

COMMUNITY RESOURCES

FOR PEOPLE WITH AUTISM

Supporting children with autism and their families since 1989

Safety

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a division of **THE ASSOCIATION** FOR COMMUNITY LIVING

*Creating Opportunities, Building Relationships, Improving Lives
for children and adults with developmental disabilities since 1952*

Safety in the Home

Source: Autism Society of America

Most parents and caregivers would view safety as a significant concern regarding their children in the home environment. Modifications such as placing gates in stairwells and doorways, covering electrical outlets, and using childproof locks on cabinets are some of the things many parents do to ensure safety.

For parents of "typical" children, such safety precautions are usually necessary for the first few years of childhood, after which the child develops, matures and no longer requires the use of modifications. However, for parents of children with autism or PDD (Pervasive Developmental Disorder), it is a different story. There are a myriad of additional issues to consider when addressing the safety of the individual with autism, the family members, and the home environment - often throughout the lifespan of the child.

Consider the many behaviors an individual with autism may engage in that could be unsafe: climbing, throwing, breaking, jumping, peeling, cutting, pulling down, throwing utensils, plates and cups, sweeping items off surfaces, dumping drawers and bins, and climbing out of or breaking windows. Or consider what can happen when natural curiosity and household appliances converge: putting items in appliances, flushing things, touching burners, turning hot faucets, inserting items into electrical sockets, chewing on wires, and crawling in a washer or dryer. Finally, consider the potential dangers that can result from playing with matches, lighters or fire.

Often, though, the children with autism who display such behavioral concerns do not understand the ramifications of their actions, which, at best, can be bothersome and, at worst, can be devastatingly tragic. Therefore, it becomes incumbent upon the caregivers in the home to provide both a safe environment and ways to teach their children to be safe.

This article addresses environmental and safety modifications that can be made in the home as well as steps that can be taken to prevent unsafe or inappropriate behaviors.

The following suggestions have been found to be helpful in preventing these types of behaviors and ensuring a safer environment. The suggestions range from using locks for security or limiting access to the individual to labeling every functional item and area in the home with photographs or symbols to assist in communication.

Sometimes parents balk (initially) at the idea of having to place locks on doors or cabinets, having to place alarms outside a child's bedroom, or having to label the house with PCS cards. They often say: "This is not a classroom." However, your home is indeed a natural learning environment, just like a classroom.

Establish priority areas for modification. Modify the most important areas first - such as the individual's bedroom, bathroom, leisure areas, kitchen, and back yard - since these are the primary areas of interaction for many children with autism. When starting, think about the room(s) in which the child spends the most time; for some children it would be a recreation/family room, for other children it might be the bedroom or kitchen. In addition, consider the behaviors to be modified and their relationship to the environment. If the individual likes to put things in the toilet or run hot water in the bath, modifications should begin in the bathroom. If the child runs out of the house, modifications should begin with securing exterior doors with locks.

Arrange the furniture appropriately. Arrange the furniture in these areas in a way that "makes sense" for the activities the individual is expected to do. That is, if the individual will be

doing "seated" activities, ensure that there are clear table surfaces and appropriate chairs. If the child frequently runs out of a room via a predictable path, arrange the furniture and close doors so that he or she is unable to escape. Limit the need for excessive movement and/or transition. Move furniture away from shelves or places where the child may climb. Keep furniture surfaces clear (if the individual is a "sweeper") and place items out of reach on shelves, in bins, or locked away. In addition, use gates or barriers to provide safety from falling down steps or limiting access to areas in the home.

Use locks where appropriate. It is important to place locks on exterior doors that provide entry or departure to and from the home. For individuals who run away or leave the home without supervision (also referred to as "elopement"), having locks on the doors can prevent them from leaving. Place locks on interior doors and cabinets where the individual should not have free access.

Some parents feel more secure when their child is locked into his or her bedroom at night to prevent "in the middle of the night" wandering. If you choose to put locks on the doors, use locks that you are able to open such as a lock with a keyhole/key, a hook-and-eye lock, or a slide-bolt. Some parents place the lock key above the doorframe of the room to have quick and easy access. If a button-knob lock is used on the outside of the door, make sure that the child does not lock you into the room with him or her. It is also imperative that you have immediate access to the room where the door is locked in the event of fire, flood, etc.

Regarding locks on cabinets and drawers, use safety locks (often plastic devices) to secure items that may be unsafe for the individual. Many parents place these locks on bathroom and kitchen cabinets to prevent access to items in the cabinets.

Safeguard your windows. If the child likes to climb out of windows, place locks on them. Hardware stores carry special locks for just this purpose. If the child breaks glass or pounds windows, replace the glass panes with Plexiglas to prevent injury. Some parents have had to also place wooden boards over windows to prevent injury or elopement.

Make electrical outlets, appliances safe. Cover or remove electrical outlets and access to electrical appliances. Use plastic knob covers (also available at hardware stores) for doors, faucets, ovens, and stove burners. Lock the door to the room or rooms with the washer or dryer, appliances or power tools to limit entry and access. Ensure that all wiring for appliances and electronics is concealed in a way that the child cannot play with the wires. Individuals with autism have both a curious interest in how things work and a pervasive "unawareness" of dangerous situations - a potentially powerful combination when it comes to electrical materials.

Lock dangerous items away. Secure items that are dangerous if ingested, such as detergents, chemicals, cleaning supplies, pesticides, medications, and small items that a child may mouth or chew. It is easy for an individual with autism to confuse a bottle of yellow cleaning fluid with juice based upon appearance, to eat pills that look like candy, or to pour / spill liquids out of any bottle (some of which may be poisonous or toxic). Place such items out of reach or in cabinets with locks. Keep the Poison Control phone number in a permanent place that is clearly in view.

Secure items/materials that are dangerous or unsafe if used without supervision, such as sharp objects/ utensils (scissors, knives, razor blades). When unsupervised, many children like to cut things (clothing, curtains, wires, books, etc.) into pieces with scissors or knives. Ensure that scissors used by the individual have blunted ends (child-safety scissors), and be sure to provide supervision when involved in cutting activities.

In addition, secure items that need to be limited (i.e., candy, Nintendo, lighters, matches, TV, VCR, toilet tank covers) with a lock or ties.

Label everyday items. Place visual labels (symbols, photos, words, textures) on functional items, rooms, cabinets, drawers, bins, closets, and anything that has relevance for the child. By labeling the environment, the child may better understand what is expected and may be less likely to engage in undesirable behaviors. In addition, if the child understands the function of an item, piece of furniture, etc., he/she is more likely to use it for its intended purpose. For example, by placing visual labels on the bed for sleeping, the child may be less likely to view the bed as a trampoline. By placing labels on drawers and closets, it may reduce power struggles over being asked to put things away because the child will know where to put them.

Organize everyday items. Organize functional items in see-through plastic bins/boxes with visual labels (symbols, photos, words, textures) so the child can see and use the receptacles. Place the bins on shelves or in places that the child can easily see and access. Once again, the more organization, order and structure in the individual's environment, the more likely it will reduce the frustration level of the child and the less likely he or she will be to display in appropriate behaviors.

Institute appropriate seating. Ensuring that the individual is seated properly at a table or work station can help prevent behavioral concerns, such as throwing objects, knocking over furniture, self-stimulatory behaviors, and acts of aggression. For example, some children need to be seated in chairs with arms or a wrap-around style desk when doing work. Others may need to be seated in a place where they cannot escape from the table, such as against the wall or in a corner. In addition, a proper sitting posture (body at a right angle and feet flat on the floor) will help facilitate good learning and/or eating behaviors.

Use visual signs. Use dividers, tape boundaries, and signs as needed for setting expectations and limit setting. For example, the use of STOP signs on doors, drawers, furniture, and appliances has helped some children understand that these items/ areas are off limits. For children who climb on high surfaces or enter areas that they should not, STOP signs will let them know that what they are doing is dangerous. Using color tape to designate boundaries on carpets, floors, or walls can help to visually remind the child where their bodies need to remain.

Secure eating utensils and place settings. For utensil use during mealtimes, consider tying utensils to nylon string and attaching them to the chair or leg of the table so that if the child throws the utensils, they will remain attached to the string. There have been children who have "unintentionally" thrown forks across the table and injured other family members. If the child throws or sweeps plates, bowls, and cups, secure them with adhesive Velcro and attach them to a secure placement. Use plastic or rubber plates, bowls, and cups to prevent shattering of breakable items.

Safeguard bath items/toys. For bathing activities, have bath toys in a bag/bin away from the tub and unavailable until bathing/hair washing are completed. This will help the child focus on bathing and prevent power struggles while in the tub. You do not want a child flailing around while in a slippery bathtub since he or she or you could be injured. When the child is finished bathing/hair washing, you can then give him or her access to tub toys. Keep bath items (soap, washcloth, shampoo, sponges, etc.) together in a plastic or rubber bag/bin and accessible. Replace open-lip bottles with pump so the child will not empty or ingest the contents.

Remember fire safety. Regarding fire safety, it is important to have lighters and matches out of reach or locked up. Place safety covers over gas stoves and oven knobs so the child cannot turn them on. Always supervise the children closely when there is an active fire in the fireplace or when there is a barbeque with open flames. Many community fire departments can provide stickers (called tot finders) for bedroom windows of children, so that in the event of a fire, the firefighters can locate a child's bedroom quickly. While it may be difficult to teach an individual with autism/PDD about the dangerous nature of fire, it may be possible to teach him or her about how to behave when it comes to fire safety.

