



NEARLY HALF OF CHILDREN WITH AUTISM WANDER AWAY FROM SAFE SETTINGS.

The Big Red Safety Box is designed to help prevent a wandering incident.



awareness



safety tools

education



Part of the Big Red Safety Box Program brought to you by the National Autism Association



The Big Red Safety Box Program is a wandering prevention initiative brought to you by the National Autism Association.

Dear Recipient;

If you are receiving this **Big Red Safety Box** it means you are a caregiver for someone with an Autism Spectrum Disorder (ASD) who is prone to wandering off from a safe environment, and whose diagnosis may interfere with their 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 are pleased to provide you with this toolkit. To follow, you’ll find the following tools and resources:

- *Caregiver Checklist*
- *Swimming Lessons Tool*
- *Root-cause Scenario & Strategies Tool*
- *Stop Sign Prompts*
- *Social Story: “Staying in my house”*
- *Sample IEP Letter (Never allow restraint/seclusion practices into any IEP as this increases associated risks.)*
- *Sample Physician’s Letter*
- *How To Get Tracking Technology In Your Town*
- *General Awareness Letter: share with schools, homeowner’s association, law enforcement agencies, physicians, etc.*
- *Five Affordable Safety Tools*
- *Caregiver Resources One-sheeter*
- *Family Wandering Emergency Plan*
- *First-responder Alert Form (Please fill out and provide a copy to your local law enforcement agencies.)*
- *Calming Cards Sheet*
- *Student Profile Sheet*
- *Wandering-prevention One-Sheeter*

Regardless of any tools you may have in place, if your loved one’s diagnosis interferes with their ability to recognize danger or stay safe, it is critical that you maintain close supervision and security in your home.

We hope you’ll find this safety box helpful. For more information on wandering-prevention, visit nationalautism.org.

Sincerely,

The National Autism Association

All materials in this safety TOOLKIT are provided for your INFORMATION only and do not constitute medical advice or an endorsement of any clinical or therapeutic method, treatment, service, safety device, safety product, organization or vendor. National Autism Association is not responsible for the content produced by, or the services rendered by, any third party that is referenced, or to which access may be provided via this safety toolkit



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ABOUT AUTISM & WANDERING

Autism Spectrum Disorder (ASD) is a developmental disability that may range from mild to severe and presents with social, communication, and behavioral challenges, as well as unique safety risks. According to Centers for Disease Control (CDC), 1 in every 68 individuals is diagnosed with an ASD.¹ CDC also estimates that 40% of those with an ASD are unable to speak.²

AUTISM & WANDERING

Wandering – also referred to as elopement, bolting, fleeing, or running – is the tendency for an individual to leave the safety of a responsible person’s care or safe area, which may result in potential harm or injury. This might include running off from adults at school or in the community, leaving the classroom without permission, or leaving the house when the family is not looking. This behavior is considered common and short-lived in toddlers, but may persist or re-emerge in children and adults with an ASD.

Because individuals with an ASD are often attracted to water, yet have little to no sense of danger, drowning fatalities following wandering incidents remain a leading cause of death. Other causes include traffic-related & and train-related incidents, and hyper/hypothermia.

AUTISM & WANDERING FACTS

- 49% of children with autism engage in wandering behaviors³
- 35% attempt to wander at least once per week³
- More than one third of children with autism who wander are never or rarely able to communicate their name, address, or phone number³
- 29% of wandering happens from a classroom or school³
- Accidental drowning accounts for approximately 90% of lethal outcomes⁴
- 42% of autism-related wandering cases involving a child 9 and younger have ended in death⁵

AUTISM & WANDERING INSIGHTS

- ASD wandering is usually a form of communication — an I need, I want, or I don’t want
- Individuals with ASD will wander or bolt to get to something of interest, or away from something bothersome
- Wandering incidents typically spike from April through August; however, school-related cases increase through the fall and winter months
- Trigger times for wandering may include: holidays, vacations, camping trips, transition periods, outdoor gatherings, a recent move to a new home or school, visiting an unfamiliar setting, public outings

