**Health Standard No.:** 21-1 **Issue Date**: July 28, 2021

**Subject:** **Osteoporosis Guidelines for Individuals Effective Date: Upon release**

**Receiving DDS Supports** **Approved:/s/**Dr. Valencia Bagby-Young

**Section:** Health Standards **Approved**:/s/Jordan A. Scheff/LT

**Introduction**

Osteoporosis is a bone disease that occurs when the body loses too much bone, makes too little bone, or both. Individuals with intellectual and developmental disabilities may have limited ability to communicate injuries, limited mobility requiring physical assistance and use of adaptive equipment, other comorbidities and medications affecting bone health. This health standard provides nursing guidance regarding early detection, prevention, and the care of persons diagnosed with osteoporosis and related conditions or those who are considered at risk.

1. **Purpose**

This health standard clarifies nursing best practice care for individuals served by DDS who are diagnosed with osteoporosis. This protocol will identify precautionary measures to avoid the increased risk of injuries and fractures that comes with the diagnosis of osteoporosis and osteopenia.

1. **Applicability**

This health standard applies to all individuals for whom the department bears direct or oversight responsibility for their health and safety. This standard is to be applied to the planning and coordination of care for individuals. It provides guidance to direct support staff for individuals who receive residential funding or services and individuals who receive employment opportunities and day services.

1. **Definitions**

“Individual” means a person who receives funding or services from the Department of Developmental Services.

“Osteoporosis” is a disease of the bones that makes them weak and more likely to break or fracture. It is often asymptomatic and undiagnosed because people cannot feel their bones getting weaker or losing calcium. If a person has osteoporosis, fractures are more likely to occur in their spine, hip or forearm. A person with osteoporosis can break a bone from a minor fall and, when osteoporosis is severe, a fracture can occur when sneezing or even turning over in bed. [Definition of osteoporosis - NCI Dictionary of Cancer Terms - National Cancer Institute](https://www.cancer.gov/publications/dictionaries/cancer-terms/def/osteoporosis)

“Osteopenia” is a condition in which the person loses bone mass and as a result their bones weaken. This occurs when bones lose calcium and become brittle. A person’s total bone mass peaks around age 35. A diagnosis of osteopenia is based on bone density testing results. A person with osteopenia has a greater chance of continuing bone loss that progresses to osteoporosis. [Definition of osteopenia - NCI Dictionary of Cancer Terms - National Cancer Institute](https://www.cancer.gov/publications/dictionaries/cancer-terms/def/osteopenia)

1. **Implementation**
2. A Registered Nurse or other healthcare professional may make a recommendation that an individual be examined by a healthcare provider for signs and symptoms of osteoporosis or osteopenia based upon the observation of the individual and their medication or medical histories.
3. If an individual has been diagnosed with osteoporosis or osteopenia by a healthcare provider , the Registered Nurse shall identify appropriate interventions and preventative measures.
4. The Registered Nurse (RN) shall determine all appropriate nursing interventions which may minimize the individual’s risk of injury and maintain or improve optimal bone health. These interventions may include, but are not limited to, the following:
   1. Assessing the need for bed side rails to prevent falls by reviewing and updating the Individual Bed Side Rail Assessment Tool;
   2. Implementing the orders of the individual’s Primary Care Provider or a specialist concerning medications, lab work, and consultations or follow-up;
   3. Following the osteoporosis screening as outlined in the DDS Minimum Preventive Care Guidelines for Persons with Intellectual/Developmental Disabilities and defer to the recommendations of the U.S. Preventive Services Task Force (USPSTF) and Centers for Disease Control and Prevention (CDC) for changes
   4. Reviewing and updating the individual’s Fall Risk Prevention Plan with their Planning and Support Team (PST) at least annually to determine if there have been any changes in condition that affect the individual’s mobility and risk for injuries. Updates to the individual’s plan shall include, but are not limited to: (1) in Section 1 Significant Injury Risk, update to include the individual’s osteoporosis/osteopenia diagnoses; and (2) in Section 2 Plan, update any changes to the individual’s plan; and Referral, assess the need for appropriate referrals and update this section of the form;
   5. Having the RN, in consultation with the individual’s PST, develop a plan that addresses factors that can be managed or controlled, based on the individual’s Fall Risk Prevention Plan, as per the Nursing Protocol: Falls # NP 11-1;
   6. Providing staff education and training on the diagnosis of osteoporosis, complications of osteoporosis, and medications associated with the treatment of osteoporosis;
   7. Assessing the need for bed side rails to prevent the individual from falling out of bed by reviewing and updating the person’s Individual Bed Side Rail Assessment Tool; and
   8. Utilizing adaptive devices and technology resources to minimize the individual’s risk of falls and injuries.
5. An individual who has osteoporosis shall consult, as ordered by healthcare provider or as needed, with a dietitian or nutritionist for individualized dietary modifications to improve the individual’s bone health and decrease the risk of bone fracture.
6. An individual who has osteoporosis may require Occupational Therapy (OT) or Physical Therapy (PT) consultations for the following considerations:
   1. Individual-specific recommendations for adaptive needs of the individual with osteopenia or osteoporosis;
   2. Developing recommendations for safe transfers and mobility for the individual, which may include the use of adaptive equipment for activities of daily living;
   3. Assessing the individual for overall mobility and endurance; and
   4. Updating the individual’s ambulation guidelines, as appropriate.
7. **References**

U.S. Preventive Services Task Force. (2018). Final Recommendation StatementOsteoporosis to Prevent Fractures: Screening https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening

National Osteoporosis Foundation. (2021). What is osteoporosis and what causes it. https://www.nof.org/patients/what-is-osteoporosis/

1. **Attachments**

HS 21-1Attachment A [Osteoporosis Information Sheet](https://portal.ct.gov/-/media/dds/DDS_Manual/IH/Health-Standard-21-1-Attachment-A-Osteoporosis-Information-Sheet-7-28-21.docx)