Developing social stories (with photographs, pictures, words) about smoke detectors, fire drills, fire alarms, touching fire, etc., and reading the stories to the child on a regular basis, is the place to begin. [A social story is a short, personalized story that explains the subtle cues in social situations and breaks down a situation or task into easy-to-follow steps.] In addition to social stories, the use of visual (photos, pictures) rules can assist the child in understanding what they are not supposed to do and/ or what they are expected to do. For example, "no touching the oven burners" with a photograph of the oven burners with a bright red "no" symbol or STOP sign over the photograph may visually depict the rule for the child.

Consider identification options. It is important that your child has proper identification in the event that he or she runs away or gets lost and is unable to communicate effectively. Once a child with autism becomes mobile, he/she may decide to walk out of the home without supervision. These children often like to be outside and in motion, so leaving the home to play outside is common. Once outside of the home, the child is then vulnerable and often unable to get home or communicate where they live.

If the child will tolerate wearing a medical ID bracelet or necklace, get one (they can be found your local drug store). However, many children with autism do not like to wear jewelry, so the next best option is to place iron-on labels into each garment. Some children can be taught to carry and provide an identification card from a wallet or fanny pack. Children who are verbal may also be able to learn to show their identification cards.

Introduce Intervention Techniques to Teach Safety. In addition to the physical modifications to your home, you will want to introduce behavior modification techniques to teach your child how to be safe and act appropriately. There are a myriad of augmentative behavioral interventions that can be employed to do this. Examples of these interventions would be:

- social stories
- activity schedules
- visual rules
- signs / charts
- peer and adult modeling
- reinforcement for safe and appropriate behavior
- consistent consequences for unsafe or inappropriate behavior

Once the individual can demonstrate safety, good judgment, competence and understanding of what is expected, many of the environmental modifications will be able to be faded out over time. Introducing the home modifications and intervention techniques mentioned above will not only help keep your child and your family out of harms way, they will also help ensure that your child is ready and able to learn and, ultimately, better able to reach his or her full potential.

Resources Most of the items and products (safety knobs for appliances, locks, etc.) mentioned above, can be purchased from hardware stores, department stores, and children's stores in your community. You can also contact your fire department to see whether they have locator stickers or other materials to foster fire safety.

Note: The previous section was provided by Robin Allen, Ph.D., a Behavior Specialist who has been working with individuals with developmental disabilities for over 20 years.

Autism Safety Toolkit

Autism presents a unique set of safety concerns for parents. [Unlocking Autism](#) and [National Autism Association](#) have teamed up to provide the following safety information for parents. If you have suggestions or additions that you would like to submit for this page, please email nancale@aol.com.

In a recent online survey conducted by NAA, an incredible 92% of the respondents said their autistic child was at risk of wandering. This is a problem that must be addressed in every city and town across America. Please review the following information and contact your local first responders to get a plan in place for your child and others who may be at risk in your community.

Are You Prepared for an Autism Emergency?

To ensure safety and lower risk for a child or adult with autism, parents and care providers will need to become proactive and prepare an informational handout.

Leading causes for concern are children and adults who run away or wander from parents and care providers. Tragically, children and adults with autism are often attracted to water sources such as pools, ponds, and lakes. Drowning is a leading cause of death for a child or adult who has autism.

Wandering can occur anywhere at anytime. The first time is often the worst time. Another concern is preparation in the event that you become incapacitated or injured while caring for a person with autism at home or in the community.

An informational handout should be developed, copied and carried with you at all times--at home, in your car, purse or wallet. Also circulate this handout to family members, trusted neighbors, friends and co-workers. The handout will also come in handy if you are in an area other than your neighborhood and are approached by the police.

If wandering is a concern, contact law enforcement, fire and ambulance agencies. Ask your local 911 call center to "red flag" this information in their 911 computer data base. Dispatchers can alert patrol officers about your concerns before they arrive. When we provide law enforcement with key information before an incident occurs, we can expect better responses.

Alert your neighbors

The behaviors and characteristics of autism have the potential to attract attention from the public. Law enforcement professionals suggest that you reach out and get to know your neighbors.

- Decide what information to present to neighbors
- Does your child have a fear of cars and animals or is he drawn to them?
- Is your child a wanderer or runner?
- Does he respond to his name or would a stranger think he is deaf?
- Plan a brief visit to your neighbors
- Introduce your child or adult or provide a photograph
- If a neighbor spots your child outside of your yard, what is the best way for them to get your child back to you?

- Are there sensory issues your neighbors should know about?
- Give your neighbor a simple handout with your name, address, and phone number. Ask them to call you immediately if they see your son or daughter outside the home.

This approach may be a good way to avoid problems down the road and will let your neighbors:

- Know the reason for unusual behaviors
- Know that you are approachable
- Have the opportunity to call you before they call 911

Knowing your neighbors can lead to better social interactions for your loved ones with autism.

Prevention

If wandering is an issue for your family, consider contacting a professional locksmith, security company or home improvement professional.

Autism Emergency Contact Handout Model

- Name of child or adult
- Current photograph and physical description including height, weight, eye and hair color, any scars or other identifying marks
- Identify your child's favorite song, toy or character
- Names, home, cell and pager phone numbers and addresses of parents, other caregivers and emergency contact persons
- Sensory, medical, or dietary issues and requirements, if any
- Inclination for elopement and any atypical behaviors or characteristics that may attract attention
- Favorite attractions and locations where person may be found
- Likes, dislikes--approach and de-escalation techniques
- A list of things that frighten your child
- Method of communication: if non-verbal, sign language, picture boards, written word
- ID wear--jewelry, tags on clothes, printed handout card
- Map and address guide to nearby properties with water sources and dangerous locations highlighted
- Blueprint or drawing of home, with bedrooms of individual highlighted

For more information, visit <http://www.autismriskmanagement.com/> - by Dennis Debbaudt _\$(D"m 2005

Provide local first responders with information on your child.

<http://www.papremisealert.com/sitebuildercontent/sitebuilderfiles/responder.pdf>

Fill out and print this form from Pennsylvania Premise Alert, then deliver it to your local police and fire departments.

Teach your child to swim.

Too often children with autism who wander are attracted to water. Be sure your child knows how to swim unassisted. Swimming lessons for children with special needs are available at many YMCA locations. The final lesson should be with clothes on.

Get an ID Bracelet for your child.

Include your name and telephone number. State that your child has autism and is non-verbal if applicable. Here are some examples.

<http://www.medicalidstore.com/>

<http://www.mypreciouskid.com/medical-id-bracelet.html>

If your child will not wear a bracelet or necklace, consider a temporary tattoo with your contact information.

Tattoos with a Purpose are available at <http://www.nationalautismassociation.org/products.php?cat=48>

Consider a personal tracking device.

Gemini GPS Tracking Unit

<http://www.geminitracking.com/>

Personal GPS tracking device works with your computer or mobile phone. Monthly service fee.

Ion Kids Tracking Wristband

<http://www.nationalautismassociation.org/products.php?cat=34>

<http://www.ion-kids.com>

Provides notification to parent when child wanders past a pre-set distance. Allows parent to track child while still within a 500 sq. yard area. Waterproof wristbands are available.

Project Lifesaver Tracking Systems

<http://www.projectlifesaver.org>

Project Lifesaver works in coordination with local rescue personnel. Search equipment is housed and maintained by local police or fire departments. At-risk individuals are provided with a transmitter wristband which is replaced monthly. Initial setup and personnel training costs approximately \$7,000. For a program DVD and package to present to your local first responders, please contact Project Lifesaver at www.projectlifesaver.org.

Recent article about Project Lifesaver Tracking System

<http://www.nj.com/news/gloucester/local/index.ssf?/base/news-6/1180077153288140.xml&coll=8>

Care Trak Transmitters

<http://caretrak.com/>

Care Trak utilizes the same technology as Project Lifesaver, but tracking equipment is operated by the caregiver and not local law enforcement or first responders.

Angel Alert Child Distance Monitor

<http://www.walmart.com/catalog/product.do?cpncode=11-29124948->

[2&dest=9999999997&product_id=2476229&sourceid=150000000000002993980&srccode=cii_16435691](http://www.walmart.com/catalog/product.do?cpncode=11-29124948-2&dest=9999999997&product_id=2476229&sourceid=150000000000002993980&srccode=cii_16435691)

Secure Your Home

Prevent your child from slipping outside unnoticed by:

Installing secure deadbolt locks that require keys on both sides

Install a home security alarm system

Install inexpensive battery-operated alarms on doors and windows to alert you when they are opened - for an example visit: <http://www.mypreciouskid.com/wireless-door-alarm.html>. These are available at stores like WalMart and Radio Shack.

Place hook and eye locks on all doors, above your child's reach

Fence your yard

Helpful Links - Please visit these websites for more safety ideas.

Autism Risk Management

<http://www.autismriskmanagement.com/>

Pennsylvania Premise Alert

<http://www.papremisealert.com/>

The Premise Alert Program gives families the opportunity to provide critical medical information to first responders before a crisis. Families can have a difficult time relating necessary information in times of extreme stress. This program also gives first responders advanced knowledge of special needs individuals in their community allowing them to respond with greater accuracy which increases positive outcomes.

The Law Enforcement Awareness Network

<http://www.leanonus.org>

It is the mission of L.E.A.N. On Us to provide first responders with information and resources that will allow them to better serve individuals within their communities affected by hidden disabilities and mental illness.

My Precious Kid

<http://www.mypreciouskid.com/>

Child Safety Products

Tips for First Responders

http://cdd.unm.edu/products/tips_web020205.pdf

Service Dogs

<http://autismservicedogsofamerica.com/>

<http://www.4pawsforability.org/autismdogs.htm>

Tips From Parents

I come from a large family and we have instituted a "hand-off" process with Luke - when we are at family gatherings, you look the person in the eye, ask them if they have Luke and they confirm. At that point, that person knows their primary responsibility is Luke, not side conversations etc. We put this in place after Luke managed to find his way out of a house filled with 32 people. It was winter and the neighbors spotted him running thru the woods - no shoes, no jacket, and they grabbed him. I have also put hook locks on all of the doors which at the moment he can't reach.