SOURCES

1. [Centers for Disease Control](#) Facts About ASD
2. [Centers for Disease Control](#); Johnson, C.P. Early Clinical Characteristics of Children with Autism. In: Gupta, V.B. ed: *Autistic Spectrum Disorders in Children*. New York: Marcel Dekker, Inc., 2004:85-123
3. *Occurrence and Family Impact of Elopement in Children With Autism Spectrum Disorders*: Connie Anderson, J. Kiely Law, Amy Daniels, Catherine Rice, David S. Mandell, Louis Hagopian and Paul A. Law *Pediatrics*; originally published online October 8, 2012; DOI: 10.1542/peds.2012-0762
4. *Lethal Outcomes in Autism Elopement*, National Autism Association, 2012
5. *National Autism Association Data Analysis 2011-2015*



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CAREGIVER CHECKLIST TOOL

- ✓ I have secured my home
- ✓ I've identified reasons why my child or adult elopes, & I am addressing those reasons
- ✓ I have enrolled my child or adult into swimming lessons (*YMCA listing of special Needs lessons @ nationalautism.org*)
- ✓ I have looked into tracking devices
- ✓ I have alerted my trusted neighbors
- ✓ I have alerted my local first responders about my child, nearby water sources, & reverse 911 (free for law enforcement -- achildmissing.org)
- ✓ I have talked to my child's doctor about the wandering diagnostic code V40.31 (*use code only if necessary*)
- ✓ I have obtained a wearable id for my child that contains all of my contact information
- ✓ I have completed my family wandering emergency plan (*download @ awaare.org*)
- ✓ I will initiate a "tag, you're it" system during family gatherings, commotion, transitions
- ✓ I will monitor any changes in my home's security, especially when warmer weather or seasonal transitions affect my home's layout
- ✓ I will remain on **high alert** during transitions, after moving to a new home or school, on summer holidays such as Memorial Day, Labor Day, 4th of July, & during visits to friends/family's homes, public places, parks, other non-home settings
- ✓ I have addressed wandering at school, summer camp, and other external settings
- ✓ I continue to reassess as my child grows and/or learns new ways to possibly exit
- ✓ If my child or adult is ever missing, I will remain calm, call 911, and search nearby water and busy streets first
- ✓ I continue to document actions taken to protect my loved one

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STOP SIGN PROMPTS

Print, cut, adhere to doors and windows. For additional laminated Stop Signs with adhesives, visit nationalautism.org



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ROOT-CAUSE SCENARIOS

It's critical to seek out the root cause of a child's wandering behavior – WHY is the child wandering/bolting? What do they want/not want? Wandering behaviors usually have a reason. Once you find the reason, you can create strategies to prevent wandering incidents and teach your child about dangers.

SAMPLE SCENARIO: CHILD IS DRAWN TO WATER

Emily loves playing in water. She loves splashing water, watching it pour out of a cup, swimming in it, and she loves bathtime. On walks, she often wants to go look at the pond, water fountain, or cries for these things when passing them in the car.

STRATEGY: Allow the child to enjoy water time in an adult-supervised, controlled setting. For any child who wants to reach water for any given reason, try scheduling consistent “water play” times each day, or at the same time each week. Schedule around times easily recognized, such as after dinner or before bathtime. Make sure the child sees that each water-play activity has an end time and is “all done.” Swimming lessons are a must. Swimming lessons each week can also act as way for the child to reach their goal of playing in water. Be sure to take a picture of the swim instructor and place this into the schedule. *Knowing what to expect may satisfy your child's desire to reach water, as well as give him/her a tool to communicate their desire with a trusted adult before attempting to reach a destination on their own.*



PICTURE SCHEDULE TIPS: take pictures of your child doing a water-play activity, or in a water-play setting that is safe.

For more tips, visit awaare.org.

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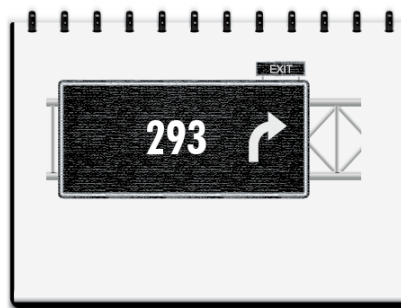
ROOT-CAUSE SCENARIOS

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SAMPLE SCENARIO: CHILD HAS A UNIQUE FASCINATION

Alex loves road signs, especially highway exit signs. He often cries or reacts to signs when passing them on the highway. He verbally stims on highway exit numbers. He will leave home or school to find his item of interest.

