



# COMMONWEALTH of VIRGINIA

Nelson Smith  
Commissioner

## DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
www.dbhds.virginia.gov

### Office of Integrated Health – Health Supports Network

## Home Health & Safety Alert

### Background

Twenty-one million medical visits are a direct result of injuries occurring in the home among all populations in the U.S. (29). Home-related injuries are the second most common cause of fatal injuries in the United States, resulting in 30,000 deaths each year (25). However, there exists no national database to determine what percentage of the total number of people injured have a diagnosis of IDD.

Individuals with intellectual disability (IDD) experience numerous health disparities which have been underreported for many years due to omissions in public health data (2). Those disparities include a decreased life expectancy (20 years less), and mortality rates 10-50% higher than the general population (9) (17) (20) (21).

Researchers are now reporting a trend of more incidences of **accidental injuries and fatal injuries** due to falls, drowning, burns, choking, poisoning and tip-overs among individuals with IDD when compared to their peers in the general public (9) (10) (16) (14) (22). Adults with DD also experience a higher rate of injuries, falls, and hospitalizations compared to the general population (16).

This includes injuries due to hazards posed by consumer products (e.g., toasters, vacuum cleaners, laundry detergent, window blinds, etc.) found in the home (9) (16).

In addition, individuals with IDD who are diagnosed with ADHD may have more attention-seeking behaviors, impulsivity, poor reading skills, hyperactivity, cruelty to animals, and thrill-seeking temperament, all of which can place them at a much higher risk of accidental injury than their non-ADHD peers (8).



## The Most Common Injuries for Individuals with IDD in Residential Settings

- Falls.
- Burns.
- Choking.
- Drowning.
- Poisoning.
- Ingestion of Toxic Substances or Harmful Objects.
- Furniture Tip-Overs (9)(10).



### Falls Among Individuals with IDD



Fall-related injuries are the most common types of injury experienced by individuals with IDD (9) (10) (30). Individuals with IDD also experience fall injuries at a much younger age, than the general public (9).

### Fall-Related Risk Factors Among Individuals with IDD

There are three types of risk related falls among individuals with IDD (3):

- Individual – impaired mobility, epilepsy, urinary incontinence, communication issues, orthopedic-related issues, balance.
- Behavioral – shortened attention span.
- Environmental – slippery floors, cluttered pathways.

More individuals fall in the bathroom than any other room in the house (6). Home modifications (grab bars, handrails, accessible showers, motion-sensor lighting, etc.) can play an important role for individuals in the prevention of fall-related injuries, as well as independent living.

Proper assessment of the individual, and oversight of any home safety modifications by a Physical Therapist (PT) is best practice to promote health and quality of life for individuals, especially those who have had a previous injury or fall (14). Please contact a Registered Nurse Care Consultant within the [Office of Integrated Health](#) for assistance with resources: [communitynursing@dbhds.virginia.gov](mailto:communitynursing@dbhds.virginia.gov). Or, you can visit the [Office of Integrated Health's webpage](#) on the [DBHDS website](#) for additional resources.

## Choking Events Among Individuals with IDD

### Food Choking Events

Regardless of the severity of disability, adults with IDD have a higher risk of death from choking, which includes aspiration, ingestion, or inhalation of food, food vomitus or other non-food objects (24) (see next section on PICA for information on non-food objects).

Individuals with ID at greatest risk for a food-related choking event are those who have:

- A profound disability, both physically and cognitively.
- Dysphagia (difficulty or abnormal swallowing).
- Down syndrome.
- A history of aspiration pneumonia, or any type of pneumonia.
- A history of a prior choking event.
- A history of epilepsy.
- A history of PICA.
- Any missing teeth or abnormal dentition or alignment.
- A diagnosis requiring multiple psychotropic medications.
- Autism Spectrum Disorder (ASD).
- A diagnosis of Prader Willi.
- A history of food stuffing.
- A history of swallowing food whole or someone who either cannot chew well or doesn't chew their food well for any reason.



*Caregiving Tip: if you see pieces of food in the individual's mouth when helping the individual brush their teeth the individual should be evaluated by a Speech Language Pathologist (SLP) for a swallowing assessment.*

### PICA - Ingestion of Non-Food or Toxic Items

Individuals with IDD are at increased risk for PICA, a disorder which compulsively causes them to mouth, chew or ingest non-food items. This disorder also puts them at higher risk for choking, being poisoned by toxic items, or being seriously injured. The serious injuries are usually due to choking or damage caused by sharp or corrosive substances (9).

