The Caregiver's Fall Safety Checklist

For caregivers of people living with dementia.

Falls are one of the most significant and most stressful realities of caregiving for someone with dementia. This checklist is designed to help you take action before a fall occurs, respond with confidence when one does, and care for yourself in the aftermath.

You don't have to do everything at once. Start where it matters most.

Section 1: Know Your Loved One's Fall Risk Factors

Awareness is the first step. Understanding what creates risk helps you stay ahead of it.

☐	**Mobility and walking:** They have begun shuffling, developed difficulty walking, and/or moving safely.
☐	**Balance:** They are having trouble maintaining steady footing or recovering from a stumble.
☐	**Vision changes:** Their eyesight has changed in ways that affect how they navigate their environment.
☐	**Medications:** They are taking medications that identify side effects which may increase fall risk.
☐	**Impulsivity and skewed judgment:** They act before thinking, overestimate their ability, or do not recognize what is and is not safe to attempt.
☐	**Forgetting assistive devices:** They regularly leave their walker or cane behind, unaware they need it or that they have already fallen.
☐	**Sundowning and late-day confusion:** They have increased confusion, restlessness, or agitation in the late afternoon and evening. These create a specific high-risk window for falls.
☐	**Depth perception and visual-spatial changes:** They have difficulty judging the height and/or depth of steps, curbs, or uneven surfaces due to how the brain processes visual information.

Section 2: Reduce Risk with Practical Prevention Strategies

You don't have to address everything at once. Start with the highest-risk areas in your home.

☐	**Lighting:** Good lighting is in place throughout the home, especially hallways, stairs, and bathrooms. Add motion-sensor night lights to guide the path to the bathroom.
☐	**Grab bars:** Install grab bars near the toilet, in the shower, and in the tub. Make sure they are bolted into studs, not suction-cup attachments.
☐	**Thresholds:** Check all doorway thresholds to make sure they are as flush with the floor as possible to eliminate any tripping over the edges.
☐	**Tripping hazards:** Remove or fully secure all area rugs. Clear all pathways of clutter, cords, and furniture.
☐	**Footwear:** Socks alone are a fall risk. It's important for you to make sure your loved one wears supportive shoes indoors at all times.
☐	**Physical therapy:** Inactivity leads to rapid de-conditioning. Continuously research and implement appropriate types of physical therapy for your loved one to maintain strength, balance, and mobility.
☐	**Assistive devices:** Regularly evaluate walkers, canes, or other devices to make sure they are in good condition, correctly and consistently used.
☐	**Bathroom safety:** Check to see how safely your loved one can bathe. Make sure a shower chair or bench is available if needed and that non-slip mats are in place.
☐	**Technology:** Research medical alert devices, fall-detection wearables, and/or monitoring systems to ensure you are able to monitor your loved one for their safety.
☐	**Nighttime safety:** If your loved one wanders at night or is restless, consider bed rails, door alarms, and motion-sensor lights along the path from the bedroom to the bathroom.
☐	**Consistent environment:** Maintaining stability in your loved one's environment supports them navigating more safely. Frequent changes to furniture placement, room layout, or daily routine increase confusion and fall risks.
☐	**Step and stair visibility:** Clearly mark step edges with high-contrast tape or paint to make it easier for their brain to interpret, so they can compensate for depth perception changes.

Section 3: Start the Conversation Early and Have a Plan

Having a plan before a fall happens means you will navigate it so much better when it does.

☐	**Don't wait for the first fall:** Make your plans for what to do if/when your loved one falls. Don't wait until after a fall has occurred.
☐	**Know your physical capacity:** Make sure you've thought through how to safely help your loved one up if they fall. Evaluate if you can do this alone. If you're not sure, make plans as if you can't.
☐	**Know your emotional capacity:** Understand your own limits. Build a support system for you as well.
☐	**Set a threshold for calling Emergency Medical Services (EMS):** Decide in advance, and discuss with your loved one, under what circumstances you will call 911.
☐	**Address "Please don't call EMS":** If your loved one has expressed reluctance, have this conversation now, not in the moment of crisis.
☐	**Create specific safety agreements:** Work together on clear boundaries (e.g., no stairs alone, no reaching overhead) so your loved one can maintain independence within safe limits.
☐	**Plan for when you're not home:** Know who is present, what your loved one should and should not attempt alone, and who to contact in case of an emergency.
☐	**Register with local EMS:** Ask your local EMS about registration programs for your loved one so first responders know your situation before they arrive.
☐	**Discuss round-the-clock care:** Consider at what point your loved one's safety will require more consistent support at home.
☐	**Plan for decisions your loved one can no longer make:** As dementia progresses, your loved one may lose the ability to participate in safety planning. Make key agreements about EMS, assistive devices, and supervision while they can still be involved.
☐	**Involve the full care team:** A coordinated plan is more effective than a solo one. Share fall concerns and incidents with all members of the care team, including family members, physicians, therapists, and paid caregivers.

