

Slide 1



Autism and Emergency Responders

Brian W. Focht EMT-P
Father of an Autistic Son



Slide 2

Objectives

- Provide emergency responders information that will help them to understand the needs of a person with Autistic Traits.
- Give emergency responders the skill set that will enable them to safely deal with someone with Autistic Traits.



Share information for the 1 out of 100 children out there sooner or later it will effect you.

Slide 3

For Me

This program is dedicated to my son Daniel who is a cheerful 9 year old with Aspergers Syndrome. I thank him for showing me there is so much hope in life, and to stand up and face the challenge. To Lisa for guiding the path and fighting for what is right for our son and to Timothy and Katherine for working with your brother and understanding.



Slide 4

PROGRAM CONTENT



1. Introduction
2. Acknowledgements
3. General Information
4. EMS Considerations
5. Police Considerations
6. Fire Dept Considerations
7. Proactive Options
8. Questions
9. Resources
10. Thank You



This is the breakdown of what we will cover for the next 2 hours.

Slide 5

PROGRAM CONTENT



1. Introduction
- 2. Acknowledgements**
3. General Information
4. EMS Considerations
5. Police Considerations
6. Fire Dept Considerations
7. Proactive Options
8. Questions
9. Resources
10. Thank You



Slide 6

Acknowledgments

- o This program has been derived from other parents with Autistic Children.
- o The help and experience of Dennis Debbaudt Author, Speaker and Father of an Autistic child.
- o Corey Olsen from NJ who started me on the idea with a resource book he designed in honor of his brother.
- o The Autism Speaks Organization
- o Autism and Law Enforcement Education Coalition
- o Many other emergency responders who have shared information with me through the National Fire Academy TRADE program.

Thank You All

I could never have done this on my own, it required research time and the sharing of ideas to get the final product.

Slide 7

PROGRAM CONTENT

1. Introduction
2. Acknowledgements
- 3. General Information**
4. EMS Considerations
5. Police Considerations
6. Fire Dept Considerations
7. Proactive Options
8. Questions
9. Resources
10. Thank You



Slide 8

Who may have autism?



Thanks to National Autism Association

Autism doesn't care about the color of your skin, the God you worship or the language you speak.

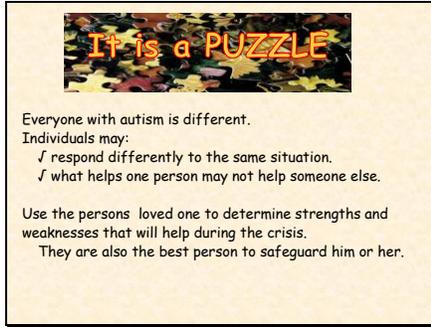
Slide 9

WHY THIS TOPIC

- 1 out of 110 children in the US today are afflicted by Autistic Traits
- 7 x more likely to have interaction with emergency services
- It is a spectrum disorder so there are many different traits.



Slide 10



It is a PUZZLE

Everyone with autism is different.
Individuals may:
✓ respond differently to the same situation.
✓ what helps one person may not help someone else.

Use the persons loved one to determine strengths and weaknesses that will help during the crisis.
They are also the best person to safeguard him or her.

I hope this program will help you to identify responses for potential emergencies. Brian Focht

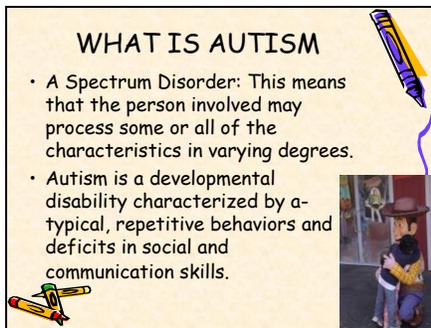
Slide 11



AUTISM SPEAKS™
It's time to listen.

This is video from Autism Speaks it is designed to let you see into the daily life of an autistic child and their lives. It shows you what the families deal with on a day to day basis.

Slide 12



WHAT IS AUTISM

- A Spectrum Disorder: This means that the person involved may process some or all of the characteristics in varying degrees.
- Autism is a developmental disability characterized by atypical, repetitive behaviors and deficits in social and communication skills.

There is no known cure for autism at this time, but early diagnosis and intervention can be effective.

Slide 13

Social impairment

- Lack of observed desire for friendship
- Poor ability to make friends
- Social awkwardness
- Indiscriminate social interaction
- Lack of eye contact
- Brief response to questions
- Gullibility



Slide 14



Video from Mercury Rising, shows a child in a school setting, ways to communicate and that they can show love.

Slide 15

What Autism is and isn't

- It is not mental retardation
- It is not a child that needs discipline
- It is not hopeless
 - (For a parent it may feel that way)
- It is at epidemic rates 1 out of 100
- It will effect you somehow, somewhere, someday whether it is personally or professionally

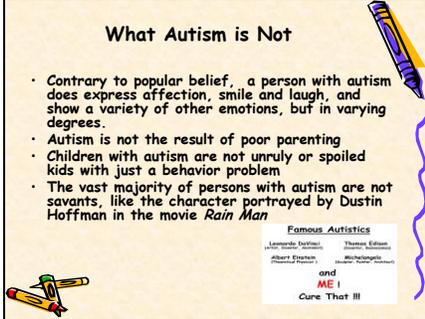


While people with autism share common characteristics - each person is unique with their own strengths and challenges

Slide 16

What Autism is Not

- Contrary to popular belief, a person with autism does express affection, smile and laugh, and show a variety of other emotions, but in varying degrees.
- Autism is not the result of poor parenting
- Children with autism are not unruly or spoiled kids with just a behavior problem
- The vast majority of persons with autism are not savants, like the character portrayed by Dustin Hoffman in the movie *Rain Man*



Famous Autistics
Leonardo Da Vinci, Thomas Edison, Albert Einstein, and ME!
Cure That!!!