A significant portion of choking cases among children, (not just those with IDD), involve latex balloons and batteries (13). Most deaths and serious injuries from choking and ingestion of non-food or toxic items/substances are preventable through careful planning and home safety measures (13) (14).

## Accidental Poisoning

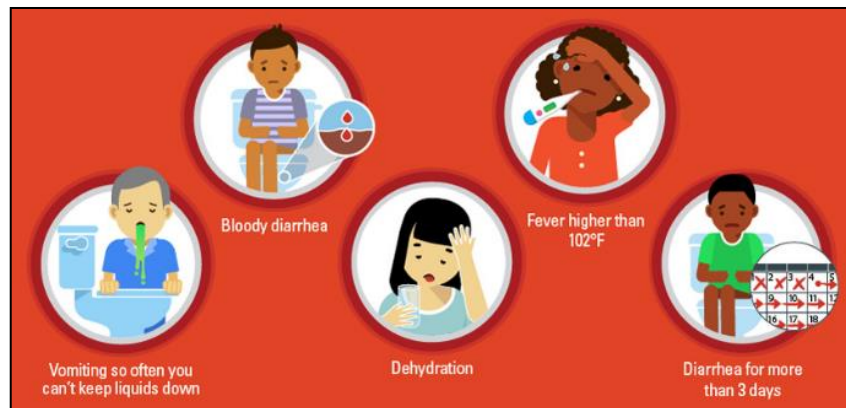
### Food Poisoning



Food poisoning, a type of foodborne illness, is a sickness people get from something they ate or drank. It is usually caused by bacteria (germs) in the food or beverage. Individuals with IDD may be at higher risk from complications of food poisoning events due to their inability to connect their illness to the consumption of a specific contaminated food, especially if the individual lives independently.

Due to this, the individual may unknowingly consume a contaminated food more than once. In addition, caregivers in one environment (group home), may be unaware of what the individual has consumed in another environment (day program). Good communication between caregivers is essential if a food poisoning event is suspected so treatment can be sought quickly, and other individuals will not be harmed.

Symptoms of food poisoning often include upset stomach, diarrhea, and vomiting. Symptoms usually start within hours or several days of eating the contaminated food. Most people have mild illness and get better without treatment (5) (9).



### Common foods which cause food poisoning:

- Rice (due to delays in refrigeration). Always refrigerate cooked rice.
- Leftover sauces and soups. Best to bring to a boil when reheating.
- Meats (undercooked, raw, contaminated, etc.).
- Poultry (undercooked, raw, contaminated, etc.).
- Honey (unpasteurized).
- Milk (unpasteurized).
- Shellfish (undercooked, raw, contaminated, etc.).
- Contaminated fruits and vegetables.
- Luncheon meats (hotdogs, etc.).
- Eggs.
- Egg salad, potato salad (26).

## Safe Minimum Cooking Temperatures Chart

Food	Type	Internal Temperature (°F)
Beef, bison, veal, goat, and lamb	Steaks, roasts, chops	145 Rest time: 3 minutes
	Ground meat and sausage	160
Casseroles	Meat and meatless	165
Chicken, turkey, and other poultry	All: whole bird, breasts, legs, thighs, wings, ground poultry, giblets, sausage, and stuffing inside poultry	165
Eggs	Raw eggs	Cook until yolk and white are firm
	Egg dishes (such as frittata, quiche)	160
	Casseroles (containing meat and poultry)	165
Ham	Raw ham	145 Rest time: 3 minutes
	Precooked ham (to reheat)	165 Note: Reheat cooked hams packaged in USDA-inspected plants to 140°F
Leftovers	Any type	165
Pork	Steaks, roasts, chops	145 Rest time: 3 minutes
	Ground meat and sausage	160
Rabbit and venison	Wild or farm-raised	160
Seafood	Fish (whole or filet), such as salmon, tuna, tilapia, pollock, bass, cod, catfish, trout, etc.	145 or cook until flesh is no longer translucent and separates easily with a fork
	Shrimp, lobster, crab, and scallops	Cook until flesh is pearly or white, and opaque
	Clams, oysters, mussels	Cook until shells open during cooking

## Poisoning Due to Contact with Toxic Substances

Poisoning among children aged 1–20 accounts for 14.3% of unintentional injury mortality and 7.7% of suicide deaths in the USA (11). Most poisonings happen at home and occur in a kitchen, a bathroom, or a bedroom (19).

