safely measure and fit the prescribed shower seating equipment

VERSION CONTROL

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This Clinical Task Instruction (CTI) has been developed by the Allied Health Professions' Office of Queensland (AHPOQ) using information from locally developed clinical procedures, practicing clinicians, and published evidence where available and applicable.

This CTI should be used under a skill sharing framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp>

Skill sharing can only be implemented in a health service that possesses robust clinical governance processes including an approved and documented scope of skill sharing within the service model, work-based training and competency assessment, ongoing supervision and collaborative practice between skill share-trained practitioners and health professional/s with expertise in the task. A health professional must complete work-based training including a supervised practice period and demonstrate competence prior to providing the task as part of his/her scope of practice. When trained, the skill share-trained health professional is independently responsible for implementing the CTI including determining when to deliver the task, safely and effectively performing task activities, interpreting outcomes and integrating information into the care plan. Competency in this skill shared task does not alter health professionals' responsibility to work within their scope of practice at all times, and to collaborate with or refer to other health professionals if the client's needs extend beyond that scope. Consequently, in a service model skill sharing can augment but not completely replace delivery of the task by profession/s with task expertise.

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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- train the client and carer/s or facility staff (if relevant) in the use of the prescribed shower seating equipment including safety checks, safety features, maintenance requirements, limitations and risks associated with use
- review use of the prescribed shower seating equipment including further adjustments and evaluation of the benefits and risks associated with its use.

Note 1: the local health service will determine which shower seating equipment is included in the scope of this CTI for an individual health professional.

Note 2: the term “equipment” is used throughout the document and incorporates the terms “assistive technology”, “therapeutic devices”, “assistive devices”, “adaptive aids”, “tools” and “products”.

Requisite training, knowledge, skills and experience

Training

- Mandatory training requirements relevant to Queensland Health/HHS clinical roles are assumed knowledge for this CTI.
- If not part of mandatory training requirements, complete patient manual handling techniques including competence in the use of walk belts and assisting clients into standing from sitting.
- Competence in the following CTIs or demonstrated professional equivalence in:
 - CTI S-AD03: Assess dressing and provide basic/bridging intervention
 - CTI S-AD06: Assess showering and provide basic/bridging intervention
- If the local service implementation includes performing the task in the community setting additional training may also be required e.g. driver safety, workplace procedures for home visiting, occupational violence prevention and management. Additional training should be listed in the Performance Criteria Checklist or included in orientation checklists and/or workplace instructions.

Clinical knowledge

To deliver this clinical task a health professional is **required** to possess the following theoretical knowledge:

- shower seating equipment options available, including their indications for use, limitations, safety features and maintenance requirements
- methods of measurement and fit for each shower seating equipment item within the service or defined in the scope of this skill shared task in the local service
- local service protocols and educational resources relevant to the local implementation e.g. hip precaution protocol, client handouts or supplier details including delivery processes
- local falls risk screening and mitigation strategies, programs and processes
- equipment hire/purchase protocols, processes, suppliers and schemes including the Department of Veterans Affairs (DVA) and Medical aids subsidy scheme (MASS).

The knowledge requirements will be met by the following activities:

- review of the Learning Resource
- receive instruction from the lead health professional in the training phase
- read and discuss the following references/resources with the lead health professional at the commencement of the training phase:

- local falls risk screening and mitigation strategies, programs and processes
- local equipment hire/purchase protocols, processes and schemes including DVA and MASS.
- local equipment supplier details and processes including the type of equipment available, pricing, ordering and delivery processes.

Skills or experience

The following skills or experience are not specifically identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are:

- **required** by a health professional in order to deliver this task:
 - nil
- **relevant but not mandatory** for a health professional to possess in order to deliver this task:
 - competence in prescribing, training and reviewing of bathroom grab rails and/or toileting equipment.

Indications and limitations for use of skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which he/she delivers this clinical task. The following recommended indications and limitations are provided as a guide to the use of the CTI but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation.

Indications

- The client has participated in an assessment for showering e.g. CTI S-AD06: Assess showering and provide basic/bridging intervention
- AND
- The skill share-trained health professional has determined that there is an indication for trialling shower seating equipment and a suitable shower seating option is available to trial see *Table 1: Clinical reasoning guide to choosing shower/bath seating equipment* in the Learning Resource.

