

Preventing Falls Together- Project Summary

Project Name: ***How "Fall Safe is Your Space?" for Community Health Boards***

Developing Coalition: The Cape Breton Coalitions

Time Frame: The project was developed in winter 2005 and spring 2006.

Project Summary:

A falls prevention checklist to assess the safety of meeting spaces was developed by adapting materials from the Tool Kit. The checklist was developed for the Community Health Boards for their own use and for distribution to the organizations to which they grant funding. It is hoped that the checklist will be distributed with funding cheques, completed for the sites at which community projects take place, and returned to the Community Health Board.

The checklist and project concept was presented to the Council of Chairs of Community Health Board for the Cape Breton District Health Authority in March 2006.

Existing resources used:

The checklists from the Tool Kit were adapted and another developed specifically targeted for use by Community Health Boards and community organizations.

New materials developed:

How "Fall Safe" is Your Space? – a check list

Sources: This checklist will be added to the tool kit in the next printing.

Permission: Yes, other coalitions are permitted to use this idea and the resources (adapted possibly) without permission of the developing coalition.

Budget: The cost of this project can be measured in the time and perhaps travel expense of coalition members to present the project to their Community Health Boards and to help them to implement it within their own organizations and those which they fund. Copying the checklist is also a minor expense.

Success Rate: The project has not yet been evaluated.

Supporting Documents;

1. How "Fall Safe" is Your Space? checklist

PFT Staff Contact

Susan King, Eastern NS Field Worker

Tel: 539-6098 Email: sking@nscommunitylinks.ca

Provincial Office: admin@preventingfallstogether.ca

(902) 422-0914 FAX: 422-9322

How “Fall Safe” is Your Space?

To make sure you are using the safest possible space for your project, use this checklist to assess the space for falls hazards. You can also leave a copy with the owners of the space, so that they are aware of what they can do make their facility safer. After finishing the checklist, please send a copy to the Community Health Board.

Name /Address of Building:			
Outdoors	Yes	No	Improvements
Parking area level, smooth and free of potholes?	<input type="checkbox"/>	<input type="checkbox"/>	
Pathways into the building level and clear?	<input type="checkbox"/>	<input type="checkbox"/>	
Pathways and parking area clear of snow and ice in winter?	<input type="checkbox"/>	<input type="checkbox"/>	
Handrails on stairs into facility?	<input type="checkbox"/>	<input type="checkbox"/>	
Steps non-slip and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	
Edges of steps marked and easy to see?	<input type="checkbox"/>	<input type="checkbox"/>	
Parking area, paths and stairs well lit?	<input type="checkbox"/>	<input type="checkbox"/>	
Building accessible to walkers, wheelchairs, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Accessible parking close to building entrance?	<input type="checkbox"/>	<input type="checkbox"/>	
Inside the Building			
Halls and stairs are well lit?	<input type="checkbox"/>	<input type="checkbox"/>	
Handrails on both sides of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	
Steps non-slip and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	
Edges of steps marked and easy to see?	<input type="checkbox"/>	<input type="checkbox"/>	
Floors are clean, dry, and easy to walk on? Not slippery.	<input type="checkbox"/>	<input type="checkbox"/>	
Floors are level with no cracks?	<input type="checkbox"/>	<input type="checkbox"/>	
Floors free from hazards – no loose mats or cords across the floor?	<input type="checkbox"/>	<input type="checkbox"/>	
Seating is sturdy and comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	
Enough space between seats and / or tables to allow for comfortable walking and easy passage for walkers and wheelchairs?	<input type="checkbox"/>	<input type="checkbox"/>	
Washrooms are accessible, well lit and free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>	
Grab bars are close to the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	
Light switches are within reach of the doorway?	<input type="checkbox"/>	<input type="checkbox"/>	
Room is well lit and ventilated?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments

Name of Facility/Building: _____

Date Assessed: _____

Name of person who completed the checklist:

Signature: _____