Many poisoning injuries and fatalities can be attributed to unsupervised access to medications, cleaning products and toxic



chemicals accidentally left out in the open or those found throughout the home that have not been properly secured (28). Purses, and the pockets of jackets, coats, pants, and backpacks, are often places where the average person might store cosmetics, over-the-counter medications, and prescription medication (without safety caps) which can put individuals at great risk

(11). Many items in the home may also contain alcohol, which can put individuals at risk of accidental alcohol poisoning.

**Caregiver Tips to Lower Risk of Accidental Alcohol Ingestion:**

- Don't leave alcoholic beverages or products unattended in homes or vehicles.
- Be sure to pour all unattended and unfinished alcoholic beverages down the sink.
- Put newly purchased items containing alcohol in the trunk of the vehicle when transporting them home so individuals cannot reach them.
- Store all beverages or products (mouthwash, hand sanitizer, etc.) in a locked cabinet.

**Signs of Accidental Alcohol Ingestion:**

- Unconsciousness (does not respond to voice or touch).
- Difficulty breathing.
- Choking or vomiting.
- Confusion or seizures
- Dizziness or slurred speech.
- Inability to walk normally.
- If you suspect any individual may have ingested alcohol accidentally, call 911 immediately (27).

## Burn Injuries at Home

Burn risk among individuals with IDD varies based on diagnosis and degree of physical and cognitive disability. Individuals diagnosed with ADD (attention deficit disorder), ADHD (attention deficit hyperactivity disorder), and ASD (autism spectrum disorder) are at higher risk of burn injuries than their peers (8).

The most serious preventable burn injuries occur in the shower (e.g., scalding). Other common incidences of burns at home occur when the individual is using an electrical appliance (e.g., stove, oven, microwave, electric clothes irons, hair curling irons, and hand-held hair dryers). As in the general population, burn risk increases as the IDD population ages (8).



## Drowning



Researchers are conflicted on the association between IDD and an increased risk of drowning. Some evidence reveals an apparent association between an IDD diagnosis and drowning. However, the research has focused primarily on epilepsy and not on individuals with IDD broadly so it may be flawed (9).

There is agreement among researchers individuals with any type of seizure disorder are at a higher risk of fatal and nonfatal drowning than the general population. Among those with seizure disorders, drowning is the most common cause of unintentional injury death, and the bathtub is the most common site of drowning events.

Other diagnoses such as autism spectrum disorder (ASD) and heart-related conditions are also associated with a higher risk of drowning deaths (9).

The following factors increase risk:

- Being male (females are less likely to drown).
- Living and/or being near any body of water (creek, river, lake, pond, pool, etc.).
- Lack of supervision when near any body of water.
- Not being able to swim.
- Broken or ineffective gates or fences.
- Not wearing a life jacket.
- Consumption of alcohol.
- Use of certain medications, ***especially the use of any psychotropic drugs*** (9).

## Tip-Over Injuries

Furniture, appliance, and television tip-over incidents occur when heavy household items fall on an individual, usually from some type of contact. The contact may be intentional (climbing or pulling on the item), or it may be due to unintentional contact which exerts force on the item, which then causes it to move and topple from its normal position (10).

Other tip-over injuries are due to poor design, or top-heavy design, which causes an imbalance. A common imbalance issue can occur when someone pulls out multiple drawers from a dresser. Having multiple drawers pulled out at once can cause the dresser's center of balance to be redistributed to the front, which causes it to topple or tip-over (10).



From the year 2000 to 2020, there were 581 deaths due to tip-overs, and there are an estimated 22,500 injuries per year due to tip-overs (10). An analysis of the 2020 data reveals that children represented 44% of the injuries, adults 37% and seniors (age 60 and up) represent 19% (10). Sixty-six percent of the total number of injuries occurred at a residential location (10). No data is available specifically for individuals with DD, but one can assume they may be at higher risk than the average adult for these types of injuries.

## **Caregiver Tips for Lowering Risk of Accidental Injuries**

### **Choking and Asphyxiation Injuries**

- Keep toys with small parts and objects out of the reach of individuals.

*Caregiver Tip: If the object can fit easily into the cardboard center of a roll of toilet tissue, the object can pose a choking hazard.*

- Keep employee backpacks, purses, and handbags out of the reach of individuals.
- Tie up vertical blind cords or replace with uncorded blinds.
- Individuals at high risk for choking should be assessed periodically by an SLP.

