A First Responder’s Guide:
Individuals with Autism in Emergency and Crisis Situations
• May engage in repetitive behaviors such as hand flapping, rocking, jumping, finger flicking, or talking to one’s self. These behaviors are calming to the individual, even if it doesn’t appear calming. If these behaviors are NOT presenting as a danger to themselves or others it is in your best interest not to interfere. Allow the behaviors to continue as long as the individual is safe and it is safe for others. Trying to stop the behaviors will increase anxiety and may cause the individual to act out aggressively (Cannata, 2003, p 1).

Understanding the unique characteristics of a person with autism is the first and most critical step in providing the successful delivery of services. There are additional considerations that first responders need to think about when dealing with a person with autism.

**General Information and Tips**

The cognitive skills of a person with autism are often different. For example, these individuals may have a poor understanding of cause and effect and have little concept of consequences (Rzucidlo, 2005). They have a literal, restricted and rigid pattern of thinking. They often have a limited perspective of situations or circumstances and tend to view things as right or wrong, yes or no, black or white. They have an obsessive desire for routine and repetition. They also have a tendency to overselect irrelevant environmental stimuli (Webber & Scheuermann, 2008). For example, they may fixate on or stare at an object in the room -- a badge, earrings, buttons (Rzucidlo, 2005).

According to Cannata (2003) and Rzucidlo (2005), first responders should be conscious of the following:

• Forty percent (40%) of individuals with autism will develop epilepsy or some other seizure disorder by the end of adolescence. Consider the possibility of a seizure when dealing with an individual with autism (Rzucidlo, 2005).

• Expect the unexpected. Children with autism may ingest something non-edible (PICA tendencies) or get into something without their parents realizing it. Look for less obvious causality and inspect carefully for other injuries (Rzucidlo, 2005).

• Many individuals with autism have a poorly developed upper trunk area, which puts them at greater risk for positional asphyxiation. Steps should be taken to prevent that from happening: frequent change of position and not keeping them face down. This is especially important when considering restraint (Rzucidlo, 2005).

• Families may employ a variety of ways to help with the identification of their child (Rzucidlo, 2005).
  - The person may wear a Medic Alert Bracelet. However, individuals with autism often will not wear the jewelry because they are sensory defensive.
  - Families will thread the ID into a shoelace, into a belt, or as a zipper pull. It may also be a necklace.
  - Some families put a business card into a small case and put it in a pocket of their children’s clothing.
ID tags are sewn or stamped into the back of collars. On vacation or in large crowd settings, many families create temporary tattoos with the child’s name and their cell phone numbers and place it on the upper shoulder.

Cannata (2003) has specific advice for first responders in rescue situations.

- 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.
- Because children with autism may bolt or wander away, first responders may encounter barred, nailed or locked windows. This is done to keep individuals from trying to run off or wander.
- Plexiglass or Lexan windows may be in place. This makes access a problem for rescue.
- Fences with locked gates present an access problem for rescue. Think about the use of bolt cutters.
- Adults with autism are just as likely to hide, like children, in a fire situation. Closets, under the bed and behind furniture checks need to be done during search and rescue.
- When moving 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.
- Individuals with autism are a bolt risk during and after rescue. First responders must stay with the individual.

Although these are common characteristics, not every person with autism will display all of these behaviors all of the time or to the same degree. However, in times of increased anxiety, these behaviors will become more pronounced. Emergency situations increase the likelihood that the person with autism will be exposed to loud and unfamiliar sights, sounds, people, and events all leading to increased anxiety. It is important for emergency personnel to take the necessary steps to reduce anxiety and increase understanding so that emergency services can be carried out more efficiently and effectively.
ACT for Autism

ACT (Assessment and Communication Tactics) provides a framework for response from first responders. ACT takes a two-pronged approach. The first is to “assess and control the situation” and the second is to “communicate to gain understanding and compliance or to de-escalate the situation”

<table>
<thead>
<tr>
<th>ACT Assessment and Communication Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assess and Control the Situation</strong></td>
</tr>
<tr>
<td>1. Gain as much information as possible about what led to or surrounds a situation</td>
</tr>
<tr>
<td>2. Determine the best way to approach or communicate with the individual</td>
</tr>
<tr>
<td>3. Minimize sensory stimuli such as flashing lights, sirens, high-volume walkie-talkie device, loud yelling among responders and eliminate non-essential persons</td>
</tr>
<tr>
<td>7. Give simple, clear directions paired with a visual or demonstration</td>
</tr>
<tr>
<td>9. Ask yes or no questions and avoid sentences or questions that require more complex responses</td>
</tr>
</tbody>
</table>

Following these ten key tactics when responding to emergency situations will help to ensure that the interaction results in a positive outcome.

