

Elopement:

Creating safety for a child who runs away

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What is elopement?

- When a child leaves an area without the permission of supervising caregiver.
- "Wandering"
- In 2012, the AAP estimated that 50% of children with Autism wander at least once in their childhood
- 25% of those are exposed to potentially life threatening danger while they are wandering (traffic or drowning)
- 90% of accidental deaths in children with autism are due to drownings while wandering (2011)
- Significant cause of stress and loss of sleep for parents
- Few providers talk with parents about safety



Can you predict who will wander?



- Elopement peaks between ages 3-4 years old
- Continues in older children
 - CDC Pathways study: parents reported that 26% of their 6-11 yo wandered in the previous year
- Children with Autism and Intellectual Delay (learning difficulties) are more likely to wander
- Children wander from all contexts: home, school, public places

Why do kids elope?

- Allure of a favorite activity or environment
 - Many children with ASD are drawn to water
- Desire to explore
- Distress or overstimulation
 - Children often elope from large gatherings



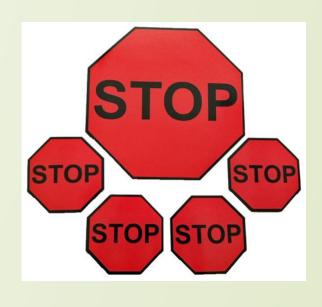
What can parents do to prevent harm?







Home Security





Tracking Devices and ID tags









Swim Lessons



Adaptive swim lessons

YMCA of greater Seattle

SafeSplash

Stroum Jewish Community
Center, Mercer Island

Goldfish Swim School, Shoreline

Nurturing Water Therapies (Renton, Bellevue, Mercer Island)

Special Olympics

Create an Emergency Plan

emergency steps:

- ☑ 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).
- ✓ Provide your child's date of birth, height, weight, and any other unique identifiers such as eyeglasses and braces.
- ☑ Tell them when you noticed that your child was missing and what clothing he or she was wearing.
- ☑ 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's name and identifying information be immediately entered into the National Crime Information Center (NCIC) Missing Person File.
- Search known areas your child would likely be, or attracted to. 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.

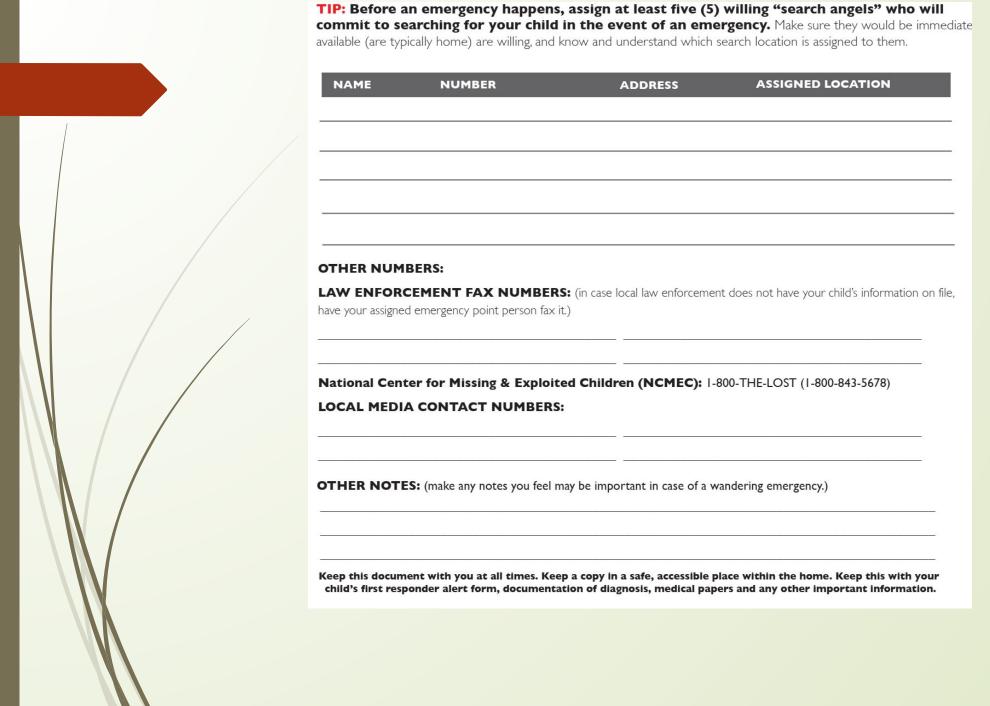
TIP: create an emergency point person who can contact neighbors, fax your alert form to local law enforcement, and assist in making arrangements for your other children.

Should your child go missing, make sure this contact has a cell phone, knows what your child is wearing, any identifying features, where you 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, as well as the most dangerous areas nearby, such as 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
Т.	
2.	
3.	
4.	
5.	



