

BIG RED SAFETY TOOLKIT | FALL 2012

a digital resource for first responders





NATIONAL
AUTISM
ASSOCIATION

A NATIONAL AUTISM ASSOCIATION SAFETY INITIATIVE

Dear First Responder;

Autism Spectrum Disorders (ASDs) now affect one in every 88 children. Recent data shows that 49% of all children with an ASD are prone to wandering away from a safe environment and may have little ability to recognize danger and/or stay safe.

Wandering, elopement, “running” or bolting behaviors among those within our community present unique safety risks, and create extraordinary worry and stress among caregivers. Drowning fatalities following wandering incidents remain a leading cause of death among those with ASD.

The National Autism Association is committed to providing direct aid and support to those at risk. As such, we appreciate your consideration of this toolkit, which contains the following tools and resources for First Responders:

- *Autism Overview*
- *Autism Behaviors*
- *Autism Wandering Statistics*
- *First Responder Checklist*
- *First Responder Resource Sheet*
- *First Responder Tips*
- *First Responder Notification Form*
- *Search & Rescue Guidelines For Missing Persons With Special Needs (NCMEC)*
- *Print--- and--- hang Flyer*

Should you have questions, please don't hesitate to contact us at 877--- 622--- 2884, or 877--- NAA--- AUTISM. For more information on wandering--- prevention, please visit awaare.org.

Sincerely,

The National Autism Association

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ABOUT AUTISM

Autism, also known as Autism Spectrum Disorder (ASD), is a neurodevelopmental disorder characterized by social impairments, cognitive impairments, communication difficulties, and repetitive behaviors. It can range from very mild to very severe and occur in all ethnic, socio-economic and age groups.

Males are four times more likely to have autism than females. Some children with autism appear normal before age 1 or 2 and then suddenly "regress" and lose language or social skills they had previously gained. This is called the regressive form of autism.

Autism is estimated to affect one in 88 children in the United States (1 in 54 boys). It is also estimated that 40% of children with autism cannot speak.

Individuals with autism typically have difficulties with:

- *verbal/non--- verbal communication*
- *social interactions*
- *leisure or play activities*
- *repetitive behaviors*

Other forms of autism include:

ASPERGERS SYNDROME(AS): higher--- functioning autism.

PERVASIVE DEVELOPMENTAL DISORDER--- NOT OTHERWISE SPECIFIED(PDD--- NOS): milder form of autism.

➤➤ IMPORTANT FACT: No Two Children With Autism Are Alike.

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AUTISM BEHAVIORS

Some distinct behaviors in autism may include:

- » no eye contact.
- » unable to speak, or answer questions.
- » seems deaf.
- » social challenges, or inability to understand social cues.
- » sensory dysfunction (may dislike loud noises, bright lights, certain clothing, touch)
- » fixation on narrow interests, specific items, ideas, people, and/or topics.
- » demonstrate low to no sensitivity to pain, or oversensitivity to pain.
- » have no fear of real danger or understanding of consequences.
- » have odd fears, or fear things of little danger.
- » take figurative language in a literal way.
- » repeat your words, your questions and your body movements.
- » need, or possess, a picture system to communicate.
- » have meltdown triggers.
- » may not be potty--- trained--- --- may be wearing a diaper or pull--- up.
- » fecal smearing is not uncommon.
- » head--- banging, self--- biting, self--- hitting or other self--- injurious behavior
- » may not have toys in his/her room, or in the house (**for example, a child may be more interested in lining up random household objects than playing with toys.**)
- » spin objects, or watch spinning objects.
- » have extremely narrow food preferences.
- » inflexible to change.
- » walk on toes.
- » have little understanding of danger or consequence.
- » older children & adults: may appear to be under the influence of alcohol or drugs, or defiant.
- » children & adults: may enter another person's home without understanding consequence.
- » may rock back and forth, flap hands, flick fingers, hum, or make other noises.
- » **may not respond to name, or verbal commands.**
- » **attracted to water.**
- » **may bolt into traffic.**





ABOUT AUTISM & WANDERING

Similar to wandering* behaviors in seniors with dementia or Alzheimer's, children and adults with an Autism Spectrum Disorder (ASD) are prone to wandering away from a safe environment.

Children with autism typically wander or bolt from a safe setting to get to something of interest, such as water, the park, or train tracks – or to get away from something, such as loud noises, commotion, or bright lights.