Limitations

- Limitations listed in CTIs S-AD03 and S-AD06 apply.
- The client's bathroom environment is not appropriate for shower seating equipment e.g. shower is located over a square tub, bath has steps, shower recess is odd shaped/excessively sloped. As shower seating options for these bathrooms are limited, alternative strategies need to be considered for the short and long-term users including home modifications. The skill share-trained health professional should liaise with a health professional with expertise in home modifications.
- The client requires prescription of bariatric equipment. This may be because the safe working load of the available seating equipment is exceeded or the client's body shape requires the dimensions of bariatric equipment. The prescription process may have additional environmental considerations e.g. floor/bath safe working load requirements, door widths for mobile shower commode or home modifications. The skill share-trained health professional should liaise with a health professional with expertise in the task prior to undertaking the prescription process.

Safety & quality

Client

The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task.

- As showering requires good dynamic balance, close supervision of the client is required at all times.
- If the client has surgical restrictions they may also require equipment to assist with toileting, showering and dressing e.g. raised toilet seat, over toilet frame, long handled washer, reacher, or dressing aids. Implement the local processes to access the equipment as part of the shower seating prescription process if required.
- Skin and seating surfaces should be dry prior to transferring to reduce friction and the risk of pressure injury. If the client is at risk of pressure injury or skin shearing, include frequent visual inspection during the task. Increased risk occurs if the client has frail skin or is malnourished, incontinent or has limited mobility. If an injury occurs, cease the task and inform the healthcare team of any new wounds. If the client has an existing pressure area/skin tear ensure the wound is covered with a dressing prior to commencing the task. If the injury is to be in contact with the seating surface, liaise with the healthcare team regarding any limitations to sitting duration and monitor the client's pain. Cease the task if limits are exceeded.
- Shoes should be worn prior to the client standing up to mobilise into/out of the bathroom. Shoes should be enclosed, well-fitting and with good traction. If in the client's home, conduct the assessment with the client's usual footwear, e.g. slippers, socks, bare feet. This should be noted in the chart entry with any recommendations for safety e.g. replacement of slippers or the provision of grip socks.

Equipment, aids and appliances

- Perform an equipment safety check ensuring that the safe working load is suitable for the client, height adjusted to meet any restrictions/functional requirements, the dimensions accommodate the client's body shape without risk of skin shearing and the equipment is fitted appropriately to the environment. The safe working load for shower seating equipment is generally 110-125kg. Clients above this weight range should be considered for bariatric equipment.
- Ensure all equipment is clean and in good working order as per local infection control protocols. Refer to the manufacturer's guidelines for specific maintenance requirements e.g. check rubber grips have not perished, rubber stoppers are in place and have tread.

Environment

- If the task is being undertaken in the client's home a visual safety inspection of the shower environment should be conducted prior to the assessment including checking there are no leaks, cracks or loosening of fixtures or floor surface. If a fault is present, the client and/or carer should be informed regarding the required maintenance and any local service protocols implemented e.g. falls prevention, public housing notifications.

Performance of Clinical Task

1. Preparation

- Determine which shower seating equipment is likely to be required for trial, see *Table 1: Clinical reasoning guide to choosing shower/bath seating equipment* in the Learning Resource, and ensure the required shower seating equipment is available and appropriately prepared prior to commencing the session. Preparation includes performing a safety check, ensuring the aid is within safe working limits for the client and adjusted to the appropriate height for the client. See *Fitting a shower seat* in the Learning Resource.

2. Introduce task and seek consent

- The health professional checks three forms of client identification: full name, date of birth **plus one** of the following: hospital UR number, Medicare number, or address.
- The health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care 2nd edition (2017).

3. Positioning

The client's position during the task should be:

- standing to mobilise into the shower/bath area and then sitting down and standing up as part of the equipment trial. If the client is unable to stand to mobilise to the shower/bath area check the "Limitations" section of this CTI including S-AD03 and S-AD06.

The health professional's position during the task should be:

- standing in a position that allows close supervision of the task for safety and observation.

4. Task procedure

- The task comprises the following steps:
 1. Use information collected from the medical chart to determine the indication for the client to use the equipment. This includes the outcome of the showering assessment, and may also include information on showering or mobility restrictions, current equipment used, short and long term prognosis.

Note: if the client has not completed a showering assessment, cease the task. If indicated, complete an assessment of showering with the client i.e. CTI S-AD04.
 2. Determine the shower seating requirements for the client, including any equipment preferences. Refer to *Table 2: Shower seating equipment* in the Learning Resource. A catalogue can assist the client's understanding of the different options.
 3. Select the most appropriate equipment to trial using *Table 1: Clinical reasoning guide to choosing shower/bath seating equipment* in the Learning Resource. If the prescription decision is unclear, liaise with a health professional with expertise in this task prior to proceeding with the prescription process.
 4. Perform a safety check of the planned equipment and bathroom environment. See the "Safety and quality" section above.