### **Fall Injuries**

- Arrange furniture to maintain or create clear pathways within each room.
- Remove scatter/throw rugs or any rug that slides or slips.
- Tack down larger rugs if they are prone to sliding and/or if the rugs do not lie flat.
- Remove household clutter.
- Don't leave objects on the stairs or in walkways.
- Install and secure handrails and banisters on both sides of stairs.
- Install nightlights in bedrooms, hallways, and bathrooms.
- Be sure stairways and the tops and bottoms of stairs are well lit.
- Install nonslip treads on bare wood steps, which can be slippery in sock feet.
- Repair loose stairway carpeting or boards.
- Install grab bars in bathrooms near the toilet, shower, and bathtub.
- Install no slip strips in shower stalls and bathtubs.
- Use nightlights in hallways and bathrooms to lower risk of falls.
- Encourage and remind individuals to turn on their bedside lamp before getting out of bed or walking to the bathroom at night.
- Install protective padding on the corners of furniture with sharp edges.
- Keep clothing and shoes off the floor. (Put shoes under the bed or in the closet.)



- Discourage floppy or extremely fluffy bedroom slippers, which can be a tripping hazard.
- Make sure night gowns, pajamas and robes are not too long, which can be a tripping hazard.
- Make sure electrical cords are not lying on the floor, which can be a tripping hazard.

### **Falls from Windows or Elevated Areas**

- Keep windows closed and locked.
- If you have floor to ceiling windows\*, balconies, or open landings, consider using window guards, safety netting or other safety devices specifically designed to help prevent falls.

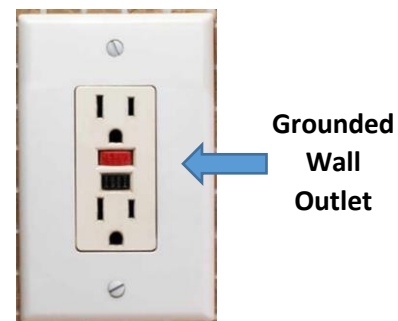
*\*If window guards are used, ensure that at least one window in each room can easily be opened and used as an exit in case of fire.*

### **Accidental Medication-Related Injuries**

- If there is more than one person in a family taking the same or similar medication, consider using color-coded medicine caps to prevent mixing the dosages.
- Practice the five rights of medication administration: the right person, the right drug, the right dose, the right route, and the right time.
- Have a designated space for medication administration that is not near a main thoroughfare or where there is lots of activity or noise.
- When dispensing liquid medicines, use a measuring device. Household teaspoons and tablespoons are not accurate and should never be used for measuring medications (23).

### **Electrical Injuries**

- Cover all unused electrical sockets and keep electrical cords out of reach.
- Replace all frayed cords or split cords.
- Replace all cords that feel hot when you touch them.
- Keep all electrical appliances away from water sources (sink, bathtub, etc.).
- Make sure electrical outlets have grounded circuit breakers. A grounded circuit breaker will discharge excess electricity safely to the ground so that it doesn't cause injuries or fires. This is very important in the bathroom and kitchen since water conducts electricity. If unsure, consult an electrician.



### **Accidental Poisoning Injuries**

- Use safety latches and locks on cabinets and drawers which contain cleaning products or other harmful substances (i.e., drain cleaner, hydrogen peroxide, etc.)
- Store drugs and chemicals in their original containers to ensure proper knowledge of contents.
- Buy medicines, vitamins, and household cleaning products with child-resistant caps.
- Keep chemical products in their original bottles or containers.
- Do not use food containers, such as cups, bottles, or jars, to store chemical products, such as cleaning solutions or beauty products.
- Keep all medications in locked cabinets.
- Never leave household products, medications, or alcoholic beverages unattended near any individual.
- Read and follow directions for application and storage of all household products.
- Cook food to recommended internal temperatures to avoid food poisoning (5). (Food poisoning will be addressed in great detail in an upcoming Health & Safety Alert.)

### **Carbon Monoxide Injuries**

- Have heating systems, water heaters, and all other gas, oil, or coal burning appliances serviced by a qualified technician every late summer or early fall.
- Install battery-operated CO detectors throughout the homes, and check or replace batteries when changing the time on clocks each spring and fall. If a detector sounds, leave the home immediately and call 911.
- Seek medical attention promptly if CO poisoning is suspected and if you feel dizzy, light-headed, or nauseated.
- Do not use a gas stove, a gas grill, any type of fireplace (wood burning or gas), any type of combustible appliance that is not vented to the outside.
- Do not use a gas cooking oven for heat.
- Do not use a generator, charcoal or propane grill, camp stove, or any other type of gasoline or charcoal-burning device inside the home, basement, garage, carport, porch, deck, or outside the home near a window.
- Never leave a car or truck running inside a garage attached to a house, even if the garage door is left open.
- Pay attention to all equipment recalls.

