

Escalated Behavior:

- > Not a power struggle – cannot “bully” into compliance
- > Allow person to self-calm if possible or seek primary caregiver
- > 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 for quick removal/to gain control
- > 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
- > ABCs:
 - Approach slowly
 - Baseline behavior/mental status
 - Consider medical reason/comorbid dx
 - State what you are doing first
- > P.A.S.S.
 - Pain interpretation abnormal
 - Ambulance may be overstimulating
 - Standard dose of meds may be ineffective or exaggerated effect
 - Severe food/drug allergies

Search/Rescue:

- > 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
- > Forcible entry is often necessary
- > Occupants are likely to hide from rescuers
- > May become combative in situations where they must be moved quickly
- > Look for alternate IDs
- > Assume BOLT RISK – assign someone to watch AT ALL TIMES
- > 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:

- > Look for alternative communication devices or sign language
- > 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
- > Remove unnecessary personnel and bystanders



Sensory Issues: A.N.G.E.R.

- > Aware of everything in their environment - X10, ALL THE TIME
- > No sensory adaptation
- > Get out of defense mode
- > Equip with a focus point
- > Reduce sensory triggers

If a Meltdown Occurs:

- > DO NOT restrain unless necessary
- > DO NOT say “snap out of it”
- > DO NOT try to bully into compliance
- > DO give space to self-calm
- > DO offer choices/provide a way out
- > DO keep individual and bystanders safe