5. Adjust the selected equipment to match the client's requirements using the manufacturer's instructions and fit to the shower/bath area.
6. Educate and demonstrate (if necessary) the use of the equipment to the client and/or carer.
7. Review the client's ability to use the equipment, including access to the bathroom with their mobility aid (if relevant), circulation space, transfer on/off the equipment including the use of arm rest/rails (if relevant), access to taps, towels and bathing products including soap, body wash and shampoo/conditioner.
8. Based on the information collected, determine if the equipment provides a functional advantage/achieves the goals of prescription and make a recommendation to the client and team regarding the client's use of the trialled equipment and/or any further management plans.
9. If relevant, provide the client and family/friends/carer with information on accessing the trialled equipment and the safe and effective use of the selected equipment. This may include education on local loan, equipment return and purchase processes and/or facilitating access to equipment schemes such as DVA, MASS and workers' compensation.
10. Develop a plan with the client and carer to obtain the required shower seating equipment including timeframes for supply and fitting and any required interim measures for safety.

5. Monitoring performance and tolerance during the task

- Common errors and compensation strategies to be monitored and corrected during task include:
 - the equipment creates a falls risk e.g. the client is unable to position self to access the seat, has difficulty negotiating the shower hob, needs to reach excessively or dangerously to access the sink or towel rail or the mobility aid catches on equipment legs, or uneven floor surfaces in the bathroom or shower recess make the equipment unstable. Consider alternative seating equipment or if a shower chair is appropriate in an alternative environment i.e. use of the external drain in the bathroom or laundry for short term use or liaise with a health professional with expertise in the prescription of shower/bath seating equipment, grabs rails or home modifications for removal of the shower hob.
 - check the client can reach taps, towels and showering tools as part of using the required seating. Relocate items to be within easy reach.
 - for shower seating equipment, check that the shower head is positioned appropriately whilst seated. If water spray remains ineffectual consider prescription of a hand-held shower.
 - check supplier specifications for fitting equipment prior to the scripting process i.e. required minimum and maximum shower/bath dimensions including height, width, depth and rim.
 - check that water management strategies are effective. Refer to water management strategies in CTI S-AD06.

Monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the "Safety and quality" section above.

6. Progression

- The client may require further review of shower seating equipment if goals or factors impacting showering change e.g. change in medical or surgical restrictions, a new fall, hospital admission, change of residence, change in assistance available, acute injury to the limbs, or an illness or surgery.

7. Document

- Document the outcomes of the task as part of the skill share-trained health professional's entry in the relevant clinical record, consistent with documentation standards and local procedures, and commenting on the client's ability to complete the task including the following specifics of the task performance:
 - shower seating equipment trialled and suitability of each item trialled including any problems with performance e.g. type and brand, style, product code
 - a description of the environment where the equipment is/will be fitted e.g. ensuite shower, downstairs bathroom bath or laundry
 - observation of the client using the prescribed equipment including transfer on/off, ability to reach and use fittings and shower equipment including any required adjustments e.g. re-location of soap, shampoo, face washer, towel and clothes. If the observation did not occur in the planned environment for use, this should be noted e.g. ward bathroom.
 - if using a mobility aid, the ability to safely use the brakes and manoeuvre within the environment with the equipment fitted
 - safety during the task
 - recommendations for ongoing shower performance with the planned seating equipment including any assistance, use of grab rails or other required showering equipment
 - education provided to client and carers regarding maintenance, safe working limit, removal and use of equipment by other users, adjustment features and process for review
 - that the plan is agreed with the client and/or carer regarding obtaining the equipment e.g. loan, hire, MASS, DVA, purchase, timeframes for supply and process for fitting.
- The skill shared task should be identified in the documentation as “delivered by skill share-trained (*insert profession*) implementing CTI S-AD07: Prescribe, review and train of shower seating equipment” or similar wording.

References and supporting documents

Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition).
https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Example client information handouts

- Cairns and Hinterland Hospital and Health Service, State of Queensland (2012). Equipment Information. Mobile shower commode – self propelled. Available at:
http://gheps.health.qld.gov.au/cairns/docs/ot_shower_commode_sp.pdf
- Cairns and Hinterland Hospital and Health Service, State of Queensland (2012). Equipment Information. Mobile shower commode – attendant propelled. Available at:
http://gheps.health.qld.gov.au/cairns/docs/ot_shower_commode_ap.pdf
- Darling Downs Hospital and Health Service, State of Queensland (2017). Shower Chair fact sheet. Available at:
<http://gheps.health.qld.gov.au/darlingdowns/pdf/fact/fact-363.pdf>
- Darling Downs Hospital and Health Service, State of Queensland (2017). Shower Stool fact sheet. Available at:
<http://gheps.health.qld.gov.au/darlingdowns/pdf/fact/fact-364.pdf>