Get double key sided dead bolts for every out going door in your house or apt. Never let your child see where the keys are kept. My son has attempted to get out that way. He knew exactly what key to use. Never underestimate your child with autism.

I spoke to all the county firemen and EMT on search and rescue of an Autistic child. I quickly covered tons of material and I also stressed that from everything I have gathered, drowning seems to be the number one cause of accidental death in Autistic children. I stressed to them time and time again, that each and every near water source should be checked as a first priority. I went into full detail about all the other places they could hide...If injured how they more than likely could not respond to EMT questions etc. etc. It was only 2 months later did they get to test their new found knowledge. A 4 year old ASD child wandered off from his house, his parents called 911 after about a 20 minute search. The Fire Dept followed my advice and found him in less than 10

minutes standing on the edge of the River Bank. He was safe and not too happy about leaving the water's edge. The town's Fire Chief called me after the fact and gave me the news. He said that without learning these things, he would have instructed all his men to search the parks and ball diamond first, in the opposite direction of the river!, instead he sent a few to the park and the others to the swimming pool, river and sewer treatment facility.

My point is, just one hour with a group of firemen probably saved the life of a child. I volunteered my time, no experts were hired and not a dime was spent. If we can get others to do the same, what a huge difference it could make for the ASD community.

I recently came up with an idea of making magnets with my daughter's picture and my husband's and my cell phone on it. I plan on making cookies and going door to door in my neighborhood with both of these. I plan on talking to my neighbors personally, and just saying "hi" and letting them know my daughter has autism and where we live. I plan on leaving them with cookies in the hopes that if they see Chrissy, they will offer her a cookie and take her into their car, home and call me.

I have had issues with flight risk behavior and my neighbors have had Chrissy walk into their home and start eating ice cream out of their freezer and they didn't know what to do. The next time she tried to do this, they actually would not let her in the house and this was very dangerous!! I have felt weird about talking to my neighbors so I came up with this idea. I hope this idea makes it into your kit, our behavioral supervisor thought it was a great idea and after the news on Benji, I am going to stop stalling and do it asap.

See what's free at <http://www.aol.com>.

PA Premise Alert

Law Enforcement 101 for Parents

Law Enforcement and Autism: a 101 course for Parents

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Autism 101 for Police

Law Enforcement 101 for Parents

Autism 101 for EMS

Autism 101 for Fire & Rescue

Autism 101 for mandated reporters

Information request

Contact Us

- **Police Officers are in the business of helping people.**

The majority of them went into this field because they wanted to make a difference and help others. When the civilians and Police Officers work together they can solve problems and make their communities better for everyone.

- **Get to know your local Police Officers**

Call and ask them to stop by when they have time to get to know your family and your child. They will be happy to do that. Getting to know who is in their community is important part of a police officers job. Introduce yourself and your child to them at local public events. Work with your school and police department to start the "Utilizing Police in the Schools" Program that can be found at www.papremisealert.com It is free and easy to start. It is the most effective, least expensive training program you will ever see.

- **Teach your children that Police Officers can help them.**

Individuals with autism are very concrete thinkers. They are going to need to know that if they are ever in trouble to go to a person in uniform and ask for help. Do not threaten your child with arrest or jail if they don't do their homework, refuse to clean their room or decide not to go to school. Those are issues to work through with your IEP team or Behavior Specialist. The police are the people they are going to need to feel safe approaching when they are in the community.

- **Teach your child to provide identifying information to Officers**

Start teaching your children to give their name, address and phone number as soon as they are able. If they are nonverbal, teach them to show an ID card or American Sign Language. Even if the Officer cannot Sign, he/she will understand that there is a special need.

- **Teach your child how to safely approach a Police Officer**

When a child is young, say up to 6 years of age, a police officer will easily be able to recognize the excitement of a child around his/her uniform or car but as the child ages the behaviors will appear to be menacing. It is important to teach children to walk up to an officer, not run at them. Also teach them to keep their hands out of their pockets and not reach for the officer's badge, gun, or flashlight.

- **Provide information before a crisis.** Check out the form on this website www.papremisealert.com Download a form, fill it out, and take it to your local Police Department. You can print out directions for Police Departments as well and ask them to help you out.

- **Always disclose your condition to an Officer.**

You and your child should disclose the diagnosis as soon as possible. Teach your child to carry an ID card or Medic-Alert Bracelet so that in the event of a crisis and the child or adult is unable to speak or give his or her information the police will be able to know that there is a diagnosis to be considered.

- **Families of children with autism are not immune from abuse**

If an Officer or hospital worker takes time to investigate the possibility that your child has been abused due to bruises or scars from self-injurious behaviors, try not to be offended. They are working to protect your child. They don't know you or your family they have to go off of what they are seeing. It is good that they care enough to look twice. Provide a copy Autism 101 for Mandated Reporters to your local police, it can be found on our website.

- **When you call the Police, they will come.**

I know that sounds pretty basic but realize that when you call the police they will come and do what they need to do to contain the situation. Parents need to understand what that means. When the Police have trouble they have no one to call, except for more police. Most times and most interactions end well with the situation being resolved without physical contact or further action, but your child may be arrested, may be handcuffed or tasered if necessary. Your child may be subject to an involuntary psychiatric commitment that will last no less than 3 days.

- **Learn the number for your County Crisis Intervention Team.**

They work under the department of Mental Health and they are a resource that may be helpful to you and your child in the event of a behavioral or mental health crisis. Advocate to make sure they have the training and expertise to help during a crisis. Call your local Department of Mental Health to get the phone number, add it to your cell phone director and emergency numbers for care providers. In Pennsylvania check our website to find the number for every counties Crisis Intervention Hot Line.

- **Police Officers are not doctors, psychologists, or Behavior Specialists.**

We are truly fortunate in Pennsylvania that by the end of 2008 every police officer in the state will have received autism training. That does not mean they can diagnose, recognize it on the street, or use perfect de-escalation techniques. Their training will give them a thumbnail sketch of the disability and some suggestions to improve interactions. An Officers job is far more complicated and involved than dealing only with individuals with autism. The training is to provide some insight and techniques that should improve understanding and interactions. For more information on the autism specific training contact Dennis Debbaudt at www.autismriskmanagement.com

- **Autism is NOT a get out of jail free card.**

People with autism can form intent and commit crimes; many cannot and so need to be treated in a different manner. If someone who cannot form intent repeatedly causes harm or damage in the community it may be in their best interest for them to be placed in a setting that will allow them appropriate freedoms and supervision to remain safe and keep the public safe as well. It is critically important to access all

available resources for assistance such as a county or state agency that provides support services, community advocacy groups and support groups to find information on how to best protect your child or adult child.

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Parenting Children with Autism: Safety Issues and Tips

By Karen Douglass, Family TIES Southeast Regional Coordinator

Parents want to do everything possible to keep their children safe. When a child has autism, safety is a complex and often challenging issue. Children on the autism spectrum may have trouble with safety awareness and difficulty communicating, as well as some challenging behaviors that may include a tendency to bolt or wander.

My 5-year old son Keston has autism, and keeping him safe is an ongoing concern. Even now, after much pre-teaching, Keston sometimes just takes off in whatever direction he pleases. I think he would make a great running back because he outmaneuvers me every time. Shouting, "Stop!" or "Keston!" are intermittently successful, but I cannot count on him to listen in a crisis.

When Keston was two, our family lived near the beach. I lived in fear that he would wander down to the water and drown. Even though my husband and I monitored him extremely closely, Keston would manage to wander down to the water. One afternoon we found him wading in neck deep water to reach a dingy that was moored in the bay. Another time, I found him mired in the muck left behind by the ebbing tide. It can be difficult for any child to connect an action to a consequence. For a child with autism, it is even more difficult; they often repeat the same dangerous actions.

Another safety concern I have is that something might happen to me when Keston and I are alone. Keston is nonverbal, so if we were in a car accident, or I fell ill, Keston would not know how to call for help, and how to give emergency responders information. Would they understand that he is a child with a disability and respond to him appropriately in a way that would minimize his fear?

As more parents raise similar concerns about keeping their children with autism safe, more information, advice and safety

tools are now available. I have an Autism Awareness magnet on the rear of my car, an Autism Emergency Alert in the rear window and corresponding personal identification information (available from www.leanonus.org), including a photo of my child, tucked into the driver's side visor. If I were in an accident, emergency responders could identify that there is an occupant

My 5-year old son Keston has autism, and keeping him safe is an ongoing concern...

It can be difficult for any child to connect an action to a consequence. For a child with autism, it is even more difficult; they often repeat the same dangerous actions.

with autism and could find out more about him. It is important even if you don't have a child with special needs to have an ICE (In Case of Emergency) contact keyed into your cell phone so emergency responders can readily identify whom to call on your behalf. [For more information about ICE, refer to page 17 of the Fall 2005 *NewsLine* at www.fcsn.org/publications_resources/newslines/nlv26n2.pdf.]

Safety at home is as important as safety on the road. On our front door, we have an Emergency Decal that is available from the Autism Society of America (www.autism-society.org). This alerts visitors that an occupant has autism. I would not recommend putting decals on a child's bedroom window because you don't want to identify the child's room for people who have ill intent. We also have a deadbolt on our front door and a simple eyehook on our sliding glass door. This is up high, out of Keston's reach, even if he stands on a chair.