STRATEGY: Allow the child to explore fascinations in an adult-supervised, controlled setting. Try to find ways to incorporate the focus/fascination into daily activities so the child knows when to expect it. Use drawing, pictures, games and other creative ways to satisfy the child's need to touch or explore items of obsession.



PICTURE SCHEDULE TIPS: create ways for your child to explore an item of focus through their own creativity, or use the item in a social story.

Teach your child about the dangers of trying to reach an item of focus. For more tips, visit awaare.org.

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SOCIAL STORY: "STAYING IN MY HOUSE"

My name is _____

Picture of house or apartment

This is my house.

Picture of child with family by house

I live in my house with my family.

Picture of child in house.

It's important for me to stay in my house.

Picture of child with parents.

When I stay in my house, my parents will know where I am.

Picture of child in house with family.

Staying in my house will keep me safe.

Picture of happy parents.

Mom and dad will be happy that I am safe.

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SAMPLE WANDERING-PREVENTION IEP LETTER

This is provided as an example only. Please incorporate details as they apply to your personal situation. You may approach your child's physician to help with writing any letter concerning your child's wandering tendencies, and discuss the medical diagnostic code V40.31 (Wandering in Diseases Classified Elsewhere)

Dear (List School Administrator's Name) and IEP Team;

Our child, (full name and DOB), attends (list name of school) and has a diagnosis of autism. He/she is susceptible to wandering, elopement and fleeing incidents.

(Name) is extremely interested in (include any outside attractions, such as areas of water, pools, lakes, ponds and creeks). He/she will wander off to get to these areas and all measures must be taken to ensure his/her safety. Due to (name)'s tendency to wandering, including (list any past incidents) his/her physician has drafted the attached letter strongly urging close one-on-one adult supervision.

Should (name) wander, 911 should be called IMMEDIATELY. We also request immediate parental notification of ANY wandering incident, including incidents where he/she may have wandered within the building. All incidents should be well documented, and include when and how the occurrence took place.

Please know that failure to address known, preventable escape patterns and security breaches puts our child at great risk. We ask for your cooperation in working with us to report all incidents, to make sure the school's premises has proper architectural barriers in place, to ensure all school staff members are aware of his/her tendency to wander or flee, to ensure fences are gated at all times and exterior doors are always be shut, and to ensure that our child is never left unattended no matter what the circumstance.

(NOTE: If your child's school does not have fencing or other architectural barriers, this should be noted in detail.)

Incidents that may trigger fleeing include (list triggers or other pertinent information). De-escalation methods are best in preventing self-injurious behavior (SIB) or fleeing the premises. As the attached physician letter also strongly recommends, calming methods should be facilitated by the staff member most familiar with (name), and aversive methods and escalation triggers should be avoided.

Sincerely,

(your name and signature)

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PHYSICIAN SAMPLE LETTER: AUTISM ELOPEMENT

This is provided as an example only for your child's physician.

NAME OF CHILD (DOB XX/XX/XX) carries a diagnosis of Autism, which poses certain cognitive challenges and safety risks. NAME currently attends NAME OF SCHOOL in NAME OF TOWN.

NAME has a history of wandering from safe environments, including a YEAR incident where NAME wandered from LIST INCIDENT. According to Centers for Disease Control (CDC), Wandering places children and adults with autism spectrum disorders (ASDs) in harmful and potentially life-threatening situations—making this an important safety issue for individuals affected and their families and caregivers.

If given the opportunity, NAME will wander from safe environments. NAME'S wandering tendencies include goal-directed elopement, which means NAME will seek out items of interest, specifically roads and bodies of water. NAME'S history also includes fleeing incidents following a meltdown or escalation trigger.

It is for these reasons, and NAME'S history of elopement, that NAME now has a medical diagnosis of **Wandering In Diseases Classified Elsewhere (ICD-9 V40.31)**. To ensure NAME's safety, it is medically necessary that NAME have close and constant adult supervision at all times, and that proper safeguards are in place. Safeguards may include architectural barriers, door alarms, visual prompts, and a school-wide response protocol.

