



Fire Training Toolbox "Free Training for Firefighters"

<http://firetrainingtoolbox.com>

<http://facebook.com/FireTrainingToolbox>

<http://twitter.com/FireTrainingToo>

AUTISM FOR FIRST RESPONDERS - JEFFERY GREEN AND ANDREW CATRON OF MODEL CITY FIREFIGHTER.COM

Autism is a disorder of neural development characterized by impaired social interaction, communication, and by restricted and repetitive behavior. The diagnostic criteria require that symptoms become apparent before a child is three years old. The signs and symptoms of autism vary widely across the three impairments. Examples include withdrawing from social interactions, little to no verbal communication, flapping of hands, and repeating simple phrases.

Research is ongoing to find out what causes autism, but at this time it is unknown. There is no known cure; however the current "treatment" for autism is early intervention and therapy. Some types of therapies provided are Applied Behavioral Analysis (ABA), Occupational Therapy (OT), and Speech Therapy (ST).

Dispatch Training and Pre-arrival Training:

Like many calls for service, it starts with the call for help. It is important to gain as much information as possible, for example:

- Is the caller the person with autism or does the person in need of help have autism?
- What are their triggers (loud noises, bright flashing lights)?
- What makes them feel "safe"?
- Is there a common de-escalation technique used?
- What to do (approach slowly with one crewmember)?
- What not to do?

This is some of the information that can aid in calming and assisting the person with autism. If loud noises and bright lights trigger the person's behaviors, then crews may need to turn off lights, sirens as they approach the scene. Apparatus may need to be shut down if it does not affect the overall outcome of the scene.

Arriving on Scene:

When crews arrive on scene in addition to the lights, sirens, and apparatus being shut down, crews may need to bring in minimal equipment to not overwhelm the



Fire Training Toolbox "Free Training for Firefighters"

<http://firetrainingtoolbox.com>

<http://facebook.com/FireTrainingToolbox>

<http://twitter.com/FireTrainingToo>

autistic person. Crews may need to request additional manpower to stage outside in case the person flees the scene.

Approaching an ASD patient:

Remember each person with autism reacts differently to situations. Don't arrive banging of the door using a loud voice announcing your arrival. If a caregiver is on scene let them bring you to the patient and introduce you to them. Leave equipment outside of the room where the patient is located and have one person make initial contact. Have your hands down at your side with palms facing forward showing that you are not carrying anything.

Using a low calming voice when speaking and explain every little step of your action. Speak in short clear phrases "wait here", "please stop", "are you hurt", "are you sick" and so on. Avoid slang, speak in literal terms. Some autistic patients take your words very literal. For example if you checked their temperature and said "you're on fire" they might take that as they are actually on fire. Try to only have one person with the patient.

If an Autism Spectrum Disorder (ASD) Patient is in a sensory overload situation they may engage in self-stimulatory behavior like hand flapping, rocking, spinning and flicking their fingers. All of these behaviors are calming to the patient. Let them do this as long as possible to allow them to calm themselves, as long as they are not hurting themselves or others. Trying to stop any self-stemming behavior will only increase their anxiety.

How to treat and examine an ASD Patient:

If dispatch didn't advise, ask a caregiver on arrival what the functional level of the individual with autism is and then treat accordingly. As with any patient provide reassurance. Move slowly while performing your patient examination, explain what you plan to do in advance and again as you do it. Look for less obvious injuries and examine more carefully. Attempt to perform exams in a quiet spot if at all possible, depending on the severity of the injury and safety of the scene. Demonstrating what then exam will involve on another person first may help the person with autism have a visual awareness of what your intentions are.

Transporting:

Be aware of positional asphyxia. Do not transport with lights and sirens unless necessary. Try to give the patient as much room or space as possible. Have a caregiver accompany the patient in the back of the medic unit during transport. Make the ER facility aware that you are transporting an ASD patient and request a low light, quiet and private room if possible.

Medical issues related with ASD:



Fire Training Toolbox "Free Training for Firefighters"

<http://firetrainingtoolbox.com>

<http://facebook.com/FireTrainingToolbox>

<http://twitter.com/FireTrainingToo>

Individuals with autism often have tactile sensory issues. Some individuals with autism do not have a normal range of sensation and may not feel the cold, heat or pain in a typical manner. In fact, they may fail to acknowledge pain in spite of significant pathology being present. They may show an unusual pain response that could include laughter, humming, singing, and removing clothing.

Seizures are a very common medical problem of children and adults with ASD. Heightened sensory awareness may contribute to the onset of a seizure. Just like warnings on a video game about fast moving screens, flashing lights, sounds and so on may cause seizures, this is common in ASD patients and is typically how they see the world we live in every day.

Poor upper body muscle tone is also common in ASD patients. This condition is known as hypotonia and causes poor balance and motor skills. Also an underlying problem is respiratory problems during transport. If an ASD patient is not identified, they may be perceived as a threat and be restrained. If the patient is prone this may cause positional asphyxia.

Risks related to fire scene calls:

As always, scene and crew safety is your number one priority. If responding to an accident or any fire scene and it is known to have a patient on scene that is ASD, request an additional unit for manpower to assist the ASD patient specifically. On fire scenes a person with ASD will be extremely overwhelmed due to the high sensory output of the scene. There are multiple stories of ASD children being rescued from a structure fire only to get free from rescuers and run back into a burning structure to get to their bedrooms where they have known it to be the safest place for them to be when experiencing a meltdown or sensory overload.

Many parents have no option but to put up additional barriers in the rooms of their autistic child. These additional barriers may include dead bolt or multiple locks on doors and windows, barrier bars over windows, hurricane windows/shatterproof windows, and so on. These additional barriers are put in place to protect a child from wandering, but may hinder the rescue of a trapped victim during a fire.

Bolting may be a factor during the scene of a MVA. A firefighter may remove an ASD child from a vehicle and escort them off of the roadway, but, if left unattended they may run back to the vehicle increasing the chance of being struck by a vehicle passing by. Adults with ASD are just as likely to bolt or hide during a fire/ems incident. The same precautions for children will apply to adults as well.

Adults with autism are just as likely to hide, like children in a fire situation. Check closets, under the bed, and behind furniture during search and rescue. When moving an individual with autism quickly wrap them in a blanket with their arms inside.



Fire Training Toolbox "Free Training for Firefighters"

<http://firetrainingtoolbox.com>

<http://facebook.com/FireTrainingToolbox>

<http://twitter.com/FireTrainingToo>

This will give them a secure feeling and may help to calm them during a rescue. This will also prevent thrashing while extracting a victim.

Search and Rescue:

Wandering is the number one cause of death for those with autism. If you are a part of a search team that is looking for and finds an individual on the autism spectrum, you will need to approach the individual using different skills and tactics than the ones you may use in ordinary situations. Knowing how the missing individual may respond, or where they may have gone will ensure the timely and safe return of the person to their family.

Find out as much information about the missing person as possible:

-Where they are on the Autism Spectrum Disorder.

-Likes and dislikes.

-Any nicknames they answer to.

-Any favorite hiding places.

-Local friends of family homes they frequent

Immediately identify water sources close to the home and search the water sources ASAP. ASD children are drawn to water, one reason is that water is soft and exerts equal and unchanging pressure evenly across the body which prevents the trigger of painful touch, issues often found with tactile and sensory dysfunction. Having no fear or panic reflexes, autopsies performed in ASD drowning victims have shown no signs of struggle.

With most ASD missing cases, the missing person was less than a ¼ mile from the home and was hiding from searchers. Check everything and anything, someone with ASD either does not have or had very little fear so where you think a normal person may not go someone with ASD may.

For the original article and more resources please visit:

<http://modelcityfirefighter.com>