

## **Safety and Wandering Prevention Checklist**

Help keep your loved one with autism safe by considering the following:

Sa	fety in the Home
	<b>Use visual aids in the home</b> to set up boundaries for your child (suggested placement: doors, windows, kitchen appliances, etc.).
	<b>Secure your home and yard</b> (look into installing door and window exit alarms).
	<b>Monitor any changes</b> in home security or routines.
Sa	fety in the Community
	<b>Alert your trusted neighbors</b> by informing them of your child's habits, triggers and potential to wander. See Neighbor Alert form
	<b>Provide a safety plan</b> to your child's school, camps and other community programs and alert them of wandering tendencies.  School Alert/IEP Letter
	Introduce your child to law enforcement, fire, and EMS personnel in your community and provide more information on autism and wandering.  See Wandering Tips for First Responders
	Alert first responders with a written document describing your child's wandering tendencies.  See Autism Elopement Alert Form
	<b>Consider safety products</b> like wearable forms of ID with identifying information and alert of autism diagnosis.
	<b>Display autism alert window decal</b> to alert first responders your child has autism and may not respond to verbal commands.
	<b>Consider a locating device</b> or enrolling in emergency locating services like Project Lifesaver.

#### **Teaching Safety**

reate teaching stories and visual aids.
<b>eep identification</b> on your child (wearable ID information cards).
reate a safety plan and goals with your child's ehavioral team.
<b>nroll</b> your child in swimming and water safety ssons.
onitor and document your child's progress and any challenges or changes you observed.

To access other Safety information referenced here, go to autismspeaks.org/tool-kit/autism-safety-kit





We're here to help. (888) AUTISM2 help@autismspeaks.org En Español (888) 772-9050 ayuda@autismspeaks.com

## **Family Wandering Emergency Plan**

Make sure your family has a plan in case of a wandering emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event your child is missing.

Chical information
Child's name
Child's transmitter tracking number (if applicable)
Child's official diagnosis
Child's identifying marks, medications and medical needs

#### **Emergency Steps**

Critical Information

#### **ALWAYS CALL 911 IMMEDIATELY IF YOUR LOVED ONE** IS MISSING FROM YOUR HOME

- ✓ Clearly state your child's name.
- State that they have a cognitive impairment, provide the diagnosis, state they are endangered and have no sense of danger.
- ✓ Provide your child's radio frequency tracking number. (if applicable)
- ✓ Provide your child's date of birth, height, weight, and any other unique identifiers such as eyeglasses and braces.
- ✓ Tell them when you noticed that your child was missing and what clothing he or she was wearing.
- ✓ Request an AMBER Alert be issued (if your child is a minor) or a Silver Alert be issued (if your child is an adult).
- ✓ Request that your child's name and identifying information be immediately entered into the National Crime Information Center (NCIC) Missing Person File.
- Search known areas your child would likely be, or attracted to. If you have an emergency point person assigned to contact neighbors, pick up your other children from school, watch your children, etc., alert them while searching known areas your child would likely be. If you have other small children, never leave them unattended.

In partnership with:



www.AWAARE.org

TIP: Create an emergency point person who can contact neighbors, fax your alert form to local law enforcement, and assist in making arrangements for your other children.

Should your child go missing, make sure this contact has a cell phone, knows what your child is wearing, any identifying features, where you child was last seen, how long your child may have been gone, any medical needs or allergies your child may have, your child's likes and dislikes and main attractions. Ideally, the emergency contact will be a relative or close friend. Provide your emergency contact with a copy of this plan and ask them to keep it in a safe, accessible place.

**Emergency Contact Name** 

**Emergency Contact Number** 



TIP: Before an emergency happens, assign at least five (5) willing "search angels" who will commit to searching for your child in the event of an emergency. Make sure they would be immediately available (are typically home) are willing, and know and understand which search location is assigned to them.