Although children with autism are often described as being aloof or self-absorbed, many of them would like to have friends. However, the very nature of their disability makes it difficult for them to establish or maintain the basic peer relationships.

Slide 17

Terms people may use for autism

- Autistic Spectrum Disorder (ASD)
- Low or High Functioning Autism (HFA)
- PDD (Pervasive Developmental Disorder)
- PDD-NOS (Pervasive Developmental Disorder, Not Otherwise Specified)
- Aspergers Syndrome



The Autism Awareness Ribbon
The multi-colored ribbon symbolizes the diversity of people and families living with this diagnosis. The multi-colored ribbon symbolizes the diversity of people and families living with this diagnosis. The multi-colored ribbon symbolizes the diversity of people and families living with this diagnosis.

Slide 18

What is important to Parents

- Safety of the Child
- Future for the Child
- Living a Normal Life
- Support of Family and Friends
- Hope that people don't judge the child



Children with autism are not without feelings and emotions

Slide 19

What is important to an Autistic Child

- "They respect my space"
- Autism is only one aspect of who I am
- My senses are disordered.
- Focus & build on what I can do vs. what I can't
- Help me with social interactions
- Language may be hard for me I am visually oriented
- I am a concrete thinker

Problems being friendly. Children with ASD may not make eye contact and may just want to be alone. Problems talking. About 40% of children with ASD do not talk at all. Other children have echolalia, which is when they repeat back something that was said to them.

Slide 20

Interacting with someone with Autism:

- Speak slowly and use simple language
- Repeat simple questions
- Allow time for responses
- Give lots of praise
- Do not attempt to physically block self-stimulating behavior
- EACH PERSON WITH AUTISM IS DIFFERENT REMEMBER THAT

Problems dealing with changes to their daily routines. Children with ASD may repeat actions over and over again. Children with ASD may want steady routines where things stay the same so they know what to expect.

Slide 21

Helpful Hints for interacting with someone who has Autism:

- Avoid using slang, such as what do you have up your sleeve? Are you pulling my leg?
- Respect their individual space
- DO not interpret the persons failure to respond to orders as defiance
- Do not think if you are repeated they are mimicking you



May easily have sensory overload from sounds, lights, odors They will prefer a routine break it and there will be a ramification Resistant to change Spins objects or themselves

Slide 22

Children and Adults with Autism May:

- Not understand what you say
- Appear deaf
- Be unable to speak or speak with difficulty
- Engage in repetitive behavior
- Act upset for no apparent reason
- Appear insensitive to pain
- Fixate on an injury or object
- Appear anxious or nervous
- Dart away unexpectedly
- Engage in self stimulating behavior (flapping, rocking)
- Lack eye contact



May be aggressive usually due to frustration or lack of communication. They will not be able to read facial expressions or nonverbal gestures. If they are trying to get to their quiet place let them!!!!!!

Slide 23

Sensory integration dysfunction

- Hyper- or hyposensitivity of the various senses
- Peculiar clothing and food preferences
- Self-stimulating mannerisms
- Fine or gross motor discoordination

Characteristics of Aspergers syndrome - Problems in communication

An odd voice, monotonous, perhaps at an unusual volume, Some kids can't speak, they make a high pitch sound, A poorly coordinated gaze that may avoid the other's eyes

An awkward or odd posture and body language, Obsessively pursued interests such as collecting facts of little practical or social value. Unusual routines or rituals; **change is often upsetting**

Slide 24



They may rock, spin, finger play or flap their hands.

They may transfix on spinning objects. Some are attracted to shiny objects, such as badges & might reach out for these.

They may be self-injurious. They might hit or bite themselves, or bang their heads. Remember they can be very physically aggressive. This is usually due to frustration, lack of communication or pain. Sometimes, physical touch can be painful to them or lead to meltdowns.

Slide 25

BEHAVIOR	RESPONSE/EXPLANATION
Does Not provide identification when asked	Be Patient. Speak slowly and calmly. Keep questions simple and allow time for answers. Repeat or rephrase. Consider the possibility that the person has trouble speaking or may be completely non-verbal. Check for ID jewelry or ID card.
No eye contact	People with autism often have difficulty making eye contact. Do not insist on eye contact. Do not misinterpret lack of eye contact as disrespect or guilt.
Not responsive to uniforms, badges, or other law enforcement symbols	Autism may limit a person's ability to recognize and differentiate uniforms and other common symbols.
Makes repetitive motions or sounds	Repeated movements or sounds may be a signal of distress but may also be the person's means of securing comfort. Unless the person is causing injury or damaging property, do not stop these behaviors.
Becomes upset when touched	Avoid touching if possible. If you have to touch, explain in simple terms what you are going to do and why. Try saying, "I want to help you, but I explain what you need to do." The actions of people with autism can appear to be odd or inappropriate. When asked about drug use, the autism person may very well admit to having taken drugs since many take lightly prescribed medications. Avoid making assumptions about alcohol or drug use.
Appears to be under the influence of alcohol or drugs	The actions of people with autism can appear to be odd or inappropriate. When asked about drug use, the autism person may very well admit to having taken drugs since many take lightly prescribed medications. Avoid making assumptions about alcohol or drug use.
Lacks awareness of danger	Clearly persuade or remove the person from the dangerous situation. Offer an alternative to the dangerous action.
Continues to do something after being told to stop	Large, non-threatening gestures may communicate more effectively than a verbal command. Demonstrate what you want the person to do. Repeat the behavior and instructions.