A Functional Behavioral Assessment should be done to help identify root causes of NAME's elopement behaviors. NAME must never be left unattended by any adult for any reason. Leaving NAME unattended poses serious safety and health risks.

Sincerely,

For more information on the wandering diagnostic code, visit <http://www.cdc.gov/ncbddd/autism/code.html>



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ABOUT TRACKING TECHNOLOGY

There is a wide range of tracking devices available. However, there is not one solution that is appropriate for everyone. Some children will wear a wristband, some will not. Some need a waterproof device, some do not. Some areas do not have reliable cellular service, which is vital for many of these units. For some children, who are at risk only in certain situations, it may be okay for them to be frequently unprotected while their unit is sitting on a charger, others are at risk around the clock. There are simply too many variables in products, and a wide scope of individual needs for our children for us to make specific recommendations.

Families should thoroughly research the features of personal locating devices before deciding on which is best for their child. We suggest the following considerations:

- ✓ *Battery Life - does the unit have to be charged? If so, how often? Is your loved one unprotected during the charging process?*
- ✓ *Water Resistance - can the unit be worn when bathing, showering, swimming?*
- ✓ *Efficacy in water – will the unit transmit a signal under water?*
- ✓ *Is the unit removable by the wearer?*
- ✓ *Is geofencing/perimeter notification available?*
- ✓ *Cellular service in your area - will the unit work in the area of your home, school, etc?*
- ✓ *Does the system involve trained emergency response personnel?*
- ✓ *Is the manufacturer accessible in case you have critical questions or challenges? Are they interested in your child's specific needs? Do they support a multi-layered approach to safety?*
- ✓ *What are the costs involved, are there monthly fees?*

Lastly, if parents choose to use a personal locating device, they should be sure to field test the equipment in different locations, terrain and various types of weather as if it were a real-life situation. For more, please visit awaare.org.



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STEPS FOR AUTISM PARENTS/CAREGIVERS: **GETTING A FIRST-RESPONDER FACILITATED TRACKING PROGRAM IN YOUR COMMUNITY**

If you're the caregiver of a child/adult with autism, and your loved one demonstrates wandering/ elopement tendencies and is at serious risk, you may be interested in obtaining a personal locating device, or "tracking device." While many options are available, National Autism Association prefers programs implemented by professionally trained emergency response personnel such as Project Lifesaver and SafetyNet Tracking Systems. Below are steps you can take to identify any existing programs in your area, or start the process of implementing these services through your appropriate local agency.

For more information about tracking technology, visit awaare.org.

Check to see if Project Lifesaver is in your area:

1. Visit projectlifesaver.org.
2. Go to "where we are" link.
3. Type in your zip code.
4. Scroll down to see results.

Check to see if SafetyNet Tracking Systems is in your area:

1. Visit safetynettracking.com.
2. Enter your zip code in the Check Availability field.
3. Click the Go button

If no first-responder tracking program is available in your area, follow these steps:

- ✓ Call Project Lifesaver International at 877-580-LIFE (5433) or SafetyNet Tracking at 877-434-6384 and request that informational materials be sent to your address.
- ✓ Present the materials to your local agency, along with other helpful information that may include:
 - a documented history of your child's wandering/elopement patterns/incidents
 - information about autism and wandering
 - any news stories or documented cases in your area involving a missing child/adult with autism, or other cognitive impairment, including Alzheimer's.
 - any signed petitions or letters from other members of your community in need of this service. It's helpful to illustrate the need.

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AWARENESS LETTER

Subject: Wandering Deaths In Children With Autism

To Whom It May Concern:

Similar to wandering behaviors in seniors with dementia or Alzheimer's, children with an Autism Spectrum Disorder (ASD) are prone to wandering away/elope from a safe environment. Unfortunately, many cases end in tragedy.

According to a 2012 study in *Pediatrics*, 49% of children with an ASD wander/elope from safe supervision. This is at a rate nearly four times higher than their unaffected siblings, indicating it is not an issue of bad parenting. It is, however, a growing crisis in need of awareness, understanding and hyper vigilance.

