| **General Information** | | | |
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| Participant Name: | Address: | | |
| Date of assessment: | Note: | | |
| **SAFETY CRITERIA** | | **YES** | **NO** |
| **ENTRANCE TO HOME** | | | |
| Are there outside lights covering the sidewalks and/or other entrance ways? | |  |  |
| Are the steps & sidewalks in good repair and free from debris/material? | |  |  |
| Is a ramp needed? | |  |  |
| Are the railings on the steps secured? | |  |  |
| Is there a functional peephole in the front door? | |  |  |
| Does the door have a deadbolt lock that does not require a key to open it from the inside (unless client tends to wander)? | |  |  |
| **GENERAL** | | | |
| Is there an emergency plan in place? | |  |  |
| Are working smoke detectors installed? | |  |  |
| Is there a “ready-to-use” fire extinguisher(s) on the premises? | |  |  |
| Are inside halls and stairways free of clutter/debris? | |  |  |
| Are throw rugs removed? | |  |  |
| Are there sturdy handrails or banisters by all steps and stairs? | |  |  |
| Are electrical cords non-frayed and placed in a manner to avoid tripping? | |  |  |
| Are electric outlets/switches overloaded (e.g., warm to the touch)? | |  |  |
| Are rugs secured around the edges? | |  |  |
| Are hazardous products labelled and kept in a secure place? | |  |  |
| Is there a need for a stool to reach high shelves/cupboards? | |  |  |
| Is smoking paraphernalia handled safely (e.g., cigarettes put out)? | |  |  |
| Does anybody smoke in homes where oxygen is in use? | |  |  |
| Are all animals/pets, on site, controlled? | |  |  |
| Is the home free from bugs, mice and/or animal waste? | |  |  |
| Are materials stored safely and at a proper height? | |  |  |
| Does the client wear an emergency response necklace/bracelet? | |  |  |
| Are polished floors no waxed or waxed-free? | |  |  |
| Are there any weapon on the premises? | |  |  |
| **MEDICATIONS** | | | |
| Are all medications marked clearly? N/a | |  |  |
| Are medications named?N/A | |  |  |
| Are medications dated?n/a | |  |  |
| Are instructions given as to how medications are to be taken?n/a | |  |  |
| Are instructions given as to when medications are to be taken?n/a | |  |  |
| **MEDICAL EQUIPMENT/SUPPLIES** | | | |
| Are used needles placed in a sharp container?na | |  |  |
| Is oxygen tubing kept off the walking path?na | |  |  |
| Is medical equipment properly stored?na | |  |  |
| **LIVING AREAS** | | | |
| Are doorways wide enough to carry loads through and get a wheelchair/walker through? | |  |  |
| Are light switches accessible so they can be turned on/off without walking across a dark room? | |  |  |
| Are sofas & chairs high and firm enough for easy sitting and rising? | |  |  |
| Is there a telephone in the room that is easily accessible from the bed? | |  |  |
| Is list of emergency telephone numbers by the telephone? | |  |  |
| Do telephone cords/electronic wires run across walking areas? | |  |  |
| Are there castors or wheels on furniture? | |  |  |
| Does sitting furniture have armrests which are strong enough for getting in and out? | |  |  |
| Are phone & extension cords out of the foot traffic area? | |  |  |
| Is the room clutter-free? | |  |  |
| Are heaters at least 12 inches from furniture and drapes? | |  |  |
| **BATHROOM** | | | |
| Are there glass doors on the bathtub/shower? | |  |  |
| Is there a non-skid surface/mat in the bathtub/shower? | |  |  |
| Are there grab-bars on the bathtub/shower and adjacent to the toilet? | |  |  |
| Is there a raised toilet seat (if client has trouble getting on/off toilet)? | |  |  |
| Is a hand-held shower spray required? | |  |  |
| Is the water temperature below scalding (e.g., below 120°)? | |  |  |
| Is there a shower bench/bath seat with a hand-held shower wand available? | |  |  |
| Does the bathroom have a night light? | |  |  |
| Are there unsafe loose rugs, carpet, or tiles on floor? | |  |  |
| **BEDROOM** | | | |
| Are there any scatter rugs? | |  |  |
| Is the bed lower than “back-of-the-knee” height? | |  |  |
| Is there a chair with armrests & firm seat (to reduce falls while dressing)? | |  |  |
| Does furniture have castors or roll? | |  |  |
| Is there a telephone in the room that is easily accessible from the bed? | |  |  |
| Is list of emergency telephone numbers by the telephone? | |  |  |
| Is there a flashlight, light switch, or lamp beside the bed? | |  |  |
| Is there a night light? | |  |  |
| **KITCHEN** | | | |
| Is the floor waxed or in a slippery condition? | |  |  |
| Are there any flammable items near the heat source? | |  |  |
| Do the “ON” buttons work on all appliances? | |  |  |
| Are stove controls accessible and easy to use? | |  |  |
| Are items used the most stored between eye and knee level? | |  |  |
| Is there an uncluttered workspace near the cooking area (to avoid having to carry items)? | |  |  |
| Are dishcloths, dishtowels & oven mitts away from stove burners/flames? | |  |  |
| **LIGHTING** | | | |
| Is there adequate lighting in all stairways and hallways? | |  |  |
| Is there a light switch at both the top and bottom of stairs? | |  |  |
| Is there a night light between bedroom and bathroom? | |  |  |
| **CLIENT’S/RESIDENT’S POTENTIAL FOR VIOLENCE** | | | |
| Is there a history of violence? | |  |  |
| Are there violence fantasies or plans of violence? | |  |  |
| Is there a level of support from significant other? | |  |  |
| * Are there signs & symptoms? * Staring and eye contact * Tone & volume of voice * Pacing * Anxiety * Mumbling | |  |  |
| **NEIGHBORHOOD HAZARDS** | | | |
| Is there sufficient lighting? | |  |  |
| Can individuals be heard if they call for help? | |  |  |
| Are there people nearby who can help? | |  |  |
| Are there improvements that can be made to enhance safety? | |  |  |
| **OTHER** | | | |
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| **This assessment is completed by** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Name/Position: | | Signature: | | Date: | |
|  | | Signature | | Date | |
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