

Tips and Considerations for EMS Interacting with Children with Autism Spectrum Disorder (ASD)

Autism spectrum disorder is a neurodevelopmental disorder characterized by social, communication, and behavioral challenges. Emergency incidents with bright lights, loud noises, and unfamiliar people can be particularly overwhelming for individuals with autism and can exacerbate these challenges. Please refer to the considerations below when interacting with a patient with autism. If you need help accessing or understanding this information, contact Oregon EMS for Children at rachel.l.ford@oha.oregon.gov.

Communication



- Does the child have an Augmentative and Alternative Communication (AAC) device or Picture Exchange Communication System (PECS®)? If yes and it is easily accessible, please bring it with you prior to departing the scene for the destination facility.
- Children who *seem* to not be listening to you may have good receptive language and understand what you are saying. If possible, ask them to explain what was communicated in their own words.
- Children who do not speak to you may be able to type or write responses.
- Speak calmly, use simple wording, and allow plenty of time for the child to respond. A delay of 3-4 seconds is not uncommon. The patient may require more processing time and may ask you to repeat a question.

Assessment



- Whenever possible, ask the patient about their response to touch. Some patients with autism may become more agitated or upset if they are touched.
- If you must perform a physical exam, move slowly, performing exams distal to proximal. Explain what you plan to do in advance and as you do it. Utilize a caregiver or family member if appropriate.
- Attempt to perform exams in a quiet spot if possible, depending on the severity of injury and safety of the scene.
- If a caregiver or family member is present, ask them to communicate the exam questions on your behalf. This may increase the likelihood of getting desired information from the patient.
- Individuals with autism often have difficulty reading facial expressions.
- The Wong-Baker Faces Pain Scale Rating may not be an accurate measurement for pain for many people with autism.

Treatments



- People with autism often have tactile sensory issues. Band-aids or other adhesive products may increase anxiety or agitation.
- People with autism often do not have a typical range of sensations and may not feel the cold, heat, or pain in a typical manner. They may fail to acknowledge or express pain despite significant pathology being present. Pain expression may look like agitation or anxiety.*
- Restraint systems used in ambulances, such as pediatric restraint devices and backboards, can be very intimidating and uncomfortable. Be patient and move slowly. Explain to the child and caregiver or family member what the restraint system is and why it is being used before you start securing the child.

Other Helpful Tips



Use of Lights and Sirens

- When possible, avoid the use of flashing lights and sirens, as sound and light sensitivities are common among people with autism.



Identification

- Identification may be found on individuals with autism in the form of a medical alert bracelet or an ID threaded onto a shoelace, belt, or lanyard.



Communication with Hospitals

- Communicate with the receiving facility that your patient is a child with autism and request a quiet and isolated room, if possible.



Self-Stimulating Behavior

- Patients with autism may engage in self-stimulating (“stimming”) behavior such as hand flapping, finger flicking, eye blinking, string twirling, rocking, pacing, making repetitive noises or saying repetitive phrases that are unrelated to the topic of conversation. They also may repeat something you said, called “echolalia.” These are all calming behaviors. Unless these behaviors are dangerous to the patient or to others, do not interfere and allow the patient to continue to engage in them.