An autistic child will often exhibit many, but not all, of these signs: ...Repetitive language , Impairment of use of nonverbal behaviors, such as making eye-to-eye contact

Conversation that centers around the self , A voice that can be emotionless , Eccentric vocal characteristics , Dyslexia or other writing problems , A tendency to think literally rather than abstractly

Slide 26

Review

- * Avoid literal expressions and random comments, such as "give my eye teeth to know", "what's up your sleeve?", "are you pulling my leg?", "spread eagle", "you think it's cool?"
- * Talk calmly and/or repeat. Talking louder will not help understanding. Model calming body language, slow breathing, hands low.
- * Person may not understand your defensive posture/body language; may continue to invade your space. Use low gestures for attention; avoid rapid pointing or waving. Tell person you are not going to hurt them.
- * Avoid behaviors and language that may appear threatening.
- * Look and wait for response and/or eye contact; when comfortable, ask to "look at me"; don't interpret limited eye contact as deceit or disrespect.
 - * If possible, avoid touching person, especially near shoulders or face; avoid extending too near or behind; avoid stopping repetitive behaviors unless self-injurious or risk of injury to yourself or others.
- * Evaluate for injury; person may not ask for help or show any indications of pain, even though injury seems apparent.
- * Examine for presence of medical alert jewelry or tags; person may have seizure disorder.




●Clumsy or awkward motor skills , Inappropriate or insensitive social behaviors , Excessively attached to routines and many have obsessive interests , Extremely sensitive to sensory input, to the extent that they become agitated by noisy rooms or intense smells and tastes , Easily upset by sounds or sights that would go unnoticed by most people

●Longwinded about their favorite interests and topics of conversation.

Slide 27

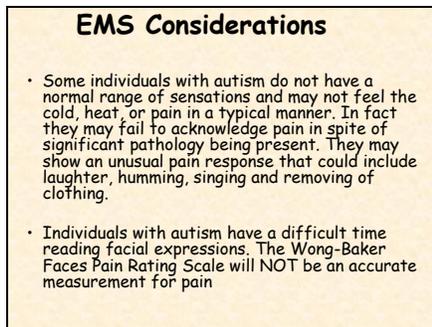


PROGRAM CONTENT

1. Introduction
2. Acknowledgements
3. General Information
- 4. EMS Considerations**
5. Police Considerations
6. Fire Dept Considerations
7. Proactive Options
8. Questions
9. Resources
10. Thank You



Slide 28

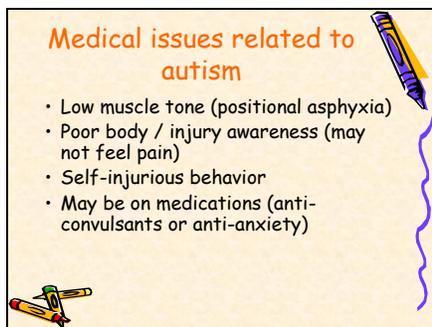


EMS Considerations

- Some individuals with autism do not have a normal range of sensations and may not feel the cold, heat, or pain in a typical manner. In fact they may fail to acknowledge pain in spite of significant pathology being present. They may show an unusual pain response that could include laughter, humming, singing and removing of clothing.
- Individuals with autism have a difficult time reading facial expressions. The Wong-Baker Faces Pain Rating Scale will NOT be an accurate measurement for pain

50% of individuals with autism are nonverbal throughout their life span
another 20% may present as nonverbal when highly stressed.
30 - 40% of individuals with autism will develop epilepsy or some other seizure disorder during adolescence

Slide 29



Medical issues related to autism

- Low muscle tone (positional asphyxia)
- Poor body / injury awareness (may not feel pain)
- Self-injurious behavior
- May be on medications (anti-convulsants or anti-anxiety)



Slide 30

EMS Considerations

- Individuals with autism may engage in self-stimulatory behavior such as hand flapping, finger flicking, eye blinking, string twirling, rocking, pacing, making repetitive noises or saying repetitive phrases that have no bearing on the topic of conversation. This behavior is calming to the individual.
- Individuals with autism often have tactile sensory issues. Band-aids or other adhesive products could increase anxiety and aggression. Touch and Texture issues
- When restraint is necessary, be aware that many individuals with autism have a poorly developed upper trunk area. Positional asphyxiation could occur if steps are not taken to prevent it: frequent change of position, not keeping them face down. Individuals with autism may continue to resist restraint.

Even if it doesn't appear calming. They may repeat something you said or something they heard over and over and over again. This is called echolalia and can be calming to the individual. If these behaviors are NOT presenting as a danger to themselves or others it is in your best interest not to interfere with it. Allow it to continue as long as they are safe and safe to be around. Trying to stop it will increase their anxiety and may cause the individual to act out aggressively.

Slide 31



Video from Mercury Rising Showing safe spot, rocking and issues with the use of a siren and restraints.

Slide 32

EXAM TIPS:

- Move slowly, performing exams distal to proximal. Explain what you plan to do in advance and as you do it. Explain where you are going and what they may see and who might be there. This may avert unnecessary anxiety and/or outbursts or aggression from the patient.
- Speak simply, give plenty of time for an individual with autism to respond to questions. A 3 - 4 second delay is not uncommon. Repeat your question and wait again. Use a calm voice. Be aware that some autistic persons' use of "yes" and "no" to answer questions may be random and misleading. Try inverting your questions to validate the patient's response.
- Expect the unexpected. Children with autism may ingest something or get into something without their parents realizing it. Look for less obvious causality and inspect carefully for other injuries.
- If a caretaker is present, allowing the caretaker to ask the questions involved in an exam may increase the likelihood of getting information from the person. Also allow a caretaker to ride with the patient if possible. This will reduce anxiety and make your job less difficult.
- Don't presume a nonverbal child or adult who seems not to be listening, can't understand.
- Individuals who present as nonverbal may be able to write or type responses. Provide paper and pen or laptop for the best chance of getting the information that is needed.

