

### **Escalated Behavior:**

- > Not a power struggle – cannot “bully” into compliance
- > Behavior is rarely conscious choice or manipulative
- > Avoid touching unless absolutely necessary
- > Do not attempt to physically stop self-stimulatory behavior
- > Redirection for behavior outbursts – do not reason with

### **Restraint:**

- > Use wraparound method if you must restrain
- > People with Autism may have a difficult time supporting their airways during restraint – poorly developed trunk area/chest muscles
- > Turn the person on their side to ensure normal breathing
- > May be prone to seizures
- > Be prepared for resistance – they may not understand why they shouldn’t struggle
- > Continue to speak and act in a calm manner

### **Assessment Tips:**

- > Perform triage distal to proximal
- > Adhesives and bandages may cause anxiety and aggression due to tactile sensory issues
- > May not feel pain or be aware of a major injury
- > Expect the unexpected - they may ingest or tamper with something unsafe

### **Search/Rescue:**

- > Forcible entry is often necessary
- > Occupants are likely to hide from rescuers
- > May become combative in situations where they must be moved quickly
- > Adults just as likely to hide
- > Assume BOLT RISK – assign someone to watch AT ALL TIMES
- > Water is a point of attraction – pools, ponds, lakes, rivers, fountains
- > No fear – do not discount a location because a reasonable person wouldn’t go there
- > Shiny objects (slinky) to lead to safety

## **EMS Autism Quick Tips**



**For more information  
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## What to Look For:

- > Difficulty understanding language or gestures
- > Inability to follow multiple commands
- > Limited or no speech, or repetitive phrases only
- > Avoids eye contact
- > Self-calming actions like spinning, rocking, flapping arms, squealing, hitting self, biting self
- > Abnormal fears or lack of fear in a dangerous situation
- > Takes everything literally, no understanding of sarcasm, idioms or vague statements
- > Hyper or hypo sensitivity to light, sound, smell, touch, or taste

## Communication:

- > Model the exact behavior that you want the other person to display
- > Use simple language – speak slowly and clearly
- > Try to use a non-threatening voice
- > Use concrete terms and ideas – avoid phrases with more than one meaning (knock it off, spread eagle)
- > Repeat simple questions, allow 10-15 seconds for response

## On the scene the person may:

- > Be nonverbal or echo your speech – trying to communicate
- > Exhibit “fight or flight” behaviors
- > Look away, cover ears, or start to stim
- > Appear agitated and belligerent
- > Not understand body language, facial expressions
- > Not notice another person’s distress
- > Have sensitivity to sounds, light, smell, textures
- > Be a “space invader”
- > Speak obsessively about a topic
- > Not be able to distinguish between a minor issue and a serious trauma
- > Laugh or cry inappropriately
- > Be attached to a random object

## Responding:

- > Make sure the person is unarmed – maintain a safe distance
- > Turn off lights and sirens if possible
- > Allow an agitated person to calm down without your intervention



## Sensory Issues:

- > Survival mode
- > Aware of everything in their environment - X10, ALL THE TIME
- > Retreat into their own world – too physically painful to be in the real world
- > Lack filter for what should be background noise
- > Can’t tell where their body ends and space begins
- > May not feel heat, cold, pain
- > Meltdowns will occur when over-stimulated
- > Get out of defense mode – reduce triggers