- Darling Downs Hospital and Health Service, State of Queensland (2017). Bath Transfer Bench fact sheet. Available at:
<http://qheps.health.qld.gov.au/darlingdowns/pdf/fact/fact-959.pdf>
- Darling Downs Hospital and Health Service, State of Queensland (2014). Swivel Bather. Available at:
https://qheps.health.qld.gov.au/_data/assets/pdf_file/0025/424366/fact-1975.pdf
- Government of South Australia (2013). Domiciliary equipment service: Fact sheet - mobile shower commode chair. Available at: <https://des.sa.gov.au/lists/selecting-equipment/accordion-pages/fact-sheets>
- Government of South Australia (2013). Domiciliary equipment service: Shower hose – fact sheet. Available at: <https://des.sa.gov.au/lists/selecting-equipment/accordion-pages/fact-sheets>
- Medical Aids Subsidy Scheme (2010). Maintenance checklist – Mobile shower chairs (MSC). Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0020/436601/maintenance-mobile-shower-chair.pdf
- Metro South Health: Princess Alexandra Hospital (2015). Occupational therapy – client information. Mobile commode chairs. Available at: <http://paweb.sth.health.qld.gov.au/sqrm/qiu/brochures-posters/documents/ot-mob-commode.pdf>
- Metro South Health: Princess Alexandra Hospital (2015). Occupational therapy – client information. Transfer bench. Available at: <http://paweb.sth.health.qld.gov.au/sqrm/qiu/brochures-posters/documents/ot-transfer-bench.pdf>
- Spinal Outreach Team (2017). Looking after your mobile shower chair or transfer bench. Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0022/672133/showering-aid-maintenance.pdf

Assessment: Performance Criteria Checklist

S-AD07: Prescribe, review and train of shower seating equipment

Name:

Position:

Work Unit:

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of Lead HP	Date and initials of Lead HP	Date and initials of Lead HP
Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record.			
Identifies indications and safety considerations for the task and makes appropriate decisions to implement the task, including any risk mitigation strategies, in accordance with the clinical reasoning record.			
Completes preparation for the task including completing an equipment safety check, confirming safe working load is appropriate and adjusting to the appropriate height for the client, confirming with the client acceptance of the trial equipment, ensuring the environment is safe for equipment fitting and that the client is wearing suitable footwear.			
Describes the task and seeks informed consent.			
Prepares the environment and positions self and client appropriately to ensure safety and effectiveness of the task, including reflecting on risks and improvements in the clinical reasoning record where relevant.			
<p>Delivers the task effectively and safely as per the CTI procedure, in accordance with the Learning Resource.</p> <p>a) Clearly explains and demonstrates the task, checking the client's understanding.</p> <p>b) Use information collected from the subjective and objective assessment (including S-AD06) to determine the indication and suitability for the use of shower seating equipment, including identifying limitations for prescription.</p> <p>c) Selects a suitable piece of equipment for trial by using learning resources in Table 1 and Table 2 in the Learning Resource and clinical reasoning.</p> <p>d) Confirms the appropriate height and safe working limits of the equipment and adjusts to the client's requirements.</p> <p>e) Fits the equipment to the shower/bath using the manufacturer's instructions.</p> <p>f) Educates and demonstrates use of the equipment, including sit to stand transfers.</p> <p>g) Assesses that the client is able to safely use the equipment including transfers on/off, circulation space, access to hygiene and that the equipment provides a</p>			

functional advantage/ achieves the goal of prescription. h) Considers factors such as the client's ability to purchase/hire equipment in the decision making process. i) If relevant provides the client and family/carer with education and advice for use of the equipment, maintenance requirements, safety features and access options (hire/purchase). j) During the task, maintains a safe clinical environment and manages risks appropriately			
Monitors for performance errors and provides appropriate correction, feedback and/or adapts the task to improve effectiveness, in accordance with the clinical reasoning record.			
Documents in the clinical notes including a reference to the task being delivered by the skill share-trained health professional and CTI used.			
If relevant, incorporates outcomes from task into intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record.			
Demonstrates appropriate clinical reasoning throughout the task, in accordance with the Learning Resource.			
Notes on the scope of the competency of the health professional			
<p>The health professional has been trained and assessed as competent to deliver the task for the following shower seating equipment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shower chair <input type="checkbox"/> Shower stool <input type="checkbox"/> Bath swivel seat <input type="checkbox"/> Tub transfer bench static <input type="checkbox"/> Slide tub transfer bench <input type="checkbox"/> Mobile shower commode <input type="checkbox"/> Other 			
Notes of the service model on which the health professional will be performing this task:			
<p><i>For example: in the community setting with post total hip replacement clients; in the emergency department or medical assessment planning unit to facilitate geriatric discharge.</i></p> <p><i>Comments should also include any restrictions (type of walking aids, weight bearing status, etc.)</i></p>			

Comments:

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Record of assessment of competence

Assessor name:	Assessor position:	Competence achieved:	/	/
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Scheduled review

Review date	/	/
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CTI SAD07: Prescribe, review and train of shower seating equipment

Clinical Reasoning Record

The clinical reasoning record can be used:

- as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting
- after training is completed for the purposes of periodic audit of competence
- after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.

