



**St. Clair County Medical Control**  
Community Paramedicine  
**Home Safety Assessment**

Initial: March 2025

Section 11-25

***Home Safety Assessment***

**Indications:** This protocol provides general guidance for evaluating the safety of a patient's residence under the Community Paramedicine Program. The CP will respond to a residence on request from the primary care provider, on request by the patient through 911 triage or on referral from ALS 911 response. The CP will follow guidelines outlined by the primary care providers, referring agency or provider.

**Purpose:** To ensure the home is in a safe condition in order to meet the medical needs of the patient. This protocol can be used to conduct a pre-surgical assessment, postoperative assessment, or an evaluation of the safety of the home at any time.

**CPU CPP Directives:**

1. Follow General Protocol for CP Patient Assessments as indicated.
2. Obtain and review patient health history and primary care provider's orders prior to evaluation when available.
3. Follow the Home Safety Checklist including the inspection of the following areas of the home:
  - a. Outside of the house
  - b. Living room
  - c. Kitchen
  - d. Stairs
  - e. Bathroom
  - f. Bedroom
  - g. General Inspection
4. Complete the Home Safety Checklist
5. Complete recommendations for the resident and possible referrals
6. Discuss the findings with the patient and resources to remedy
7. Review the report with the patient to ensure they understand the recommendations.
8. Complete report and return a copy to the PCP or designated provider.
9. If any life-threatening issues are identified, notify the ordering PCP or designated provider immediately.



**St. Clair County Medical Control**  
Community Paramedicine  
**Home Safety Assessment**

Initial: March 2025

Section 11-25

NAME:

DATE:

**HOME SAFETY CHECKLIST**

**1. EXTERIOR ENTRANCES AND EXITS**

- ☐ Note condition of walk and drive surface, existence of curb cuts
- ☐ Note handrail condition, right and left sides
- ☐ Note light level for driveway, walk, porch
- ☐ Check door threshold height
- ☐ Note ability to use knob, lock, key, mailbox, peephole, and package shelf
- ☐ Do door and window locks work easily?
- ☐ Are the house numbers visible from the street?
- ☐ Are bushes and shrubs trimmed to allow safe access?
- ☐ Is there a working doorbell?

Please document below any deficiencies and recommendations for safety improvement

**2. INTERIOR DOORS, STAIRS, HALLS**

- ☐ Note height of door threshold, knob, and hinge types; clear width door opening; determine direction that door swings
- ☐ Note presence of floor level changes
- ☐ Note hall width, adequate for walker/wheelchair
- ☐ Determine stair flight run straight or curved
- ☐ Note stair rails: condition, right and left side
- ☐ Examine stairway light level
- ☐ Note floor surface texture and contrast
- ☐ Note if clutter on stairway



**St. Clair County Medical Control**  
Community Paramedicine  
**Home Safety Assessment**

Initial: March 2025

Section 11-25

Please document below any deficiencies and recommendations for safety improvement

**3. BATHROOM**

- ☐ Are sink basin and tub faucets, shower control and drain plugs manageable?
- ☐ Are hot water pipes covered?
- ☐ Is mirror height appropriate, sit and stand?
- ☐ Note ability reach shelf above, below sink basin
- ☐ Note ability to step in and out of the bath and shower
- ☐ Can resident use bath bench in tub or shower?
- ☐ Note toilet height; ability to reach paper; flush; come from sit to stand posture
- ☐ Is space available for caregiver to assist?

Please document below any deficiencies and recommendations for safety improvement

**4. KITCHEN**

- ☐ Note overall light level, task lighting
- ☐ Note sink and counter heights
- ☐ Note wall and floor storage shelf heights
- ☐ Are under sink hot water pipes covered?
- ☐ Is there under counter knee space?
- ☐ Is there a nearby surface to rest hot foods on when removed from oven?
- ☐ Note stove condition and control location (rear or front)
- ☐ Is there adequate counter space to safely prepare meals?



**St. Clair County Medical Control**  
Community Paramedicine  
**Home Safety Assessment**

Initial: March 2025

Section 11-25

Please document below any deficiencies and recommendations for safety improvement

**5. LIVING, DINING, BEDROOM**

- ☐ Chair, sofa, bed heights allow sitting or standing?
- ☐ Do rugs have non-slip pad or rug tape?
- ☐ Chair available with arm rests?
- ☐ Able to turn on light, radio, TV, place a phone call from bed, chair, and sofa?

Please document below any deficiencies and recommendations for safety improvement

**6. LAUNDRY**

- ☐ Able to hand-wash and hang clothes to dry?
- ☐ Able to safely access washer/dryer?

Please document below any deficiencies and recommendations for safety improvement

**7. BASEMENT**

- ☐ Are the basement stairs stable and well lit?
- ☐ Is there any storage of combustible materials?

Please document below any deficiencies and recommendations for safety improvement



**St. Clair County Medical Control**  
Community Paramedicine  
**Home Safety Assessment**

Initial: March 2025

Section 11-25

**8. TELEPHONE AND DOOR**

- ☐ Phone jack location near bed, sofa, chair?
- ☐ Able to get phone, dial, hear caller?
- ☐ Able to identify visitors, hear doorbell?
- ☐ Able to reach and empty mailbox?
- ☐ Wears neck/wrist device to obtain emergency help?
- ☐ Is there an answering machine?
- ☐ Is there a wireless phone system?

Please document below any deficiencies and recommendations for safety improvement


**9. STORAGE SPACE**

- ☐ Able to reach closet rods and hooks, open bureau drawers?
- ☐ Is there a light inside the closet?

Please document below any deficiencies and recommendations for safety improvement

--

**10. WINDOWS**

- ☐ Opening mechanism at 42 inches from floor?
- ☐ Lock accessible, easy to operate?
- ☐ Sill height above floor level?
- ☐ Are storm windows functional?

Please document below any deficiencies and recommendations for safety improvement

--



**St. Clair County Medical Control**  
Community Paramedicine  
**Home Safety Assessment**

Initial: March 2025

Section 11-25

**11. ELECTRIC OUTLETS AND CONTROLS**

- ☐ Sufficient outlets?
- ☐ Are there ground fault outlets in the kitchen and bathroom?
- ☐ Light switch at the entrance to each room
- ☐ Outlet height, wall locations
- ☐ ☐ Low vision/sound warnings available?
- ☐ Extension cord hazard?
- ☐ Are there any uncovered outlets or switches?

Please document below any deficiencies and recommendations for safety improvement

**12. HEAT, LIGHT, VENTILATION, SMOKE, CARBON MONOXIDE, WATER TEMP CONTROL**

- ☐ Are there smoke/CO alarms and a fire extinguisher?
- ☐ Are thermostat displays easily accessible and readable? ☐ Note rooms where poor light level exists ☐ ☐ Able to open windows, slide patio doors?
- ☐ Able to open drapes or curtains?
- ☐ Note last service date for heating/cooling system
- ☐ Observe temperature setting of the water heater

Please document below any deficiencies and recommendations: