This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for the minimum elements of a fall risk reduction assessment and when it should be performed with the intent of reducing preventable falls.

Aliases: Home safety assessment, Fall risk check

1. Indications
	1. CIP encounter
2. Contraindication
	1. None
3. Equipment
	1. MCA approved fall risk reduction assessment checklist which will include
		1. Evaluation of environment
		2. Evaluation of patient’s ability in current state to maneuver in environment
	2. An MCA may elect to use an MCA approved abbreviated version of the fall risk reduction checklist for the following situations:
		1. Subsequent visits of an enrolled patient with no notable change in environment or patient status.
		2. Non-scheduled visits that do not allow time for a fall risk reduction assessment due to the disposition of the patient
4. Procedure
	1. Perform fall risk reduction assessment following MCA approved checklist.
	2. Findings that present threats to the patient’s immediate health and well-being must be reported to the referring prior to the conclusion of the visit.
5. Documentation see CIP Documentation protocol
	1. Additionally
		1. Completion of checklist
		2. Findings
		3. Corrections or plan for corrections
		4. Inability to complete corrections and reason