



Senior Fall Prevention Checklist

Staying safe at home is a shared priority for Alberta seniors and their families. This [Senior Fall Prevention Checklist](#) is a practical, at-a-glance guide to identify and address the most common fall risks in the home, with spaces to record findings, actions, and dates.

Use it seasonally to maintain a safer, more comfortable living environment and to track progress over time.

Area	What to Check	Action Needed	Date	Notes
Lighting	Brightness, path coverage	Add/replace lights		
Flooring	Rugs, cords secure	Add non-slip mats		
Stairs	Railings, smooth thresholds	Repair/install rails		
Exterior	Walkways are ice/debris-free	Clear snow/ice		

Footwear	Condition, fit	Replace if worn		
Mobility	Canes/walkers work well	Inspect/replace aids		
Medication	Balance-related side effects	Review with the pharmacist		
Vision	Recent eye exam	Update eyewear		
Emergency	Contacts/devices accessible	Test/update monthly		



Home Environment Assessment

Lighting

- Have you checked all entryways, hallways, stairways, and bathrooms for brightness and even coverage?
- **Action:** Replace or add lamps, update bulbs to the brightest safe level, and place night lights in key paths.
- **Date inspected:** _____

- **Findings:** _____
- **Actions taken:** _____

Flooring and Rugs

- Are area rugs secured with non-slip pads or bindings?
- Are cords tucked away along walking paths?
- **Action:** Secure rugs, trim cords, and add non-slip mats where needed.
- **Date inspected:** _____
- **Findings:** _____
- **Actions taken:** _____

Stairs and Thresholds

- Do stair railings exist on both sides? Are thresholds smooth or ramped where needed?
- **Action:** Install or repair handrails; add ramps if required.
- **Date inspected:** _____
- **Findings:** _____
- **Actions taken:** _____

Community and Exterior

- Is the exterior walkway free of ice and debris? Are handrails present at entrances?
- **Action:** Snow/ice management plan; add outdoor lighting if necessary.
- **Date inspected:** _____
- **Findings:** _____
- **Actions taken:** _____

Footwear and Mobility Aids

Footwear

- Do shoes have non-slip soles, secure laces, and a proper fit?
- **Action:** Replace worn footwear; ensure fit.
- **Date inspected:** _____
- **Findings:** _____
- **Actions taken:** _____

Mobility Aids

- Are canes or walkers in good condition and ready for use?
- **Action:** Inspect or replace mobility aids; ensure grips and brakes work.
- **Date inspected:** _____
- **Findings:** _____

- **Actions taken:** _____



Medication and Vision Review

Medication Safety

- Have medications been reviewed for side effects that impact balance or alertness?
- **Action:** Schedule pharmacist review; adjust timing if needed.
- **Date reviewed:** _____
- **Findings:** _____
- **Actions taken:** _____

Vision Checks

- When was the last eye exam?
- **Action:** Schedule/update eyeglasses as needed.
- **Date checked:** _____
- **Findings:** _____
- **Actions taken:** _____

Seasonal Safety

Winter Preparation

- Is there a plan for snow/ice management along pathways and driveways?
- **Action:** Schedule regular clearing; ensure salt/ice melt is available.
- **Date:** _____
- **Notes:** _____

Heating Safety

- Are carbon monoxide detectors functioning? Is the furnace serviced this season?
- **Action:** Test detectors; schedule furnace service if not recently done.
- **Date:** _____
- **Notes:** _____

Emergency Planning

Emergency Contacts

- List primary and secondary contacts (family, caregiver, neighbour, emergency services).
- **Contact 1:** _____ **Phone:** _____
- **Contact 2:** _____ **Phone:** _____

Emergency Devices

- Are call buttons, alarms, or monitoring systems in place and accessible?
- **Action:** Ensure devices are charged and functional.
- **Date:** _____
- **Notes:** _____

Safe Exit Plan

- Is there a simple plan for getting to safety in case of an emergency?
- **Action:** Create and practice monthly.
- **Date:** _____
- **Notes:** _____

Printable Checklist Field Guide

- **Date of Audit:** _____
- **Auditor Name:** _____

- Next Review Date: _____
- Overall Safety Score (0-100): _____
- Key Recommendations (brief list):

- _____
- _____
- _____



How We Can Help

If you'd like a professional home safety walk-through and personalized recommendations, [Always Best Care of Calgary SW](#) offers in-home assessments and practical implementation support.

Contact us to schedule:

 [403-800-7255](tel:403-800-7255)

 krudy@abc-seniors.com

 <https://alwaysbestcarecanada.ca/calgarysw/>

 <https://maps.app.goo.gl/ZbnUWnaKBWa1BvZ17>