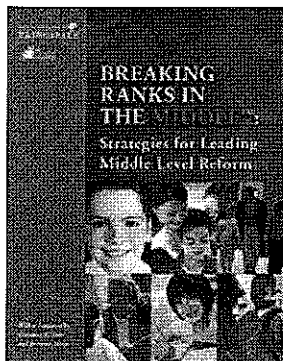
In order to make sure Keston doesn't open the other doors and leave the house unnoticed, we installed a hardwired alarm system. Another option is to purchase an inexpensive door alarm at a local hardware store. These mount onto the door and doorframe. Both systems sound an alarm if the door is opened to alert you that someone is going out or coming in.

Our garage door is a particular safety concern. Keston learned how to open the garage by pushing the buttons on the keypad. Last summer, while naked, he escaped, and streaked through the neighborhood. Our solution was to unplug the garage door opener. The safety and security this provides more than compensates for the inconvenience of manually operating the door.

Speaking of neighbors, it is important that we, as parents, do our best to educate neighbors and friends about our children. Understandably, some parents would rather not call attention to their child's disability. However, if the neighbors know about the child's special needs, they are much more likely to act quickly if they see a child outside alone or in other unsafe situations. I also had our town install traffic safety signs at both ends of our street. These signs alert drivers that there is a special needs child in the vicinity. Some drivers ignore these signs and speed through the neighborhood. However, most drivers take notice and are that much more careful when they approach our block. To find out about the availability of a traffic safety sign for your neighborhood, call your town hall. In my town, I phoned my local councilman to request that the sign be put up and the Department of Public Works installed it.

It is equally important to notify your town's emergency responders about your child. Visit the fire, police and EMT (Emergency Medical Technician) stations

continues on page 14



Book Review

By Amanda Green

Breaking Ranks in the Middle: Strategies for Leading Middle Level Reform, ISBN 0-88210-366-0, copyright 2006 by the National Association of Secondary School Principals, with a forward by Theodore R.Sizer & Deborah Meier. http://www.nassp.org/s_nassp/index.asp.

When I asked my sixth grader how principals could improve middle schools he answered readily, "They need to make it so students who like learning are cool." Then he cocked his head thoughtfully and added, "But that would be hard."

Hard or not, the National Association of Secondary School Principals and the Education Alliance at Brown University are giving it a stab with their excellent new book, *Breaking Ranks in the Middle: Strategies for Leading Middle Level Reform*. Written for middle school administrators, this textbook-like publication maps out a route to middle school improvement in exhaustive detail. It's not an easy read, but it's an important read for parents who are interested in the nuts and bolts of running a middle school, and who would

like to help educate their own school administrators.

The authors lay out nine cornerstone strategies and thirty recommendations in their attempt to chart the path to middle schools that are "academically excellent, developmentally responsive, and socially equitable." Among other things, they insist that each student should be well known to at least one adult within the school, that the curriculum must be standardized and structured with the developmental needs of students in mind, that teachers must have proper training and scheduled planning time, and that all stakeholders—students, teachers, families, and community members—should be substantively involved in school decision making.

As the parent of a child with disabilities, I found most interesting the idea that all students should have a "personal plan for progress," which would chart each student's strengths, weaknesses, and goals for the future. Students and their teacher-advisors would develop and monitor these plans in order to encourage self-reflection and goal setting, and to prompt students to recognize their own talents. This sounds a lot like an IEP for everyone—without legal strings attached.

Although students with disabilities are not often mentioned, they do put in an appearance in a couple of interesting case studies. It's clear that the authors are focusing on regular education, but they advocate inclusion. Good practices across the board, they believe, will help ensure the success of all students.

Link to Amazon.com through the Federation website at www.fcsn.org and 6% of your purchase will help support the mission of the Federation.

amazon.com

Parenting Children with Autism: Safety Issues and Tips, continued from page 13

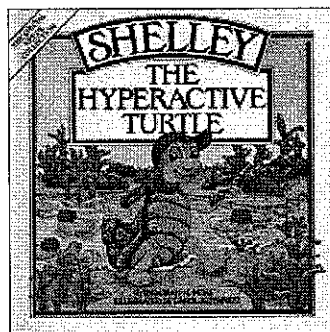
with your child or send a letter with a photo. If your town has 911 services, you should fill out and submit a 911 Disability Indicator form to your municipal coordinator to alert emergency responders that there is a person with a disability living at your address. If your child tends to wander away, you should make note of that on the form so the information will be flagged in the 911 computer database. You can download a copy of the Disability Indicator Form from the *What's New* section of the Family TIES website at www.massfamilyties.org.

Remember that even verbal children with autism can become stressed and not be able to communicate effectively in an emergency. Some parents have success using a medic alert ID tag or bracelet, which are available at most pharmacies. There are also ID tags for a child's shoe or zipper (visit www.mypreciouskid.com for more information about child safety products). Other families have had success with sewing identifying information into the child's clothing. For children who are serious wanderers www.projectlifesaver.org offers a rapid response tracking system that is used in conjunction with law enforcement. My son has sensory issues, so he is opposed to

any sort of ID tags or labels. We have printed identification cards with Keston's name and our contact information on business cards and placed them in his backpack and the pockets of all of his jackets.

Another great resource is the Early Search Program sponsored by the Franklin Police Department. This program assists parents of children with special needs or caregivers of people with Alzheimer's in creating a detailed biographical and geographical binder that could be given to emergency responders if the individual wanders off. It contains detailed information about the

continues on next page ▀



Book Review

by Beth Dworetzky

Shelley the Hyperactive Turtle

By Deborah M. Moss
Special Needs Collection,
Woodbine House, 2006.

When this sweet children's story about a hyperactive turtle named Shelley was originally published in 1989, it was one of the first books about ADHD (attention deficit hyperactivity disorder). The turtle, with its characteristic slow, steady ways, is a wonderful foil for describing the wiggly, impulsive behaviors associated with ADHD. Children will readily be able to identify with how "jumpy and wiggly" Shelley always feels, how hard it is for him to stay in his seat at school, his feelings of being bad because he can't pay attention, and how he just wants to crawl into his shell.

In 2006, Shelley's story is just as endearing. To ensure the story remains relevant, Woodbine has published a second edition with some new illustrations and updated information about the diagnostic testing and treatment options for children with ADHD. Shelley's story helps children and adults recognize and better understand the behaviors that are characteristic of ADHD. It also encourages parents to get their children the help they need to feel better about themselves and be better able to function at home, in school, and with groups of friends.

Woodbine House has donated a copy of this book, and other books from their Special Needs Collection, to the Federation. Call 1-800-331-0688 to see if the book you want is available and to arrange to borrow it. For more information about the Woodbine House Special Needs Collection, and to receive a catalog, call 1-800-843-7323 or visit www.woodbine-house.com.

What's the difference between ADD and ADHD?

For anyone who is confused about the difference between ADD (attention deficit disorder) and ADHD, the anecdote below, shared by the mother of three boys, provides some perspective and may be helpful when explaining attention problems to a teacher, health care provider, other parents, other kids, or extended family members.

Mom: ADD and ADHD look very different. ADHD is the one where the child moves constantly. It is hard to ignore a jet powered ping-pong ball bouncing around your classroom. ADD, on the other hand,

is quite different. Children with ADD are often so laid back they may almost seem lethargic. The thing they both have in common is that a child with ADD and a child with ADHD both have a tough time staying focused. Despite the differences, both ADD and ADHD have the same cause (lack of a neurotransmitter), and have the same treatment.

I have three sons. John has ADHD, Devon has ADD, and Rich is more or less normal. Several years ago, when they were in 4th grade, they were dissecting cow eyes. At one point in the procedure the teacher said, "All eyes up here."

Rich admitted that it occurred to him to pick up his cow eye and toss it toward the teacher. Then he thought, "No, the teacher would kill me." That is the reaction of a normal, active child. He stopped and thought about it before he acted on the impulse.

With John, the minute the idea hit his mind, the cow eye would have been in the air. That's ADHD. His mantra is "Ready, Fire, Aim." The school psychologist says he burns his bridges before he gets to them and then swims the creek.

Devon, my son with ADD, who looks half-asleep all the time, would have missed the whole thing because he wasn't paying attention and didn't hear the directions in the first place.

Parenting Children with Autism, continued

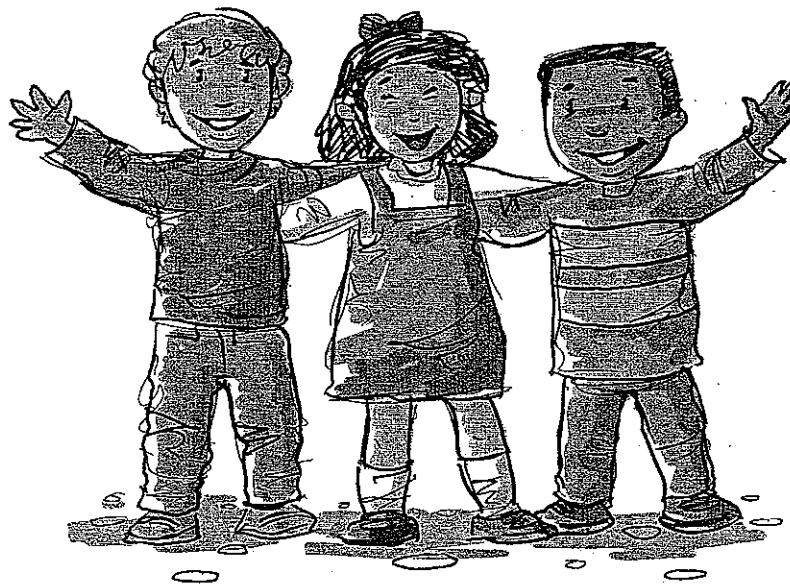
person, how s/he responds, what s/he likes and doesn't like, and areas that the individual might frequent or wander to. If you would like more information about how to participate in this program, phone Chris Baker or Jennifer Mitchell of the Franklin Police Department at 508-528-1212 or Jason

Brennan or Steve Mitchell of the Medway Police Department at 508-533-1212.

