

LESSON TWO

Autism Recognition and Response: Response Techniques and Considerations

DOMAIN: COGNITIVE

LEVEL OF LEARNING: COMPREHENSION

MATERIALS

Overhead projector; chalkboard or flip chart; Autism & Law Enforcement: Roll Call Briefing video, Debbaudt/Legacy Productions, 2004; Autism, Advocates, and Law Enforcement Professionals, Dennis Debbaudt; Dangerous Encounters - Avoiding Perilous Situations with Autism, Bill Davis and Wendy Goldband Schunick; Dealing with Unique Challenges Such as Autism, Virginia Office of Emergency Medical Services, Virginia Department of Health; Autism Society of America (www.autism-society.org); Autism Myths and Realities, Robert Needleman, M.D.

TERMINAL OBJECTIVE

The emergency responder shall correctly identify the environmental and rescue considerations of autistic individuals as well as the basic response techniques to employ.

ENABLING OBJECTIVES

1. The emergency responder shall correctly identify in writing, the inherent dangers and difficulties that may be encountered when autistic individuals are involved in an emergency situation.
2. The emergency responder shall correctly identify in writing, the proper approach and response techniques for individuals with autism.

LESSON TWO

Autism Recognition and Response: Response Techniques and Considerations

MOTIVATION

As many as 1.5 million Americans - children and adults - are thought to have autism today. Increased awareness of this disorder has become a must for today's emergency services. By recognizing the behavioral symptoms and learning the best contact approaches, the emergency responder can minimize situations of risk to both the autistic individual and the responder.

PRESENTATION

ENABLING OBJECTIVE #1

The emergency responder shall correctly identify in writing, the inherent dangers and difficulties that may be encountered when autistic individuals are involved in an emergency situation.

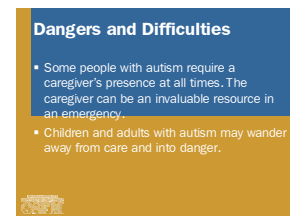
1. Point out that some persons with autism will require that a caregiver be with them at all times. That caregiver can be an invaluable resource in an emergency.
2. Point out that, as with Alzheimers patients, children and adults with autism may wander away from care and into danger.
 - a) Those who wander off are often attracted to water sources, trains or other moving vehicles, and/or high places.



OHT 01



OHT 02



OHT 03



OHT 04


3. Explain that, in most cases, the autistic person will have difficulties following your verbal commands, reading your body language, and will have deficits in social understanding.
4. Point out that non-skid surfaces, such as those found at the rear entrance of an ambulance, may be especially difficult for people with autism because of the patterns and rough edges.
 - a) Many formerly cooperative, ambulatory autistics might refuse care
 - b) Explain to them that the metal is shaped like that so no one will slip and fall.
5. Explain that special precautions are often taken in homes of people with autism in order to protect them from harm.
 - a) Interior doors to the kitchen, bedrooms, and bathrooms may be locked at night.
 - b) Windows may be barred, nailed, or locked. This is done to keep individuals from trying to elope or wander off.
 - c) Plexiglas or Lexan windows may be in place.
 - d) Gates and fences may also be locked, requiring the use of bolt cutters or other entry methods.
6. Explain that both children and adults with autism are likely to hide in a fire situation. Closets, under beds and behind furniture checks need to be done during search and rescue.
7. Explain that individuals with autism may be a bolt risk after rescue. Responders should stay with the individual or ensure that they are looked after.

Reference: Autism Society of America (www.autism-society.org); Autism Myths and Realities, Robert Needleman, M.D.; Autism & Law Enforcement: Roll Call Briefing video, Debbaudt/Legacy Productions, 2004; Autism, Advocates, and Law Enforcement Professionals, Dennis Debbaudt; Dangerous Encounters - Avoiding Perilous Situations with Autism, Bill Davis and Wendy Goldband Schunick.

PRESENTATION

Dangers and Difficulties


- In most cases, the autistic person will have difficulties following your verbal commands or reading your body language.
- They may also have deficits in social understanding.



OHT 05

Dangers and Difficulties


- Many autistic people may find non-skid surfaces (such as those found at the rear entrance of an ambulance) frightening or difficult because of the patterns and rough edges.
- These surfaces could even cause formerly cooperative autistics to refuse care.



