



How to Lower Fall Risk in the Home



Fall-related injuries are the most common type of injury experienced by individuals with intellectual and developmental disabilities (DD) (1)(3).

Individuals with DD experience fall injuries at a much younger age, and at double the rate of their peers without DD (1)(4)(3).

Half of all falls experienced by an individual with DD result in a serious injury and/or hospitalization (4).

There are three categories of risk among individuals with DD (1)(4):

- Physical – impaired mobility/gait, epilepsy, urinary incontinence, communication issues, vision problems, polypharmacy, poor balance.
- Behavioral – shortened attention span, hurrying/rushing/running, easily distracted.
- Environmental – slippery floors, cluttered pathways, uneven terrain, etc.

Most falls experienced by individuals with DD happen during activities of daily living such as personal hygiene, dressing, and mealtimes (1).

Falls Risk in the Bathroom

- The bathroom is the location in the home where the most falls and injuries from falls occur. Most all bathroom falls occur when getting out of (not into) the shower or bathtub, because when an individual is wet, they are more likely to slip, slide or fall (2)(5). If an individual has fallen once in the bathroom, they are twice as likely to fall again in the bathroom (1)(4).

Falls are more likely to occur when:

- Standing up in a wet bathtub.
- Sitting down on or standing up from a shower chair.
- Sitting on, or standing up after using the toilet (5).



When to Seek Professional Help After a Fall

- Every individual who has experienced a fall should be evaluated by a medical professional as soon as possible due to the high rate of injuries the DD population experiences from falls (1)(4).
- Individuals with DD may not be able to communicate their level of pain or discomfort from a fall injury, and/or even understand they have been injured by a fall.
- An assessment by a Physical Therapist (PT) for hygiene-related durable medical equipment (DME), such as the use of a shower chair, toileting chair, grab bars, etc., should be done when a fall has occurred in the bathroom (2)(1)(4).

Bathroom Modifications

- Bathroom modifications increase an individual's ability to live independently and improves their quality of life (2)(5).
- Grab bars, handrails, non-slip mats, textured flooring, motion-sensor lighting, etc., may help an individual rebalance if they begin to slip in the bathroom (2)(5).
- Before doing any bathroom modifications, contact a contractor who is familiar with installing safety devices (2)(5).



App of the Month



Hertfordshire Care Providers Association (HCPA) has launched the StopFalls Campaign aimed at reducing falls with the use of exercises, assessments, and prevention techniques. This application reviews exercise ideas, falls risk factors and assessments on fall risks. It is a FREE app for everyone (App of the Month is not endorsed by DBHDS Office of Integrated Health-Health Supports Network. User accepts full responsibility for utilization of app).

References

1. Axmon, A., Ahlström, G., & Sandberg, M. (2019, March). [Falls resulting in health care among older people with intellectual disability in comparison with the general population. Journal of Intellectual Disability Research, 63\(3\), 193-204. Doi: 10.1111/jir.12564](#)
2. Centers for Disease Control (2011, June). [Morbidity and Mortality Weekly Report, 60\(22\), mm6022.pdf \(cdc.gov\)](#)
3. Consumer Product Safety Commission (CPSC) (2021, September). [Consumers with intellectual and developmental disabilities: Review investigating safety behaviors, perspectives, and attitudes. Fors Marsh Group \(FMG\), 1-42.](#)
4. Ho, P., Bulsara, M., Patman, S., Downs, J., Bulsara, C. & Hill, A.M. (2019, December). [Incidence and associated risk factors for falls in adults with intellectual disability. Journal of Intellectual Disability Research, 63\(12\), 1441-1452. Doi: 10.1111/jir.12686.](#)
5. King, E. C. & Novak, A. C. (2017, January/February). [Effect of bathroom aids and age on balance control during bathing transfers. American Journal of Occupational Therapy, 71, 7106165030.](#)

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BED BUGS,

Also known as *Cimex lectularius*



Bed bug infestations are on the rise likely due to the discontinued use of certain chemical pesticides.

Bed bugs can be easily transported from place to place in clothing, travel bags, backpacks, cardboard boxes and paper containers. They hide in folds and seams to avoid detection.

An adult bed bug can walk up to 100 feet each day and are capable of laying over 500 eggs in their 365-day lifetime.

Bed bugs bite and feed every 3 to 7 days, usually when the host is sleeping, but can survive for a year without feeding.