For more information about autism safety issues or contact information for the autism resource center near you, contact Family TIES at 1-800-905-TIES (8437).

Additional Resource: "Are You Prepared for an Autism Emergency?" By Dennis Debbaudt is available on-line in English and Spanish at www.autismriskmanagement.com/parents.html.

EVERYDAY SOLUTIONS



**A Practical Guide for Families
of Children with Autism Spectrum Disorders**

**Mindy Small, M.A.
Lisa Kontente, ACSW**

CREATED BY HERBERT G. BIRCH SERVICES, INC.

SAFETY I

Presenting Problem:

Simon takes every opportunity to chew on electrical wires, creating an extremely dangerous and frustrating situation for the family. Due to his chewing and biting on wires, there are many broken appliances in the home. There is also the constant threat of choking or abrasions in the mouth.

Possible Relevance to Autism Spectrum Disorders:

- Craving for sensory input within the mouth
- Lack of awareness of dangerous situations

Suggested Strategies/Recommendations:

- Use wire in an alternative safe manner (for example, string beads on the wire).
- Provide items for Simon to chew that would provide similar oral gratification (such as licorice strings, lollipops, gum, frozen bagels).
- Place all exposed wire out of sight and reach of Simon or make the wire inaccessible by covering it with tape or plastic casing.
- Arrange for an OT consultation to discuss the complex sensory needs of a person with ASD and how to provide the stimulation needed while at the same time creating a safe home environment for Simon and his entire family.

Conclusion:

There are three very clear ways to intervene with this behavior:

1. Redirect the child's use of electrical wire into a more functional purpose.
2. Provide substitutions that offer Simon the same oral gratification (physical feelings and sensations) as the wire.
3. Address the immediate safety issues concerning wires and electricity within the home (physical environment).

SAFETY II**Presenting Problem:**

Nancy was fond of climbing onto windowsills and furniture and then jumping off, creating obvious safety concerns.

Possible Relevance to Autism Spectrum Disorders:

- Minimal awareness of danger
- Need for sensory input
- Receptive language deficits
- Difficulty in using unstructured time
- Craving proprioceptive input

Suggested Strategy/Recommendation:

- Consult an occupational therapist to learn more about sensory input.
- Use a mini-trampoline during specific scheduled times to allow Nancy opportunities to meet her sensory needs in a safe, appropriate manner.
- Due to significant receptive language deficits, use a specialized concrete schedule (individual daily schedule) to provide a visual means for Nancy to understand when "jumping time" is permitted.
- Provide pillows and gym mats for safe jumping.
- Provide structured, visually clear activities that allow for safe jumping and climbing.

Conclusion:

By addressing Nancy's sensory needs on a consistent basis in a creative, safe and pleasurable format, the need for the inappropriate, dangerous activities ceased to exist.

SAFETY III

Presenting Problem:

Lesley habitually turned on the hot water faucets and played with the scalding water.

Possible Relevance to Autism Spectrum Disorders:

- Sensory issues
- Lack of awareness and consequences of danger
- Difficulty using unstructured time

Suggested Strategies/Recommendations

- List water play (at an appropriate safe temperature) on Lesley's daily schedule at least once per day to satisfy her sensory needs and interest in playing with water. Consult an occupational therapist when available.
- Place safety symbols (HOT) on all hot water faucets and spend time with Lesley learning their meaning.
- Increase bath time as needed to satisfy sensory needs.
- When teaching Lesley about water safety, ensure that the bathroom doors are locked from the outside and the supervision level increased.
- As time progresses, use visual strategies such as color to indicate which faucets may be turned on and when they should be used.
- When feasible, turn down the overall temperature on the hot water heater.

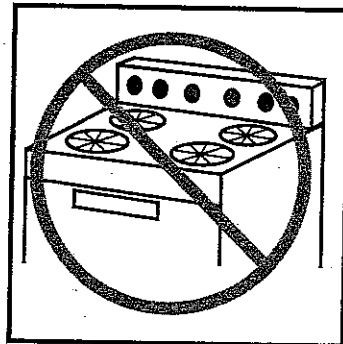
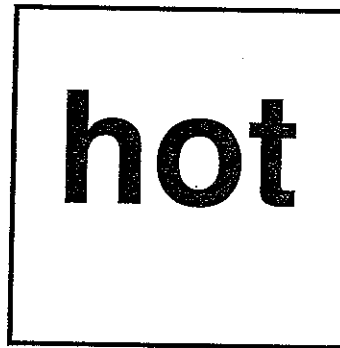
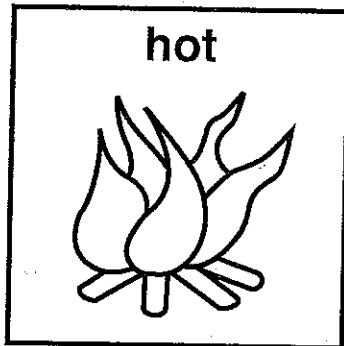
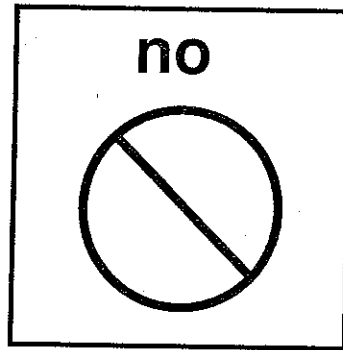
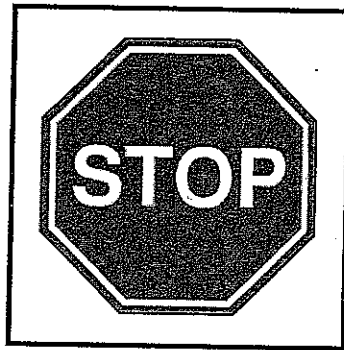
Conclusion:

When dealing with issues of this nature, the primary concern is to keep the child safe. Work backwards from there to satisfy the child's needs. Interest in and pleasure from water are usually attached to sensory deficits. The concept of "hot" must also be made visual so that it is comprehensible to the person with ASD.

Vignette-Example Y

SAFETY III

There are many different levels of understanding among children. It is extremely important to target the accurate functioning level to ensure comprehension.





[Return to Web Version](#)

Home Sweet Home

Making your home an autism-friendly environment

By ClubMom Autism Expert [Donna Richards](#)

[Learn more about Donna](#)
[Visit Donna's Website](#)



An author, motivational speaker, autism expert and spokesperson, Donna is also the CEO of Richards Advantage Housing, a 3 million dollar a year mobile home sales and transport company. She is the co-executive director of TAP, the autism perspective magazine and the #1 autism publication in the nation. A mother of five boys who has starred in a Tony Robbins Infomercial, Donna has been featured, quoted, or profiled in First for Women, Woman's World, Baby Talk, and Grands. Donna is the author of the wise and moving book, My Brother's Keeper which she co-authored with her son Jace, a book that explains autism through the eyes of a child and his family.

When I had my first son Joey, 18 years ago, I read all the books, watched all the shows, and spent a fortune baby-proofing my home. I had kitchen cabinet locks, electrical outlet covers, and all the doors dead-bolted with chains, well out of a toddler's reach. Despite all this, when Joey was two years old I found him outside at three in the morning going through the garbage trying to find a favorite toy that was broken that I had thrown away earlier. Three children later, my level of baby-proofing the house had come to an end. I decided I could childproof it all I wanted and they still kept getting in. Then along came Justin. With an autistic child things that seem normal and everyday can wreak havoc on their nervous system. Here are a few solutions that we used to make home a happier place for Justin.

1. Eliminate all extreme-smelling cleaners and chemicals. Although I love the fresh scent of pine cleaner, to my easily over-stimulated child the smell was overwhelming. We still use scented cleaners, but now we dilute them with 50 percent water.

We also use natural cleaners that aren't chemical based. One of my favorites is called Greenspace. It's a cleaner almost like Windex, but it's light green and has a minty smell. Another thing we've done is eliminate any type of plug-in air freshener and instead use essential oils in aromatherapy diffusers. Youngliving produces a line of all-natural pure essential oils that Justin seems to do well with. We actually diffuse lavender in his room at night for calm sleep. The house is still clean and smells nice, but not to the point where it nauseates Justin.

2. Secure all doors and windows. All of our doors and windows have sensory monitors connected to our alarm system. Justin frequently has insomnia as most autistic children do (sleep, you know, is something other people get), so he often wants to go and take a walk in the woods at three in the morning.

As part of the security and safety of Justin all of our doors and windows also have emergency personnel stickers that say "Attention Autistic Male Child May Not Respond Verbally or May Run From You. His Name is Justin." Emergency personnel and especially police officers are trained to give chase if somebody runs. Because policeman and fireman come in loud trucks, an autistic child's first instinct is to run to get away from the noise. By having this sign on the door and letting the personnel know his name he would stop running if they called his name.

3. Make the bathroom safe. Our bathrooms have hot water security locks because Justin can't tell if water is too hot or not. Part of Justin's autism dictates that he has no physical pain. Security locks prevent him from burning himself unknowingly. Bath time is one of his favorite times and we would often think he was in his room, when he was actually running himself a bath. So we installed the water locks to make sure he was safe.

