

Developmental Disability

- Can be on a spectrum from barely noticeable to profoundly disabling.
- Can have significant social, communication, and behavioral challenges.
- Can have intelligence that ranges from intellectual disability to gifted.
- Frequently have comorbid conditions (genetic, behavioral, or medical/mental health).

Autism Spectrum Disorder (ASD)

- In the DSM-5, Autistic Disorder, PDD-NOS, and Asperger Syndrome were combined into a broader category called autism spectrum disorder. This spectrum is further distinguished by the levels of severity.
- The core features of ASD are persistent deficits in social communication and social interaction and restricted, repetitive patterns of behavior, interests, or activities.
- These core symptoms can present as repetitive routines or rituals, peculiarities in speech and language, socially and emotionally inappropriate behavior, inability to interact successfully with peers, problems with non-verbal communication, and clumsy and uncoordinated motor movements.

Signs and Symptoms that ASD May Be Evident

Social/Communication

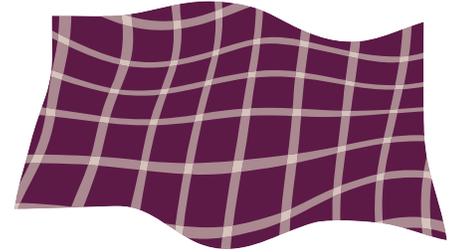
- Delayed speech and language skills.
- Talks in a flat, robot-like, or sing-song voice.
- Uses reverse pronouns (“you” instead of “I”).
- Repeats or echoes words/phrases or repeats words/phrases in place of normal language.
- Trouble expressing their needs using typical words or motions.
- Does not use or has difficulty understanding gestures/ body language.
- Unusually talkative (verbose) with little conversational turn-taking
- Appears unaware when people talk to them, but respond to other sounds.
- Avoids eye contact and prefers to be alone.
- Difficulty relating to others or little or no interest in other people.
- Trouble understanding other people’s feelings or talking about their own feelings.
- Does not understand jokes, sarcasm, or teasing.
- Interested in people, but does not know how to talk, play, or relate to them.
- Deficits in attention (doesn't point at objects to show interest or look at objects when another person points at them).



Signs and Symptoms that ASD May Be Evident

Sensory

- Seeks (rather than resists) particular sensory input (ex, weighted blanket).
- Avoids or resists physical contact.
- Unusual reactions to the way things smell, taste, look, feel, or sound.
- Does not understand personal space boundaries.



Adaptive Behavior

- Engage in stimming (self-stimulatory) behavior; repeating actions over and over again (ie, rocking, swaying, jumping, finger flicking).
- Trouble adapting when a routine changes.
- Meltdowns increase when stressed, fatigued, or feeling unwell.

References

- Division of Birth Defects, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention (2018). *What is Autism Spectrum Disorder?*
- Johnson CP. *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.
- Breen, L., Gertz, M., Kasari, C., Kataoka, S., Lee, J., Migyanka, J. & Venkat, A. (2019). *American College Of Emergency Physicians (ACEP) Point of Care Tools ASD*.

For Emergency Medical Services (EMS) and Emergency Department (ED) Staff**ACT for Autism: For EMS and First Responders**

ACT (Assessment and Communication Tactics) provides a framework for response from EMS and other first responders. ACT takes a two-pronged approach.

Assessment:**Assess and Control the Situation**

1. Gain as much information as possible about what led to or surrounds a situation.
2. Determine the best way to approach or communicate with the individual.
3. Minimize sensory stimuli, such as flashing lights, sirens, high-volume walkie-talkie devices, loud yelling among responders, and eliminate non-essential persons.

Communication:**Communicate to Gain Understanding and Compliance or to De-escalate the Situation**

1. Approach slowly and calmly, keeping some distance between you.
2. Use the person's first name (if you know it) and assure you are there to help.
3. Talk in a quiet and calm voice and try to establish a rapport, no matter how urgent the situation.
4. Give simple, clear directions paired with a visual or demonstration.
5. Don't attempt to touch, grab, or restrain the individual without preparing him/her first. Explain what you're going to do or want him/her to do.
6. Ask yes/no questions and avoid sentences or questions that require more complex responses.
7. Allow the person time to calm down.



For Emergency Medical Services (EMS) and Emergency Department (ED) Staff

ACT for Autism: For Emergency Department Staff

ACT (Assess, Communicate, and Treat) provides a framework for response from healthcare providers. ACT takes a triangulated approach.

Assess the environment and best approach or communication mode to gain information.

1. Prepare a quiet exam room.
2. Minimize sensory stimuli (clutter, loud equipment, bright lights).
3. Eliminate non-essential staff.
4. Determine the best way to approach or communicate.
5. Gain as much info as possible from both the patient and the caregiver.

Communicate to gain history, examine, and evaluate.

1. Approach slowly and calmly, keeping some distance.
2. Use their first name and assure you're there to help.
3. Talk in a quiet/calm voice.
4. Try to establish a rapport, no matter how urgent.
5. Don't attempt to touch, grab, or restrain without preparing the individual first.
6. Before examining, explain what you are going to do or want him/her to do.
7. Ask simple yes/no questions.
8. Avoid questions that require complex responses.
9. Allow the person time to calm down and add time to process and respond.



Treat using care and consideration.

1. Consider sensory issues (taste/smell of medication, textures, or temperature of materials).
2. Show materials beforehand and let the patient touch them (if possible).
3. Model intervention for the caregiver.
4. Cover splints or bandages with non-threatening images for young patients.