Name	Number	Address	<b>Assigned Location</b>
1			
2			
3			
4			
5			
such as ponds, lal know which locat	kes, pools, etc. Search these	areas first. If you have assigned " v maps of these locations, or phy	ns well as the most dangerous areas nearby, search angels" ahead of time, make sure they sically show the volunteers the location to
<b>Location Na</b>	ime	Locatio	n Description
1			
2			
3			
4			
5			
Other Numb	pers		
		AIL INFORMATION: In case local ency point person email or text a	law enforcement does not have your child's a copy if possible.
		ldren (NCMEC): 1-800-THE-LOS	Γ (800) 843-5678
LOCAL MEDIA CO	ONTACT NUMBERS:		
OTHER NOTES: M	Make any notes you feel may	oe important in case of a wander	ing emergency.

Keep this document with you at all times. Keep a copy in a safe, accessible place within the home. Keep this with your child's first responder alert form, documentation of diagnosis, medical papers and any other important information.



## **Autism Elopement Alert Form**

## WWW.AWAARE.org

In partnership with:

#### PERSON-SPECIFIC INFORMATION FOR FIRST RESPONDERS

Individual's Name						
A dalam a	(First)	(M.I.)	(Last )			CURRENT
Address					PHOT	O HERE
	(Street)	(City)	(State)	Zip)		
Date of Birth	Age	Preferred Nan	ne			
Does the individual li	ve alone?				Date Submit	ted:
INDIVIDUAL'S PHYS	CAL DESCRIPTION	N				
Male	Female	Height:	Weight:	_ Eye color:	Hair c	olor:
Scars or other identif	ying marks:					
OTHER RELEVANT M	IEDICAL CONDITION	ONS IN ADDITION	TO AUTISM (CH	HECK ALL THAT AI	PPLY):	
No sense of	dangerl	Blind	Deaf	_ Non-verbal _	Intellec	tual disability
Prone to seiz	ures	Cognitive impairm	ent	Other, including s	specific behavio	or challenges
If other, please expla	in:					
· ·						
Prescription medicat	ions needed:					
Sensory or dietary is:	sues, if any:					
Additional informatio	on first responders	s may need:				
EMERGENCY CONTA	CT INFORMATION	N				
Name of emergency	contact (parents/g	uardians, head of l	nousehold/resid	ence, or care prov	viders):	
Emergency contact's	address:					
Emergency contact's	phone numbers:	(Street)		(City)	(State)	Zip)
Home:		Work:		Cell phone: _		
Name of alternative of	emergency contac	t:				
Home:		Work:		Cell phone: _		

#### INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or locations where the individual may be found:
Atypical behaviors or characteristics of the Individual that may attract the attention of responders:
Individual's favorite toys, objects, music, discussion topics, likes, or dislikes:
Method of preferred communication (If nonverbal: sign language, picture boards, written words, etc.):
Method of preferred communication II (If verbal: preferred words, sounds, songs, phrases they may respond to):
Identification information (i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.?):
Tracking information (Does the individual have a Project Lifesaver or LoJack SafetyNet Transmitter Number?):



We're here to help.

(888) AUTISM2 help@autismspeaks.org
En Español (888) 772-9050 ayuda@autismspeaks.com

## **Neighbor Alert Letter**

To learn more about autism, please visit autismspeaks.org.

Give a letter like this sample letter to trusted neighbors to inform them of your child with autism's tendency to wander.