Dangers associated with wandering include drowning, getting struck by a vehicle, falling from a high place, dehydration, hyperthermia, abduction, victimization and assault.

Because children with autism are challenged in areas of language and cognitive function, it can be difficult to teach them about dangers and ways to stay safe.

WANDERING DEFINED

When a person, who requires some level of supervision to be safe, leaves a supervised, safe space and/or the care of a responsible person and is exposed to potential dangers such as traffic, open water (drowning), falling from a high place, weather (hypothermia, heat stroke, dehydration) or unintended encounters with potentially predatory strangers.

***Wandering is also referred to as:** Elopement; Bolting; Running (i.e. "My child is a runner.")

WANDERING TYPES

Goal-- directed wandering: wandering with the purpose of getting to something (water, train tracks, park, an item or place of obsession, etc.)

Bolting/Fleeing: the act of suddenly running or bolting, usually to quickly get away from something, a negative reaction to an event, anxiety, fear, excitement, stress or uncomfortable sensory input.

Other: nighttime wandering; wandering due to disorientation, boredom, transition or confusion; or the individual simply loses their way/becomes lost

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AUTISM--- WANDERING STATISTICS

- Roughly half, or 49%, of children with an ASD attempt to elope from a safe environment, a rate nearly four times higher than their unaffected siblings.
- In 2009, 2010, and 2011, accidental drowning accounted for 91% total U.S. deaths reported in children with an ASD ages 14 and younger subsequent to wandering/elopement.
- More than one third of ASD children who wander/elope are never or rarely able to communicate their name, address, or phone number
- Two in three parents of elopers reported their missing children had a “close call” with a traffic injury
- 32% of parents reported a “close call” with a possible drowning
- Wandering was ranked among the most stressful ASD behaviors by 58% of parents of elopers
- 62% of families of children who elope were prevented from attending/enjoying activities outside the home due to fear of wandering
- 40% of parents had suffered sleep disruption due to fear of elopement
- Children with ASD are eight times more likely to elope between the ages of 7 and 10 than their typically--- developing siblings
- Half of families with elopers report they had never received advice or guidance about elopement from a professional
- Only 19% had received such support from a psychologist or mental health professional
- Only 14% had received guidance from their pediatrician or another physician

Source: Interactive Autism Network Research Report: Elopement and Wandering (2011)

Source: National Autism Association, Lethal Outcomes in ASD Wandering (2012)

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FIRST RESPONDER CHECKLIST

- Treat each case as CRITICAL. *Children with autism have an impaired sense of danger and face immediate risk.*
- Interview and listen to caregivers, they know best the areas their child may be seeking.
- Ask if the child wears a tracking device. If so, immediately initiate tracking measures.
- SEARCH WATER FIRST. *Immediately dispatch personnel to nearby bodies of water. Ask about any pools, rivers, ponds, etc. in the area to which the child may be especially drawn.*
- Ask about other dangers that the child may be attracted to; busy roads, highways, construction sites, etc. and immediately dispatch personnel to secure those areas.
- Ask about child's likes that may assist in search efforts – will they be drawn to certain music, favorite characters, fire trucks, etc.
- Ask about child's dislikes and fears or sensory issues that may hinder search efforts (Dogs, Sirens, Aircraft, Lights, Shouting)
- Ask if the child will respond to his/her name when called.

- Immediately implement Reverse 9--- 1--- 1 (achildismissing.org)
- Issue an Endangered Missing Advisory (EMA)
- Continue search efforts even when all hope is lost. Past cases have shown that children/adults with autism can survive a long time.

Once the child/adult is found:

- Maintain a calm and relaxed environment.
- Speak in a normal tone of voice using simple phrases.
- Bring caregiver to the recovery site as quickly as possible.
- Avoid the use of dangerous restraints.

