Journal of Nursing Research, Patient Safety and Practise
ISSN: 2799-1210
Vol: 03, No. 06, Oct – Nov 2023
http://journal.hmjournals.com/index.php/JNRPSP
DOI: https://doi.org/10.55529/jnrpsp.36.42.47

Safety Measures for Children with Severe and Profound Intellectual Disabilities: A Guide for Parents and Caregivers

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Received: 22 July 2023 **Accepted:** 06 October 2023 **Published:** 20 November 2023

Abstract: Providing appropriate safety measures by parents and caregivers are integral part of nurturing children with severe and profound intellectual disabilities. In line of this, the present article highlighted the concept of intellectual disabilities, its classification and safety measures needed to be taken for proper nurturing.

Keywords: Safety Measures, Children, Intellectual Disabilities.

1. INTRODUCTION

These children often have limited communication skills, difficulties with mobility and self-care, and may exhibit challenging behaviors. Despite all these problems parents and caregivers were not be fully exposed with the appropriate strategies and measures to be use in order to save their children of being at-risk. It is also essential for parents and caregivers to have a deep understanding of their children with intellectual disabilities regarding their individual needs and abilities in order to engage in activities for providing precautionary measures and implementing effective safety measures to reduce being at risk.

Concept of Intellectual Disabilities

Intellectual disabilities, also known as cognitive disabilities which are conditions related to development marked by notable impairments in cognitive ability and adaptability of behaviors. These limitations manifest during the developmental period and of ten result in difficulties in various areas of life functioning, such as communication, problem-solving, social interaction, and learning.

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The American Association on Intellectual and Developmental Disabilities (AAIDD) provides a widely accepted definition of intellectual disabilities. According to AAIDD (2006), intellectual disabilities involve "significantly sub-average general intellectual functioning and limitations in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. Rimingado (2023) cites Halahan, Kauffman, and Pullen (2009), expressed that "Intellectual disability are characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and adaptive skills." Meanwhile, Dantata (2014) added that "this disability originates before the age of 18 that is during the developmental period." and further to described that intellectual disabilities have three essential components such as follows:

a) Sub-average Intellectual functioning
b) Adaptive behavior
c) Developmental period (Dantata, 2014)

However, Rimingado (2023) reported that a number of studies like that of Campbell, Morgan, and Jackson (2003) have suggested that mental retardation may be brought on by hereditary, environmental, or a combination of factors. A congenital brain abnormality has been linked to mental retardation in certain cases, while brain damage sustained during a crucial stage of prenatal or postnatal development has been linked to intellectual disability in other cases. Retardation can be acquired by traumatic brain damage, central nervous system cancer, and near drowning. At one per 100 infants, lethal alcohol syndrome is the most common cause of intellectual disability in developed countries. Trisomy 21, often known as Down's syndrome, is the second most common cause of mental impairment. Barlow and Durand (1999), pointed out that "the causative agents of intellectual disability can be classified into several categories as follows: 1). Trauma (prenatal and postnatal), such as oxygen deprivation before, during or after birth. 2). Infection (congenital and postnatal). 3). Brain malfunctions. 4). Chromosomal abnormalities. 5). Genetic abnormalities and inherited metabolic disorders. 6). Seizure disorders. 7). Nutritional deficits such as severe malnutrition. 8). Environmental influences (alcohol, other drugs, toxins such as lead or mercury teratogens). 9). Severe and chronic social deprivation" Broadly, Intellectual Disability is caused by the following, namely: Genetic Causes, Environmental Causes, Prenatal Causes, Perinatal Causes, Postnatal Causes, Iodine Deficiency, and Malnutrition.

Moreover, Heward and Orlansky (1992) cited by Rimingado (2023) highlighted that AAIDD (2006) classified intellectual disability into four categories as follows:

1) Mild Intellectual Disability: 55-70 I. Q.,
2) Moderate Intellectual Disability: 40-54 I. Q.,
3) Severe Intellectual Disability: 20-39 I. Q., and
4) Profound Intellectual Disability: Below 20 I. Q.