We have a child with autism. A	About half of children with	autism have a tendency to wand	ler from safety.
We watch our child very carefu	ully, but sometimes he/she	unpredictably wanders away fro	om safety.
Our child's name is		He/she is	years old as o
today,	He/she is	tall and weighs about	Ibs.
He/she usually wears			
WHAT TO DO?			
We kindly ask if you see our ch	ild alone, please stay with	him/her and immediately call:	
	, ,	dy looking for him/her. Please als	o call 911 and tell
them that you have found our	child.		
Our child,	, does not spe	eak very well and does not under	stand danger.
He/she might walk into the str	eet without looking. He/sh	e may be dangerously drawn to	bodies of water
	•	e/she might walk in your house o	-
	-	not know he/she is lost. If you as	k our child a
question he/she will likely not	answer.		
Our child may appear to be de	af. However, our child can	hear. But he/she may not react t	to things that he/
she hears or sees or respond t	o your verbal commands.		
Our child sometimes has outh	ursts where he/she might	scream or shake his/her hands,	or act in other
		scream of shake mistrict manas,	or act in other
and a control of the	_	oret any of these motions. He/she	
to hurt anyone. If you see our	nts. Please don't misinterp	oret any of these motions. He/she her and call us, then 911 right av	e does not intend
to hurt anyone. If you see our	nts. Please don't misinterp	<u>-</u>	e does not intend
to hurt anyone. If you see our We have included a recent pict	nts. Please don't misinterp child please stay with him/	<u>-</u>	e does not intend
We have included a recent pict	nts. Please don't misinterp child please stay with him/	<u>-</u>	e does not intend
We have included a recent pict	nts. Please don't misinterp child please stay with him/ ture of our child.	<u>-</u>	e does not intend
We have included a recent pict	nts. Please don't misinterp child please stay with him/ ture of our child.	/her and call us, then 911 right av	e does not intend

# Seven Steps to Preventing Wandering at Your Child's School

1. If your child has a tendency to wander, it is critical to address wandering issues in his or her Individualized Education Program (IEP).

If there is a history of wandering incidents, it's important to call a meeting with school staff, administrators and your child's IEP team to make them aware of these past situations, as well as educate them on the autism wandering issue in general. If something changes or an incident occurs, you as a parent have the right to amend the IEP and adjust the particular items, at any time.

2. Write a letter requesting that you always be informed, immediately and in writing, of any wandering incident on or off the campus.

If your child requires one-on-one supervision, be sure to make this extremely clear to school staff – and clearly documented in the IEP – and emphasize that under no circumstances should your child be left alone at any time.

3. Carefully document all wandering-related incidents.

Sharing this information with the staff at your child's school will help prepare them if such an incident occurs at school. For example, where has your child been found in the past? What are his or her fascinations or obsessions? Where would he/she most likely be drawn to near school or campus?

4. Try to eliminate all possible triggers that have led to wandering in the past.

For example, if your child is drawn to water, be sure that all pools, lakes, etc. in the area of the school are blocked off so that there is no chance your child will be able to access them.

5. Ask what the school's policies are on wandering prevention.

Understand any and all security measures used by the school. If you think something is missing (i.e. a barrier you find necessary that may not be in place), be sure to voice your concerns. Speaking up is often required to ensure your child's safety. A note from your child's doctor noting these incidents could help provide sound reasoning for strong security measures.

6. Introduce your child to all security staff.

Provide the security team with more information about your child, such as how to calm him or her down, whether or not he or she responds well to touch, sound, etc. All security should be aware of your child's tendency to wander so they take extra note on the importance of keeping an eye on your child. See the Elopement Alert Form in the Autism Speaks Safety Tool Kit to fill out specific information about your child for all first responders including school security.

7. In addition to including all wandering-related information, be sure that your child's IEP also includes safety skills and wandering-prevention measures.

Include these skills in your child's therapy programs if you are able to do so.

We're here to help.
(888) AUTISM2 help@autismspeaks.org
En Español (888) 772-9050 ayuda@autismspeaks.com

Dear (school name) Faculty, Staff and IEP team,

Thank you for all that you do for the students of (school name). My child, (full name) has a diagnosis of autism and is a student in (class #) with (add teacher names). My child has a tendency to wander, elope or bolt from safety. Wandering behavior by individuals with autism is common, dangerous and puts tremendous stress on families, like mine. My child is susceptible to wandering off if left unsupervised for even a moment. This tendency puts him/her at great risk in all settings, including at school. As a result, it is important my child receives one-to-one adult supervision at all times.

