



# SmartCARE

Delivering the Future of Healthcare

## Home Safety Assessment Checklist

Date of Visit: \_\_\_\_\_

Occupant Name: \_\_\_\_\_ Paramedic Name: \_\_\_\_\_

### Outside of House

1. Sidewalk and/or pathway to house is level and free from any hazards. Yes\_\_\_ No\_\_\_ N/A\_\_\_
2. Driveway is free from debris/snow/ice. Yes\_\_\_ No\_\_\_ N/A\_\_\_
3. Outside stairs are stable and have a sturdy handrail. Yes\_\_\_ No\_\_\_ N/A\_\_\_
4. Porch lights are working and provide adequate lighting. Yes\_\_\_ No\_\_\_ N/A\_\_\_

### Living Room

1. Furniture is of adequate height and offers arm rests that assist in getting up and down. Yes\_\_\_ No\_\_\_ N/A\_\_\_
2. Floor is free from any clutter that would create a trip hazard Yes\_\_\_ No\_\_\_ N/A\_\_\_
3. All cords are either behind furniture or secured in a manner that does not cause trip hazards. Yes\_\_\_ No\_\_\_ N/A\_\_\_
4. All rugs are secured to floor with double-sided tape. Yes\_\_\_ No\_\_\_ N/A\_\_\_
5. Lighting is adequate to light room. Yes\_\_\_ No\_\_\_ N/A\_\_\_
6. All lighting has an easily accessible on/off switch. Yes\_\_\_ No\_\_\_ N/A\_\_\_
7. Phone is readily accessible near favorite seating areas. Yes\_\_\_ No\_\_\_ N/A\_\_\_
8. Emergency numbers are printed near all phones in house. Yes\_\_\_ No\_\_\_ N/A\_\_\_

### Kitchen

1. Items used most often are within easy reach on low shelves. Yes\_\_\_ No\_\_\_ N/A\_\_\_
2. Step stool is present, is sturdy and has a handrail. Yes\_\_\_ No\_\_\_ N/A\_\_\_
3. Floor mats are non-slip tread and secured to floor. Yes\_\_\_ No\_\_\_ N/A\_\_\_
4. Oven controls are within easy reach. Yes\_\_\_ No\_\_\_ N/A\_\_\_
5. Kitchen lighting is adequate and easy to reach switches Yes\_\_\_ No\_\_\_ N/A\_\_\_
6. ABC fire extinguisher is located in the kitchen. Yes\_\_\_ No\_\_\_ N/A\_\_\_

### Stairs

1. Carpet s properly secured to stairs and/or wood is properly secured. Yes\_\_\_ No\_\_\_ N/A\_\_\_
2. Handrail is present and sturdy. Yes\_\_\_ No\_\_\_ N/A\_\_\_
3. Stairs are free from any clutter. Yes\_\_\_ No\_\_\_ N/A\_\_\_
4. Stairway is adequately lit. Yes\_\_\_ No\_\_\_ N/A\_\_\_

**Bathroom**

- 1. Tub and shower have non-slip surface. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 2. Tub and/or shower have a grab bar for stability. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 3. Toilet has a raised seat. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 4. Grab bar is attached near toilet for assistance. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 5. Pathway from bedroom to bathroom is free from clutter and well lit for ease of movement in the middle of the night. Yes\_\_\_ No\_\_\_ N/A\_\_\_

**Bedroom**

- 1. Floor is free from clutter. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 2. Light is near bed and is easy to turn on. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 3. Phone is next to bed and is within easy reach. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 4. Flashlight is near bed in case of emergency. Yes\_\_\_ No\_\_\_ N/A\_\_\_

**General**

- 1. Smoke detectors present in all areas of house (each floor) and tested. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 2. CO detectors on each floor of house and tested. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 3. Flashlights are handy throughout the home. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 4. Resident has all medical information readily available and in an area emergency providers will easily find. Yes\_\_\_ No\_\_\_ N/A\_\_\_

**Overall Tips**

- 1. Homeowner has good non-skid shoes to move around house. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 2. All assisted walking devices are readily accessible and in good condition. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 3. There is a phone near the floor for ease of reach in case of a fall. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 4. All oxygen tubing is less than 50 feet and is not a trip hazard. Yes\_\_\_ No\_\_\_ N/A\_\_\_
- 5. All medications are properly stored and labeled to avoid confusion on Dosage, time to take, and avoidance of missed doses. Yes\_\_\_ No\_\_\_ N/A\_\_\_

**For all sections marked "NO" the following recommendations are noted below.**

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**After evaluation I recommend the resident be considered for the following referrals.**

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**Signature of resident:** \_\_\_\_\_

**Signature of Community Paramedic:** \_\_\_\_\_

References: Centers for Disease Control and prevention / <http://www.cdc.gov>

A. "Check for Safety" A Home Fall Prevention Checklist for Older Adults.

B. U.S. Fall Prevention Programs for Seniors – Selected Programs Using Home Assessment and Modification.