The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: _____

1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

2. Client

Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

General care plan

- insert concise point/s on the client's general and profession-specific / allied health care plan e.g. acute inpatient, discharge planned in 2/7

Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

Other considerations

- insert concise point/s of relevance to the task not previously covered. If none, omit.

3. Task indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement / not implement the task including risk management strategies.

4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

Skill share-trained health professional

Lead health professional (trainer)

Name:

Name:

Position:

Position:

Date this case was discussed in supervision: / /

Outcome of supervision discussion e.g. further training, progress to final competency assessment

Prescribe, review and train of shower seating equipment:

Learning Resource

Clients who are identified as having problems during showering may benefit from the prescription of shower seating equipment. Shower seating equipment enables the client to be seated whilst showering. This may be useful for those with poor balance or those who cannot stand for long periods in the shower due to pain or fatigue. Depending on the equipment features and the client's performance, access to bathing can be enhanced.

Required reading

- Clemson L, Martin R (1996). Usage and effectiveness of rails, bathing and toileting aids. *Occupational Therapy in Health Care* 10(1):41-59. Available through Research Gate.
- DLF Shaw Trust (2018). Choosing equipment for bathing. Available at: <http://www.dlf.org.uk/factsheets/bathing>
- Hephherd R (2011). Aids for bathing and showering. *European Geriatric Medicine* 2(3): 190-193. Available through CKN.
- Manufacturer guidelines for each of the aids being prescribed. Specifically seeking information on the use of equipment safety features (including safe working load) and maintenance.

Example maintenance checklist

- MASS (2010). Maintenance checklist – mobile shower chairs. Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0020/436601/maintenance-mobile-shower-chair.pdf
- Local equipment hire/purchase protocols, processes and schemes including application guidelines.
- Local implementation of this CTI will also require reference to manual handling programs and procedures, falls risk assessment and management processes, orthopaedic protocols, care pathways, set criteria (e.g. hip replacement precautions) relevant to the facility and local equipment hire or purchase information resources. These should be listed in the training record comments section.

Optional reading

- Adjustments to your manual wheelchair, power wheelchair or mobile shower commode (2011). Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0014/431231/maintenance-adjustments.pdf
- DLF Shaw Trust (2018). Choosing equipment for showering. Available at: <http://www.dlf.org.uk/factsheets/showering>
- Queensland Spinal Cord Injuries Service (2017). Fact sheet: Looking after your mobile shower chair or transfer bench.
- Shower/toilet chairs (mobile and static) must comply with Australia Standards. For more information see Australian/New Zealand Standards™ AS/NZS 3973:2009. Shower/toilet chairs (mobile and static). Sydney Australia: SAI global 2009.
- Cohen-Mansfield J, Jensen B (2005). The preference and importance of bathing, toileting and mouth care habits in older persons. *Gerontology* 51: 375-385. Available through CKN.

Required viewing

- Adaptive Equipment Corner (2015). Specifics about a bath tub transfer bench and bath chair. Available at: <https://www.youtube.com/watch?v=OqXB9c5giJ4&t=15s>
- Adaptive Equipment Corner (2015). How to use a bath tub transfer bench. Available at: <https://www.youtube.com/watch?v=KXCPIrQ682c>
- Vive Health (2016). How to assemble the shower chair. Available at: <https://www.bing.com/videos/search?q=Medical+Shower+Chair&&view=detail&mid=5DCCA8D3214B36F55E9D5DCCA8D3214B36F55E9D&&FORM=VDRVRV>

Selecting shower/bath seating equipment

Indications for shower seat equipment

The main indication to prescribe shower seating is to reduce the risk of falls. This may be due to:

- balance deficits. Sitting requires less balance than standing as the base of support is larger. Sitting with back support and arm rests requires less balance than sitting without support. Shower seating is generally easier to transfer onto than bath seating due to the reduced need to pivot and turn to access the drain.
- Pain. Pain may be better in sitting due to reduced weight bearing requirements, joint positioning and more relaxed and supported posture.
- fatigue, limited endurance or shortness of breath. Sitting has a lower metabolic demand than standing, the position also facilitates rest breaks during the task.
- dizziness, postural drops, hypotension, anxiety: Sitting is considered to be a safer position than standing.
- client request. At times clients may request shower seating equipment. This often relates to a fear of falling. The rationale for the request should be explored and assessed to ensure the prescription is appropriate and that any underlying medical conditions have been investigated and managed.

