Addressograph

Pre Post Virtual Therapy Safety Checklist

*** Note – Some items on checklist may NOT apply to all sessions. Clinicians to use clinical judgement to select and/or add to the checklist to promote safety based on patient's needs & session's plans.*

PRE-THERAPY	**Initials**	
Identity & Safety	**Yes**	**No**
Check patient's PPID using 2 identifiers (i.e. full name, day of birth, photo identification, etc.)		
Is the Medical Event Protocol available at the session in case of emergency?		
In case of a communication failure, emergency, or medical event, has the healthcare provider (HCP) verified the Medical Emergency Information on the Medical Event Protocol, including: - The patient's local phone number (where they can be reached)? - The *current* address at which the virtual rehab is occurring? - The emergency contacts listed on the medical information sheet?		
Do the patient AND the HCP have a phone in arm's reach?		
Does the patient have an alternative method of contacting the HCP (e.g. telephone number) should there be a technology failure?		
Has the HCP established an emergency protocol with the patient to address a communication failure that causes disruption of the service being provided, or the event of a medical emergency?		
Technology	**Yes**	**No**
Is the mobile device (laptop, tablet, phone) fully charged? □ N/A using desktop		
Is the mobile device connected to the Wi-Fi?		
Is the virtual platform working well? i.e. audio and video		
Comments:		
Participant " Since the last visit, have you:	**Yes**	**No**
▪ Had any illness or injuries?		
▪ Any expected or unexpected medical appointments?		
▪ Had a change in medication?		
▪ Have you lost your balance or had a fall?		
▪ Had any changes in your ability to perform daily activities (e.g. Ability to get up/out of bed? Ability to transfer to/from chair, toilet or bed? Ability to walk? Perform stairs? Change in use of walking aid?		
▪ Any concerns you would like to talk to me about before we proceed?"		
Comments:		
Environment (may include virtual scan with mobile device)	**Yes**	**No**
Is the patient alone in the environment?		
If not alone, has patient provided consent for the presence of the individual(s) and potential risk of revealing personal health information?		
Does the patient have someone who can supervise them at the therapy session if required?		
Has the patient consented for the 3rd party (e.g. family, caregiver, etc) to participate in the provision of their care?		
Name of 3rd party observing/ assisting with care: _____ Relationship to patient: _____ □ N/A		

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PRE-THERAPY	**Initials**	
Environment (may include virtual scan with mobile device) - *Continues*	**Yes**	**No**
Is the mobile device or desktop computer situated to provide adequate view of the patient depending on the activities performed? (consider use of docking station or stand)		
Is the room bright enough?		
Is the room quiet for video calling?		
Is the patient wearing appropriate footwear? AFOs?		
Does the patient have the appropriate walking aid with them? □ N/A		
Is the patient in their wheelchair and are brakes on? □ N/A		
Is the patient wearing appropriate exercise clothes (incl. contrasting colours to background so therapist can see visual cues)		
Is the home treatment space free of environmental hazards (e.g. free of clutter, obstacles or tripping hazards)?		
Is the floor surface appropriate? (Hardwood? Low pile carpet?)		
Is there adequate space for the planned exercises?		
Is there a sturdy support available if upper extremity support is required?		
Is there a sturdy chair available nearby should the patient need to sit and rest?		
Comments:		

POST - THERAPY	**Initials**	
Participant	**Yes**	**No**
"Before we end our visit, can you confirm …		
▪ You are feeling well?		
▪ You do not have any new or worsening symptoms (dizziness, lightheadedness, weak legs, etc.)		
▪ You feel you are safe to walk or perform other relevant tasks and activities in your home?		
▪ Do you feel you need further rest or supervision from your caregiver?"		
▪ Patient has had opportunity to share their experiences, what went well, challenges during the session, strategies that could improve next visit		
▪ Reminds patient of email survey at 1st & 3rd Friday of each month (as appropriate)		
HCP has used "teach-back" methods with the patient or caregiver to:		
▪ Confirm next virtual rehab appointment		
▪ Confirm key information, follow-up recommendations or 'homework' required to be completed prior to next session		
Comments:		

Date: _____ Clinician's Signature: _____ Initial: _____

Patient: _____ MRN: _____