Noted previous wandering incid	ents and triggers include:
Date	Description
Date	Description
Date	Description
securing the physical space by cl	s are taken to prevent these dangerous incidents from occurring, including osing/alarming doors or exits, and notifying school security guards, thild's tendency to wander, and maintaining one-to-one adult supervision
If my child wanders or e	opes, <b>please call 911 immediately.</b>
After help has been disp	atched, please immediately notify me (xxx) xxx-xxxx.
All attempted or actual wandering team, in an effort to identify pot	ng incidents should be fully documented and reported to me and the IEP ential patterns or triggers.
When you are interacting	g with my child, please keep in mind:
List any difficulties with	communication
List any co-existing med	ical conditions
List any special interests	and dislikes/fears
List behavior team/phys	ician advised calming or de-escalation methods
I greatly appreciate your suppor	t and attention to keeping my child safe and out of harm's way.
Thank you,	
Name:	Email:
Phone:	Home Address:

Consider including a letter from your child's doctor regarding wandering tendencies with the medical code for wandering V40.31 (ICD-9-CM Code for Wandering

We're here to help.
(888) AUTISM2 help@autismspeaks.org
En Español (888) 772-9050 ayuda@autismspeaks.com

### **Teaching Safety FAQ**

#### How can I help my child with autism learn skills to keep themselves safe?

The increased safety concerns associated with autism often result in parents and caregivers going to extraordinary lengths to keep their loved ones with autism safe. Learning potentially lifesaving safety skills are important for every individual with autism and should be taught at home and in school across their life span. Evaluating what skills your child needs to be safe and protected at home, school and in the community is an important part of creating a comprehensive safety plan. Work with your child's behavioral therapists, teachers, IEP team and doctors to determine the specific safety skills and learning goals needed to teach your child with autism how to stay safe and out of harm's way!

#### What tools can I use to help me teach my child with autism to stay safe?

Teaching your child how to react, respond and modify their behavior to remain safe when faced with a possible danger is just as important as taking steps to safely secure the physical space of your home and your child's school. Some helpful tools and interventions you may consider using to teach safety include:

- Visual supports/prompts
- Teaching stories
- Visual schedules/charts
- Role playing/modeling the desired behavior to practice ways to act safely in realistic situations
- Consistent reinforcement for safe behavior across all settings
- Consistent consequences for unsafe behavior across all settings

#### What should I do with visual supports/prompts?

Use pictures to set limits and clear boundaries around locations or activities to communicate basic expected behavior, like waiting.



**STOP Example:** You can adhere an image of a stop sign to a door. When your child stops at the door say "Stop." Give praise to reinforce following this rule. Once the concept is taught, use the same visual prompt in other settings where the rule is needed but not as clear, such as the school hallway.



**WAIT Example:** You can present the visual for "Wait" briefly before your child can have a preferred item. When asking for a snack, hand them the "wait" visual and count to 10 (or use a timer). When you reach 0, trade the "Wait" visual for the snack. Give praise to when the wait is successful! Once the concept is taught, gradually increase the time and situations in which your child is expected to wait.



#### What is a teaching story?

Teaching stories are stories with pictures and text that can be used to help explain a situation and expected behavior by providing step-by-step instructions. You can customize a teaching story yourself using your own pictures your child will recognize to help your child know what to do stay safe in various situations.