Attempt to perform exams in a quiet spot if at all possible, depending on the severity of injury and safety of the scene. Demonstrating what the exam will consist of on another person first may help the person with autism have a visual knowledge of what your intentions are. Emphasize the comfort & reassurance repeatedly

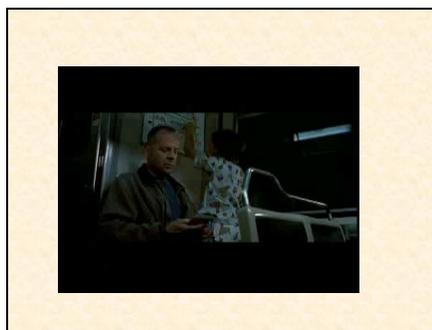
Slide 33

OTHER HELPFUL INFORMATION

- An individual with autism may not respond to directives, and that can be because they don't understand what's being demanded of them, or even just because they're scared—the fact that they're scared is the only thing they will be aware of—they may not be able to process language or understand a directive when fearful.
- They may fixate on or stare at an object in the room (or on your body -- a badge, earrings, buttons...)
- Whenever possible, avoid touching these individuals. Some, but not all, individuals with autism will become more agitated and possibly aggressive when touched. Tell them what you are going to do.
- Identification can often be found on individuals with autism by a Medic Alert Bracelet or necklace used in a different way. Some families may thread the ID into a shoelace, into a belt, or as a zipper pull. A business card with personal information may be in a pocket or wallet.

When possible avoid use of sirens and flashing lights. Sound and light sensitivity is common in Autism. Alert (ER) personnel to upgrade triage for child or adult with autism even if injuries are relatively minor. Having the person wait for medical attention may cause avoidable disruptions in the ER. Expect the sensory stimulation of the ER room such as equipment, lighting, noises, aromas and commotion to cause a negative escalation of behavior. Upgrading triage will save valuable ER time and resources. If possible communicate with receiving hospitals before arrival. Request a quiet isolated area or room for the patient with autism. Some autistic persons will be terrified by restraint systems used in ambulance transfers. Ideally, explain and get consent from the patient or guardian before attempting to strap onto a KED or stretcher.

Slide 34



Video from Mercury Rising showing the use of a picture book.

Slide 35

**PROGRAM
CONTENT**

1. Introduction
2. Acknowledgements
3. General Information
4. EMS Considerations
- 5. Police Considerations**
6. Fire Department Considerations
7. Proactive Options
8. Questions
9. Resources
10. Thank You



Slide 36

Police Considerations

Recognizing Persons With Autism

- * May be non-verbal (approximately 50% of this population is non-verbal); or may only repeat what is said to them; may communicate with sign language, picture cards or use gestures and pointing.
- * May not respond to "Stop" command, may run or move away when approached; may cover ears and look away constantly.
- * May have seizure disorder that is not apparent to responder.
- * May toe walk, have pigeon-toed gait or running style.
- * May appear as high on drugs, drunk or having a psychotic episode. * May have difficulty recognizing and repairing breakdowns in communication such as asking for clarification or responding to a request for clarification; may not understand or accept of officers' statements or answers.
- * May appear argumentative, stubborn, or belligerent; may say 'No!' in response to all questions; may ask 'Why?' incessantly.
- * May repeat exactly what the officer says.

Slide 37

- * May react to sudden changes in routine or sensory input- for example, lights, sirens, canine partners, odors- with escalation of repetitive behavior, such as pacing, hand flapping, twirling hands, hitting self; screaming (temper tantrums are an expected response to fear, confusion, or frustration as an effort to stop the stimuli).
- * May attempt to present an autism information card; may wear medical alert jewelry or have information sewn or imprinted on clothes or on non-permanent tattoo.
- * May not recognize danger or hurt; may possess weak help-seeking skills; may not be able to distinguish between minor and serious problems; may not know where/how to get help for problems; may not be able to give important information or be able to answer questions.
- * May not recognize police vehicle, badge or uniform or understand what is expected of them if they do.



Slide 41

**Autism Group Aims to Increase Officers' Awareness
Training After 1995 Fatal Shooting**

The Plano group's return to the police training. The Donald L. Cook of the University of North Texas Department of Child Behavior, social work and education and program coordinator for autism, police and disabled people will continue to train officers on training.

If they've been trained to pull a gun and shoot, that's how they'd respond, said Dr. Cook, whose training people receive on the scene of the crime. He said the group will continue to work on training officers on the scene of the crime and on how to respond to people with their backs to them.

Plano Police Chief Brian Gilman said the Dallas County Autism Society. The group's goal is to help officers understand autism better. "This is not to say we're providing training for every officer in the county, but we're providing training for every officer who's involved in a call," he said. "We're providing training for every officer who's involved in a call, and we're providing training for every officer who's involved in a call."

The officers were told that people with autism exhibit a variety of characteristics, from being helpful, to being very shy, to being very aggressive. They were told that people with autism can be very intelligent, but they can also be very socially awkward. They were told that people with autism can be very intelligent, but they can also be very socially awkward. They were told that people with autism can be very intelligent, but they can also be very socially awkward.

Under stress, an autistic person's behavior could easily be misinterpreted as hostile, she said. They might respond slowly to commands, if at all. They might avoid eye contact and not want anyone to touch or be close to them. They might laugh or giggle at the wrong time or have a tantrum for no apparent reason.

But you don't have to be afraid of someone with autism, said autism society member Bill Wain. "You'll understand. They're not violent by nature, any more than anybody else. They're really not violent people, they're just workers."

The officers were encouraged to use simple language when encountering an individual with autism, to speak clearly and calmly and to clearly repeat a question after allowing 10 seconds for a response. Some of the officers questioned what they heard. "If an autistic person gives you a name and a number, just the fact that we're just supposed to stand there and hold on," one officer said.

