

Check-list for preventing home injuries

OLDER PEOPLE

Do you have emergency numbers close at hand by the telephone?

- | | Yes | No |
|-----------------------------------|--------------------------|--------------------------|
| - general emergency number (112)? | <input type="checkbox"/> | <input type="checkbox"/> |
| - police (10022)? | <input type="checkbox"/> | <input type="checkbox"/> |

Poisonings

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| 1. Do you use a medicine dosing device? | <input type="checkbox"/> | <input type="checkbox"/> |
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Fire- and electricity-related injuries

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| 1. Is there a fire detector in the apartment? | <input type="checkbox"/> | <input type="checkbox"/> |
| - is it correctly placed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there fire-extinguishing equipment in the apartment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the sauna stove protected? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a safety device to prevent overheating of the stove? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the electric appliances and wires in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you smoke in bed? | <input type="checkbox"/> | <input type="checkbox"/> |

Falling

Household chores:

- | | | |
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| 1. Are the articles for daily use readily at hand? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a stable household ladder in the apartment? | <input type="checkbox"/> | <input type="checkbox"/> |

Floors:

- | | | |
|---|--------------------------|--------------------------|
| 1. Are the floors non-slippery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have anti-slip underlay in carpets? | <input type="checkbox"/> | <input type="checkbox"/> |

Bathroom and sauna:

- | | | |
|---|--------------------------|--------------------------|
| 1. Do you have anti-skid surface on the floor and in the bath-tube? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there supporting hand-holds or hand-rails? | <input type="checkbox"/> | <input type="checkbox"/> |

Passages indoors:

- | | | |
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| 1. Are the passages free? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the electric wires fastened and out of the way? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
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| 3. Are the thresholds low enough? | <input type="checkbox"/> | <input type="checkbox"/> |
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Stairs and stairways:

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| 1. Are there handrails? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the stairs/stairways in good condition? (no loose boards, carpets properly fastened, edge strips) | <input type="checkbox"/> | <input type="checkbox"/> |

Lighting:

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| 1. Is the lighting sufficient? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there enough light in the stairways? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there enough switches? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there night lighting? | <input type="checkbox"/> | <input type="checkbox"/> |

Footwear:

- | | | |
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| 1. Are the slippers suitable? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the outdoor shoes safe and in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |

Courtyard:

- | | | |
|--|--------------------------|--------------------------|
| 1. Are the passages in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |
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Road accidents

- | | | |
|---|--------------------------|--------------------------|
| 1. Do you use the safety belt when driving/riding in a car? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you use a protective helmet when cycling? | <input type="checkbox"/> | <input type="checkbox"/> |

Other things to note

- | | | |
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| 1. Is anybody in daily contact with the older person? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does somebody do the daily shopping? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there need for an emergency telephone or alarm? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there sufficient and appropriate assistive devices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the glasses in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |

First aid

- | | | |
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| 1. Is there adequate first aid equipment in the apartment? | <input type="checkbox"/> | <input type="checkbox"/> |
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This check-list and further information about preventing home accidents - www.kotitapaturma.fi

Ministry of Social Affairs and Health
National Public Health Institute
Federation Of Finnish Insurance Companies
Finnish Central Organization For Rescue Services

Ministry Of The Interior
Finnish Centre For Health Promotion
Red Cross



HOME ACCIDENTS PREVENTION CAMPAIGN