



_____ SMRH
 _____ SRH
 _____ GMH
 _____ EMH
 _____ SMMH

Biannual Nursing Environmental Checklist

	Patient Care Area			Notes
	Yes	No	N/A	
Bathrooms and Toilets Please tick appropriate box				
Are there properly positioned and secure handrails next to the toilet, shower and bath?				
Are non-slip mats used in the bath and shower?				
Are areas immediately around the bath and sink marked in contrasting colours?				
Are there raised toilet seats available which are well fitting?				
Do the toilets have surrounds to provide support for people getting on and off the toilet?				
Are there receptacles for soap, shampoo and washers which are easy to reach and do not require the patients to bend over in tub room?				
Do all shower chairs have adjustable legs, armrests and rubber stoppers on the legs?				
Do commode chairs have wheels, castors and brakes that work smoothly and effectively?				
Do all shower chairs and commode chairs have seat belts or safety bars?				
Is there room for a seat in AND near the shower?				
Is the shower base step-less?				
Are call buttons accessible from sitting position in shower area?				
Are there emergency call bells accessible in all bathrooms & showers?				
Are doors lightweight and easy to use?				
Furniture	Yes	No	N/A	
Are chair legs straight, rather than sticking out and being a hazard?				
Is furniture secure enough to support a patient, should they lean on or grab for balance?				
Are bedside lockers or tables available to patients so that they can put things on safely without undue stretching and twisting?				
Are footstools in good repair – rubber stoppers in good condition?				
Are bed alerts working properly?				
Are beds in good working condition?				
Floor Surfaces	Yes	No	N/A	
Is flooring in good repair?				
Are walls a contrasting colour to the floor?				
Do floors have a matt finish, which is not glary?				
Are "Wet Floor" signs readily available and used promptly in the event of a spillage?				
Do steps have a non-slip edging in contrasting colour to make it easier to see?				
Is routine cleaning of floors done in a way to minimize risk to patients (e.g. well signed, out of hours)?				
Lighting	Yes	No	N/A	
Is lighting in all areas at a consistent level so that patients are not moving from darker to lighter areas and vice versa?				
Do patients have easy access to night-lights/over-bed lights?				
Are all light switches accessible by patients (i.e. not too high to reach)?				
Are the hallways and rooms well-lit?				
Are there window coverings to reduce glare?				
Are all switches marked with luminous tape for easy visibility?				



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Passageways	Please tick appropriate box			Yes	No	N/A
Are all passageways kept clear of clutter and hazards?						
Are firm and colour-contrasted handrails provided in passageways and stairwells?						
Is there adequate storage space for equipment?						
Is there enough room for two people with walkers etc. to pass each other safely?						
Is there adequate visibility to see around corners?						
Patient Transport Devices	Yes	No	N/A			
Are wheelchairs in proper working order?						
Are patient lift devices in proper working order?						
Are geri-chairs in good condition & good working order?						
Are stretchers in good working order?						
Security of environment	Yes	No	N/A			
Are all exits from the unit secure, to prevent confused patients leaving?						

Completed By: _____ Date: _____

Report Forwarded to unit manager (Name) _____ Unit: _____

Date: _____

Remedial actions that need to be taken: _____

Follow Up Documentation:

Signature: _____ Date: _____