Mr. Cornell said people with autism are more likely to be victims than perpetrators of crime. And Mr. Cornell said the officers that the autism society program are more likely to be victims than perpetrators of crime. And Mr. Cornell said the officers that the autism society program are more likely to be victims than perpetrators of crime.

Slide 42

**PROGRAM
CONTENT**

1. Introduction
2. Acknowledgements
3. General Information
4. EMS Considerations
5. Police Considerations
- 6. Fire Dept Considerations**
7. Proactive Options
8. Questions
9. Resources
10. Thank You




Slide 43

Fire Safety

- It's difficult to predict how someone with autism will act in a crisis.
 - For example, we believe the individual will leave a smoky house, but then he runs into the bathroom and locks the door. This is why advance preparations — especially drills — are critical.
- Don't assume what was taught at school will be applied at home.
- Safeguard your home without creating traps. Bars have been put on windows to keep children in, only to entrap them when they needed to get out.
- Children and adults with autism often lack an understanding of danger. Obsessions with materials like matches need to be taken seriously.



Teach what to do at home. Make instructions and drills as simple as you can — for instance, when smoke is seen or smelled, or an alarm sounds, exit to a designated spot, such as a tree. Any child may try to go to a "safe place." In a real emergency, assign a family member to guard your loved one, who may panic in the commotion or try to go back inside.

Slide 44

Rescue:

Doors & windows might have extra locks.
Might be nailed shut.
Might have Plexiglas instead of regular glass windows.
Fences might have locked gates.

Adults with autism might hide from a fire just like a child.
- check closets, under beds, behind furniture, etc.

Remember, they might be able to knock you down with their strength.

Please be aware that people with autism will usually seek their "quiet place" - they might move to their bedroom, closet or crawl space despite the fire. The sirens, your gear, uniform and the excitement are very disturbing, so keep calm. Don't shout or wave rapidly. Use short, repetitive requests "Come here! - Come here! - Come here!"



If a person is thrashing about, be prepared to wrap them in a blanket with their arms inside to rescue them. Adults with autism are just as likely to hide, like children, in a fire. Closets, under bed and behind furniture checks need to be done during search and rescue.*To move an individual with autism quickly, wrap them in a blanket with their arms inside. This will give them a secure feeling and may help to calm them during a rescue. This will also prevent thrashing while trying to escape an emergency situation. *Rescue from heights: EXTREME CAUTION should be used with any rescue from heights. An aerial tower or platform would be the easiest way to remove an individual with autism. This person may aggress towards the rescuer during this operation. ALWAYS make sure you are secured before you attempt to rescue the individual *These individuals are a bolt risk after rescue. Firefighter must stay with the individual with autism

Slide 45



Video from mercury Rising showing wandering and not understanding danger.

Slide 46

Aerial Rescue

Use Extreme Caution.
Person may come towards you while you are coming up a ladder.
They might be scared or aggressive.

After Rescue:

Assign someone to stay with this person.
They might run away or try to go back into a burning building.
Get the person away from all the noise & activity.
Turn down the volume on your radios or pagers.
They might need a comfort item.

Slide 47

Rescue Precautions

- *Forced entry will be most likely. Families often need to lock doors including interior doors for safety reasons. Some families need to lock kitchen, bedrooms, or bathrooms in the night.
- *Barred, nailed or locked windows. This is done to keep individuals from trying to elope or wander.
- *Plexiglass or Lexan windows may be in place. This makes access a problem for rescue.
- *Fences with locked gates, these present an access problem for rescue. Think bolt cutters.



Slide 48

LOST or Wandered OFF

- *Wandering Off* is a common and very serious problem.



The slide contains two images. On the left is a large, dense crowd of people, likely at a public event or festival. On the right is a person wearing a red jacket and a green hat, standing in a field and talking on a mobile phone.

Try door alarms, I.D., and familiarizing neighbors and public safety agencies with your child. Secure pools and teach your loved one how to swim. Look into electronic tracking or a guard dog. Wandering may become less of a problem over time, but it remains one for some adults. Your best defense? Close supervision.

Slide 49

Lost

What is the routine?

Look for water – pools – lakes – rivers, etc...
They are attracted to water. Drowning is a big problem

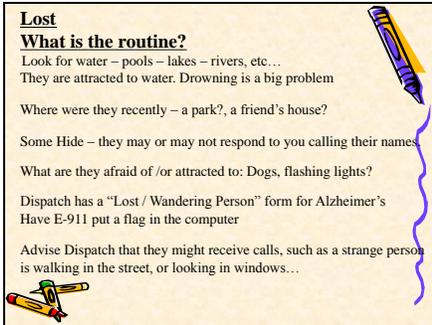
Where were they recently – a park?, a friend's house?

Some Hide – they may or may not respond to you calling their names.

What are they afraid of /or attracted to: Dogs, flashing lights?

Dispatch has a "Lost / Wandering Person" form for Alzheimer's
Have E-911 put a flag in the computer

Advise Dispatch that they might receive calls, such as a strange person is walking in the street, or looking in windows...



The slide features a yellow background with a purple wavy line on the right side. There are two sets of crayons: one set at the top right and one set at the bottom left.

Slide 50



The slide features a dark, grainy video frame showing a person's profile in a dimly lit environment. There are two sets of crayons: one set at the top right and one set at the bottom left, with a purple wavy line extending from the top right set.

Video from Mercury Rising showing rocking, wandering and routine.