The National Center for Missing and Exploited Children has recently published an important document (included in this toolkit) for first responders and search and rescue personnel for cases involving an individual with special needs. Please print and share this document with your staff. For more information visit awaare.org/lawenforcement.htm



FIRST RESPONDER RESOURCES

GENERAL RESOURCES

- AWAARE Collaboration: awaare.org/lawenforcement.htm
- National Autism Association (NAA): nationalautism.org *For specific questions, please contact NAA at 877--- 622--- 2884, or 877--- NAA--- AUTISM.*

FEDERAL GUIDELINES: "MISSING CHILDREN WITH SPECIAL NEEDS"

- The National Center for Missing and Exploited Children (NCMEC) has recently published an important document (included in this toolkit) for first responders and search and rescue personnel for cases involving an individual with special needs. *Please print and share this document with your staff.*

TRACKING SYSTEM PROGRAMS

- Project Lifesaver projectlifesaver.org
- LoJack SafetyNet lojacksafetynet.com
- Caretrak Systems: caretrak.com

ASSISTANCE, TOOLS & TRAINING

- National Center For Missing And Exploited Children missingkids.com 1--- 800--- THE--- LOST
- Reverse 911 achildmissing.org *Reverse 911 is FREE to agencies, and will send an automated call to neighborhoods where a missing child was last seen. Call 954.763.1288.*
- Autism Risk Management autismriskmanagement.com
- The Law Enforcement Awareness Network leanonus.org
- Autism Alliance for Local Emergency Responder Training autismaalert.org
- PA Premise Alert: papremisealert.com
- Take Me Home autism--- society.org *is free and available to agencies. Contact Officer Jimmy Donohoe at 850.436.5416 or Jdonohoe@ci.pensacola.fl.us.*
- Endangered Missing Advisories Guidelines (Free Service) visit ncjrs.gov
- Video for First Responders: [Welcome Home](#)



FIRST RESPONDER TIPS

Many caregivers may need resources, support, and educational materials. Consider ways to interact with parents of special needs children to share resources and teach safety.

- Host an Autism Safety Day at a local high school, church, etc.
- Host a Special--- Needs Safety Booth at a local festival or community event.
- If your agency receives media coverage after announcing Reverse 911, a new Tracking Program, Take Me Home Program, or similar new tool, use this media opportunity to share tips with caregivers, resources, and call--- to--- action information – “For more information, visit our website or call...”
- Visit special needs schools or facilities in the area to teach safety and educate about dangers. Using safety in the context of a story with pictures, or other kid--- friendly visuals is ideal.

TIPS ON INTERACTING WITH A CHILD WHO HAS BEEN MISSING:

- Maintain a relaxed, calm environment.
- Check child for ID – it may be on the shoe or in a pocket.
- Use simple phrases.
- Avoid figurative language.
- Check for favorite things (such as a character on the child’s shirt) and use this as a way to interact.
- Use techniques to enhance communication and ease anxiety, such as First/Then & Fill--- in--- the--- blank...

Example:

First/Then Approach:

Alex: First, we are going to get into the white car, then you can have your cookie.

Alex: First, we are going to put this jacket on you, then we can go to McDonald’s. Fill--- in--- the--- blank Approach: (some children with autism may become over stimulated by questions. Instead of asking questions, position it as fill in the blank.)

Instead of:

Alex, what is your phone number?

Try:

Alex, say “my phone number is_____.”

Follow up all actions with praise – “Great Job, Alex!”

Our kids can survive out there a long time.

DONT GIVE UP!



AUTISM ELOPEMENT ALERT FORM
PERSON-SPECIFIC INFORMATION for FIRST RESPONDERS

Date Submitted: _____

Individual's Name _____
(First) (M.I.) (Last)

Address: _____
(Street) (City) (State) (Zip)

Attach current
photo here

Date of Birth _____ Age _____ Preferred Name _____

Does the Individual live alone? _____

Individual's Physical Description:

Male Female Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Scars or other identifying marks: _____

Other Relevant Medical Conditions in addition to Autism (*check all that apply*):

No Sense of Danger Blind Deaf Non-Verbal Mental Retardation

Attracted to Water Prone to Seizures Cognitive Impairment Other

If Other, Please explain: _____

Prescription Medications needed:

Sensory or dietary issues, if any:

Calming methods, and any additional information First Responders may need:

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (Parents/Guardians, Head of Household/Residence, or Care Providers):

Emergency Contact's Address: _____
(Street) (City) (State) (Zip)

Emergency Contact's Phone Numbers:

Home: _____ Work: _____ Cell Phone: _____

Name of Alternative Emergency Contact: _____

Home: _____ Work: _____ Cell Phone: _____

INFORMATION SPECIFIC TO THE INDIVIDUAL

Nearby water sources & 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?):

- MANY CHILDREN WITH AUTISM ARE DRAWN TO WATER. SEARCH & SECURE NEARBY WATER SOURCES FIRST.
- REVERSE911 IS AN EFFECTIVE TOOL FOR FINDING A MISSING CHILD AND FREE TO AGENCIES. VISIT achildismissing.org.