Fitting a shower seat

Person

- The shower seat height should generally be 5cm above the popliteal crease. To measure the popliteal height, the client should be seated with shoes off. The measurement is taken from the floor to the popliteal crease on the outer side of the leg. The seat height is calculated by adding 5cm to this measurement.
- Feet should be placed flat on the floor when the client is seated.
- If arm rests are present, the client should be able to place their arms comfortably on the arm rests i.e. shoulders by side, elbows at approximately 90° flexion in sitting. The arm rests should also allow shoulder abduction without restriction. Arm rests should not rest against the client's trunk. If this occurs, review the need for arm rests and/or the seat width dimensions.
- The manufacturer's instructions provide a fitting guide for shower seating.

Environment

- The seat should be stable. This may include repositioning the seat slightly away from the drain slopes of the floor or avoiding placing on non-slip matting.

- The circulation space should be reviewed for safety during use, including mobilisation, transfers and use of the equipment.
- The equipment should be positioned to support access to grab rails, taps, showering tools and water management strategies.

General principles

- Clients post orthopaedic surgery are often prescribed shower seating due to balance, pain and/or fatigue. Prescription of a shower seat must include adherence to any surgical restrictions. For example, the client must be able to adhere to weight bearing restrictions during transfers or joint angle restrictions during use e.g. hip flexion <90°. When prescribing shower seating equipment, the height of the shower/bath hob and the seated surface will need to include these restrictions i.e. the shower hob and method to step in/out must adhere to restrictions and the seated surface should be 5cm above the client's popliteal crease.

View - Hospital for Special Surgery: Activities of daily living: stepping in and out of the shower (2012). Available at: <https://www.youtube.com/watch?v=Li6HsfEKPnc>

For mobile shower commode chairs, the foot plate/foot board should be used during transportation and showering. Joint angle restrictions should be considered when introducing the foot plates. If required, consider alternative seating options.

- The use of shower seating equipment outside of the shower recess is considered when there is limited access and/or circulation to the shower recess area. Positioning a shower stool, shower chair or mobile shower commode over a drain in the bathroom or laundry can be considered, with the client using a hand-held shower or sponge bath. An appropriate water management plan must be included as part of the scripting process. See S-AD06. This option is suitable for short term users only. A long-term plan for showering should be developed by liaising with a health professional with expertise in home modifications.
- There are many shower seating equipment options available. Client preference should always be considered as part of the prescription process. Factors that may influence client preference include:
 - acceptability by other users in the home including their requirements for safe working load, access to other wash areas, manoeuvrability of equipment between use, seat dimensions and cleaning requirements
 - aesthetic appearance of the equipment
 - cost, including loan pool access, purchase and funding schemes.

Clinical reasoning is required to determine the most effective and appropriate equipment for the client and their environment. The information below provides a clinical reasoning guide to choosing between bath or shower seating equipment.

Clinical reasoning guide for choosing between a bath or a shower seat

Does the client have a shower, bath or both?

- If the client has both a bath and a shower recess, showering equipment is usually prescribed in preference to bath equipment due to the ease of fit and cost.
- Other considerations include the client's access to the bathroom e.g. if the shower is located downstairs and outside an internal bath access may be preferred.
- The client's individual functional limitations and needs are considered. For example if the client has a full lower limb plaster cast and the shower is of standard dimensions, a bath seat which allows greater manoeuvrability for transfers, may be safer and more practical.

- If the client has a shower over the bath, determine if the environment will suit seating equipment. See *Table 2: Shower seating equipment*.

Shower

- Is the client able to negotiate the shower hob? If no, do they require a grab rail to improve balance? Liaise with a health professional with expertise in the provision of grab rails. If the client has problems with step/hob height, consider the use of shower seating equipment over an external drain in the bathroom or laundry, or home modifications to remove the shower hob.
- When in the shower, is there sufficient space for a seat to be positioned? The client should be assessed stepping into/out of the shower, transferring onto/off the chair and any sitting/standing balance requirements whilst showering including reaching and manipulating taps and shower products. Shower stools require less space than a shower chair. If insufficient space is available, the seat may be placed over an external drain in the bathroom or laundry.
- Is the client able to manage water whilst showering i.e. closes the door to reduce water on the floor, maintains downward spray of water if using a hand-held shower, keeps equipment and self clear of drainage point/s, uses an absorbent floor mat. If not, develop a water management plan with the client including alternative shower seating equipment and/or walking aid to allow door closure/drainage, installation of additional shower screening and/or absorbent floor matting. See CTI-S-AD06.