Slide 51

PROGRAM CONTENT

1. Introduction
2. Acknowledgements
3. General Information
4. EMS Considerations
5. Police Considerations
6. Fire Dept Considerations
- 7. Proactive Options**
8. Questions
9. Resources
10. Thank You



Slide 52

Watch for this symbol



Slide 53

More information about communication boards can be found at : <http://www.papremisealert.com/id74.html>

 ambulance ambulancia	 hospital hospital	 sick enfermo	 hurt lastimado
 Did someone hurt you? ¿te lastimó alguien?	 Do you take medicine? ¿toma la medicina?	 do I drink ¿tomo?	 do I drink ¿tomo?
 bathroom baño, WC, baño	 baby bebé	 can latrín	 can latrín

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For additional copies or information on our hospital, paramedic, or school nurse boards, please contact Susan Pincus at 912-938-0100



Slide 54



Video from Mercury Rising the routine and use of a picture book.

Slide 55



Slide 56



Slide 57



Slide 58

Project Lifesaver (Not in all areas)
Used to find missing persons.

For Alzheimer's, Downs syndrome & Autistic persons

Bracelets are attached to the person .

Uses an RF Signal, up to 5 miles.
Has a mobile antenna, like a small TV Antennae
www.projectlifesaver.org

Slide 59

ionKids™ Monitoring Systems
<http://www.nationalautismsassociation.org/products.php?cat=34>
About \$175.00

ionKids™ is a safe, easy-to-use system that enables parents and guardians to monitor and locate their children or dependents when they're at a neighborhood park, theme park, mall, airport or even when they're just playing in the backyard.

How they work:

Wristags transmit a signal to the Base Unit from over 350 feet outdoors and over 200 feet indoors. Because it uses a point-to-point wireless communication system, the ionKids Wristag does not rely on cell towers or satellites to locate your child- so cloud cover or a building's roof will not prevent you from finding your loved ones.

Slide 60

Some might have temporary tattoos identifying the person

A safety product used for vacations, field trips and more!

www.tattooswithapurpose.com

If I am lost, please help me be found!™



IF I AM LOST OR APPEAR TO BE WANDERING PLEASE HELP ME BE FOUND!™

MY NAME IS : _____

CALL: _____

Lost and Found Temporary Tattoos™
www.tattooswithapurpose.com

Slide 61

Providing Resources and Informational Materials to Individuals with Disabilities, Care Providers, First Responders, and Community Members

Can your public officials understand the FEELINGS they need to?

The fact of the matter is...?

Do you know what it's like to...?

How do you feel about...?

We can help!



Slide 62

Providing Resources and Informational Materials to Individuals with Disabilities, Care Providers, First Responders, and Community Members



Slide 63



Slide 64



Video from Mercury Rising how a child will react to an emergency.

Slide 65



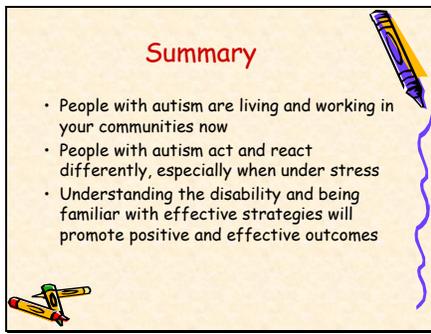
Slide 66



Slide 67

Summary

- People with autism are living and working in your communities now
- People with autism act and react differently, especially when under stress
- Understanding the disability and being familiar with effective strategies will promote positive and effective outcomes



Slide 68

PROGRAM CONTENT

1. Introduction
2. Acknowledgements
3. General Information
4. EMS Considerations
5. Police Considerations
6. Fire Dept Considerations
7. Proactive Options
- 8. Questions**
9. Resources
10. Thank You



Slide 69

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1. Introduction
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10. Thank You

AUTISM AWARENESS

Slide 70

Get Involved

- **Websites**
 - www.autismspeaks.org
 - www.NationalAutismAssociation.org
 - www.autism-society.org
 - www.autismriskmanagement.com
 - www.autismconnect.org
 - www.childnetttv
 - www.papremisealert.com
- **Books**
 - Autism, Advocates and Law Enforcement Professionals by [Dennis Debbaudt](#)
 - Avoiding Unfortunate Situations by [Dennis Debbaudt](#)

Slide 71

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4. EMS Considerations
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7. Proactive Options
8. Questions
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- 10. Thank You**

AUTISM AWARENESS

Slide 72

To my friends and family for putting up with me trying to figure out this program and let it tell a story for all of the children,
To all those who provided me with information to develop this program which will go to help children like mine and theirs and finally to my son Daniel for giving me strength, pride and unconditional love.



Slide 73

CASE STUDIES



Slide 74

StarTribune.com MINNEAPOLIS, ST. PAUL, MINNESOTA
Associated Press. Last update: June 20, 2007

Body of missing autistic boy recovered in Wisconsin

WISCONSIN RAPIDS, Wis. — The discovery of a 7-year-old autistic boy's body in a pond not far from his home Tuesday ended a community search effort that drew hundreds of volunteers each day since he disappeared last week.

Even those who weren't in on the organized search for Benjamin "Benji" Heil stayed on the lookout for him since he vanished Thursday, said town of Nekosia resident Darcy Peckham, 33.

"It's a tragedy that this whole community is going to have a hard time getting through," said the mother of six. "I've got children of my own that age, and it just makes you realize how close that family is. You realize that, wow, in a split second it can all be gone."

Wood County sheriff's Lt. Dave Laude said the boy was found about 11 a.m. in a pond adjacent to Ten Mile Creek less than a quarter mile from his town of Saratoga home. A search dog led to the discovery, he said.

Wood County Coroner Garry Kronstedt said an autopsy was scheduled Thursday in Portage.

The boy had been playing in the basement when his family realized Thursday evening that he was gone and called authorities.