Learn the signs of a bed bug infestation to prevent spread:

- An itchy rash. (Call the individual's PCP for treatment instructions.)
- Rusty or reddish bloody stains on bed sheets or mattresses.
- Dark spots (about this size: •), which are bed bug poop.
- Eggs and eggshells, which are very tiny (about 1mm).
- Pale yellow skins that nymphs shed as they grow larger.
- Live bed bugs.

WHAT TO LOOK FOR



Black or brown stains, usually in crevices



Molted skins



Adult bugs about the shape and size of an apple seed

Contact a professional pest control company who specializes in bed bug eradication for assistance, if you see any signs of infestation.

Infested clothing and/or bed sheets should be washed in very hot water then dried for at least 30 minutes using the hottest dryer setting, to make sure all bed bugs have been killed.

Mattresses can be removed and wrapped in industrial plastic to trap bed bugs, which keeps them from feeding on a host, and over time they will die. Disposal of infested items should be wrapped and marked as infested, so if found, others will not use the items.

It is best practice to have a bed bug protocol in place to deal with infestations if or when they occur. Each situation should be dealt with in a consistent manner to reduce risk of spread to other homes.

Still have questions regarding bed bug infestations, contact the RNCC in your area at communitynursing@dbhds.virginia.gov

Reference:
Haras, M.S. (2017, March/April). [All things bed bugs: A primer for nephrology nurses. Nephrology Nursing Journal, 44\(2\), 181-184.](#)

Top 10 Tips to Prevent or Control Bed Bugs

- Make sure they are bed bugs and not infestation by other insects.
- Don't panic.
- Consider treatment options.
- Reduce clutter to eliminate hiding places.
- Wash bedding regularly in hot water.
- Freezing may not be reliable.
- High heat methods may not be reliable.
- Label discarded bedding and furniture that contains bed bugs so others do not take.
- Call in an experienced pest control professional trained in recognizing and eliminating bed bugs.

Source: EPA, 2016a.

ABA Snippets ...

Reinforcement or Not Reinforcement

Reinforcement is why people do what they do. Reinforcement works 100% of the time. It's not reinforcement if it doesn't seem to change a behavior. A reinforcer is defined as stimulus which increases the future frequency of behavior immediately following it (1). In other words, when something reinforcing happens directly after a person performs a behavior, in the future the person will continue to engage in the behavior more often. If the reinforcer does not increase the future frequency of the behavior, it was not a reinforcer.

B.F. Skinner's book *The Behavior of Organisms* proposes two classifications of stimuli, reinforcing and non-reinforcing. Non-reinforcing stimuli could be punishing or have no impact (3). Take for example, if someone trips then falls and others laugh, the laughs may be reinforcing, or non-reinforcing. If an individual continues to trip then fall and someone laughs, the laugh was probably reinforcing. The same example with a different person could have a different outcome. The laugh could be punishing, resulting in the person being extra careful not to trip and fall in the future. Or the laugh could have no impact. The measure of whether the laugh was reinforcing or not can be a predictor of the future frequency of a behavior.

When something reinforces one behavior it does not necessarily mean it will reinforce a different behavior from the same person. In the example above the reaction to tripping and falling was laughter, and the behavior increased. When laughter occurs following a different behavior, the laugh cannot be defined as the reinforcer until future behavior is recorded and analyzed. Aubry Daniels writes, "behavior goes where reinforcement flows." If the behavior is not going, then the reinforcement is not flowing (2).

If you have any questions about this article or other behavioral question, please contact Brian Phelps at: brian.phelps@dbhds.virginia.gov

References

1. Cooper, J.O., Heron, T.E., & Heward, W.L. (2019). *Applied behavior analysis: Third edition*. Pearson Education, Inc.
2. Daniels, A. C. (2007). *Other people's habits. Performance Management Publications. Performance Management Publications, 55-66*.
3. Skinner, B. F. (2020, February). *The behavior of organisms: An experimental analysis extended edition*. The B.F. Skinner Foundation.

ABLEnow accounts provide eligible individuals with disabilities a better way to save money for today's needs or invest for tomorrow. **ABLEnow** accounts:



- Should not jeopardize eligibility for benefit programs, such as Medicaid and SSI.
- Are tax-advantaged, so earnings grow tax-free when used for qualified disability expenses.
- Can accept contributions from anyone.
- Includes online account management tools and a mobile app.

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