Missing Children With Special Needs

Finding and safely recovering a missing child with special needs often presents a unique and difficult challenge for families, law enforcement, first responders, and search teams. The behaviors and actions of a missing child with special needs are often much different than those of a missing nonaffected child. While the behaviors will differ from child-to-child, missing children with certain special needs may

- Wander away, run away, or bolt from a safe environment
- Exhibit a diminished sense of fear causing them to engage in high-risk behavior such as seeking water or active roadways
- Elude or hide from search teams
- Seek small or tightly enclosed spaces concealing themselves from search teams
- Be unable to respond to rescuers

A special-needs condition may be characterized by debilitating physical impairments, social impairments, cognitive impairments, or communication challenges.

Heightened Risk Factors Associated with Autism Spectrum Disorders

One such cause for these types of impairments and challenges is autism. Generally speaking, no two children with autism are alike — each child is unique. The symptoms vary from the most severely affected child who may be nonverbal and low functioning, to those with milder forms, such as Asperger's Syndrome or Pervasive Developmental Disorder–Not Otherwise Specified (PDD-NOS), who may be higher-functioning. This does not suggest all missing children diagnosed with Asperger's Syndrome or PDD-NOS are not at risk — the risk factors must be weighed for each individual child regardless of the diagnosis. It is also important to note the chronological age of individuals with autism is often irrelevant to their level of functioning. For example a 15-year-old may have the cognitive function of a much younger child.

For reasons not entirely clear, missing children with autism, especially those who are severely affected, have a tendency to wander or elope from a safe environment and will often seek bodies of water such as streams, ponds, lakes, rivers, creeks, storm-water retention/detention basins, and backyard and public swimming pools. According to the National Autism Association, in the United States between 2009 and 2011, accidental drowning accounted for 91% of the total deaths reported in children with autism ages 14 and younger subsequent to wandering or elopement.¹ Children with autism may also exhibit other interests or fascinations posing similar dangers such as going to active roadways/highways, trains, heavy equipment, fire trucks, roadway signs, bright lights, and traffic signals.

In the event of an extended missing episode the children are also at risk of exposure to weather and environmental hazards; dehydration; lack of adequate nutrition such as food and medication; traffic-related injuries / accidents; falls, especially down steep terrain; and even potential encounters with child molesters or others who would intentionally try to take advantage of or harm them.

Because of the tendency for children with autism to wander or elope it is vitally important to quickly identify the unique interests of the child and create

¹*Autism & Safety Facts.* Attleboro Falls, Massachusetts: National Autism Association, accessed on July 24, 2012, at nationalautismassociation.org/resources/autism-safety-facts.

a list of their favorite places. It is imperative first responders talk to the parents, siblings, relatives, caregivers, and others who know the child well to ask for information about interests, fascinations, stimulations, or obsessions when developing search plans and determining where the child may go. This information could provide key clues leading to a speedy recovery.

Wandering and Elopement

The National Autism Association describes wandering and elopement as a situation when a person who requires some level of supervision to be safe leaves a supervised, safe space and/or the care of a responsible person and is exposed to potential dangers. These dangers can include traffic; drowning in open water; falling from a high place; harmful weather or environmental conditions such as hypothermia, heat stroke, or dehydration; or unintended encounters with individuals who could try to intentionally harm them. Wandering is also referred to as elopement, bolting, fleeing, and running.²

Children with autism wander or elope for a variety of reasons. They may hide from parents, caregivers, or teachers. They may seek places of special interest to them such as water, active roadways, train tracks, a favorite place, or possibly to escape an environment because of overwhelming stimulus such as sights, sounds, surroundings, or activities of others. First responders must quickly gather information about why the child may have wandered and places the child may go. **Interviewing parents, siblings, caregivers, and others who know the child well is vital, since these people may know about the child's activities, behaviors, and interests, both past and present.**

It is estimated nearly half of children with autism will wander or elope, a rate nearly four times higher than nonaffected children.³ More than one-third of children with autism who wander or elope are considered nonverbal and are unable or rarely able to communicate their name, address, or phone number.⁴

Because of the unique circumstances often associated in cases of missing children with special needs, the guidance noted below is provided to assist law enforcement, first responders, and search teams in the event of a reported incident.