Hundreds of people turned out each day to look for the boy



Slide 75



West Virginia Crews Search for Autistic Hiker

Tue, Oct. 16, 2007 - KELLEY SCHOONOVER - The Associated Press

CHARLESTON, W. Va. - Shouting promises of candy and other food, search crews combed rugged terrain Tuesday in hope of luring out an **18-year-old autistic hiker** who wandered away from his parents. More than 300 volunteers and trained rescuers were looking for Jacob Allen, who has been missing since Sunday afternoon. Searchers were focusing on a 10-square-mile area of often steep and brush-covered terrain in a section of wilderness in the Monongahela National Forest. They hollered for Allen, **who is essentially nonverbal**, then paused, hoping to hear a rattle of leaves signaling his approach.

There is no way of telling how Allen, who has the **mental capacity of a 3- or 4-year-old**, might react in this situation, said Chris Stadelman, the search group's spokesman.

"Obviously this is something none of us has ever been through and certainly Jacob hasn't either," he said. Allen's parents, Jim and Karen Allen of Morgantown, went out several times with rescue crews Tuesday but stayed only for brief periods so they could be ready to go to their son when needed, Stadelman said.

The couple brought their son's pillowcase for rescue dogs to sniff, hoping the animals could pick up his scent. Helicopters were also being used in the search.

Temperatures in the area where Allen is believed to be have dipped to 38 degrees, but hypothermia shouldn't set in as long as Allen stays dry, Stadelman said. It hasn't rained, but there was a slight chance of showers over the next couple of days.

Allen was wearing hiking boots, a long-sleeved T-shirt, a wind jacket and wind pants when he disappeared. His hat was found Monday near where he was last seen. Allen had no food or water with him, but Stadelman said there are natural water sources in the area.

"A search effort would probably be scaled back somewhat after dark Tuesday, but expected it to continue all night if needed while hiking with his parents and don't answer when they called his name," Stadelman said.

Allen, who is described as severely autistic by his mother, Stadelman said, he is in good physical shape and likes to hike.



Slide 76



Autistic hiker found alive in W.Va.

By TOM BRENN, Associated Press Writer - October 18, 2007

An autistic 18-year-old lost in the wilderness for four days was found alive Thursday, weak but apparently fine, and reunited with his family, searchers said. "To the best of our knowledge, he was just hungry and thirsty and fatigued," Jim Reneau, one of the nine searchers who found Jacob Allen, said at a news conference at the command post near Davis, about 90 miles south of Pittsburgh.

Allen, who wandered away from his parents while hiking Sunday, **was found lying in a clearing about a mile from where his hat was found Monday**.

Allen, who has the **mental capacity of a 3- or 4-year-old**, opened his eyes and rolled over to meet his rescuers when Reneau's son, Jeremy Reneau, called out his name. "He was very quiet, he was nonverbal," said Jeremy Reneau, 25, the first to spot Allen. "But you could tell by his body language he was hungry."

Rescuers fed him candy bars and peanut butter sandwiches and tried to walk him out of the wooded Dolly Sods Wilderness Area, part of the Monongahela National Forest. When he became too tired, they carried him out on a litter, Reneau said.

"The family is all together," search group spokesman Chris Stadelman said. "As soon as they heard the report he was alive and looking fairly well, they gathered in a prayer circle." The Iner Mountain newspaper reported that Allen was taken to Davis Memorial Hospital but a spokesman for the hospital declined to comment. "I think the whole state's relieved," said Lara Ransburg, spokeswoman for Gov. Joe Manchin, who visited the Allen family Wednesday night. "We're all relieved for him and his family."

Allen wandered away from his parents Sunday afternoon. Hundreds of volunteers and trained professionals had been combing the woods, calling for him to come to them for candy bars, ice cream and other food.

Allen had no food or water with him, but Stadelman had said there were natural water sources in the search area, which consists of about 100 miles of often steep and brush-covered terrain.

Overnight temperatures dropped to as low as 38 degrees on the nights Allen was missing. He was wearing hiking boots, a long-sleeved T-shirt and wind jacket and wind pants.



Slide 77



Martinsville, Indiana - Child found in pool

Now in critical condition at Methodist Hospital
By Keith Brinkley - www.indianareporter.com
Monday September 24, 2007

Morgan County
A 3-year-old autistic boy may be near death after he was found Saturday afternoon floating in a swimming pool at a home on Henderson Ford in Morgan County. The boy was at a home near to 3000 Henderson Ford Road, according to information gathered at the scene. He was initially presumed to be a child, but the boy wandered away from the family.

A search was done and the boy was found in the swimming pool. According to neighbors, the boy suffers from autism, a foster child from Marion County who was spending the weekend at the home. The incident is being investigated by the sheriff's department and Morgan County Child Protective Services. The boy's grandmother told WRTV, Channel 6 Indianapolis, that her grandson is on life support and that doctors have given very little hope for his recover.

07/06/2006 - Autistic boy found floating lifeless in swimming pool
BALTIMORE, Maryland: A seven-year-old autistic boy was discovered floating lifeless in a city swimming pool in West Baltimore on June 6, after he apparently wandered away from his nearby school, police and his father said.

Tyji Chester, a second-grader at Lafayette Elementary School, was pulled from the Central Rosemont pool by a teacher shortly after noon. The boy was pronounced dead at St. Agnes Hospital, after doctors were unable to revive him, the authorities said.

It was unclear how Tyji - whose father said he was assigned to a class with just one other child - had slipped away during school hours unnoticed and managed to scale a 10-foot-high fence surrounding the pool.