From 2009 to 2011, accidental drowning accounted for 91% of total U.S. deaths reported in children with an ASD ages 14 and younger subsequent to wandering/elopement. Many children and teenagers with ASD have little understanding of danger and are unable to respond to their name when called. Dangers associated with wandering/elopement include drowning, getting struck by a vehicle, falling from a high place, and hyperthermia.

Children with ASD often leave a safe environment to get to something of interest, or away from something, such as loud noises or bright lights. In 2008, Danish researchers found that the mortality rate among the autism population is twice as high as the general population. In 2001, a California research team found that elevated death rates were attributed in large part to drowning. Wandering in ASD has become so common, it was assigned a medical diagnostic code [V40.31], which went into effect in October of 2011.

Because children with ASD are challenged in areas of language and cognitive function, it can be difficult to teach them about dangers and ways to stay safe. As such, our organization respectfully requests your help in allowing, or providing, resources and safeguards that could potentially save a child's life. This may include offering swimming lessons to special-needs children, allowing fencing to go around an at-risk child's home, tightening security around nearby water and pools, informing parents of any wandering incidents on school grounds or other non-home settings, and providing close and constant adult supervision.

We are grateful for your commitment to child safety. Should you have questions, you may reach us at 877.622.2884 or naa@nationalautism.org.

Sincerely,

A handwritten signature in black ink that reads "Lori McIlwain". The signature is written in a cursive, flowing style.

Lori McIlwain
Chair
National Autism Association

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SWIMMING LESSONS

From 2009 to 2011, accidental drowning accounted for 91% of wandering-related deaths in children with autism. Swimming lessons are a crucial component to your child's safety.

REMEMBER:

- ✓ *Teaching your child how to swim DOES NOT mean your child is safe in water.*
- ✓ *If you own a pool, fence your pool. Use gates that self-close and self-latch higher than your children's reach.*
- ✓ *Remove all toys or items of interest from the pool when not in use.*
- ✓ *Neighbors with pools should be made aware of these safety precautions and your child's tendency to wander.*
- ✓ *Final lessons should be with clothes and shoes on.*

Step 1: To find swimming lessons in your area, visit nationalautism.org, click Autism & Safety, then choose "Swimming Instructions."

Step 2: If you do not see swimming lessons in your area, Google **Special Needs Swimming Lessons + (Your City, State)**. You may have a non-YMCA facility, or specialty service in your area.

Step 3: If you cannot find special-needs swimming lessons in your area, ask a local swimming facility, such as YMCA, to provide this service. The "parent resource sheet" located within this toolkit can be used to demonstrate the need for lessons specific to children with special needs.

Step 4: If you are still unable to find lessons, considering contacting swimwithmrblue.com.

NOTE: 68% OF DROWNING DEATHS HAPPENED IN A NEARBY POND, CREEK, LAKE OR RIVER. LIFE VESTS ON CAMPING AND BOATING TRIPS SHOULD ALWAYS BE WORN.



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FIVE AFFORDABLE SAFETY TOOLS

Through our work to address Autism Wandering over the last few years, we've discovered some effective and inexpensive ways to help keep our kids safe. Please review this information and share with other caregivers who may benefit from it. For additional items, please visit nationalautism.org.

- 1.) [Door/Window Alarms](#)** These GE battery-operated alarms are super easy to install and can be found at many retail outlets including Home Depot and Walmart.

- 2.) [Shoe ID Tags](#)** These are especially good for kids who can't tolerate wearing an ID bracelet. With an original stainless steel design, this durable medical ID features a simple and classic look with the globally recognized MedicAlert tag.

- 3.) [Stop Signs](#)** A visual prompt that makes your child stop – or even pause for a moment – can be critical to preventing a tragedy. To create your own, see the **Stop Signs Page** in this toolkit.

- 4.) [Guardian Lock](#)** The Guardian Lock from Assurance Locking Systems is a portable lock you can use on any exterior door – and you can take it with you when you travel. This lock is difficult for even our most talented little escape artists to get through.

- 5.) [Temporary Tattoos](#)** We love these colorful and fun temporary tattoos, especially for vacations or even a quick outing in your local community. Each kit contains six Lost and Found Autism Temporary Tattoos, one Tattoos With A Purpose Marker, six Moisture Towelettes (for applying) and six On-The-Go Alcohol Wipes (for removing). These tattoos last for several days.