### **Kitchen-Related Injuries**

- Turn pot handles inward on stoves or place pots on back burners when cooking.
- Store knives, scissors, and appliances with sharp blades out of reach.
- Keep plastic bags (garbage bags, sandwich bags, dry-cleaning bags, grocery bags) out of reach.
- Install knob covers on stoves and ovens.
- Keep all cleaning products for dishes, floors, dishwasher, oven, etc. in a locked cabinet.

### **Bathroom Injuries**

- Install grab bars and other safety devices to assist with getting in and out of bathtubs or showers.
- Install anti-slip adhesive strips in showers and bathtubs if they do not have a non-slip surface.
- Install an elevated toilet seat.
- Install emergency releases on the outsides of bedroom doors, or make sure there is a master key to door locks, in case of emergencies.
- Set your water heater at a temperature no higher than 125° Fahrenheit to prevent scalding.
- Unplug curling irons, hair dryers and electric razors when not in use.
- Store all bottles of mouthwash, perfume, hair spray or nail polish in a locked cabinet.
- Store razor blades and finger/toenail clippers out of reach or in a locked cabinet.
- Make sure electrical outlets have grounded circuit breakers. A grounded circuit breaker will discharge excess electricity safely to the ground so that it doesn't cause injuries or fires. This is very important in the bathroom and kitchen since water conducts electricity. If unsure, consult an electrician.

### **Outdoor Injuries**

- Sweep leaves and grass off sidewalks, porches, decks, door stoops and entry ways.
- Install motion-sensor outdoor lighting to illuminate sidewalks, pathways, and entry ways.
- Keep a snow shovel and ice melt handy for winter weather. Treat walkways beforehand if snow or ice is expected.

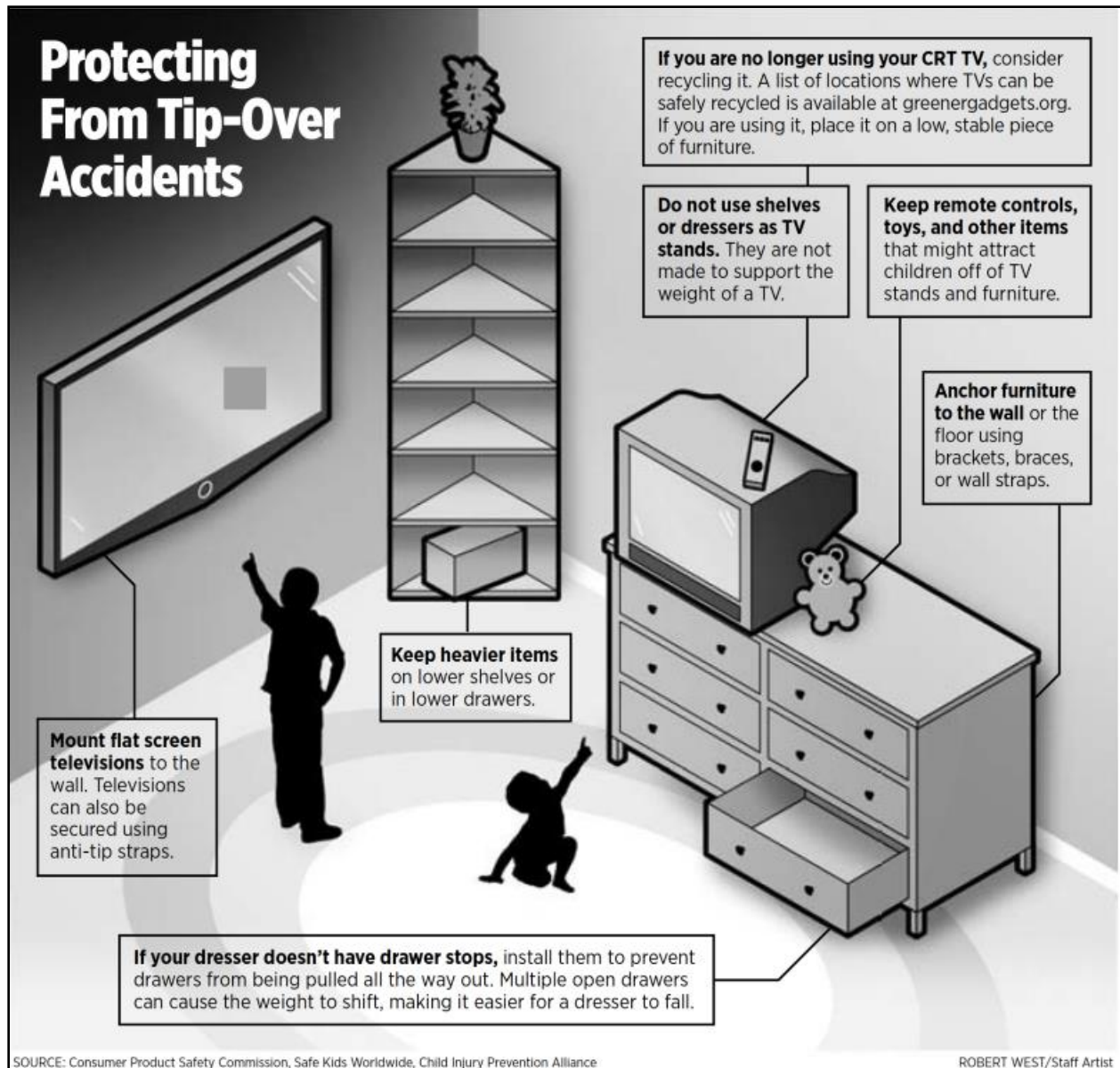
- Inspect outdoor furniture to make sure there no sharp edges or exposed screws or bolts.
- Keep lawn mowers and other sharp garden tools in a locked shed.
- If you have a swimming pool, install a four-sided fence with an automatic shutting or “child proof” gate which is at least 4’ high. (Check your county’s compliance code for any specific requirements for your location.)
- Remove ladders when an above-ground pool is not in use.
- Dump kiddie pools after each use.