Mild Intellectual Disability: 55-70 I. Q.

According to Grossman (1997), suggested that "the I. Q of mild children with intellectual disability range from 55 – 70." In contrary to the Grossman suggestion, Poopedi (2019), asserted that "The IQ score of children with mild intellectual disability ranges from 50 to 75."

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However, the American Psychiatric Association (2002), as cited by Poopedi (2019), explained that "Children with minor intellectual disabilities often have severe cognitive deficiencies, which can set them apart from peers their own age. These deficits include a limited capacity for abstraction and egocentric thought. Social assimilation can be challenging for people with mild retardation, even when they can function academically at the high elementary level and in certain situations have sufficient occupational abilities to sustain themselves. Their comparatively low level of social spontaneity may be caused by communication difficulties, low self-esteem, and physical reliance. Some people with moderate retardation could develop relationships with peers who take advantage of their weaknesses. In a supportive setting, people with mild mental impairment can typically attain some degree of social and vocational success. In a nurturing setting, people with mild mental impairment can succeed to some extent in social and professional settings."

Moderate Intellectual Disability: 40 – 54 I. Q.

Poopedi (2019), described that "moderatel children with intellectual disabilities have intelligence quotient scores ranging from 35 to 55." This was not in line of Grossman (1997), highlighted that "the I.Q of moderate children with intellectual disability range from 40 to 54." Moreover, Poopedi (2019), cited American Psychiatric Association, 2000). Explained that "moderate children with intellectual disabilities are capable of doing job and self-care chores. They can live and work well in the community in supervised settings, like homes and groups, and they usually pick up communication skills in childhood." Compared to mild mental retardation, moderate mental retardation is more likely to be diagnosed at a younger age. Children with moderate mental retardation also tend to develop their communication skills more slowly and experience social isolation that can start as early as elementary school. Moderately children benefit from individualised attention directed towards the development of self-help abilities, even though their academic achievement is typically restricted to the middle elementary level." Youngsters who have moderate mental impairment are conscious of their shortcomings and frequently experience frustration from their limits as well as alienation from their friends. Although they still need a lot of supervision, they can learn how to do professional duties in environments that are encouraging (American Psychiatric Association, 2000).

Severe Intellectual Disability: 20 -39 I. Q

According to Harper (1993), "Severe Intellectual disabilities affects roughly 3–4% of the mentally handicapped population." Poopedi (2019), argued that "Those who are severely intellectual disabled score between 20 and 40 on the intelligence quotient. They might pick up some basic communication skills and even basic self-care techniques. A lot of children who are quite retarded can live in a group home. In preschool, severe mental impairment is usually evident. If a child's language skills are lacking by adolescence, their nonverbal communication styles may have evolved. Their incapacity to properly express their demands may encourage them to communicate through physical ways." However, children with severe intellectual disabilities typically require close monitoring, and behavioural techniques can assist them to improve Proficiency in some self-care services. (Sadock and Sadock, 2003)

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Profound Intellectual Disability: Below 20 I. Q

The children belong to this classification have intelligence quotients below 20 (Grossman, 1997). Poopedi (2019), cited Sue, Sue, and Sue, (2006), reported that "They make up between 1% and 2% of those who are intellectual disabled." Most children with severe mental retardation have identifiable causes of their condition." Rimingado (2023) argued that "their concomitant neurological condition is often the reason of their impairment. Fortunately, with the adaptation of appropriate strategies and instructions, they might be able to acquire the fundamentals of communication and self-care. Children with profound intellectual disabilities require a lot of structured instructions and monitoring."

Safety Measures for Children with Severe and Profound Intellectual Disabilities

Safety measures are actions and safeguards that parents and carergivers should take to improve safety, i.e reduce risk related to children with severe and profound intellectual disabilities Matheson, Bohon, and Lock (2020) suggested that parents and caregivers could ensure proper safety through implementing the following measures:

1. Creating a Safe and Accessible Environment: Is crucial for children with severe and profound intellectual disabilities. This involves ensuring that the physical environment is free from hazards and barriers that may pose a risk to for example, stairs should be equipped with hand rails and ramps provided for those with mobility issues. Furniture and fixtures should be Sensory stimulation should also be carefully managed to prevent over load or distress for the child (Matheson, Bohon, & Lock, 2020).