Slide 78

Leah Hope - <http://holland.com/history/newsroom/leah44-3282> - 5-year-old autistic girl drowns in family's backyard pool



July 19, 2005 -
A 5-year-old girl drowned after wandering into her family's backyard swimming pool Monday night in **South Holland**. Alexandria Wiley was found by her father shortly after 8 p.m. The drowning should serve as a very important reminder to all parents. Drowning is the second leading cause of accidental death for children. It is preventable, but all times it seems parents do all they can and a child can still slip away. Tuesday, a suburban family offered advice through their own grief. Kids are drawn to water. On a hot day, it seems a natural combination as long as the children are supervised. A South Holland family knows its backyard pool is a draw, especially for the youngest. Monday night, before bedtime, 5-year-old Alexandria apparently went back to the pool by herself. "Probably only a few minutes, that's all it takes if a child gets in the pool," said Arthur Wiley, Alexandria's father. Alexandria's father says she was autistic and didn't understand the dangers of the pool. The family rule was to keep the doors locked. Somehow, Alexandria got through the backdoor. She was found in the pool. "She never breathed on her own again when she was gotten out of the pool, and she died when they arrived at the hospital," said Wiley.

Doctors and nurses at University of Chicago Comer Children's Hospital see drowning victims year round. But they know on these hot, summer days, kids will be tempted by the water and parents' safety strategies will be tested. "Every summer we have drownings where they actually come in dead on arrival or shortly thereafter. Sometimes, they survive a day later, then die, or come out with severe neurological damage," said Dr. Barrett Fromme, Comer Children's Hospital.

Arthur Wiley has advice to other parents. "She was always lured by the water. You have to always be on alert and you won't have to face a tragedy like this," Wiley said.

Although **leashy** appears to be a tragic accident, but serves an important reminder to all parents



Slide 79

A Child Is Missing
Success Stories ~ Children with Autism



- Springfield, Georgia - On April 19, 2005, a 7-year-old boy with autism was reported missing in Springfield, Georgia. A dispatcher with the Springfield Police passed information to A Child Is Missing via Lt. Sheila O'Dwyer. ACIM placed 1077 calls to the neighborhood and the neighborhood's reply was fantastic. Approximately 300 people responded to the calls coming out of their houses and assisting in the search, including one who looked into her back yard and discovered him there. Thankfully, the boy was recovered before coming to any physical harm. Lt. O'Dwyer was quoted as saying "Thank you so much for all you did. Your program is a blessing to so many people."
- Kennebunk, ME - On May 30, 2005, a 4-year-old boy with autism was found without his guardian wandering a neighborhood in Kennebunk (York County), Maine. The boy was unable to communicate his name or where his parents were. Nicholas Higgins of the Kennebunk police contacted A Child Is Missing and reported a full description and be distributed via telephone. A Child Is Missing placed 2015 calls over the area where police found the wandering child. A neighbor, who received the alert call, recognized the child's description and contacted the boy's parents. The boy's parents then contacted police. The family was reunited approximately 1 hour after police received the lead. Officer Higgins was quoted as saying "The system worked great!" (ACIM's 100th Success)
- Lisle, IL - On July 31, 2005, a 5-year-old boy with autism was found wandering outside by himself in Lisle (DuPage County), Illinois. The boy was unable to speak or give any personal information about his circumstances. After evaluating the situation, Officer Sean Morley of the Lisle Police Department contacted A Child Is Missing and reported a full description of the boy to be distributed via telephone in order to search for a guardian or parent. A Child Is Missing placed 1945 alert calls over the area where the child found. Lisle PD received between 20 and 40 responses from residents, including the boy's father who came in and recovered the child. As a alert, he was returned home within 15 minutes of the alert calls being sent out.



Slide 80

From the Daily Southtown:
Autistic Tinley Park boy still critical
11-year-old injured in Dec. 27, 2004 house fire

<http://www.cdnnews.com/stories/2005/12/06/earlyshow/ving/ConsumerWatch/main1099111.html>

From the Daily Southtown:
Autistic Tinley Park boy still critical / 11-year-old injured in Dec. 27, 2004 house fire - The parents of a Tinley Park boy who suffered severe smoke inhalation in a fire at his home are staying close to his side while his recovery remains uncertain. Nathan Kuehn, 11, remains in critical condition in the University of Chicago Children's Hospital. His parents, Cindy and Howard, are sleeping on the hospital campus and spending most waking moments by Nathan's bed.

On a cold night last December, Cindy Kuehn fired up the wood stove in her Tinley Park, Ill., home and flying sparks lit a nearby couch on fire. "There was so much smoke," she says, "it was so thick, we couldn't even make it down the hallway. It kicked me back. I literally couldn't breathe." Kuehn grabbed her family and ran out of the house but didn't realize her autistic son, Nathan, was still inside. When firefighters pulled him out, he was unconscious. "He had severe smoke inhalation," Kuehn says. "I was really sure he was dead, there was no doubt in my mind." Nathan survived after spending a month in the hospital.




Slide 81

10 taken to hospital after school bus, car collide
<http://www.starnewspaper.com> November 2, 2006 - By Michael Drakulich - The Star newspaper

A school bus carrying **special needs students** collided with a car Wednesday morning in Orland Park, taking 10 people to the hospital. The collision happened at about 8:45 a.m. in the 7600 block of 174th Street, according to a police report. Two occupants from the convertible vehicle involved in the crash were taken to the trauma center at Christ Medical Center in Oak Brook. One person was ejected from the car after the impact, said Cmdr. Chuck Dill of the Orland Park Police Department. The driver's injuries or condition was not known Wednesday afternoon, Dill said.

The school bus was transporting special needs students to Elm Christian School in Palos Heights at the time of the accident. All six of the students on board, the driver and an instructional aide were transported to either South Suburban or Palos Community hospitals as a precaution. Fire department officials said any injuries those on the bus may have suffered appeared to be minor. Dill said police were still looking into what caused the accident.

The school bus sustained damage to its front end while the convertible suffered significant damage to its rear end. Sharon Stimpert, executive assistant to Elm Christian School's president, said the bus was on its way to school when the accident happened. She said she was relieved those on board the bus were not seriously hurt.