### **Burn Injuries (General)**

- Keep fire extinguishers on every floor and in the kitchen.
- Make sure everyone knows where fire extinguishers are located.
- Train everyone on how to use a fire extinguisher.
- Store matches and lighters in a locked cabinet.
- Develop and practice a fire escape plan.
- Propane and charcoal BBQ grills should only be used outdoors.
- All grills should be placed well away from houses, garages, carports, decks, porches, railings.
- Grills should never be used under the eaves or roof overhang of any structure or overhanging tree branches.
- Keep individuals well away from any grilling areas and never leave a grill unattended.
- Always make sure a gas grill lid is left open for a few minutes before lighting it.
- When using any grill, always have an easily accessible fire extinguisher nearby.

### **Tip-Over Injuries**

- Attach tall/large furniture such as dressers and bookshelves to the wall using safety straps, L-brackets, or other secure attachment devices.
- Place TVs on a low, wide base.
- Push TV’s back as far on their base as possible and as close to the wall as possible.
- Do not use shelves or dressers as TV stands because they are not made to support the weight of a TV. When purchasing a TV stand, check the size and weight limits.
- Attach all TVs to a stable stand and/or wall.



## Resources

- If anyone ingests a battery immediately call the [24-hour National Battery Ingestion Hotline at 800-498-8666](http://www.batterysafety.org) and provide the battery identification number, found on the package or from a matching battery if possible.
- Poisonings: call the Poison Control Center at 1-800-222-1222 and/or call 911.
- You can find the Poison Control Center online at [webPOISONCONTROL](http://www.poisoncontrol.gov) or [poison.org](http://poison.org), or download the app on the [App Store](https://www.apple.com/app-store) or [Google Play](https://www.google.com/play).

- [Subscribe to the Poison Post for a free quarterly newsletter about products that pose a poisoning risk.](#)
- [CDC's Printable Grill Safety Infographic](#)
- [CDC's Home Fall Prevention Checklist for Older Adults](#)
- [CDC's Poisoning Fact Sheet](#)
- [CDC's Carbon Monoxide Poisoning Website](#)
- [National Council on Aging's How to Prevent Deaths from Furniture Tip-Overs](#)
- [NIH's Understanding the Dangers of Alcohol Overdose.](#)
- [Mayo Clinic's Accidental Alcohol Poisoning](#)
- [FEMA and the U.S. Fire Administration's Burn and Scald Prevention Outreach Materials](#)

