



Autism Spectrum Disorder (ASD) Emergency Planning Parent/Family Tip Sheet:

It can be very important plan ahead as a family proactively in case of an emergency, but contemplating organizing this can be a challenging task for a person with ASD. The following are some family friendly tips to assist family members/caregivers when formulating emergency safety plans for their loved one on the ASD Spectrum.

Proactive Planning Tips:

- 1) Decide how you as a parent or caregiver will contact other family members, friends or community supports and what you will all do if there is an emergency.
 - a. Consider devising a plan with family and friends to divide up responsibilities for to contacting first responders and searching the main places the person with ASD may go within the community (consider identifying the most dangerous locations nearby).
- 2) Create an emergency point person who can contact
- 3) Complete the attached Emergency Contact form (or other safety form) and consider keeping in the glove compartment of your vehicle (along with ASD awareness sticker/magnet on bumper of your car and your glove compartment) just in case of an emergency.
- 4) If you have not already done so, go to your local Department of Transportation to register your son or daughter for a state identification card.

** Share the completed ASD Emergency Form with Iowa Department of Transportation professionals when completing application for State ID card and ask that this information be attached to the person with ASD's State of Iowa ID number.

Iowa State Identification Issuance sites: See Link: <http://www.iowadot.gov/mvd//ods/dlsites.htm>

Identification Fee: See Link: <http://www.iowadot.gov/mvd/ods/types.htm>

Overview:

1. The cost of the ID is \$8.
 2. There is no age limit.
 3. The ID cards are good for 8 years.
 4. The Cedar Rapids office is quiet efficient – (Tuesday and Saturday – very busy).
 5. Ask about facial recognition software as this is offered
- 5) Consider forwarding your safety planning packet to your child's educational team. If your school has an electronic student registration, check for areas that you could add a safety/emergency plan and alert school staff you have added the information to the student's registration information.
If your student attends the Cedar Rapids Community School District you can access E-Registration by logging into Powerschool. Within the registration section, click on the "Health" tab and add a "Health Concern". Choose "Autism" from the drop down box and then add safety information and other details to the box on the right.
- 6) Contact ask your local dispatch office via non-emergency contact to request that this information be added to the 911 computer data base.

In Linn County: <http://linncounty.org/321/Communications-Division>

Non-Emergency Number: 319.892.6100

Emergency Planning Checklist when calling 911:

- Call 911 if your loved one with ASD is missing from your residence.
- Clearly state the name of your family member for the 911 operator, when the child went missing and the clothing s/he was wearing.
 *State his/her Iowa State ID number and Note that his/her Iowa State ID number has detailed information on how to help.
- If your child is attracted to water tell operator immediately to dispatch personnel to nearby water sources (rivers, pools, lakes/ponds, etc.).
- State that they have Autism and give specifics of their concerns/needs (intellectual disability, no sense of danger, non-verbal, etc.).
- Provide tracking/monitoring device information (if applicable)
- Provide information on age, height, weight and other unique features, (note if you have signed up for facial recognition identification)
- Request Amber Alert be issued for children/young people at risk for serious injury or death See Link: <http://www.iowaamberalert.org/alerts.php>

References and Resources utilized by the ASD Safety Committee Tanager Place May 2015

- ASET- Autism Safety Education & Training: <http://aset911.com>
 - o Video Link: <http://www.youtube.com/watch?v=FxqBss9QoxY>
- Autism Risk & Safety Management: Dennis Debbaudt:
<http://www.autismriskmanagement.com/>
- Autism Society of America: <http://www.autism-society.org/living-with-autism/how-the-autism-society-can-help/safe-and-sound/safety-in-the-home/>
- Autism Speaks: <http://www.autismspeaks.org/family-services/autism-safety-project/community/creating-safety-plans>
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- LifeProtekt: <http://www.lifeprotekt.com/>
- lifetips: <http://autism.lifetips.com/faq/125303/0/what-is-safety-awareness/index.html>
- My Precious Kid- Child Safety: <http://www.mypreciouskid.com/>
- National Autism Association: **Big Red Safety Kit:**
<http://nationalautismassociation.org/big-red-safety-box/>
- Project Lifesaver: <http://www.projectlifesaver.org/>

Autism Spectrum Disorder (ASD) Emergency Contact Form

Attach Photo

Individual's Name: _____
(First) (Middle) (Last)

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

Date of Birth: _____ **Age:** _____ **Preferred Name** (Nickname): _____

Individual's Physical Description:

___ Male ___ Female Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

___ Scars or Identifying Marks If checked- please note specifics:

Medical Condition: _____

Method of Communication: (if non-verbal: sign language, picture symbols, written words, etc.) _____

Identification on Person: (ex: Jewelry/Medic Alert, clothing tag, ID card, tracking monitor, etc.) _____

State of Iowa: ID Number _____

Emergency Contact Information:

Name of Primary Emergency Contact: (circle relationship: parent, guardian, head of household/residence or Care Provider)

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

Emergency Contact Phone:

Cell: _____ Home: _____ Work: _____

Other Emergency Contacts- if Primary Unavailable in in prioritized order	Medical Care Providers
1. Name: _____ Phone: _____	1. Name: _____ Phone: _____
2. Name _____ Phone: _____	2. Name _____ Phone: _____
3. Name: _____ Phone: _____	3. Name: _____ Phone: _____

Other Relevant Medical Conditions in addition to Autism Spectrum Disorder (check all that apply)

No Sense of Danger Blind Deaf Non-Verbal Intellectual Disability

Attracted to Water Prone to Seizures Other

If Other, Please Explain:

Allergies:

Prescriptions Medications needed:

Sensory or dietary issues, if any:

Calming Methods or other important info for FIRST RESPONDERS:

Inclination for wandering behaviors or characteristics that may attract attention:

Likes/Dislikes (recommended approach and de-escalation techniques):

Other Special Considerations:
