



The Fatal Seven



The term “Fatal 7” refers to seven specific conditions which could result in a higher risk of death for individuals with intellectual and developmental disabilities (IDD).

The list of fatal conditions may change from year-to-year based on any factor which impacts health (natural disasters, infectious diseases, etc.). Although prevention of the condition may not be possible in every situation, adjustments in education and training can help to reduce the risk of a fatality (6).

Individuals with severe and profound disabilities are at high risk for unfavorable outcomes from certain health conditions. Conditions such as cardiovascular disease, diabetes, sepsis, pneumonia, falls, and choking, are frequently associated with fatal outcomes among individuals with IDD (2) (3).

Frequent assessments, diagnostic testing, care protocols, staff training, routine monitoring and follow-up re-evaluations, can decrease the risks associated with a Fatal 7 condition.

Staff who have a greater knowledge base relating to the Fatal 7 will have the skills to recognize the early warning signs of those conditions, and will feel more empowered to obtain medical assistance for the individual quickly, which can save many lives.

The Office of Integrated Health – Health Supports Network has a Fatal 7 Training which focuses on the following potentially fatal conditions:

- Aspiration.
- Constipation.
- Dehydration.
- Pressure Injuries.
- Sepsis.
- Falls.
- Seizures.

Advocating reduces risks

Overall, adults and children with IDD receive less medical and oral preventive care resulting in a high rate of avoidable deaths. Individuals with IDD also experience more co-occurring chronic medical conditions, and psychiatric conditions, than do the general population (5) (1).

Advocating for an individual during a healthcare appointment is essential to obtain referral to a medical specialist (e.g. Cardiologist), preventative screening (e.g. mammogram), referral for a Physical Therapy evaluation (e.g. fall risk assessment), referral to a wound care specialist (for an active pressure injury), and diagnostic testing (e.g. MRI). For more information on advocacy, see the OIH [Healthcare Advocacy Health Alert](#).

Tools to Improve Outcomes

The [Supports Intensity Scale \(SIS\)](#) is a standardized assessment tool designed to measure the pattern and intensity of supports a person with intellectual disability needs to be successful in community settings (AAIDD, 2022).

- The results of the SIS help drive the development of outcomes in the Individual Support Plan (ISP) for health and safety.
- Follow the links for more information on the [SIS \(Supports Intensity Scale\)](#) or [ISP \(Individual Support Plan development\)](#).

The [Risk Awareness Tool \(RAT\)](#) is another tool to identify risk related to conditions which may need follow-up with medical professionals.

- The result of the RAT identifies the need for further evaluation by a qualified healthcare professional. Click [here](#) for more information relating to the RAT.

The My Care Passport is a communication and advocacy tool designed to help relay valuable information about the individual to hospital staff in acute care settings.

- It can be used in all healthcare settings, in addition to in-patient hospital admissions, such as visits to the emergency room, urgent care facilities, medical specialist visits, and visits to the individual’s primary care provider (PCP). Click here for more information on the [My Care Passport](#).

Caregiver Considerations

- It is essential to provide education to all caregivers on the signs and symptoms of preventable health conditions (4).
- Regular visits with the individual’s primary care physician (PCP) and preventative screenings have both been shown to improve the individual’s overall health and well-being (4).
- Implementing care protocols (developed by a healthcare professional) to address signs and symptoms in relation to a specific health issue, can help caregivers recognize changes in an individual’s condition (4).
- The use of advocacy and communication tools has been shown to improve the sharing of information between caregivers, individuals and acute care staff members. These tools open the lines of communication and aid in sharing the specific needs of individuals within the healthcare system (5) (4).

References

- 1) American Association on Intellectual and Developmental Disability (AAIDD) (2022). Supports Intensity Scale. <https://www.aaidd.org/sis>
- 2) Amin, M. R., Gentile, J. P., Edwards, B. & Davis, M. (2021). Evaluation of health care disparities for individuals with intellectual and developmental disabilities in Ohio. *Community Mental Health Journal*, 57:482–489. <https://doi.org/10.1007/s10597-020-00669-6>
- 3) Bobbette, N., Ouellette-Kuntz, H., Tranmer, J., Lysaght, R., Ufholz, L. A., & Donnelly, C. (2020). Adults with intellectual and developmental disabilities and interprofessional, team-based primary health care: A scoping review. *JBI Evidence Synthesis*, 18(7), 1470-1514.
- 4) Ervin, D. (2018, August). Health advocacy for people with IDD. *Exceptional Parent Magazine*, 20-22. <https://reader.mediawiremobile.com/accessibility/issues/203617/articles/5b7c58235165f001713e3965/reader>
- 5) Hinrikoski, T., Boman, M., Tideman, M., Lichtenstein, P., & Butwicki, A. (2021, June). Association of intellectual disability with all-cause and cause-specific mortality in Sweden. *JAMA Network Open*, 4(6), 1-15. doi:10.1001/jamanetworkopen.2021.13014. <https://jamanetwork.com/12/22/2021>
- 6) Lunsy, Y., De Oliveira, C., Wilton, A. & Wodchis, W. (2019, February). High health care costs among adults with intellectual and developmental disabilities: a population-based study. *Journal of Intellectual Disability Research*, 63(2), 124–137. doi: 10.1111/jir.12554
- 7) Pless, B. (2016, August). Risk compensation: Revisited and rebutted. *Safety*, 2(16), 1-9. doi:10.3390/safety2030016 <file:///C:/Users/ufb66645/Downloads/safety-02-00016-v2.pdf>

App of the Month



Questions about your health? Browse more than 2.6 million answers from doctors and 700,000 topics and articles about 850 conditions. Ask a question for free and get a confidential answer from a doctor within about 24 hours, or pay to see a doctor immediately. (*App of the Month is not endorsed by DBHDS Office of Integrated Health. User accepts full responsibility for utilization of app.*)

ABA Snippets ...