Annually (or more frequently) complete and share with school staff, family, friends, neighbors, caregivers, police, fire, and rescue professionals. PERSONAL EMERGENCY PROFILE DATE: NAME: AGE: PHYSICAL DESCRIPTION: TRACKING FREQUENCY # (If applicable)
PHONE NUMBER: PHONE NUMBER:
RESTRICTIONS (Allergies and diet) MEDICAL NEEDS (Diagnosis, health concerns) SIGNS OF ESCALATION (Changes in behavior that show increased or decreased anxiety, anger, etc. Recommendations for do's and don'ts.)
LIKES (Attractions, favorite things, hobbies, interests, foods, drinks, verbal exchanges, etc.) DISLIKES (Triggers, sensitivities, fears, things to avoid, foods, drinks, verbal exchanges, etc.) Symbols aid understanding and communication for everyone. Show and point to symbols when talking with a rescued person.
eat drink cold Mom Dad call home go home deep breath Yes pain Safe lost Add personal message here Resage here Res

Safety Strategy Checklist

- Teach Safety at home
 - Recognize stop signs
 - Pause in parking lots
 - Teach waiting
 - Work with your ABA provider
- Identify your child's triggers
- Neighbor notification
- Incorporate awareness into IEP plans



Neighbor notification sample letter

we have a child with autism. About half of children with	autism have a tendency to wander from safety.
We watch our child very carefully, but sometimes he/she	unpredictably wanders away from safety.
Our child's name is	years old as
of today, He/she is	tall and weighs aboutlbs.
He/she usually wears	
WHAT TO DO?	
We kindly ask if you see our child alone, please stay with	him/her and immediately call:
We are probably alread tell them that you have found our child.	dy looking for him/her. Please also call 911 and
Our child,, does not spe He/she might walk into the street without looking. He/sh like lakes, rivers or swimming pools and could drown. He or gate is open. He/she will become lost very easily and r question he/she will likely not answer.	ne may be dangerously drawn to bodies of water e/she might walk in your house or yard if a door
Our child may appear to be deaf. However, our child can she hears or sees or respond to your verbal commands.	hear. But he/she may not react to things that he
Our child sometimes has outbursts where he/she might s unusual ways for a few moments. Please don't misinterp to hurt anyone. If you see our child please stay with him/	ret any of these motions. He/she does not intend
We have included a recent picture of our child.	
Th	
Thank you,	
(Pare	ent Name)



Dear (school name) Faculty, Staff and IEP team,

Thank you for all that you do for the students of (school name). My child, (full name) has a diagnosis of autism and is a student in (class #) with (add teacher names). My child has a tendency to wander, elope or bolt from safety. Wandering behavior by individuals with autism is common, dangerous and puts tremendous stress on families, like mine. My child is susceptible to wandering off if left unsupervised for even a moment. This tendency puts him/her at great risk in all settings, including at school. As a result, it is important my child receives one-to-one adult supervision at all times.

Noted previous wandering incidents and triggers include:	
Date	_ Description
Date	_ Description
Date	_ Description
(Consider including a letter from y for wandering V40.31 (ICD-9-CM	our child's doctor regarding wandering tendencies with the medical code Code for Wandering)
securing the physical space by clo	are taken to prevent these dangerous incidents from occurring, including using/alarming doors or exits, and notifying school security guards, ild's tendency to wander, and maintaining one-to-one adult supervision
If my child wanders or eld	ppes, please call 911 immediately.
After help has been dispa	tched, please immediately notify me (xxx) xxx-xxxx.
All attempted or actual wanderin team, in an effort to identify pote	g incidents should be fully documented and reported to me and the IEP intial patterns or triggers.
When you are interacting	g with my child, please keep in mind:
List any difficulties with c List any co-existing medic List any special interests o List behavior team/physic	al conditions
I greatly appreciate your support	and attention to keeping my child safe and out of harm's way.
Thank you,	

. Home Address:

IEP Safety letter

- Requests wandering prevention strategies to be included in IEP plans at school
- Identifies child's triggers for wandering
- Reminds school staff of child's communication style, special conditions, interests that are likely to draw them back to school

Big Red Safety Box

Available for free from the National Autism Association https://nationalautismassociation.org/big-red-safety-box/

- Parents must apply directly to the NAA for their box
- Open to families of children with ASD diagnosis
- One box per family
- \$8 shipping cost
- REDy booklet is downloadable for free



- 1) Be REDy Booklet A caregiver checklist
 - A Family Wandering Emergency Plan
 - A first-responder profile form
 - A wandering-prevention brochure
 - A sample IEP Letter
 - A Student Profile Form
 - Emotion Identification Cards
 - Wandering Quick Tips
- 2) Two (2) GE Wireless Door/Window Alarms with batteries
- ☐ 为 One (1) RoadID Bracelet or Shoe ID tag*
- 4) Five (5) Adhesive Stop Sign Visual Prompts for doors and windows
- 5) Two (2) Safety Alert Window Clings for car or home windows
- 6) One (1) Child ID Kit from the National Center for Missing and Exploited Children



Discussion

- Have you had experiences of your child running away?
- What did you do?
- What are your strategies for keeping track of your child?
- Any questions?





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 November 2012, 130 (5) 870-877; DOI: https://doi.org/10.1542/peds.2012-0762

Forty-nine percent (*n* = 598) of survey respondents reported their child with an ASD had attempted to elope at least once after age 4 years; 26% (*n* = 316) were missing long enough to cause concern. Of those who went missing, 24% were in danger of drowning and 65% were in danger of traffic injury. Elopement risk was associated with autism severity, increasing, on average, 9% for every 10-point increase in Social Responsiveness Scale T score (relative risk 1.09, 95% confidence interval: 1.02, 1.16). Unaffected siblings had significantly lower rates of elopement across all ages compared with children with ASD.

40-fold risk of drowning in individuals with ASD, lending further support to the potential link between EB and ASD-related mortality (Guan & Li, 2017).