

Community and Ambulatory Care Environmental Checklist for Falls Prevention

This checklist is used to identify environmental factors in your site/building that may increase risk of falls among clients attending community and ambulatory care clinics. It is recommended that this checklist be done at least yearly (preferably twice a year, in winter and spring/summer). Tick the appropriate response for each item listed. An item with a “No” response suggests a falls risk hazard that should be addressed.

Clinic/area: _____

Date: _____

Name and position of individual completing checklist: _____

1. Circulation areas (including hallways and reception)			
a) Passageways are clear and are not used to store equipment or other supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Furniture is positioned to allow adequate space for appropriate use of mobility aids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Floor is in good condition with a non-slip surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) Absence of rugs/mats, but if necessary all rugs/mats are non-slip and well-secured	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e) Absence of raised edges throughout or change in floor surface clearly defined	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) Steps have non-slip edging in contrasting colour	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g) Adequate and consistent level of lighting throughout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h) Absence of glare from windows, lighting or flooring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i) All electrical cords are tacked down and extension cords are not used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
j) Furniture is secure enough to support a patient should they lean on or grab for balance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
k) Furniture has no sharp edges or corners	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
l) Chairs are in good repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
m) Chairs have rubber stoppers or non-slip feet on legs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
n) Wheelchairs, stretchers and patient lifts have wheel locks and are in good working order	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Stairs and stairwells			
a) Handrails are secure and in good condition on all steps (bilateral handrails in contrasting colour to the wall are recommended when possible)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Steps have non-slip edging in contrasting colour	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Adequate and consistent lighting in stairwells	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Examination Room / Consultation Room / Change Room			
a) Adequate space for access by clients with mobility aids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Free of clutter and unnecessary equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Bed/examination table in low position or a step with a handrail is next to it	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) Bars or grips next to scales	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e) Chairs and/or railings in change rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) Call buttons are accessible and in working order	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g) Procedure tables and/or procedure chairs are equipped with safeguards, such as side rails and arm rests	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h) Furniture is secure enough to support a patient should they lean on or grab for balance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i) Chairs and footstools are in good repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
j) Chairs and footstools have rubber stoppers or non-slip feet on legs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
k) All electrical cords are tacked down and extension cords are not used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



4. Bathroom			
a) Floor is in good condition with a non-slip surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Free of clutter and unnecessary equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Secure handrails are beside toilets in accessible bathrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) All toilet seats are secure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e) A call button is accessible and in working order	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) All change tables are equipped with safety straps that are accessible	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Signage			
a) There is appropriate hazard signage for wet floors, maintenance and construction areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Exit signs are lit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Outdoor Areas (when applicable)			
a) Pathways are even with absence of potholes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Paths are clear of hazards (i.e. weeds, moss, shrubs, bushes, overhanging branches and leaves in summer; ice, snow and overhanging branches in winter)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Ice melt or sand is available (winter only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) Steps are in good condition with non-slip edging in contrasting colour	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e) All steps have handrails that are secure and in good condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) There are sufficient number of outdoor seats for rest	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g) Outdoor areas are well-lit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Showers (when applicable)			
a) A seat is in the shower and near to the shower	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Shower chairs have adjustable legs and rubber stoppers on the legs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Showers or baths have secure handrails	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) Surface in shower or bath is non-slip	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Recommended practices (when applicable)			
a) Routine cleaning of floors is done not during visiting hours or is well signed to minimize risk to clients	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b) Spills or wet floors are attended to immediately and signage is posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Beds/chairs/wheelchairs/shower chairs are checked and maintained via a routine schedule	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d) Clients are asked about special toileting needs and are prompted to empty bladder/bowel prior to examination, if not contraindicated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e) Clients receiving contrast media or sedative agents are always under close supervision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) Clients are instructed to dangle their legs over the side of table, bed or chair before rising	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g) Procedure tables and/or beds are placed in the low position or a footstool is present to allow patients' feet to touch the floor/footstool when sitting unattended	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h) Side rails and wheel locks are engaged when clients are on procedure tables, beds or gurneys according to applicable restraint policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i) Wheelchairs and/or beds are locked when unoccupied and when clients are getting in and out	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
j) Physical restraints comply with regional policy and are used only when necessary for safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