Bath

- Can the bath be fitted with a seating option? See *Table 2: Shower seating equipment*.
- Is the client able to use a hand-held shower in the bath area? Can the tap be fitted with an off-the-shelf hand-held shower? Determine how water will be managed during showering e.g. using a shower curtain/screen or an absorbent floor mat? If the bath cannot be fitted with a hand-held shower or the water management plan is unclear/unsafe, liaise with a health professional with expertise in showering assessment and/or home modifications.
- Is the client willing to use a shower for hygiene? If no, review the “Indications and limitations” section of this CTI.
- Is the client able to transfer over the bath rim adhering to any restrictions e.g. hip precautions or weight bearing restrictions? If not, and there is no shower available, consider using shower seating equipment over an external drain in the bath room or laundry.

Note: Table 1 provides a Clinical reasoning guide to choosing shower/bath seating equipment. Table 2 provides information about each shower seating equipment items including a description, indications for use, precautions and possible performance errors.

Table 1 Clinical reasoning guide to choosing shower/bath seating equipment

Indications for shower seating equipment	Shower chair	Shower stool	Mobile shower commode
Sitting balance deficits	√	X	√
Small/triangular/narrow shower recess	X	√	X
Indications for bath seating equipment	Bath swivel chair	Tub transfer bench static	Slide tub transfer
Sitting balance deficits	√	√	X
Limited endurance/fatigue/pain	√	√	X
Minimum seat height required for safety e.g. hip precaution	X	√	√
Limited circulation space in the bathroom	√	X	X
Bath rim <2.5cm wide	X	√	√
Shower screen installed on bath rim	X	√	√
Bath material is plastic	√	X	X
Corner bath	X	X	X
Bath has an entry step	X	X	X

Table 2 Shower seating equipment

All shower seating options should consider:

1. Safe working load (generally 110-125kg). Bariatric equipment should be provided for clients above the safe working load.
2. Seating dimensions to fit the client and the environment.
3. Hygiene and maintenance requirements. Generally surfaces are wipeable. See manufacturer's instructions for details.

Equipment & Description	Indications	Precautions/ Possible Performance Errors
<p>SHOWER – seating is placed into the shower recess. The client may require a grab rail to assist with accessing the shower and/or stepping over the hob. Refer to the shower assessment for details. Shower seating can also be placed over external drains e.g. bathroom or laundry floor when circulation spaces are limited.</p>		
<p>Shower chair A shower chair is a metal framed chair with a plastic seat and adjustable height legs and rubber stoppers. Shower chairs also have armrests to assist the client using it to stand and sit easier and a backrest to provide increased support for showering. View an example at: http://ilcaustralia.org.au/products/9236?search_term=591</p>	<p>The client requires arm rests to assist with standing up/sitting down and/or backrest support during sitting. Height adjustable to meet client requirements. Some models have one leg with additional adjustability for sloped gradients in shower recess.</p>	<p>Place and orientate all four legs for stability i.e. check for drain/uneven floor. For clients with difficulty standing up/sitting down check: <ul style="list-style-type: none"> • seat height (5cm higher than knee crease) • arm rests (elbow 90° flexion in sitting, not resting on trunk) • placement of chair orientation to shower wall i.e. not impeding normal movement of trunk/shoulders forward. <p>Clients who are unable to evenly weight bear through the upper limbs/arm rests are at risk of tipping. If being used on a plastic shower recess confirm flooring surface is reinforced i.e. does not flex with weight bearing.</p> </p>
<p>Shower stool A shower stool is a metal stool with a plastic seat and adjustable height legs and rubber stoppers that is placed into the shower recess. Shower stools also have armrests to assist the client to stand and sit easier. They can also come with back rests. View an example at: http://ilcaustralia.org.au/products/5844?search_term=590</p>	<p>The client demonstrates good sitting balance. Additional features include arm and/or back rests. Smaller than a shower chair it is suited to smaller shower spaces where circulation is an issue. Height adjustable to meet client requirements. Some models have one leg with additional adjustability for sloped gradients in the shower recess.</p>	<p>The client has poor sitting posture and requires additional support consider alternative seating equipment. For clients with difficulty standing up/sitting down, check: <ul style="list-style-type: none"> • seat height (5cm higher than knee crease) • placement of chair orientation to shower wall i.e. not impeding normal movement of trunk/shoulders forward. • consider need for a grab rail to support sit to </p>