We also use all-natural hair products and soaps. Justin was born with infantile dermatitis and has very sensitive skin. Regular children's bubble bath can give him a rash almost immediately upon contact. There are also a lot of chemicals in hair products.

We have toilet paper safe where our extra rolls of toilet paper are stored. This only allows one roll to be dispensed at a time because when Justin was three his favorite hobby was to see how many rolls of toilet paper would fit into the bathtub while it was full of water.

We also keep all the toothbrushes out of reach and dispense them each morning. Justin likes to brush his teeth and

uses huge amounts of toothpaste. Many kids with autism love the froth and foam. While this isn't dangerous it makes a huge mess. So each morning I hand him his toothbrush with the toothpaste already on it, which solves the problem.

4. Prevent fires. If you have a fireplace or a wood-burning stove at your home, make sure that it is attended by an adult at all times. Last winter Justin got up at two in the morning and decided to help us by emptying the ashes out of the fireplace. He shoveled the ashes out of the fireplace and into the ash bucket with live embers that fell on the carpet. Luckily, the house didn't burn down, but the carpet did have to be replaced.

Then he proceeded to dump the ashes into the heat vents and when the heat came on my living room and Justin were both covered in ash. Everything was black. I had to have the furniture and the draperies professionally cleaned and the room repainted. This could have been prevented if we would have had glass locking doors on the outside of the fireplace.

5. Create calm in your child's bedroom. In today's electronically overwhelmed world we always want our children to have the latest gadgets. But for your autistic child his own bedroom needs to be free of electronics — which can be a great thing.

I admit Justin does have a television and DVD player in his room along with a V-Tek V-Smile which is an educational gaming system that can also be hand-held. But he does not have electronic toys that make noise or have light patterns which disturb and upset him. You choose what works for your child.

His room is painted navy blue and decorated with Spongebob, as he's a character Justin loves. Because Spongebob is a vibrant hue we only used one or two Spongebob images. For Justin this creates calm. We use 100 percent natural fiber sheets on his bed and an air purifier for his breathing that helps minimize his asthma.

Plantation blinds are used to keep out or tone down the sunlight which can agitate him. We also use full spectrum lighting throughout the whole house and have removed the florescent lighting because the flickering bothered him. Knowing your child's particular sensitivities will guide you to creating a house that is livable, agreeable, and pleasant for all.

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View this article online at <http://www.clubmom.com/display/257510>

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ICE — In Case of Emergency

Information from the MA Family-to-Family Health Care Information & Education Center

Cell phones are everywhere, and while it is annoying to hear people's ring tones and listen to their cell phone conversations during a meeting, movie or in a restaurant, cell phones also offer the peace of mind of being able to be reached in an emergency. Due to a nationwide campaign, the opposite is now also true. Cell phone users are being encouraged to ICE their phones -- to add an emergency contact name and phone number under the heading 'ICE' to their cell phone contact list so the phone can be used to

reach your next of kin or a other designated person In Case of [your own] Emergency.

The ICE (In Case of Emergency) concept was launched by Bob Brotchie, a paramedic with 13 years of experience with the East Anglian Ambulance Service. "I was reflecting on some of the calls I've attended at the roadside where I had to look through the mobile phone contacts, struggling for information on a shocked or injured person. Almost everyone carries a mobile phone

now, and with ICE we'd know immediately who to contact and what number to ring. The [contact] person may even know [the injured person's] medical history."

By adding an ICE contact, or contacts (listed as ICE1, ICE2, etc) to your mobile phone, you can help rescue services quickly notify a relative or friend on your behalf. Parents should be sure to add ICE contacts to their children's cell phones as well so they can be notified as quickly as possible if their child is in an accident or has a medical emergency.

**Safety & Risk Management for Children
on the Autism Spectrum**



Community Resources For People With Autism
Holyoke, Massachusetts | April 4, 2006



Bill Cannata
Lt. Westwood Fire Department
State-Wide Coordinator of ALEC

ADA Anne Yas
Assistant District Attorney
Norfolk District Attorney's Office
Sexual Assault Unit
Member of ALEC



Education
Educating the community about ASD
is key to preventing a tragedy.



What is ALEC?

In November 2003, SNCARC Family Autism Center and Norfolk District Attorney William R. Keating jointly sponsored a law enforcement training on Autism Spectrum Disorder (ASD). Over 75 police officers, firefighters, and EMT's attended the presentation.



As a result of the training, a working group was formed, now called ALEC. The group's goal is to offer training to every first responder in Norfolk County.

Further, the group seeks to increase the safety of individuals with ASD.




This year ALEC received funding from the Division of Autism to extend our goal to a state-wide training and program.




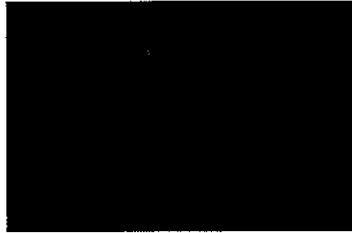
ALEC Autism and Law Enforcement Education Coalition

Why is safety such a problem in the ASD community?




ALEC Autism and Law Enforcement Education Coalition

Example of a Tragedy



ALEC Autism and Law Enforcement Education Coalition

What can you do to prevent a tragedy in the community?



Educate First Responders About ASD



Who are first responders?

1. Police/Law Enforcement
2. Fire/ EMT- Paramedics
3. Hospitals/ER



Because of the high prevalence of ASD (1 out of every 166 are diagnosed with ASD), there is a high likelihood of coming across a person with ASD as a:

- Victim
- Perpetrator
- Innocent Bystander



Law Enforcement

How do police respond to an emergency situation?

- 1. Dispatch
- 2. Officer on Scene

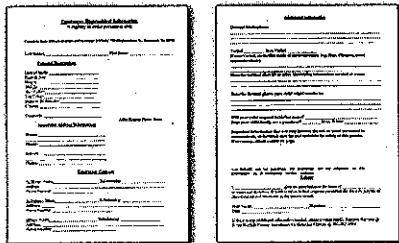


How to Relay Information to Dispatch

- 1. Give basic facts
- 2. Discuss how an officer will respond (lights, sirens, dogs, etc.)



Emergency Biographical Information Form



Develop and Carry a Handout



What you want others to know now

- Emergency contact numbers
- Name, address, phone & photo, physical description
- ID jewelry and clothing tags
- Medical/medication requirements, dietary needs, any sensory issues
- Favorite places to go
- Best way to communicate: verbal, PECS, ASL, computer
- Approach & de-escalation techniques
- Likes/dislikes; loves & fears, topics and items of interest
- Fingerprints & Photograph



What happens when the officer responds to the call?

Give the information again



ALEC Autism and Law Enforcement Education Coalition

A 911 call for a domestic disturbance in progress.
A 16-year old is beating his mother.

When the first police officer responds, he sees the
16-year old has his mother in a headlock on the front
lawn; striking her in the head with the other hand.

The boy is combative and being restrained by the
officers when the sergeant arrives on the scene.



ALEC Autism and Law Enforcement Education Coalition

There is a language barrier because the family
speaks Portuguese and are trying to communicate.

It is eventually learned that the boy has ASD
and is non-verbal.



ALEC Autism and Law Enforcement Education Coalition

Even though the child does department not have a
malicious intent, the officers must follow policy
pursuant to 209A.

Most departments view arrest as the preferred
response.



In this case, the officers decide to arrest the boy.

The family is very upset and tries to prevent the officers from effecting the arrest.

Officers attempt to de-escalate the situation.



Obstacles that police face

1. Domestic Violence Laws (M.G.L. c. 209A)
2. DSS and DPPC



Male teen wandering outside appears under the influence of a substance.

Teen is unable to speak and exhibits strange behavior.



Obstacles that police face

- Non-verbal
- Difficulty following instructions
- Sensory issues



Wandering

Many individuals with ASD wander; it might even be the call you get most often.

Check for attractive hazards

- Water (pools, lakes, rivers, etc.)
- Construction sites
- Drainage areas
- Train and Traffic



What can you do?

1. Call 911
2. Let neighbors know that individual has ASD
3. secure doors, windows and install locks
4. roll play
5. Introduce the individual with ASD
6. ID Cards/Medical Alert bracelets



Project Lifesaver



How do Fire Fighters respond?

- 911 Dispatcher
- Responding Firefighter



Obstacles for fire fighters who are responding to an emergency



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 ASD.

This person may aggress towards the rescuer during this operation. Always make sure you are secured before you attempt to rescue the individual

People with ASD are a bolt risk after rescue. A firefighter must stay with the person



Sensory Issues

- Lights
- Sirens
- Air Horns
- Smoke detectors
- Smoke
- Fire



**Let the fire fighters know
Your child's habits**

- Behavior
- Bolting





How to prepare an Individual with ASD for a fire emergency

- Home Fire Drills
- New Smoke Detectors



EMS/Paramedics
In a medical emergency, parents or caregivers will be consulted to give necessary information




Obstacles for EMS

Sensory issues like lack of verbal communication, medical exams and touch




ALEC Autism and Law Enforcement Education Coalition

**EMT's should notify the ER
that the patient has ASD**





ALEC Autism and Law Enforcement Education Coalition

Motor Vehicle Accidents



ALEC Autism and Law Enforcement Education Coalition

Emergency Room



Preparations can be made prior to arrival

- Ask to stay with individual with ASD at all times for information and comfort
- Ask for a private room so sensory issues can be controlled and waiting is easier
- Bring Bio Form



Facilitating Steps

When feasible, turn down the volume on the monitors to help lessen the sensory overload



Community Days

Community Days are a great opportunity for local people with ASD to familiarize themselves with the fire, EMS, and police departments



Community Days

ALEC can provide any interested community information on planning and hosting their own Community Day



Examples of where education worked!



www.boston.com

New program trains safety workers how to respond to autistic children Captain James Hagerty of the Franklin Fire Department was expecting to find a teenager on drugs when he responded to a call from a local video store last May. The girl inside, the manager reported, was speaking and acting erratically – talking to the videos, flapping her hands.

