

Falls Prevention Checklist

A quick-reference tool to help clinicians, aged-care providers, community workers and family carers implement the 2025 Australian Falls Guidelines. Tick off each action once completed and record any follow-up notes.

1. Universal Safety Checks (all settings)

- ☐ Confirm person is performing ≥ 2 hours per week of balance-challenging and strength activities (or is enrolled in a supervised program).
- ☐ Review current medicines for fall-risk-increasing drugs; deprescribe or adjust doses where possible.
- ☐ Screen vision: ensure up-to-date eye exam within last 12 months and correct eyewear in place.
- ☐ Feet & footwear: check for pain, deformity; ensure well-fitting, non-slip shoes.
- ☐ Vitamin D: verify supplementation (daily or weekly) or adequate sun exposure; avoid mega doses.
- ☐ Educate the person and (where relevant) family/carers about personal risk factors and prevention plan.
- ☐ Document and communicate the tailored fall-prevention plan across the care team.

2. Community Care (home & community services)

- ☐ Complete OT-led home-safety assessment (lighting, rugs, cords, grab rails, bathroom aids).
- ☐ Remove or modify environmental hazards identified in assessment.
- ☐ Provide/home-install grab bars, handrails and non-slip mats where needed.
- ☐ Implement personalised exercise program (Otago, Tai Chi, etc.) suited to cognitive status.
- ☐ Arrange podiatry review if foot pain or gait issues present.
- ☐ Schedule follow-up call/visit within 4–6 weeks to confirm actions complete.

3. Residential Aged Care Facilities (RACFs)

- ☐ Create/refresh multifactorial fall-prevention care plan for each resident (review at least quarterly).
- ☐ Offer supervised group or individual balance-strength exercise ≥ 2 h/week; monitor attendance.
- ☐ Ensure menus provide ≥ 3.5 serves of dairy per resident per day (protein & calcium requirement).
- ☐ Provide routine daily/weekly vitamin D supplementation unless contraindicated.
- ☐ Assess suitability of hip protectors for residents at high fracture risk; trial & monitor compliance.
- ☐ Conduct monthly environment audits (flooring, lighting, equipment maintenance).
- ☐ Run staff refresher training on safe transfers, restraint minimisation, and post-fall review.

4. Hospital Inpatients (acute & sub-acute)

- ☐ Perform multifactorial risk assessment (mobility, cognition, continence, meds, environment) on admission.
- ☐ Implement tailored interventions immediately—do not rely on numeric risk-scoring tools.
- ☐ Provide patient & family education: safe footwear, call-bell use, toileting assistance.
- ☐ Schedule physio/OT input for mobility, transfer practice and discharge planning.
- ☐ Embed bed-exit alarms or sensor mats only if clinically indicated; avoid over-reliance.
- ☐ Plan for discharge early: arrange OT home-safety visit for patients at increased risk.
- ☐ Document fall incidents within 24 h and conduct interdisciplinary huddle for root-cause analysis.

5. Monitoring & Review

- ☐ Track fall rate (falls/1000 bed or client-days) and injurious-fall rate monthly.
- ☐ Audit proportion of staff trained in fall prevention every 6 months.
- ☐ Review adherence to exercise programs and vitamin D supplementation quarterly.
- ☐ Update fall-prevention plans after every fall or major health change.