#### What are examples of safety skills or goals my child should learn?

Your child with autism should learn safety skills that can help keep them out of harm's way across all settings, whether at home, school or out in the community. The specific safety goals you work on will depend on your child's individual skill level, needs and risk factors (tendency to wander, impaired sense of danger, attraction to water, etc.). The following are examples of general safety goals that could be included in a behavior plan or individualized education plan (IEP):

- Responding to name
- Safely responding to questions about personal information (ex. stating phone number or showing ID card)
- Seeking a parent or teacher if a stranger approaches
- · Requesting help when lost
- Safely crossing the street
- Waiting when necessary (ex. getting out of a car, walking in a parking lot)
- Identifying boundaries (ex. do not leave the house)
- Requesting to leave a classroom or activity
- Using a cell phone
- · Refrain from running/bolting
- Get sensory needs met in an appropriate way
- Learning water safety (ex. staying out of water when not "pool time," learning swim skills)

Always share your safety concerns and related goals with your child's family, friends, neighbors and other trusted adults they regularly interact with so they can support your teaching safety efforts and reinforce skills in multiple environments!

#### Where can I find additional resources and information?

For additional information on Visual Supports and Behavioral Health Interventions, download the following resources for free at <u>autismspeaks.org/tool-kit</u>:

- ATN/AIR-P An Introduction to Behavioral Health Treatments
- ATN/AIR-P Parent's Guide to Applied Behavior Analysis
- ATN/AIR-P Visual Supports and Autism Spectrum Disorder
- Challenging Behaviors Tool Kit

To find local behavioral and other autism intervention services, visit <u>autismspeaks.org/resource-guide</u>.



#### We're here to help.

(888) AUTISM2 help@autismspeaks.org
En Español (888) 772-9050 ayuda@autismspeaks.com

## **Safety Log**

Child's Name: \_\_\_

Include any wandering incidents, attempts or interactions that put your child at risk. Keep track of what was going on before, during and after the incident to try and determine antecedents, triggers and possible prevention methods. Ask behavioral team, teachers and caregivers to complete the log as needed.

DATE	LOCATION	DESCRIPTION	POSSIBLE TRIGGERS	CHANGES NOTED	SUGGESTED NEXT STEPS



## **Wandering Tips for First Responders**

#### Time is a vitally important factor in a safe recovery

#### **Quick Facts to Know**

- Wandering is significantly more common among children with autism compared to other children.
- Drowning is a leading cause of accidental death for children with autism.
- Nearly one third of people with autism are nonverbal.
- People with autism may have difficulties communicating when stressed, confused or afraid.

#### A person with autism might:

- Have an impaired sense of danger and may wander to bodies of water, traffic or other dangers.
- Have delayed speech and language skills.
- Not respond to their name or verbal commands.
- Avoid eye contact.
- Engage in repetitive behavior (ex. rocking, hand flapping, spinning).
- Mimic phrases and behavior.
- Have sensory perception issues.
- Not understand sarcasm or figures of speech.
- Not understand personal space.
- Have epilepsy or seizure disorder.
- Fear a person in uniform (ex. fire turnout gear) or exhibit curiosity and reach for objects/equipment (ex. shiny badge or handcuffs).
- Hide in tight, small spaces.

#### **First Responder Checklist**

- Maintain sense of urgency when searching for a missing person with autism. Even if they have wandered before, the challenges related to autism can put them at great risk.
- Speak to the parent or caregiver to learn about likes and dislikes and places the person with autism may seek or avoid.
- Determine how the person communicates and if they will respond to his or her name.
- SEARCH WATER FIRST. Identify nearby bodies of water (pools, ponds, rivers, etc.).
- Warn the person when you are going to touch them before doing so and allow extra time to process questions/statements.
- Avoid interrupting repetitive behaviors unless they are a threat to safety.
- Avoid using lights and sirens when possible.
- Be calm and patient, speaking simply when giving directions.
- Give lots of praise and encouragement.

We encourage law enforcement agencies to contact Autism Speaks' partner, The National Center for Missing and Exploited Children (NCMEC) at 1-800-THE-LOST (1-800-843-5678) for additional assistance and resources, including search-and-rescue experts who immediately deploy to provide recommendations and technical assistance in critically missing cases.