Equipment & Description	Indications	Precautions/ Possible Performance Errors
<p>and http://ilcaustralia.org.au/products/19448?search_term=590</p>		<p>stand. Clients who are unable to evenly weight bear through the upper limbs/arm rests are at risk of tipping. If being used on a plastic shower recess confirm flooring surface is reinforced i.e. does not flex with weight bearing.</p>
<p>Mobile shower commode Mobile shower commodes can be used for showering, over the toilet or as a commode. Chairs can be either attendant or self-propelled. If using a self-propelled chair the clinician requires skills in wheelchair training as part of the scope of local implementation of this CTI e.g. S-MT09: Prescribe, train and review a manual wheelchair for short term use. View an example at: http://ilcaustralia.org.au/products/search?utf8=%E2%9C%93&q=shower+commod Note:</p>	<p>A mobile shower chair can reduce the distance a client needs to walk and the number of transfers required for bathroom activities. This may be of particular benefit for clients who experience breathlessness, pain and/or fatigue with showering. Features include footplates, arm rests, brakes. If a carer will push the commode chair, the carer should be observed using the features of the chair, manoeuvring the chair to/from the bathroom, negotiating doorways and thresholds.</p>	<p>A hobless (step free) shower or a ramped hob is required to enable use in the shower recess. Circulation space should be considered for all areas planned for use i.e. bedroom to toilet to bathroom. During transfers ensure that the client does not stand on the footplates/ footboard and that the brakes are on. To avoid tipping during showering the client should be instructed to not bend down to reach their feet or the floor whilst sitting in the chair.</p>
BATH		
<p>Bath swivel chair A bath swivel seat consists of a plastic chair that fits across the width of the bath. The seat swivels so that client's legs can be positioned in the bath whilst seated for showering. View an example at: http://ilcaustralia.org.au/products/search?utf8=%E2%9C%93&q=bath+swivel+seat</p>	<p>All components fit to the bath making it useful where there is limited circulation space.</p>	<p>Ensure brakes are on and locked when the chair is stationary. Unable/difficult to fit to a bath with limited or no bath rim, fitted shower screen or unusual shape. If being fitted to a plastic bath confirm the surface/s in contact are reinforced i.e. do not flex with weight bearing. As this piece of equipment is not height adjustable it may not be suitable for the client i.e. the client is too short to reach the seat or too tall to maintain joint restrictions, including during clearance of the hob using a standing pivot transfer. Additional water management strategies may be required to contain shower spray e.g. shower curtain or absorbent bath mat.</p>

Equipment & Description	Indications	Precautions/ Possible Performance Errors
<p>Tub transfer bench static</p> <p>A tub transfer bench (TTB) is a metal framed bench seat with plastic or vinyl padded seating, a backrest and a single arm rest. Some come with holders for a shower hose. The legs are height-adjustable and have either rubber stoppers or rubber suction cups on the ends. The tub transfer bench assists clients to shower over the bath.</p> <p>To install the TTB, orientate it so the armrest is located over the bath. Two legs are placed outside and two legs are placed inside the bath, with all legs making contact with floor/bath for stability.</p> <p>View an example at: http://ilcaustralia.org.au/products/12542?search_tr ee=587</p>	<p>Height adjustable to meet client requirements.</p> <p>As the bench is located outside the bath the client can transfer without needing to negotiate bath sides.</p> <p>The client requires adequate trunk control and lower and upper limb strength and range of motion to position themselves on the equipment.</p>	<p>Monitoring of surgical restrictions e.g. hip precautions during clearance of hob.</p> <p>Reduces the circulation space beside the bath.</p> <p>If being fitted to a plastic bath confirm the surface/s in contact are reinforced i.e. do not flex with weight bearing.</p> <p>Additional water management strategies may be required to contain shower spray e.g. shower curtain, absorbent bath mat.</p>
<p>Slide tub transfer bench</p> <p>As per TTB (static) above but with a seat that slides to assist with transfers and positioning.</p> <p>View an example at: http://ilcaustralia.org.au/products/6018</p>	<p>Height adjustable to meet client requirements.</p> <p>As the bench is located outside the bath the client can transfer without needing to negotiate the side of the bath.</p> <p>The client requires adequate trunk control, lower and upper limb strength and range of motion to position themselves and co-ordinate the sliding mechanism.</p> <p>The slider assists with positioning if the client has limited upper and/or lower limb strength.</p>	<p>Monitoring of surgical restrictions e.g. hip precautions during clearance of hob.</p> <p>Reduces the circulation space beside the bath.</p> <p>If being fitted to a plastic bath confirm the surface/s in contact are reinforced i.e. do not flex with weight bearing.</p> <p>Additional water management strategies may be required to contain shower spray e.g. shower curtain, absorbent bath mat.</p>