For additional resources, please visit nationalautism.org.

Disclaimer: NAA is not affiliated with the manufacturers of these products. The above is posted for informational purposes only. NAA offers no guarantee and accepts no liability on product performance.



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RESOURCE SHEET

GENERAL RESOURCES

National Autism Association: nationalautism.org
AWAARE Collaboration: awaare.org
Autism Safety Coalition: autismsafetycoalition.org

SWIMMING LESSONS

YMCA Listing nationalautism.org
Super Swimmers superswimmersfoundation.org

CHILD SAFETY PRODUCTS

NAA's Big Red Safety Shop: nationalautism.org

TRACKING SYSTEMS, ID & HOME SECURITY PRODUCTS

Project Lifesaver projectlifesaver.org
SafetyNet Tracking safetynettracking.com
AngelSense GPS: angelsense.com
Alzheimer's Comfort Zone: alz.org
MedicAlert medicalert.org/autism
Vivint Home Security vivintgivesback.org

PLEASE NOTE

A multi-layered approach to prevent, and respond to, wandering emergencies is necessary to achieve optimal safety for your child. This includes making every attempt to educate your child on self-help skills including swimming, making every attempt to educate them about safety and potential dangers by using social stories, language, prompts, or any communication mechanism best suited for their individual needs. It's important that caregivers work to understand what is causing, or contributing to, the wandering or bolting behaviors so that any triggers may be addressed or eliminated.

The most important thing is that the at-risk child or adult is learning to keep themselves safe, while proper safeguards and adult supervision are also in place to help ensure their safety.

No matter what prevention strategies are put into place, parents should never allow themselves to feel a false sense of security. Although certain safety-product retailers may market their items with words like "relaxation" and "peace of mind," please know that these benefits are secondary to the overall goal of safety. For more, please visit awaare.org.

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.

CRITICAL INFORMATION

CHILD'S NAME _____

CHILD'S TRANSMITTER TRACKING NUMBER (if applicable) _____

CHILD'S OFFICIAL DIAGNOSIS _____

CHILD'S IDENTIFYING MARKS, MEDICATIONS & MEDICAL NEEDS _____

EMERGENCY STEPS:

- STAY CALM AND 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).
- 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 be immediately entered into the National Crime Information Center (NCIC) Missing Person File.
- Always search high-threat areas first, such as nearby water and busy roads.

*While calling, search areas of immediate threat first, such as nearby water and busy roads. 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.

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 your 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: List the main places your child may likely go within the neighborhood, especially nearby ponds, lakes, pools, etc. Search these areas first. If you have assigned “search angels” ahead of time, make sure they know which location is assigned to them. Draw maps of these locations, or physically show the volunteers the location to which they are assigned before an emergency happens.

LOCATION NAME	LOCATION DESCRIPTION
1.	
2.	
3.	
4.	
5.	

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	ASSIGNED LOCATION

OTHER NUMBERS:

LAW ENFORCEMENT FAX NUMBERS: (in case local law enforcement does not have your child’s information on file, have your assigned emergency point person fax it.)

National Center for Missing & Exploited Children (NCMEC): 1-800-THE-LOST (1-800-843-5678)

LOCAL MEDIA CONTACT NUMBERS:

OTHER NOTES: (make any notes you feel may be important in case of a wandering 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
PERSON-SPECIFIC INFORMATION for FIRST RESPONDERS

Date Submitted: _____

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

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

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 Resonders 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.
- REVERSE 911 IS AN EFFECTIVE TOOL FOR FINDING A MISSING CHILD AND FREE TO AGENCIES. VISIT achildmissing.org.

SPECIAL NEEDS STUDENT PROFILE FOR EDUCATORS

STUDENT'S NAME & AGE

PHYSICAL DESCRIPTION

MEDICAL CONDITION(S)/ALLERGIES/DIETARY RESTRICTIONS

EMERGENCY CONTACT

DO'S & DONT'S

SIGNS OF ESCALATION

PLACE STUDENT'S PHOTO HERE

STUDENT'S TRACKING FREQUENCY (IF APPLICABLE)

LIKES/ATTRACTIONS/FAVORITE THINGS

TRIGGERS/DISLIKES/FEARS

IF LOST, MAY LIKELY BE FOUND AT

BEST CALMING METHODS

NOTE: immediately notify parent or caregiver of a wandering incident, even if it seems small or insignificant. If the student is ever missing, CALL 911 and search areas that pose the highest threat first, such as nearby water sources and traffic. Avoid the following: non-emergency restraint, prone or supine restraints, and seclusion practices as these can cause new behaviors or worsen existing behaviors.

