VR Risk Assessment Template

Modeled on the format NHS services use

Hazards, scoring, control measures, and sign-off
for clinical VR use in speech-language therapy and adjacent practice.

Created by Gareth Walkom | gareth@withvr.app | withVR | withvr.app

Version 1.0 | April 2026 | CC BY-SA 4.0

Before You Use This Template

A starting point - not a finished assessment

This is a template, not a finished assessment. Risk assessment is a clinical and managerial responsibility specific to your service, environment, population, and local policy. Adapt the wording, add or remove rows, and review with your service's health-and-safety lead before use.

The structure follows the format NHS services typically use: header, scoring, hazards table, control measures per hazard, sign-off. Adapt to your local format if your service uses a different template.

Risk Assessment

Header information

Site	Speech and language therapy clinic / school / ward / community / home visit
Work location or area	_____
Activity assessed	Use of virtual reality (VR) for speech, language, voice, communication, or related clinical work
Assessor name	_____
Date	_____
Review due	_____ (typically 12 months)

Scoring

Multiply severity by likelihood to get the risk rating. The combined score guides what action is needed.

Severity	Description
1	Minor injury, no lost time
2	Injury, 1-7 days lost time
3	Injury, 8-31 days lost time
4	Injury, over 31 days lost time
5	Serious injury or death

Likelihood	Description
1	Very unlikely
2	Unlikely
3	Likely
4	Very likely
5	Certain or imminent

Risk rating	Meaning	Required action
1	Insignificant	None
2-5	Minor	Apply assessment
6-10	Significant	Lower the risk
12-20	Major	Reconsider the work procedure
25	Unacceptable	Stop and prohibit; report to management

Hazards

For each row: assess severity (1-5), likelihood (1-5), and multiply for the risk rating

Ref	Hazard	Severity	Likelihood	Risk rating
1	Slips, trips, falls	___	___	___
2	Walking into walls or furniture while wearing the headset	___	___	___
3	Dizziness, motion sickness, eye strain	___	___	___
4	Exposure to unwanted online or in-app content	___	___	___
5	Manufacturer's recommended minimum age	___	___	___
6	Identifiable information entered into the VR software	___	___	___
7	Realistic content evoking distressing emotions or trauma	___	___	___
8	In-world artwork or content with age or content warnings	___	___	___
9	Use of AI-powered features (e.g. text generation, translation, transcription)	___	___	___
10	Hygiene and infection control of shared headset	___	___	___

Existing Control Measures

Use this section to record the controls already in place for each hazard. The wording below is illustrative - adapt to your service.

1. Slips, trips, falls

- The clinic room or off-site venue is risk-assessed before use; floor space around the seat is clear; cables run away from the user.
- The individual is made aware of the risk on the consent form.

2. Walking into walls or furniture

- The headset's Guardian boundary (or equivalent) is configured before the session: a mesh appears in view if the user moves close to a hazard.
- Therapy withVR sessions are designed to be done seated; no large body movements are required.
- The clinician stays within arm's reach of the user.
- The individual is made aware on the consent form.

3. Dizziness, motion sickness, eye strain

- Modern VR headsets reduce motion sickness compared with earlier generations. Therapy withVR is static; the user is not moved through the virtual environment.
- Sessions are kept to the agreed duration with breaks as needed.
- The individual's medical history is reviewed for predisposing factors (e.g. vestibular disorders, severe motion sickness).
- The session can be paused or ended at any point.
- The individual is made aware on the consent form.

4. Exposure to unwanted online or in-app content

- The headset is set up for clinical use only. The web browser and app store are blocked or password-protected.
- Unrelated apps are not installed, or are blocked from access.
- Multi-user or social VR features are not used.
- Apps used in sessions are listed on the consent form.

5. Manufacturer's recommended minimum age

- Meta recommends a minimum age of 13 for current consumer headsets.
- Where users are below the recommended age, parental or guardian consent is obtained and the protocol is adapted (shorter sessions, more frequent check-ins, simpler situations to start).
- The individual or family is made aware on the consent form.

6. Identifiable information in the software

- Therapy withVR is designed so that personal information does not need to enter the software. Profiles are labeled by role rather than by real name (e.g. "Profile A" or "Wednesday afternoon practice").
- Any link from a profile to a real-world identity is held within the service's existing clinical record system, not within Therapy withVR.
- The individual is made aware on the consent form.

7. Realistic content evoking distressing emotions or trauma

- The clinician is present throughout the session.
- The individual's comfort is discussed before entering VR; situations and avatars are agreed in advance.
- The session can be paused, the situation can be made simpler, or the headset can be removed at any point.
- Software customization allows the situation to be eased mid-session.
- A debrief is offered at the end of the session if appropriate.
- The individual is made aware on the consent form.

8. In-world art or content warnings

- Where the software includes in-world art or static visual content, any image carrying an age or content warning is flagged in the software.
- The clinician controls which items are shown in a session.
- The individual is made aware on the consent form.

9. Use of AI features

- AI features in Therapy withVR are off by default.
- AI features are only enabled with the individual's explicit consent (see the consent template).
- Reminders inside the software warn against entering personal, sensitive, or confidential content.
- The clinician retains control of AI use throughout the session and can disable features mid-session.
- The individual is made aware on the consent form.

10. Hygiene and infection control

- The headset, controllers, and any shared accessories are cleaned per the service's existing infection-control protocol after each user.
- Disposable or replaceable face covers are used where the headset is shared between multiple users (sold separately by third-party retailers; withVR does not sell hygiene supplies).

- Headset cleaning materials are kept in the clinic area.

Sign-off

Assessed by:

_____

Manager or health-and-safety lead: _____

Date:

_____

___

Review due:

_____

Filing. When complete, share with the staff group covered by the assessment and file with your service's health-and-safety risk-assessment records. Review at the cycle agreed by your service (typically annually) or when something changes - new hardware, new software version, new population, new venue.

Companion Resources

Free, printable, CC BY-SA-licensed

All available at withvr.app/resources:

Informed Consent Template - the user-facing consent form that pairs with this risk assessment.

VR Suitability Screening Checklist - pre-session screening for an individual user.

Session Preparation Checklist - the clinician's pre-session workflow.

Explaining VR to Clients and Families - plain-language handout to give before the consent step.

Cybersickness in clinical VR: what to plan for - background on hazard 3 (dizziness, motion sickness). Available at withvr.app/blog.

About withVR

Therapy withVR is a clinician-controlled VR platform for speech-language therapy, built by people who stutter, with the speech-language professionals who use it every day. Built and maintained by withVR BV (Belgium); supported by Google, Orange, the NHS, and the AR/VR User Research Panel at Meta.

License: Creative Commons Attribution-ShareAlike 4.0 International. Free to share, adapt, and redistribute with attribution to withVR (withvr.app/resources). Please review with your service's health-and-safety lead before use. https://creativecommons.org/licenses/by-sa/4.0/

Version 1.0 - April 2026 - Initial release.