OHT 06

Home Rescue Obstacles

- Special precautions are often taken in homes of people with autism in order to protect them from harm.
 - These protective items or actions may hinder your response attempts during an emergency.
 - You must be aware of their possible presence and realize that forced entry is very likely.



OHT 07

Home Rescue Obstacles

- Interior doors to the kitchen, bedrooms and/or bathrooms may be locked at night.



OHT 08

Home Rescue Obstacles


- Windows may be barred, nailed, or locked to keep the autistic individual from trying to run away or wander.
- Plexiglass or Lexan windows may also be in place which makes rescue access very difficult.



OHT 09

Home Rescue Obstacles


- Gates and fences may also be locked, requiring the use of bolt cutters or other entry methods.



OHT 10

Home Rescue Obstacles

- Because children and adults with autism are likely to hide during a fire, be sure to check the home thoroughly when removing occupants.
- Include closets, under beds, and behind furniture in your search.



OHT 11

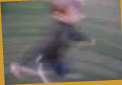
ENABLING OBJECTIVE #2

The emergency responder shall correctly identify in writing, the proper approach and response techniques for individuals with autism.

1. Explain that 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.
2. Point out that extra care should be taken not to apply too much pressure to the torso of an autistic individual because they are typically underdeveloped in that area and extreme pressure may result in asphyxiation.
3. Explain that extreme caution should be used when attempting a rescue from heights.
 - a) An aerial tower or platform would be the best method for removing an individual with autism from a dangerous height.
 - b) This person may be aggressive towards the rescuer during this operation.
 - c) ALWAYS make sure you are secured before you attempt to rescue the autistic individual.
4. Identify approach techniques to use when administering emergency medical care to an autistic patient.
 - a) Approach in a quiet, non-threatening manner, reducing noise and stimuli as much as possible. If possible, turn off sirens and flashing lights and remove canine partners, crowds, or other sensory stimulation from the scene.
 - b) Don't crowd the patient; leave as much room as possible.
 - c) Incorporate the caregiver, if one is present, into the response as much as possible, and solicit from them suggestions on how best to deal with the individual.
 - d) Talk in direct, short phrases using simple language.
 - e) Avoid double meanings, slang or "joking around". Autistics tend to take things literally.

Home Rescue Obstacles


- Individuals with autism may be a bolt risk during an incident or following a rescue. Be sure to stay with the individual or ensure that someone is looking after them.



OHT 12

Emergency Transport


- When moving an individual with autism during an emergency, wrap them in a blanket with their arms inside. This will give them a secure feeling and may help to calm them. It may also prevent thrashing during a rescue.
- Extra care should be taken not to apply too much pressure to the torso of any autistic person. They are typically underdeveloped in that area and too much pressure may result in asphyxiation.



OHT 13

Rescue from Heights


- An autistic person may not understand the danger involved in this rescue effort, nor the effect their movement and/or behavior may have on their safety or the safety of the rescuer.
- Always use extreme caution when rescuing an autistic person from heights.



OHT 14

Rescue from Heights


- An aerial tower or platform would be the best method for removing an individual with autism from a dangerous height.
- Be aware that he/she may aggress towards the rescuer during this or any other rescue operation.
- ALWAYS make sure YOU are secured before attempting to rescue a person with autism.



OHT 15

Approach Techniques


- When it is necessary to administer emergency medical care, use caution when approaching an autistic patient.
- Approach in a quiet, non-threatening manner, reducing noise and stimuli as much as possible. (If possible, turn off sirens and flashing lights and remove canine partners, crowds, or other sensory stimulation from the scene.)



OHT 16

Approach Techniques

- Don't crowd, leave the person as much room as possible.
- Incorporate the caregiver (if one is present) into the call as much as possible, and solicit from them suggestions on how best to deal with the individual.



OHT 17

Approach Techniques

- Talk in direct, short phrases, using simple language. (i.e. "sit down," "wait here," "be still") Remember you may have to repeat or rephrase your instructions.
- Avoid double meanings, slang, or "joking around." Autistics tend to take things literally.



