|  |  |  |
| --- | --- | --- |
|  | **Checked/Completed?** | **Comment / Concern** |
| Check Residents Footwear (Are they worn, do they fit)? |  |  |
| Check Residents Walking Frames (are they all in good working order?) |  |  |
| Check ferrules on walking frames/sticks (are they worn down) |  |  |
| Are residents using the correct frames? |  |  |
| Check the home for Trip Hazards (i.e wet floor signs, wires, flooring etc)? |  |  |
| Check Lighting in the home, (are there any lights need replacing)? |  |  |
| Make sure call alarms are within easy reach in all residents rooms |  |  |

|  |  |  |
| --- | --- | --- |
| How many residents had a fall last week? |  |  |
| How many falls resulted in an injury?  |  |  |
| Is the safety Cross/ Fall’s clock being up dated? |  |  |

**Ideas for change:***Please share your ideas to reduce the risk of fall’s.*

*This document is a guide only and can be adapted to meet the needs of your home.*