ADDITIONAL INFO

1



HAPPY!

Everything's Okay

2



WORRIED

I can try:

- Take 5 deep breaths
- Sing a song in my head
- Squeeze a squishy ball
- Put my worry in my pocket
- Tell my mom or dad why I am worried

3



SAD

I can try:

- Take 5 deep breaths
- Sing a song in my head
- Squeeze a squishy ball
- Put my sadness in my pocket!
- Do a little drawing
- Ask for a break
- Tell my mom or dad why I am sad

4



ANGRY

I can try:




- Take 10 deep breaths
- Sing a song in my head
- Squeeze a squishy ball
- Put my anger in my pocket!
- Do a little drawing
- Ask for a break
- Tell my mom or dad why I am angry

Rob can rest easy knowing his sons are safe inside the house.



Vivint Smart Home technology gives you peace of mind through a tailored security system, designed to meet the unique needs of families who have a child with autism, at a price you can afford.*

To learn more or receive a pricing quote:

-  vivintgivesback.org
-  vivintgivesback@vivint.com
-  855.272.5030

Products included in your Vivint Smart Home Package:



SkyControl Panel



Door/Window Sensors



Motion Detector



Glassbreak Detector



Flood Sensor



Garage Door Sensor



Smoke/heat Detector



Cameras



Door Locks

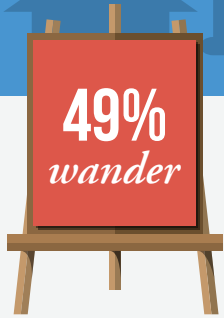


Vivint Gives Back

*Discount based on annual household income

AUTISM & WANDERING PREVENTION TIPS

promoting safety in the home & community



Similar to the wandering behaviors in seniors with dementia or Alzheimer's, children and adults with autism spectrum disorder (ASD) are prone to wandering away from a safe environment. Because many children with ASD have challenges in areas of language and cognitive function, it is critical for parents to understand ways to keep their child or adult with autism safe.

 *prevention*
 *education*
 *response*



Install Home Safeguards



Install secure locks (exterior doors), home security system or door/window chimes; fence yard; secure gates; keep garage opener out of reach; use baby monitors and visual prompts like simple stop signs.

Identify Triggers/Teach Self-help



Be aware of any known triggers that could prompt fleeing (loud noises, bright lights, fears, etc.) and work towards teaching your child safe alternative ways to respond.

For an individual who demonstrates bolting behaviors due to fear or stress, etc., use aids, such as noise-cancelling headphones, and teach calming techniques using favorites topics or items.

Secure Personal Safeguards



Have wearable identification on your child; Temporary Tattoos are great for field trips and other outings; Check with local law enforcement to see if they offer Tracking Devices.

Teach Safety Skills



Enroll your child into swimming lessons. Final lessons should be with clothes and shoes on.

Use social stories to teach individuals with autism ways to stay safe, and use favorite objects or tools to demonstrate when it's outside time versus inside time.

Create Community Awareness



Alert trusted neighbors, and introduce them to your child; fill out an alert form for local police, include a current photo and unique characteristics, likes, fears, and behaviors; alert the school, and bus drivers.

Call 911



Remain calm and always call 911 immediately if an individual with ASD is missing; law enforcement should treat each case as "critical."

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.

Remain Hyper Vigilant



Stay on extra high alert during warmer months, holidays, vacations, camping trips, transition periods, outdoor gatherings, a recent move to a new home or school, visiting an unfamiliar setting, public outings.

Initiate a "tag, you're it" system during family gatherings and transitions. Tag one responsible adult to closely supervise your child for an agreed-upon period of time.

Search Water First



Immediately search areas that pose the highest threat first, such as nearby water, busy streets, train tracks, and parked cars.



For more tips and resources, visit nationalautism.org.