## References

1. American College of Emergency Physicians (2022). Home Safety Checklist. <https://www.emergencyphysicians.org/article/health--safety-tips/home-safety-checklist>
2. Anderson, L. L., Humphries, K., McDermott, S., Marks, B., Sisirak, J., & Larson, S. (2013). The state of the science of health and wellness for adults with intellectual and developmental disabilities. *Intellectual and developmental disabilities*, 51(5), 385-398. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4677669/>
3. Cahill, S., Stancliffe, R. J., Clemson, L., & Durvasula, S. (2014, April). Reconstructing the fall: individual, behavioral, and contextual factors associated with falls in individuals with intellectual disability. *Journal of Intellectual Disability Research*, 58(4), 321-332. Doi: 10.1111/jir.12015
4. Centers of Disease Control (n.d.a). Danger: Carbon monoxide poisoning. [https://www.cdc.gov/co/pdfs/Flyer\\_Danger.pdf](https://www.cdc.gov/co/pdfs/Flyer_Danger.pdf)
5. Centers of Disease Control (n.d.b). Poisoning. [https://www.cdc.gov/pictureofamerica/pdfs/picture\\_of\\_america\\_poisoning.pdf](https://www.cdc.gov/pictureofamerica/pdfs/picture_of_america_poisoning.pdf)
6. Centers for Disease Control (2011, June 10). *Morbidity and Mortality Weekly Report*, 60(22). <https://www.cdc.gov/mmwr/pdf/wk/mm6022.pdf>
7. Chan, H. L., Hsieh, Y. H., Lin, C. F., Liang, H. Y., Lee, S. S., Weng, J. C., ... & Gossop, M. (2021). Lower risk of burn injury in children and adolescents with autism spectrum disorder: a nationwide population-based study. *Journal of autism and developmental disorders*, 1-8. <https://link.springer.com/article/10.1007/s10803-020-04859-9>
8. Chen, V. C.-H., Yang, Y.-H., Yu Kuo, T., Lu, M.-L., Tseng, W.-T., Hou, T.-Y., Yeh, J.-Y., Lee, C. T.-C., Chen, Y.-L., Lee, M.-J., Dewey, M. E., & Gossop, M. (2020). Methylphenidate and the risk of burn injury among children with attention-deficit/hyperactivity disorder. *Epidemiology and Psychiatric Sciences*, 29, e146.

- <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/DBDA19C9A2177AC7D4E6E312334C32C5/S204579602000608a.pdf/methylphenidate-and-the-risk-of-burn-injury-among-children-with-attention-deficithyperactivity-disorder.pdf>
9. Consumer Product Safety Commission (CPSC) (2021a). Consumers with Intellectual and Developmental Disabilities: Review Investigating Safety Behaviors, Perspectives, and Attitudes. 2021 report. [https://www.cpsc.gov/s3fs-public/Consumers-with-Intellectual-and-Developmental-Disabilities-Review-Investigating-Safety-Behaviors-Perspectives-and-Attitudes.pdf?VersionId=zVfalixcMmi\\_rPiIkV2dnVdYtBmzxgg4](https://www.cpsc.gov/s3fs-public/Consumers-with-Intellectual-and-Developmental-Disabilities-Review-Investigating-Safety-Behaviors-Perspectives-and-Attitudes.pdf?VersionId=zVfalixcMmi_rPiIkV2dnVdYtBmzxgg4)
  10. Consumer Product Safety Commission (CPSC) (2021b). Product instability or tip-over injuries and fatalities associated with televisions, furniture, and appliances: 2020 report. [https://www.cpsc.gov/s3fs-public/2021\\_Tip\\_Over\\_Report\\_POSTED.pdf](https://www.cpsc.gov/s3fs-public/2021_Tip_Over_Report_POSTED.pdf)
  11. Cornell E, Blanchard A, Chihuri S, DiGuiseppi CG, Li G. Poisoning-related emergency department visits in children with autism spectrum disorder. *Inj Epidemiol*. 2022 Dec 21;9 (Suppl 1):41. <https://injepijournal.biomedcentral.com/articles/10.1186/s40621-022-00402-9>
  12. Coyne-Beasley, T., Runyan, C. W., Baccaglioni, L., Perkis, D., & Johnson, R. M. (2005). Storage of poisonous substances and firearms in homes with young children's visitors and older adults. *American journal of preventive medicine*, 28(1), 109-115. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3694570/pdf/nihms214193.pdf>
  13. Cyr, C., Canadian Pediatric Society, & Injury Prevention Committee. (2012). Preventing choking and suffocation in children. *Pediatrics & Child Health*, 17(2), 91–92. <https://academic.oup.com/pch/article/17/2/91/2638862?login=true>
  14. Davis, K. L., & Davis, D. D. (2022). *Home Safety Techniques*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK560539/>
  15. Fahy, R.F., & Petrillo, J.T. (2022, Aug). Firefighter Fatalities in the US in 2021. Quincy, MA: National Fire Protection Association. <https://thecovidblog.com/wp-content/uploads/2022/02/Firefighter-Fatalities-2020.pdf>
  16. Finlayson, J. (2018). Fall prevention for people with learning disabilities: Key points and recommendations for practitioners and researchers. *Tizard Learning Disability Review*, 23, 00–00. <https://doi.org/10.1108/TLDR-06-2017-0026>
  17. Gleason, J., Ross, W., Fossi, A., Blonsky, H., Tobias, J., & Stephens, M. (2021). The devastating impact of Covid-19 on individuals with intellectual disabilities in the United States. *NEJM Catalyst Innovations in Care Delivery*, 2(2). <https://catalyst.nejm.org/doi/pdf/10.1056/CAT.21.0051>
  18. Gummin, D. D., Mowry, J. B., Beuhler, M. C., Spyker, D. A., Bronstein, A. C., Rivers, L. J., ... & Weber, J. (2021). 2020 Annual report of the American association of poison control centers' national poison data system (NPDS): 38th annual report. *Clinical toxicology*, 59(12), 1282-1501. <https://www.poison.org/-/media/files/aapcc-annual-reports/npds2020.pdf>
  19. Health Resources and Services Administration (HRSA) (n.d.). Prevention Tips. <https://poisonhelp.hrsa.gov/what-you-can-do/prevention-tips>

