Safety for individuals with ASD
Program developed by
The Office of the Norfolk County
District Attorney William Keating &
SCNARC Family Autism Center for ALEC.
Why is safety such a problem in the ASD community?
Because of the high prevalence of ASD (1 out of every 59 are diagnosed with ASD, CDC), there is a high likelihood of having contact with first responders
People with ASD are 7 times more likely to have 911 encounters than people in the general population.
What can parents and caregivers do to prevent a tragedy in the community?
Calling 911

Where does the call go to when you call 911?
Who are first responders?
1. Police/Law Enforcement
2. Fire/ EMT- Paramedics
3. Hospitals/ER
Law Enforcement

How do police respond to an emergency situation?

1. Dispatch at Station
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.)
What happens when the officer responds to the call?

Give the information again
You may need to educate the first responder on the diagnosis.
Emergency Biographical Information Form

Emergency Biographical Information
A registry to assist persons-at-risk

Complete form, affix photograph and return to: SNCARC 750 Clapparadise St, Westwood, MA 02090

Last Name: ____________________________  First Name: ____________________________

Personal Description:
Date of Birth: ____________________________
Race & Sex: ____________________________
Height: ____________________________
Weight: ____________________________
Hair Color: ____________________________
Eye Color: ____________________________
Scars or Birthmarks: ____________________________
Glasses: ____________________________
Diagnosis: ____________________________

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: ____________________________

Affix Recent Photo Here

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.

Note: SNCARC can not guarantee the availability or the utilization of this information by all emergency service systems. 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: ____________________________

If there is any additional information needed, please contact Family Support Services at South Norfolk County Association for Retarded Citizens @ 781-762-4001
Emergency Biographical Information
A registry to assist persons-at-risk

Complete form, affix photograph and return to: L.T. Veronica Kane
INCARC 199 Chipmunk Drive, Westwood, MA 02090

Last Name: ___________ First Name: EDWARD

Personal Description:

Date of Birth: ___________ Race & Sex: M
Height: 4' 6"  Weight: 100
Hair Color: BROWN  Eye Color: BLUE
Scar or Birthmark: No  Glasses: No

Diagnosis: Autism +
RECEPTIVE EXPRESSIVE LANGUAGE DISORDER

Important Address Information:

Home: ___________
Phone: ___________

Day Program: ___________
Phone: ___________

Emergency Contacts

At Home: Name _______ Relationship PARENTS
Address: ___________
Phone Number: _______________________

At Day Program: Name _______ Relationship
Address: ___________
Phone Number: _______________________

Other: Name _______ Relationship GRANDPARENTS
Address: ___________
Phone Number: _______________________

Please complete back side of form
Additional Information

Current Medications:

NONE

Ambulatory  [ ] Non-ambulatory

Verbal  [x] Non Verbal

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

HAS LIMITED UNDERSTANDING OF SIGN LANGUAGE

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

Describe favored places your child might wander to:

NEIGHBORS’ HOMES

Will your child respond to his/her name? [x] OCCASIONALLY

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. 

TED MAY BOLT, DART OUT IN FRONT OF TRAFFIC, HE MAY ATTEMPT TO ENTER NEIGHBORS’ HOMES, HE MAY BECOME AGGRESSIVE IF HE IS IN PAIN, FRIGHTENED OR FRUSTRATED. SPEAKING TO HIM CALMLY MAY HELP.

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: ___________________________

If there is any additional information needed, please contact Family Support Services @ South Norfolk County Association for Retarded Citizens @ 781-762-4001.

Special thanks to Autism Alliance of MetroWest for sharing their biographic format.
911 Registration

Local Dispatch Centers
DISABILITY INDICATOR FORM for LANDLINE CUSTOMERS ONLY

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.

"PLEASE NOTE: IT IS IMPORTANT TO SUBMIT A NEW DISABILITY INDICATOR FORM UPON CHANGE OF SERVICE PROVIDER, TELEPHONE NUMBER, OR ADDRESS."

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:
RETAIR 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

9-1-1 Disability Indicator Form for LANDLINE CUSTOMERS ONLY-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.

"PLEASE NOTE: IT IS IMPORTANT TO SUBMIT A NEW DISABILITY INDICATOR FORM UPON CHANGE OF SERVICE PROVIDER AND ADDRESS."

Telephone Number: Area code ( ) ____________ Voice ☐ TTY ☐
Telephone Service Provider: ____________________________
Name: _____________________________________________
Address: ___________________________________________
Town & Zip Code: ____________________________

Please check 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.

Check all that apply to indicate that someone at the address:
☐ "LSS" Life Support System: has equipment required to sustain their life.
☐ "MF" Mobility Impaired: is bedridden, wheelchair user or has another mobility impairment
☐ "BD" Blind: legally blind.
☐ "DHH" Deaf or Hard of Hearing: is deaf or hard of hearing.
☐ "TTY": communication via the phone may be by TTY.
☐ "SI" Speech Impaired: has a speech impairment.
☐ "CI" Cognitively Impaired: is cognitively impaired.
☐ PLEASE REMOVE any designation presently on file.
☐ PLEASE CHANGE existing designators to those shown above.

NOTICE: By initialing 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 State 911 Department, 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 changing or delete the same.

Signed: ____________________________ (Customer) DATE: ____________________________

Signed: ____________________________ (Municipal Coordinator) DATE: ____________________________
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
Phone Apps

- ICE
- ICE
- ICE
- ICE SD
- ICE
- ICE

ALEC Autism and Law Enforcement Education Coalition
Medical Notes
None listed

Allergies & Reactions
None listed

Medications
None listed

add emergency contact

add blood type
Wandering

Many individuals with ASD wander; it might even be the call first responders get most often.
Even before your initial search,
CALL 911 FIRST
Often caregivers and parents are afraid to call the police because of repercussions or do not want the police in their homes.

It is very important to call. Understand that the police will enter the home even if you have done an initial search, the officers are still going to check.
Remember that first responders should check attractive hazards:

- Water (pools, lakes, rivers, etc.)
- Construction sites
- Drainage areas
- Train and Traffic
What can you do?

1. Call 911 first
2. Let neighbors know that individual has ASD
3. Secure doors, windows and install locks
4. Introduce the individual with ASD
5. ID Cards/Medical Alert bracelets
50% of individuals with Autism will wander or elope. For children with Autism who wander and are under the age of ten, 42% of outcomes will result in tragedy.
• 49% of children with autism engage in wandering behaviors
  - 35% attempt to wander at least once per week
  - More than one third of children with autism who wander are never or rarely able to communicate their name, address, or phone number
- 29% of wandering happens from a classroom or school
- 53% of those who exhibited elopement behavior, went missing long enough to cause concern
- 42% of cases involving a child with autism 9 and younger end in death
Shocking numbers

• About half of the children with Autism will elope at some time.
• Of those that die, what percentage of children with Autism drown?

• 91%
How do Fire Fighters respond?

- 911 Dispatcher
- Responding Firefighter
Obstacles for fire fighters who are responding to an emergency
1. Safety precautions used in the home (fences, locks, windows, etc.)
2. Height rescues (need aerial tower or platform)
3. Aggression toward rescuer
4. Bolt risk after rescue
5. Hiding
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
EMT’s should notify the ER that the patient has ASD
Motor Vehicle Accidents
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