OHT 18

- f) Be prepared for a "little professor" speech pattern, particularly in young patients. Many high-functioning autistics read early and develop an extensive vocabulary at a young age. They're likely to launch into a long-winded, advanced conversation about a particular interest. Looking for common interests or try to develop a rapport by educating them about EMS (they're likely to ask many questions) can help develop a rapport.
- g) Allow for delayed responses to questions or commands.
- h) Talk calmly and softly, repeating questions and information if necessary. Talking louder does not improve understanding.
- i) Use low gestures for attention. Avoid rapid pointing or waving.
- j) Avoid touching; especially the shoulders and face unless necessary for the physical exam. The patient may be sensitive to touch and cry out. Some might jerk away, as if they were burned or touched with something very hot.
- k) Use calming body language such as slow breathing and keeping hands low.
- l) Model the behavior you want the person to display.
- m) Examine the individual for the presence of medical alert jewelry or tags, or an autism handout card.
- n) Evaluate the patient for injury with a thorough secondary exam - they might have a high tolerance for pain and not realize they are injured.
- o) Use all available information such as verifying the patient by name, ask his age, check his or her appearance, and take bystander statements. Watch for types of behaviors exhibited to find out exactly what's going on.
- p) Consider using pictures, written phrases and commands, and sign language. A clipboard, tablet, or computer may be utilized. However, before using a computer to help assess an autistic patient, ask if they've ever experienced a seizure. If they have, use caution with computer screens and pen lights.
- q) Avoid stopping repetitive behaviors unless there is risk of injury to yourself or others. If the individual is holding and appears to be fascinated

Approach Techniques

- Look for common interests or try to develop a rapport by educating them about EMS (they're likely to ask many questions).
- Allow for delayed responses to questions or commands.

OHT 19

Approach Techniques

- Talk calmly and softly, repeating questions and information if necessary (talking louder does not improve understanding).
- Use low gestures for attention; avoid rapid pointing or waving.

OHT 20


Approach Techniques

- Avoid touching; especially the shoulders and face unless necessary for the physical exam. The patient may be sensitive to touch and cry out or jerk away.
- Use calming body language such as slow breathing and keeping hands low.
- Model the behavior you want the person to display.

OHT 21

Approach Techniques

- Examine the individual for the presence of medical alert jewelry or tags (including shoe tags), or an autism handout card.



OHT 22

Approach Techniques

- Evaluate the patient for injury with a thorough secondary exam – they might have a high tolerance for pain and not realize they are injured.
- Use all available information such as verifying the patient's name, ask his age, appearance, and take bystander statements. Watch for types of behaviors exhibited to find out exactly what's going on.

OHT 23

Approach Techniques

- Consider using pictures, written phrases and commands, or sign language. A clipboard, tablet, or computer may help.
- Exercise caution and ask if the person has ever experienced a seizure before using a computer or pen light.

OHT 24

- with an inanimate object, consider allowing the person to hold the item for calming effect as long as safety is not jeopardized by doing so.
- r) Be aware of the person's self-protective responses and sensitivities to even usual lights, sounds, touches, odors, and animals.
 - s) If the person's behavior escalates, use geographic containment and maintain a safe distance until any inappropriate behaviors lessen.
 - t) If a patient needs to be restrained, approach them from the side. Autistic people tend to throw their head back when being restrained.

Reference: Autism Society of America (www.autism-society.org); Autism Myths and Realities, Robert Needleman, M.D.; Autism & Law Enforcement: Roll Call Briefing video, Debbaudt/Legacy Productions, 2004; Autism, Advocates, and Law Enforcement Professionals, Dennis Debbaudt; Dangerous Encounters - Avoiding Perilous Situations with Autism, Bill Davis and Wendy Goldband Schunick.

SUMMARY

There is still much that we do not know about autism spectrum disorders. Most of the public, including many professionals in the medical, educational, and vocational fields, are still unaware of exactly how autism affects people and how to effectively work with autistic individuals. As emergency responders, we must prepare ourselves to the best of our ability and approach each autism encounter with patience, understanding and acceptance.



Approach Techniques

- Avoid stopping repetitive behaviors unless there is a risk of injury.
- Be aware of the person's self-protective responses and sensitivities to even normal lights, sounds, touches, odors, and animals.

OHT 25



Approach Techniques

- If the person's behavior escalates, use geographic containment and maintain a safe distance until any inappropriate behaviors lessen.
- If a patient needs to be restrained, approach them from the side. Autistics tend to throw their head back when being restrained.

OHT 26