"Naturally, drugs is what comes to your mind," said Hagerty. "But something about her mannerism didn't go with drugs. Her hand motions were rapid, and she was repetitive in her vocabulary. It didn't quite fit the profile of someone under the influence."

That's when it dawned on Hagerty – the girl was exhibiting traits of someone who is autistic. Immediately, he changed his approach, recalling training he had recently received on dealing with children with autism.



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The 20-year firefighting veteran took a few steps back, adopting a more soothing tone. He gave the girl time to answer his questions, building a rapport. It turned out she had wandered away from her home, and Hagerty was able to reunite her with her anxious family.

The training that helped Hagerty defuse the situation will soon be more widely available. At a time when more children are being diagnosed with autism, the Autism Spectrum Division of the state Department of Mental Retardation is launching an effort to train emergency workers on how to recognize and deal with it.

The agency is working closely on the project with a variety of groups, including the Autism Alliance of MetroWest, the Norfolk district attorney's office, and the Central Massachusetts Autism Resource Center.



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"Families indicated that this was high on their priority list. They have real fear and stories -- about when it doesn't go right. Families just want to be reassured that their community [emergency workers] are trained," said Carliann Harsh, senior project manager at the Autism Spectrum Division.

Autism spectrum disorders are a group of developmental disabilities that begin in childhood and extend through life. People affected often have problems with social and communications skills. Many also have unusual ways of paying attention, reacting to sensations, and learning, according to the federal Centers for Disease Control.



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The number of children diagnosed with the disorder has been on the rise. The CDC estimates that 1 out of 166 children nationwide are affected. That means that a child with the disorder can be found in nearly every school and neighborhood and that emergency personnel are more likely to encounter an autistic child than ever before.

State officials estimate there are between 10,000 and 12,000 Massachusetts children between the ages of 3 and 18 who have the disorder.

The need for different tactics in dealing with autistic children was highlighted for advocates and for public safety personnel in August 2004, when an autistic child in Mills wandered away from his home and was missing for four days. Searchers had to alter their standard methods to locate the boy, because he had an aversion to loud noises, such as those made by helicopters and dogs.



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"The Millis incident definitely brought it forward as a wake-up call to first responders, very much so," said Captain John McLean of the Sharon Fire Department, who trains firefighters to deal with autistic children.

Westwood fire Lieutenant William Cannata, the state coordinator for the \$50,000 training project and the parent of an autistic child, said it is a potentially volatile situation when emergency personnel race to a scene, adrenaline pumping, and are confronted with an autistic child's unusual behavior.

"Absolutely, and this is where the training is really important," said Cannata "If the first responder can recognize someone with autism before they act to recognize an approach -- then they can act in an appropriate manner. People with autism are often mistaken for people on drugs or under the influence of alcohol."



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For the past three years, Nannette Ohman, executive director of the personnel in a number of local communities, including Millis, Medway, Framingham, Natick, Holliston, Hopkinton, and Wellesley. The state has adopted Ohman's training course for use statewide.

Ohman said one basic thing emergency workers need to know is that people with autism are often averse to loud sounds and bright colors such as those associated with police cars, firetrucks, and ambulances. Ohman teaches emergency workers to eliminate the use of sirens or helicopters, to approach an autistic child individually, and to remove large hats, such as the helmets firefighters wear, that might frighten the children. Don't touch around the head and shoulder area, and listen for echolalia -- a child's involuntary repetition of words that is often a sign of autism, Ohman advised.



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"Wait and give them extra time to respond when speaking to them. Ask questions. The dialogue should be open-ended so they can fill in the blanks, such as 'Your name is. . . .' Instead of 'What's your name?' " said Ohman.

McLean said that "sometimes the comprehension just isn't there, and you have to rephrase. You start out with 'What's your name?' and then 'Can you tell me your name?' 'Can you write your name?' And we have to allow extra time for them to process our questions and then respond to them."

Ohman's work resonated with parent Allison Daigle of Framingham, whose Son Justin participated in a training video Ohman has developed for emergency workers.



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In the video, Justin illustrates how difficult it can be for an official to gather basic information from an autistic child, such as a phone number or an address.

"It's really tough for Justin, and that was a no-distraction environment. If we sat down and did the same thing today, I'm not sure he could do it. It's still a struggle for us," said Daigle. "He doesn't understand the full ramifications of an emergency situation if he had to go in an ambulance or if there was a fire."

Cannata said the response from rescue workers has been very positive.

"Nationwide, we're seeing many incidents, and we're being proactive in getting the training to our first responders, so we all have a heads up before something happens," said Cannata.



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Cannata estimates that 1,100 police, firefighters, and EMTs have been trained in Massachusetts, but he said that's barely scratching the surface.

Recently, the Massachusetts Firefighting Academy began incorporating the training for every new recruit. Cannata said efforts are underway to spread the training, which typically lasts two to four hours, to other emergency workers across the state.

"We've been told by people at the national level that we're at the forefront, and are leading the way. . . . Massachusetts is one of the most proactive areas in the country on this training," said Cannata.

By Clare Leschin-Hoar, Globe Correspondence.



ALEC Autism and Law Enforcement Education Coalition

Resources

Dennis Debbaudt
Phone: (772) 398-9756
E-mail: ddpi@flash.net

Autism & Law Enforcement Education Coalition
(781) 762-4001 ext. 420

www.autismriskmanagement.com



Attention Families!

The attached sheets are emergency contact sheets provided to us from ALEC (Autism Law Enforcement Education Coalition), the group that presented at our Annual Conference in April. ALEC trains First Responders and parents regarding safety measures to follow to help keep a child with autism safe in the event of an encounter with a police officer, fire fighter, Emergency Medical Technician (EMT) or hospital Emergency Room worker. We recommend that you read the enclosed papers carefully, fill out the information requested and deliver the 911 form to your local police department. Keep the blue form in a safe place that you can access in the event of an emergency.

Emergency Biographical Information

Complete form, affix photograph and keep in a safe place. Make several copies and share with emergency personnel as needed.

Last Name: _____ First Name: _____

Personal Description:

Date of Birth: _____

Race: _____ Sex: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Scars or Birthmarks: _____

Glasses?: _____

Diagnosis: _____

Affix Recent Photo Here

Important Address Information:

Home: _____

Phone: _____

School: _____

Phone: _____

Emergency Contacts

At Home: Name _____ Relationship _____

Address: _____

Phone Number: _____

At School: Name _____ Relationship _____

Address: _____

Phone Number _____

Others: Name _____ Relationship _____

Address: _____

Phone Number _____

OVER

Additional Information

Current Medications:

Verbal _____ Non Verbal _____

If non-Verbal, preferable mode of communication (e.g. Sign, Pictures, word approximations):

Describe medical alert ID or other identifying information carried or worn:

Describe favored places your child might wander to:

Will your child respond to his/her name? _____

Does your child/family use a password? _____ If so, What: _____

Important information that will help identify the risk or assist personnel to communicate, understand, care for and maintain the safety of this person:
(If necessary, attach a separate page)

Release

I, _____ give my permission to the town of _____ to retain and distribute this information to first response personnel for the sole purpose of identification and assistance to the person-at-risk.

Print Name: _____ Signature: _____

Date: _____

9-1-1 DISABILITY INDICATOR FORM – Individual Record

The filing of this document with your 9-1-1 Municipal Coordinator will alert public safety officials that an individual residing at your address communicates over the phone by a TTY and/or has a disability that may hinder evacuation or transport.

This information is confidential and will only appear at the dispatcher's location when a 9-1-1 call originates from your address.

Telephone Number: Area Code (_____) _____ Voice TTY

Name: _____

Address: _____

Town/City/Zip: _____

The following are approved designations for inclusion in the 9-1-1 Database to assist public safety dispatchers in responding to an emergency at your address.

Any changes should be communicated to your 9-1-1 Municipal Coordinator promptly.

- “LSS” Life Support System:** Alerts the public safety dispatcher that someone at that address is linked to equipment required to sustain their life.

- “M I” Mobility Impaired:** Alerts the public safety dispatcher that someone at that address is bedridden, uses a wheelchair or has another mobility impairment.

- “B” Blind:** Alerts the public safety dispatcher that someone at that address is legally blind.

- “D H H” Deaf and Hard of Hearing:** Alerts the public safety dispatcher that someone at that address is deaf or hard of hearing.

- “T T Y” Teletypewriter:** Alerts the public safety dispatcher that communication via the telephone with someone at that address may be by TTY.

- “S I” Speech Impaired:** Alerts the public safety dispatcher that someone at that address is speech impaired.

- “C I” Cognitive Impairment:** Alerts the public safety dispatcher that someone at that address has some degree of cognitive disability such as a developmental disability, Alzheimer’s disease or other form of dementia.

- PLEASE REMOVE any designation presently displayed.**
- PLEASE CHANGE existing designators to those shown above.**

NOTICE: By initiating this document I understand that I am responsible for notifying my 9-1-1 Municipal Coordinator of any changes with regard to the status of the above disability indicator(s). I further agree I will indemnify, defend and hold the Statewide Emergency Telecommunications Board (SETB), Verizon, my public safety dispatch location and municipality harmless from and against any claims, suits and proceedings (including attorney fees associated therewith) resulting from or arising out of the initial provision or updating of this information.

I understand this information will remain as part of my 9-1-1 record until such time as I notify my 9-1-1 Municipal Coordinator to change or delete the same.