Missing Children With Special Needs: Response Recommendations

While cases of missing children with special needs should be treated as critical incidents requiring elevated responses by law enforcement and first responders, children with autism have an unusually high mortality rate and are especially at risk. Certain exceptions may apply for those special-needs children who are considered high functioning and therefore should be assessed accordingly weighing all risk factors.

Preliminary Considerations Because children with autism often have an extremely high attraction to water, it is **strongly recommended** first responders and search teams immediately check all nearby bodies of water in an effort to head-off the child. These include but are not limited to streams, ponds, lakes, rivers, creeks, storm-water retention/detention basins, and backyard and public swimming pools.

²For more information about this topic visit www.nationalautismassociation.org, www.autismsafety.org, and www.awaare.org.

³*Autism & Safety Facts*. Attleboro Falls, Massachusetts: National Autism Association, accessed on July 24, 2012, at nationalautismassociation.org/resources/autism-safety-facts.

⁴*Id.*

Children with autism typically have difficulty with verbal and nonverbal communication and in many cases may **not** be able to respond to their name being called. They will often hide to elude searchers, sometimes concealing themselves in small or tight spaces, and may display a diminished sense of fear about dangers in their environmental surroundings.

As with all critically missing children, time is a vitally important factor in a safe recovery. Public-safety telecommunicators are encouraged to obtain the information noted below and **immediately** share it with all first responders. Additionally law-enforcement agencies are encouraged to contact the National Center for Missing & Exploited Children® at 1-800-THE-LOST® (1-800-843-5678) for additional assistance and resources, including search-and-rescue experts who may be able to immediately deploy to help find the child.

Call-Intake Questions The recommendations noted below are offered to help public-safety telecommunicators when taking calls concerning children with special needs. First obtain a full description of the child including height, weight, hair color, and clothing worn. Then ask

- [] Is the child wearing or carrying any tracking technology device? If so, which one and how is location information accessed?
- [] Is the child attracted to water? If so, can the child swim?
- [] Is the child attracted to active roadways/highways?
- [] Does the child have a fascination with vehicles such as trains, heavy equipment, airplanes, or fire trucks?
- [] Has the child wandered away before? If so, where was he or she found?
- [] Does the child have a sibling with special needs? If so, has that sibling wandered away before? If so, where was the sibling found?
- [] Where does the child like to go? Does the child have a favorite place?
- [] Is the child nonverbal? How will the child likely react to his or her name being called?
- [] Will the child respond to a particular voice such as that of his or her mother, father, other relative, caregiver, or family friend?
- [] Does the child have a favorite song, toy, or character? If so, what or who is it?
- [] Does the verbal child know his or her parents' names, home address, and phone number?
- [] Does the child have any specific dislikes, fears, or behavioral triggers?
- [] How might the child react to sirens, helicopters, airplanes, search dogs, people in uniform, or those participating in a search team?
- [] How does the child respond to pain or injury?
- [] What is the child's response to being touched?
- [] Does the child wear a medical ID tag?
- [] Does the child have any sensory, medical, or dietary issues and requirements?
- [] Does the child rely on any life-sustaining medication?
- [] Does the child become upset easily? If so, what methods are used to calm him or her?

The Initial Response The recommendations noted below are offered to help guide law enforcement and other first responders in the initial response and search for the child.

- [] Identify hazards in the area where the child was last seen and dispatch personnel to those locations to search for the child, paying special attention to any bodies of water and specific locations of interest to the child such as his or her favorite places.
- [] Secure identified hazardous areas near where the child was last seen to prevent the child from entering those areas.
- [] Determine if the child was wearing/carrying a tracking device and, if so, immediately initiate tracking measures to locate the child.
- [] Determine if the child is frightened by aircraft, dogs, ATVs, or any other resources used to assist in searches. Remember using search dogs at the onset of the initial response will better ensure successful tracking.
- [] Determine if the child is sensitive to or frightened by noise and how he or she will typically react to that type of noise.
- [] Establish containment measures of the child's known routes to prevent him or her from wandering further away from the place last seen using all appropriate means such as road, bike, and air patrol.
- [] Contact the National Center for Missing & Exploited Children without delay to request assistance from their search-and-rescue and search-management experts.
- [] Ensure the lead agency is using the services of a reverse 911 system, such as A Child Is Missing Alert at www.achildismissing.org. This service helps alert the local community via a rapid-response, neighborhood-alert program using high-tech phone systems.
- [] Determine if an Endangered Missing Child Alert has been issued.