Section 4: When a Fall Happens, Stay Calm and Assess

Use the anchor phrase: Pause. Look. Assess. Your calm is the most powerful tool you have.

☐	**Pause:** Resist the instinct to react with panic or emotion. Take a breath before taking any action.
☐	**Look:** Observe them before you move them. Look for visible injuries, bleeding, or signs of distress.
☐	**Assess their head:** Did they hit their head?
☐	**Assess their lucidity:** Are they alert, aware of what happened, and oriented to where they are?
☐	**Assess their pain level:** Do they have significant pain anywhere?
☐	**Assess their bleeding:** Are they bleeding anywhere?
☐	**Assess their ability to bear weight:** Can they put weight on their feet?
☐	**Stay calm:** Your emotional state is contagious. If you stay calm, they are more likely to stay calm.
☐	**Do not admonish:** Hold any frustration for later, not while they are on the floor.
☐	**Know when to call 911:** If they lost consciousness, cannot bear weight, have significant pain, are bleeding, or you cannot safely assist them, call 911. It is ***always*** okay to call.
☐	**No rush if they are uninjured:** If they aren't hurt, let them rest on the floor and gather themselves before attempting to get up. If possible, get to their level so it's easier for them to see you.
☐	**Keep your voice calm and simple:** Your loved one may be frightened, confused, or unable to understand what happened. Use short, clear phrases. Avoid questions that require complex reasoning.
☐	**They may not remember the fall:** Your loved one may have no memory of falling moments after it occurs. This is not denial. It is how dementia affects memory. Document the fall in writing for the care team.

Section 5: After a Fall, Manage the Emotional Aftermath

Falls are frightening and sometimes traumatic, even when no injury occurs. Your feelings matter too.

☐	**Acknowledge the fear:** What you felt in that moment was real. Naming it is the first step to moving through it.
☐	**Watch for hypervigilance:** Constant worry, "helicoptering," and fear of the next fall are normal responses. Recognize them as such. Work to gradually let go of this over time. Seek support if you find yourself unable to let go.
☐	**Release the guilt:** Self-blame is extremely common and often irrational. You cannot be present every moment. You are doing the best you can. Give yourself grace, not guilt.
☐	**Return to your prevention plan:** Use what happened to reassess the environment, your plan, and your support systems.
☐	**Seek support if needed:** If the emotional aftermath is affecting your daily functioning, reach out to a therapist, counselor, or caregiver support group.
☐	**Accept what you cannot control:** The goal is to mitigate practical risks while accepting that some falls cannot be prevented. You are not failing. You are caregiving.
☐	**Your loved one may not share your emotional experience:** They may not remember the fall, may not understand its significance, or may seem unconcerned. This can be isolating for caregivers. Your emotional response is still valid, even when it is not shared.
☐	**Reassess supervision and safety levels:** A fall may signal that your loved one's needs have changed. Use it as a prompt to have a conversation with the care team about whether current support levels are still sufficient.

We're all on this journey together.

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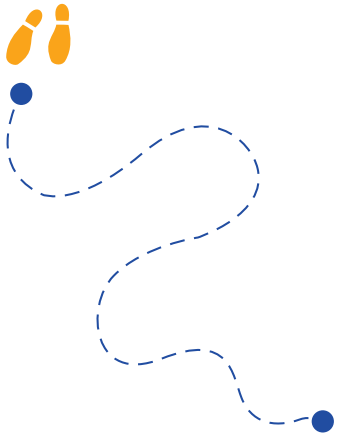

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