Resources on the Prioritization of Behaviors in Behavior Support Planning

Upon initiation of behavioral services for a new client with an extensive array of current and historically challenging behaviors, it may prove difficult for the behaviorist to determine which behaviors are of paramount importance to target during assessment and intervention. At times, the desires of the individual and the 'treatment team' may conflict with the professional opinion or even the expertise of the behaviorist. Further, the resources that are available, the level of danger or risk of challenging behavior to self and others, the possibility of a less-desirable replacement behavior(s) and being able to incorporate adequate staff reinforcements, are but a few of the many factors to be explored at the outset of services. Cooper et al. (2020) offer an array of considerations that behaviorists should be familiar with in the third chapter of their seminal text *Applied Behavior Analysis*, inclusive of numerous questions that a behaviorist can consider and a worksheet for prioritizing potential target behaviors. Additional professional literature provides several commonalities in the discussion of prioritization of behaviors for treatment, including but not limited to the examination of behavioral cusps, pivotal behaviors, and the overall social validity of desirable responses (1) (4) (3). Beyond these resources and considerations, a suggestion for behaviorists is to make note of the ultimate determinations of the treatment team on the selection of behaviors in the behavior support plan itself (or in other documentation), as this may prove valuable in outlining the rationale and justification for prioritization of particular responses, over others.

- References:
- (1) Bosch, S., & Fuqua, R.W. (2001). Behavioral cusps: A model for selecting target behaviors. *Journal of Applied Behavior Analysis*, 34, 123-125.
 - (2) Cooper, J.O., Heron, T.E., & Heward, W.L. (2020). *Applied behavior analysis: Third edition*. Pearson Education, Inc.
 - (3) Koegel, L.K., Carter, C.M., & Koegel, R.L. (2003). Teaching children with autism self-initiations as a pivotal response. *Topics in Language Disorders*, 23(2), 134-145.
 - (4) Smith, G.J., McDougall, D., & Edelen-Smith, P. (2006). Behavioral cusps: a person-centered concept for establishing pivotal individual, family, and community behaviors and repertoires. *Focus on Autism and Other Developmental Disabilities*, 21(4), 223-229.

Commonwealth of Virginia

Learning Center (COVLC/VLC):



The Commonwealth of Virginia Learning Center (COVLC or VLC) is a Web-based application which delivers self-study training topics to your desktop, as well as, tracks your progress through the training.

Registering for a Commonwealth of Virginia Learning Center Account:

To complete registration for the DBHDS – External Entities Domain, please use the following steps.

1. Register at <https://covlc.virginia.gov>
2. Select the white "Need an account?" button.
3. On the drop-down menu, select DBHDS-E - External Entities.
4. Click OK.

Create New Account Screen:

All the following fields are required to create a new account.

1. Login ID: Create a Login ID.
2. Email Address: Enter your organizational email address.
3. Password: Create a Password.
4. Confirm Password: Re-enter the password you created.
5. First Name and Last Name: Enter your legal First and Last Name.
6. Gender: Select your gender.
7. Date of Birth: Enter your 8-digit date of birth (i.e. 01/01/2001).
8. Organization: Click Select. Leave the search field under Find Organization blank, click Search. Scroll down and select DBHDS – External Entities. Click Save.
9. Time Zone: Default; do not change.
10. Region: Default; do not change.
11. Number of Records (per page): Default you may change to any number between 10-100.
12. After all required fields are complete, click Create to advance to the notification screen.
13. Click OK. You will receive a computer-generated email stating "your request for access has been submitted". This is not the approval or denial email. You will receive an additional computer-generated email once your request has been approved or denied. This process takes up to 48 hours.

DBHDS – OIH – HSN Training Sessions Available 24/7 to Caregivers on the COVLC

[DBHDS - OIH-HSN: The Fatal Seven Training 2022](#)

The Fatal 7 training provides a brief overview of the seven high-risk health conditions for individuals with IDD.

[DBHDS - OIH-HSN: The Importance of Calling 911](#)

The Importance of Calling 911 training provides an overview of the emergency medical response system.

[DBHDS - OIH-HSN: The My Care Passport & Advocacy Tip Sheets Training 2022](#)

The "My Care Passport" and Advocacy Tip Sheets training reviews advocacy tools for individuals in acute care settings.

[DBHDS - OIH-HSN: Falls and Individuals with Intellectual and Developmental Disabilities 2021](#)

This training examines all aspects of Falls as related to the individual with IDD.