Use of the National Center for Missing & Exploited Children's [Missing Children With Special Needs Lost-Person Questionnaire](#) is also highly recommended.

Investigative Measures The recommendations noted below are offered to help guide law enforcement's search and investigative efforts.

- [] Contact the child's parent/guardian to further assess the child's special-needs condition.
- [] Determine if the child has any history of wandering or eloping and, if so, where and what physical features associated with those episodes may have attracted the child.
- [] Identify additional physical features the child may be attracted to such as roadways/highways, trains, heavy equipment, fire trucks, park swings, and road signs.
- [] Determine if the child has any favorite places.
- [] Determine if the child has a favorite song, toy, or character.
- [] Determine if the child has any dislikes, fears, or behavioral triggers and, if so, how he or she will typically react to negative stimuli.
- [] Determine how the child reacts to sirens, dogs, vehicles used in searches, and people of authority/in uniform. Children with autism will sometimes avoid search teams or attempt to hide in small places.
- [] Determine the communication abilities of the child regarding verbal versus nonverbal skills.
- [] Determine if the child will respond to his or her name when being called.
- [] Determine if the child knows his or her parents' names, home address, and phone numbers.

- [] Determine if the child has any other mental or physical conditions.
- [] Determine if the child has any dietary issues or requirements.
- [] Determine if the child is taking any medications, and, if so, the type of medications, risks involved with delayed or missed doses, and potential side effects if the medication is not taken as prescribed.
- [] Determine if the child wears a medical identification bracelet or tag.
- [] Determine how the child responds to pain or injury.
- [] Determine the child's response to being touched.
- [] Determine what methods are used to calm the child.

Search-and-Rescue Measures The deployment of personnel trained in search-and-rescue protocols is highly recommended to assist in the investigation to safely locate the missing child. Law enforcement should **immediately** provide information to search-and-rescue personnel about the child's special-needs condition and any information about the specific behaviors or interests that may assist in searching for the child.

Law enforcement should consider immediately establishing an Incident Command System (ICS) to help ensure all aspects of the investigative and search functions are properly managed and resources are used to their fullest potential. Additionally a critical component of that ICS is the establishment of a search-and-rescue manager for all aspects of the search-and-rescue operation. The search measures noted below may help in safely locating a missing child with special needs.

- [] Preserve the place the child was last seen.
- [] Use search-and-rescue personnel accustomed to the existing geography whether urban, suburban, or rural.
- [] Provide a detailed briefing to search-and-rescue personnel arriving on scene about the behaviors of the missing child.
- [] Consider using the National Center for Missing & Exploited Children's [Missing Children With Special Needs Lost-Person Questionnaire](#).
- [] Initiate search-and-rescue efforts with an emphasis on bodies of water, high-hazard areas, travel corridors, routes to favorite places, previous locations visited, and any other areas of interest suggested by those who know the child.
- [] Attempt to attract the child by using his or her favorite things such as playing a favorite song or driving a favorite type of vehicle into the search area.
- [] Use night-search techniques, if appropriate, such as projected lights and patterns, especially spinning patterns, or other types of favorite visuals to attract the missing child. **Note:** Be aware night searches could be hazardous to the child if the terrain includes dangers such as cliffs, drop offs, mine shafts, or bodies of water. Attempting to draw a child into these areas could lead to tragic consequences if these are not identified by searchers and secured prior to using attraction devices.
- [] Extend search duration because the unique behaviors of some children with special needs may have a protective effect allowing the child to survive longer than what is considered to be a normal survival rate for a child.

Considerations in the Event of a Prolonged Search In the event immediate search efforts have not resulted in the safe recovery of the missing child, begin to plan for the prolonged use of resources in order to sustain search efforts. The search-and-

rescue manager should evaluate the overall effectiveness of the search operations and make necessary adjustments for a prolonged search operation. The recommendations noted below are provided to assist in the planning for a prolonged search-and-rescue effort.