Signed: _____ (customer) Date: _____

Signed: _____ (Municipal Coordinator) Date: _____

DISABILITY INDICATOR FORM
Important Information and Instructions

You are required to complete this form if you want your police department, fire department, or other emergency agency to know about you when you call 9-1-1 in an emergency.

When your 9-1-1 call is answered at your local Public Safety Answering Point, the 9-1-1 system automatically displays your name, address and telephone number on the dispatcher's screen.

At your request, codes will be displayed on the dispatcher's screen that will identify the disability indicators that have been reported for you or someone living with you at your address. These codes will help the dispatcher at the 9-1-1 Public Safety Answering Point to communicate with the caller and provide useful information to your responding public safety agency.

The information is confidential and will only appear at the dispatcher's location when a 9-1-1 call originates from your address.

The information you provide for input to the 9-1-1 system will remain until you request a change or make a request to have it removed. **It is your responsibility to notify your 9-1-1 Municipal Coordinator when there is a change in the information described on this form.** When there is a change, complete another form and send it to your 9-1-1 Municipal Coordinator.

**If the disability indicator form is not completed properly,
the information will not be entered into the 9-1-1 system.**

When filling out the form, be sure to:

1. Give your telephone number, name, and address
2. Check the box or boxes
3. Sign and date the form
4. Return the form to your 9-1-1 Municipal Coordinator for processing

Any questions should be referred to your 9-1-1 Municipal Coordinator at:

Name: _____

Telephone Number: _____

9-1-1 MUNICIPAL COORDINATORS:
RETAIN ORIGINAL FOR YOUR RECORDS

All forms must be signed by both parties or it will be returned.

**Fax all disability indicator forms to Verizon 9-1-1 Database Management at
1-800-839-6020**

Wallet Card for Disclosure to First Responders and Law Enforcers

With thanks to Dennis Debbaudt, Mary Fox, Debby Geheran, & Steffi Geheran

An important time for a person with AS to disclose the fact that they *have* AS is when interacting with a “first responder,” i.e. a police officer, fire fighter, or emergency medical technician. This kind of disclosure may be especially hard, because the situation may be an emergency, or one in which you feel threatened or unsafe. If you are an adult or teen with AS, we suggest that you carry a copy of the card below in your wallet at all times, to use in such difficult situations. Be sure to write on the back of the card the names and telephone numbers of two people who know you, and who explicitly agree to serve as emergency contacts for you if you ever find yourself in a difficult situation with a police officer or other first responder.

Some parents take their children to meet local police and disclose their AS *in advance* of any possible emergency. Teens and adults could also make it a point to introduce themselves to local police, perhaps taking along a family member or trusted friend to facilitate the meeting. It is far easier to establish a mutually respectful relationship at a time when everyone is calm, than in the midst of an emergency or active law enforcement incident.

The expert on these issues is **Dennis Debbaudt**, who has kindly spoken at AANE conferences and trained law enforcement personnel and other first responders in New England on behalf of our community. You can receive his e-mailed “Autism Risk and Safety” newsletter by contacting him at <ddpi@flash.net>. AANE staff members have developed this card based on models created by Dennis, and on his insights and teaching.

It is very important to ask a police officer *permission* to reach into your pocket to get your wallet and the card yourself, or tell the officer exactly where you are carrying your wallet—purse, left side coat pocket, etc.—and ask the officer to please take out the wallet and look for the card himself or herself. If you reach into your pocket suddenly, the police officer may think you are reaching for a weapon, and react in a way that could endanger you. For example, you could say, “Officer, I have a card in my wallet that explains my disability. May I please show it to you, or would you prefer to reach into my back pocket yourself?”

Directions

1. Cut out both the front and back sides of the card.
2. Fill out the front with your name, date of birth, and phone numbers of your two emergency contact people.
3. Cut a piece of card stock to the same size. Put it between the two sides of the card.
4. Laminate with contact paper or a clear lamination kit from a pharmacy, hardware, or stationery store.
5. Put the card into your wallet; carry it with you whenever you leave home.

To: A Law Enforcement Officer or other First Responder

I have a diagnosis of *Asperger Syndrome*.

My Name: _____

Home phone: _____ D.O.B. ____/____/____

In case of emergency, or to assist both you and me in communicating and in resolving this situation, please contact one of the following people:

1. Name _____ Phone: _____

2. Name _____ Phone: _____



Asperger's Association of New England
617-393-3824 www.aane.org

I have *Asperger's Syndrome*, a social/communication disability related to autism.

Because of my *Asperger's Syndrome*, I may

- Panic if yelled at, and lash out if touched or physically restrained.
- Misinterpret things you tell me or ask me to do.
- Not be able to answer your questions.
- Appear not to be listening or paying attention.
- Tend to interpret statements literally.
- Appear rude or say things that sound tactless, especially when anxious or confused.
- Have difficulty making eye contact.
- Speak too loud, too soft, or with unusual intonation.

I would like to cooperate. To help me cooperate, PLEASE:

- Clearly identify yourself as a law enforcement officer/first responder.
- Call one of my emergency contacts. (Please see reverse side of this card.)
- Do not assume that my *Asperger's* traits constitute suspicious behavior.
- Avoid touching me or restraining me.
- Speak to me in normal, calm, non-confrontational tones.
- Tell me exactly what I need to do politely, clearly, simply, literally, and step by step.



EMERGENCY BIOGRAPHICAL INFORMATION

A registry to assist persons-at-risk

Complete form, affix photograph and return to:

Last Name: _____ First Name: _____

Address Information:

Home:

Phone: _____

School:

School contact name:

Phone: _____

Affix
Recent
Photo
Here

Personal Description

Date of Birth: _____
Race: _____
_____ male _____ female
Height _____ Weight _____
Hair color _____
Eye color _____
Scars or birthmarks _____

Glasses: _____ yes _____ no
Diagnosis: _____

**L.E.A.N. ON US
CHILD SAFETY ID CARD**

This child safety card will only be as effective as how you, as a parent and/or care provider, utilize it. By completing this card and keeping it on hand, you will be prepared in the case of an emergency. This will allow for emergency first responder personnel also to assist you to their best abilities in the most timely manner.

This data as listed may not be all that you would want first responders to know about your loved one. Consider adding as much as you feel will be necessary to aid others in the section below. We also suggest that this card be updated annually to allow for the most current information to be available. This information card is to be used only for emergency purposes and should not be provided as identification or to others as a resource.

ADDITIONAL INFORMATION:

The mission of L.E.A.N. On US is to provide first responders with information and resources that will allow them to better serve individuals within their communities affected by hidden disabilities and mental illness. This card has been designed to assist in that process. It is for information purposes only and the organization is not responsible for its selected use.

For more information on the L.E.A.N. On Us organization, please visit the website at www.leanonus.org.



**IDENTICCHILD DATA
L.E.A.N. On Us
CHILD SAFETY ID CARD**

L.E.A.N. On Us
The Law Enforcement Awareness
Network



CHILD'S NAME:

**CONTACT NAME:
PHONE NUMBER:**

INFORMATION

Name: _____

Address: _____

Phone: _____ Birth date: _____

Gender: _____ Race _____

Nickname: _____ School: _____

Social Security Number: _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Blood Type: _____ Allergies: _____

Emergency Contact: _____

Relationship/Phone: _____

Primary Diagnosis: _____

Medical Info (list medications, concerns, etc):

Physician: _____ #: _____

Behavioral Patterns/Habits/Fears: _____

Best Communication Method: _____



RECENT PHOTOGRAPH

Date Photo taken: _____

THUMB PRINTS

Left Thumb Print

Right Thumb Print



Date Prints Taken: _____

**L.E.A.N. ON US
SAFETY ID CARD**

This safety card will only be as effective as how a care provider utilizes it. By completing this card and keeping it on hand, you will be prepared in the case of an emergency. This will allow for emergency first responder personnel also to assist you to their best abilities in the most timely manner.

The information as listed may not be all that you would want first responders to know. Consider adding as much as you feel will be necessary to aid others in the section below. We also suggest that this card be updated annually to allow for the most current information to be available. This information card is to be used only for emergency purposes and should not be provided as identification or to others as a resource.

ADDITIONAL INFORMATION:

The mission of L.E.A.N. On US is to provide first responders with information and resources that will allow them to better serve individuals within their communities affected by hidden disabilities and mental illness. This card has been designed to assist in that process. It is for information purposes only and the organization is not responsible for its selected use.

For more information on the L.E.A.N. On Us organization, please visit the website at www.leanonus.org.



**IDENTI- DATA
L.E.A.N. On Us
SAFETY ID CARD**

L.E.A.N. On Us
The Law Enforcement Awareness
Network



PERSON'S NAME:

**CONTACT NAME:
PHONE NUMBER:**

INFORMATION

Name: _____

Address: _____

Phone: _____ Birth date: _____

Gender: _____ Race _____

Other names used: _____

Social Security Number: _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Blood Type: _____ Allergies: _____

Emergency Contact: _____

Relationship/Phone: _____

Primary Diagnosis: _____

Medical Info (list medications, concerns, etc):

Physician: _____ #: _____

Behavioral Patterns/Habits/Fears: _____

Best Communication Method: _____



RECENT PHOTOGRAPH

Date Photo taken: _____

THUMB PRINTS

Left Thumb Print

Right Thumb Print



Date Prints Taken: _____

Safety Resources

Temporary Tattoos with a Purpose

www.tattooswithapurpose.com

Autism Risk and Safety Management

<http://www.autismriskmanagement.com/>

The Law Enforcement Awareness Network

<http://www.leanonus.org/pages/1/index.htm>

My Precious Kid--Child Safety Products

<http://www.mypreciouskid.com>