

Safety Considerations

for simple home maintenance activities



Everyday, simple tasks around the home can put us at risk of a fall or injury, especially as we get older.

It's good to look at tasks in a structured way to see which ones are still safe for us to do ourselves, and which ones we might decide to let someone else do for us. Tasks can be divided into regular, occasional or annual ones.

Use this checklist

Personal Characteristics of person performing the activity	Nature of Activity	Environmental Considerations	Social/Emotional Considerations				
Before you start				<ul style="list-style-type: none"> <input type="checkbox"/> How well and alert do you feel? <input type="checkbox"/> Are you currently taking medication? (some medications can make people feel dizzy) <input type="checkbox"/> Physical capability <input type="checkbox"/> Medical or chronic conditions e.g. arthritis, diabetes <input type="checkbox"/> Eyesight/vision <input type="checkbox"/> Type of glasses (bifocals increase risk of a fall) <input type="checkbox"/> Alcohol consumption 	<ul style="list-style-type: none"> <input type="checkbox"/> Scope of task – what is required of the following? <input type="checkbox"/> Height <input type="checkbox"/> Strength <input type="checkbox"/> Reach/stretch <input type="checkbox"/> Time <input type="checkbox"/> Frequency <input type="checkbox"/> Urgency 	<ul style="list-style-type: none"> <input type="checkbox"/> Weather and temperature <input type="checkbox"/> Time of day <input type="checkbox"/> Protection from the sun and glare <input type="checkbox"/> Appropriate clothing and shoes <input type="checkbox"/> Appropriate tools for the job <input type="checkbox"/> Is your equipment safe and in good condition? <input type="checkbox"/> What is the ground surface like? <input type="checkbox"/> Access to a phone if you need to call for help 	<ul style="list-style-type: none"> <input type="checkbox"/> Perceptions of your ability to complete the task <input type="checkbox"/> Family/partner expectations <input type="checkbox"/> Financial considerations <input type="checkbox"/> Do you know your own limits? <input type="checkbox"/> Are you reluctant to ask for help? <input type="checkbox"/> Are you aware of services that can do the task for you? <input type="checkbox"/> Is there anyone else who can help?
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During the task			
<ul style="list-style-type: none"> <input type="checkbox"/> Fatigue <input type="checkbox"/> Change in medical conditions <input type="checkbox"/> Becoming unwell e.g. dizzy <input type="checkbox"/> Medication – uptake/decrease of effects e.g. blood pressure medication can make people feel light-headed, especially in the heat 	<ul style="list-style-type: none"> <input type="checkbox"/> Change in predicted nature of task e.g. harder or taking longer than expected <input type="checkbox"/> Is the task achievable when you commence it? <input type="checkbox"/> Urgency e.g. bad weather or bushfire approaching 	<ul style="list-style-type: none"> <input type="checkbox"/> Change in weather conditions e.g. begins to rain or gets very windy or hot <input type="checkbox"/> Consider leaving the task and resuming when the weather is better or cooler in the day <input type="checkbox"/> Is the equipment stable and working properly? <input type="checkbox"/> Do you still have assistance? 	<ul style="list-style-type: none"> <input type="checkbox"/> Know when to stop – physical/mental status <input type="checkbox"/> Acknowledge inability to complete task e.g. if scope is too big <input type="checkbox"/> Be willing to ask for help rather than risking injury trying to complete it yourself
After the task			
<ul style="list-style-type: none"> <input type="checkbox"/> Was there a change in your ability to perform the task e.g. due to physical strength, eyesight, medical condition or medication side effect? <input type="checkbox"/> Fatigue – how tired were you afterwards? <input type="checkbox"/> Did you feel safe completing the task? <input type="checkbox"/> Did you have any near misses? 	<ul style="list-style-type: none"> <input type="checkbox"/> Did the task need to be done at all? <input type="checkbox"/> Does the task need to be done more often? <input type="checkbox"/> Plan your approach e.g. timing when you may have help, and spread task out over a few sessions <input type="checkbox"/> Don't wait until the last minute to do task e.g. prune trees or clear gutters just as a bushfire is coming 	<ul style="list-style-type: none"> <input type="checkbox"/> Purchase/hire/borrow appropriate equipment for the task, including adapted equipment <input type="checkbox"/> Purchase/hire/borrow appropriate personal protective equipment <input type="checkbox"/> Consider using preventative approaches to simplify tasks e.g. gutter guard 	<ul style="list-style-type: none"> <input type="checkbox"/> Know who else can do the task e.g. family or local service <input type="checkbox"/> Ask for help to complete the task next time – feel OK about asking for help <input type="checkbox"/> Feel confident resisting family/partner expectations if you no longer feel safe performing a task

- Remember**
- Getting older doesn't mean that you can't do tasks, rather that you might need to take more care
 - Think carefully how you might adjust tasks to make them safer
 - Know limitations of yourself and your equipment
 - Know who is available to assist you with tasks you decide are no longer safe for you