- [] Evaluate the overall effectiveness of the search operations and adjust as necessary for the next operational phase.
- [] Estimate immediate and long-range resources and logistical requirements for deployment of those resources.
- [] Assign new or additional personnel for the prolonged search operation.
- [] Consider expanding the search area, taking into account the distance the child could have walked during the time frame he or she has been missing and his or her resiliency. Children with autism have been known to walk several miles, often exceeding the initially established search containment area.
- [] Determine if there are any gaps in the original search area and make arrangements to search those areas again.
- [] Consider using trained search-and-rescue personnel with volunteer searchers to enhance the search capabilities.

Additional Considerations Unique to Children With Special Needs

The unique behaviors of a child with special needs must be considered by law enforcement and first responders when planning and conducting searches. Past episodes have revealed children with special needs have a natural self-survival instinct and are often resilient, allowing them to survive long periods of time — sometimes longer than a nonaffected child. Additionally the children may have a diminished sense of fear of their surroundings and are highly mobile and thus may cover great distances, necessitating an expanded search parameter. The children may seek shelter or conceal themselves in confined spaces making it more difficult for searchers to locate them. In urban and suburban environments, it is highly recommended searchers focus their efforts on small confining spaces. Missing children with special needs may also have a fascination with or fixation on particular sounds; objects, especially moving or spinning objects; or certain foods. Consider use of attraction tactics, based on the unique behaviors and interests of the child, as a means to draw the missing child to the search party. Take special care, however, to help ensure the missing child is not drawn into a hazardous environment such as water, a cliff or bluff, or an active roadway. Additionally discuss with family members and caregivers techniques that would best work to help bring the child out versus what measures could be detrimental to the search.

Recovery and Reunification Measures

With the understanding children with autism exhibit social and cognitive impairments, communication difficulties, and repetitive behaviors, keep in mind the interaction between law enforcement/search-and-rescue personnel and a child with autism at the time of recovery and subsequent reunification can be a traumatic experience.

The considerations noted below are recommended to deescalate and/or minimize any heightened emotions or anxieties the child may experience at the time of recovery.

- Maintain a calm and relaxed environment.
- Contain the child in a passive way to keep him or her from running or bolting and avoid use of restraints.
- Bring a parent or guardian immediately to the recovery site, whenever possible, and tell the child that person is on the way.
- Approach the child at his or her level, kneeling if necessary, and speak in a normal tone of voice using simple phrases.
- Use a task-and-reward process to ease anxiety and enhance compliance using phrases such as, "First we are going to stay here, and then your father is going to come here."
- Avoid assuming the child understands everything being said and done at the recovery scene.
- Use communication aids, written instructions, drawings, or prompts if possible.
- Use humor and familiar topics when possible. For instance if the child is wearing a shirt with a cartoon character on it, talk to the child about the character to help lessen any anxiety the child may be feeling and calm the child if upset.
- Check for any identification such as a medical bracelet or tracking device.
- Contact the National Autism Association for further reunification assistance at 1-877-622-2884. For more information about children with autism and resources for families, such as the Big Red Safety Box, visit www.nationalautismassociation.org.
- Visit the National Autism Association's websites at www.autismsafety.org and www.nationalautismassociation.org and the AWAARE Collaboration at www.awaare.org for additional information about children with autism.
- Consult Robert Koester's *Lost Person Behavior: A search and rescue guide on where to look - for land, air and water* (2008) for additional general information.

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children with autism

are drawn to

water.

If a child with autism is missing,
search water first.



NATIONAL
AUTISM
ASSOCIATION.org



ABOUT THIS TOOLKIT

This Big Red Safety Toolkit is part of NAA's FOUND Program, dedicated to wandering prevention and bringing children and adults with autism home safely. Other Big Red Safety initiatives include:

- *The Big Red Safety Box*
- *The Big Safety Booth*
- *The Big Red Safety Shop*
- *The Big Red Safety Toolkit for Caregivers*
- *The Big Red Safety Toolkit for First Responders*



NAA's Big Red Safety Box initiative ships critical resources to at-- risk children and adults with autism. The initiative also helps provide employment for adults with autism and other disabilities.

For more information on autism--- related wandering, please visit awaare.org. For specific questions, please contact the National Autism Association at 877--- 622--- 2884, or 877--- NAA--- AUTISM.