2. Implementing Effective Communication Strategies: This essential for the safety of children with severe and profound intellectual disabilities. Since these children may have limited speech or may be nonverbal, it is important to establish alternative means of communication. This can include the use of visual supports, sign language, or assistive technology devices. Caregivers and staff should be trained in these strategies to ensure effective communication with the child and to address their needs or concerns (Matheson, Bohon, & Lock, 2020).

3. Ensuring Proper Supervision and Monitoring: This vital to keep children with severe intellectual Disabilities safe. These children may have limited understanding of danger and may engage in behaviors that put them at risk. It is important to have a high staff-to-child ratio to ensure Constant supervision. Additionally, the use of monitoring devices such as cameras or alarms can help alert caregivers to any potential dangers or emergencies (Matheson, Bohon, & Lock, 2020).

4. Addressing Medical and Health Concerns: This another important aspect of ensuring the safety of children with severe intellectual disabilities. These children often have various medical conditions and may require regular medication, medical interventions, or therapies. Caregivers and parents should be trained in administering medication or providing appropriate medical care. Regular medical check-ups should also be scheduled to monitor the child's health and address any concerns promptly (Matheson, Bohon, & Lock, 2020).

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5. Promoting Personal Hygiene and Self-Care Skills: This crucial for maintaining the well-being and safety of children with severe intellectual disabilities. These children may require assistance with basic hygiene tasks such as bathing, toileting, and grooming. Providing appropriate facilities and supports, such as accessible bathrooms or adaptive equipment, can help promote independence and reduce the risk of accidents or discomfort (Matheson, Bohon, & Lock, 2020).

6. Preventing Accidents and Injuries: This a top priority when caring for children with severe and profound intellectual disabilities. It is essential to identify potential hazards and take proactive measures to mitigate the risk. This can include installing safety gates, securing heavy furniture or objects, and using child proof locks on cabinets or drawers. Regular safety inspections should also be conducted to ensure the environment remains safe (Matheson, Bohon, & Lock, 2020).

7. Handling Challenging Behaviors Safely: This a critical aspect of providing a safe environment for children with severe intellectual disabilities. These children may exhibit behaviors that pose a Risk to themselves or others. It is important to have trained staff who can use positive behavior support strategies to de-escalate challenging situations and prevent harm. Physical restraints or Interventions should only be used as a last resort, following proper protocols and guidelines (Matheson, Bohon, & Lock, 2020).

8. Collaborating with Parents and Caregivers is essential to ensure consistency and continuity of care for children with severe intellectual disabilities. Parents and caregivers have valuable insights into the child's unique needs, preferences, and behaviors. Regular communication and collaboration with them can help identify potential safety concerns and develop effective strategies to address them (Matheson, Bohon, & Lock, 2020).

9. Training and Educating Staff on Safety Protocols: This crucial to ensure that all caregivers and parents members are equipped with the knowledge and skills necessary to keep children with severe intellectual disabilities safe. Staff should be trained in understanding the unique needs of these children, recognizing potential safety hazards, implementing effective communication strategies, and responding to challenging behaviors. Regular updates and refresher training should be provided to keep staff members in formed and prepared (Matheson, Bohon, & Lock, 2020).

2. CONCLUSION

Conclusively, understanding the unique needs of children with severe and profound intellectual disabilities by their parents and caregivers is highly significant for implementing appropriate safety measures. By creating a safe and accessible environment, implementing effective communication strategies, ensuring proper supervision, addressing medical and health concerns, promoting personal hygiene and self-care skills, preventing accidents and injuries, handling challenging behaviors safely, collaborating with parents and caregivers,

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and training and educating staff on safety protocols, we can provide a safe and nurturing environment for these children.

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