Let’s examine why these ten key tactics are important.

1. It is important to gain as much information as possible that led to or surrounds the situation.

It is not always apparent what led to the situation or why a person with autism is behaving in a particular way. First impressions of why a person with autism may have done something or is behaving differently may be incorrect and misperceived.
22. The effects of restraint can be particularly harmful to persons with autism due to their poorly developed upper trunk area.

23. People with autism will generally pay attention to the big picture and won’t require a lot of direction and explanation.

24. A rescue worker should try to use an aerial tower or platform, securing themselves first, before attempting to rescue a person with autism from upper floors of buildings.

25. Once a person with autism is rescued, they will most likely stay where they are told to wait for additional help or services.
Understanding the relationship between an increased state of anxiety or stress and the characteristics of autism can enhance the successful delivery of service by emergency department personnel and avoid escalation of unwanted behavior and compromised care.

Using This Guide

This guide was developed for use with the ACT for Autism training video to provide additional information and resources.

After reviewing the training video, participants should read each of the sections in this training guide. The information gained from both the training video and this guide should adequately prepare the participant to take the evaluation test for this training.

Training Module Objectives

✓ Participants will be able to identify the characteristics of people with autism.
✓ Participants will recognize how and why the characteristic behaviors of autism can manifest during an emergency or stressful situation.
✓ Participants will understand the ACT response when dealing with individuals with autism during an emergency or stressful situation.
✓ Participants will be able to use information from this training to apply appropriate response protocols in the delivery of care.
✓ Participants will complete a competency test at the end of the module.

What is Autism?

According to the Center for Disease Control and Prevention (2012), Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder. Individuals with an ASD demonstrate significant social, communication, sensory and behavioral challenges. ASD is a neurological disorder, which causes people with an ASD to interpret information differently than other people.

The fact that ASD is a “spectrum disorder” means that each person is affected differently and may demonstrate a range of abilities and disabilities from very mild to severe. People with ASD share some similar characteristics, such as problems with social interaction, sensory and behavioral excesses and communication difficulties.

“It is estimated that 1 in 88 children in the United States have an Autism Spectrum Disorder” (CDC, 2012). Autism occurs across all ethnic, racial, and socioeconomic populations. Both males and females are affected; however, autism is 5 times more likely to occur in males than in females” (CDC, 2012).
ACT for Autism

ACT (Assess, Communicate and Treat) provides a framework for response from healthcare providers. ACT takes a triangulated approach. The first is to “**assess** both the environment and best approach or communication mode to gain as much information as possible”, the second is to “**communicate** to gain history, examine and evaluate the individual” and finally, following the ACT framework when responding to emergency situations may help the interaction have a more positive outcome.

Let’s examine why each of these points in our framework are important.
Evaluation Test

**Multiple Choice ~ Circle the correct answer for each question**

1. Autism is
   A. A psychological disorder
   B. A neurological disorder
   C. A physical disorder

2. Autism is a spectrum disorder. This means that
   A. No two individuals with autism are alike and therefore, each will display behaviors to varying degrees of severity
   B. All persons with autism will respond in exactly the same way
   C. The person has distinctive physical features

3. The areas of functioning impacted by autism are
   A. Social and adaptive behavior skills
   B. Sensory processing and emotional stability
   C. Communication, sensory processing, and social and adaptive behavior skills

4. A person with autism can be identified by
   A. Their physical appearance
   B. Their behavioral characteristics
   C. Their movement and facial characteristics

5. When a person with autism mimics your words or phrases or phrases from a movie or television, they are
   A. Attempting to be rude
   B. Exhibiting a pattern of speech called echolalia
   C. Trying to avoid answering your questions