20. Hoertel, N., Sánchez-Rico, M., de La Muela, P., Abellán, M., Blanco, C., Leboyer, M., ... & Zapletal, E. (2023). Risk of death in individuals hospitalized for COVID-19 with and without psychiatric disorders: an observational multicenter study in France. *Biological Psychiatry Global Open Science*, 3(1), 56-67.  
<https://www.sciencedirect.com/science/article/pii/S2667174321001774>
21. Hosking, F. J., Carey, I. M., Shah, S. M., Harris, T., DeWilde, S., Beighton, C., & Cook, D. G. (2016). Mortality among adults with intellectual disability in England: comparisons with the general population. *American Journal of Public Health*, 106(8), 1483-1490.  
<https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2016.303240>
22. Hsieh, K., Rimmer, J., & Heller, T. (2012). Prevalence of falls and risk factors in adults with intellectual disability. *American Journal on Intellectual and Developmental Disabilities*, 117(6), 442–454. <https://doi.org/10.1352/1944-7558-117.6.442>
23. Institute for Safe Medication Practices (2022). General Advice on Medicine Safety. <https://www.consumermedsafety.org/safety-tips/general-medication-safety>
24. Landes, S. D., Stevens, J. D., & Turk, M. A. (2021). Cause of death in adults with intellectual disability in the United States. *Journal of intellectual disability research: JIDR*, 65(1), 47–59.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7710575/pdf/nihms-1637486.pdf>
25. Mack, K. A., Rudd, R. A., Mickalide, A. D., & Ballesteros, M. F. (2013). Fatal unintentional injuries in the home in the US, 2000–2008. *American journal of preventive medicine*, 44(3), 239-246. <https://stacks.cdc.gov/view/cdc/34981>
26. Mayo Clinic (2022). Food poisoning. <https://www.mayoclinic.org/diseases-conditions/food-poisoning/symptoms-causes/syc-20356230>
27. Mayo Clinic (2018, Jan 9). Alcohol poisoning. <https://www.mayoclinic.org/diseases-conditions/alcohol-poisoning/symptoms-causes/syc-20354386#:~:text=Alcohol%20poisoning%20is%20a%20serious,to%20a%20coma%20and%20death>
28. Petit-Frere, P. (2019). An evaluation of a modified behavioral skills training procedure for teaching poison prevention skills to children with developmental disabilities. *University of South Florida*.  
<https://digitalcommons.usf.edu/cgi/viewcontent.cgi?article=9084&context=etd>
29. Runyan, C. W., Perkis, D., Marshall, S. W., Johnson, R. M., Coyne-Beasley, T., Waller, A. E., ... & Baccaglini, L. (2005). Unintentional injuries in the home in the United States: Part II: Morbidity. *American journal of preventive medicine*, 28(1), 80-87.
30. Willgoss, T. G., Yohannes, A. M., & Mitchell, D. (2010). Review of risk factors and preventative strategies for fall-related injuries in people with intellectual disabilities. *Journal of Clinical Nursing*, 19(15-16), 2100-2109.  
[https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2702.2009.03174.x?casa\\_token=9bOYSeNIQkgAAAAA%3AWsVJhpo-q2EyO7LZIRf1DV167xIORvbKAbi\\_tCu-T4mPEk-2sSppj-G9RI78CP61wFMmmkhswLUuaaH8](https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2702.2009.03174.x?casa_token=9bOYSeNIQkgAAAAA%3AWsVJhpo-q2EyO7LZIRf1DV167xIORvbKAbi_tCu-T4mPEk-2sSppj-G9RI78CP61wFMmmkhswLUuaaH8)