









In 2011, the CDC successfully advocated to create an ICD diagnostic code for wandering because it is such a common behavior in ASD/IDDs, with potential deadly consequences. ICD-10: Z91.83

In 2012, the CDC published a report on wandering: Wandering Among Children with Special Healthcare Needs from the Pathways Survey Catherine Rice PhD

Little was previously known about wandering behaviors and the inherent risks.



December 2017: American Academy of Pediatrics [AAP] added WANDERING to the list for physicians' "anticipatory guidance" for families living with ASD.

"To prevent wandering, pediatricians must be aware of the seriousness of the problem and incorporate counseling into anticipatory guidance. Parents, school personnel and first responders also can help prevent wandering in people with ASD."

School personnel need to be aware of wandering as well. IEP [sic] protections may include adequate supervision with aide support and environmental modifications.

Education for first responders about ASD and how to interact with verbal and nonverbal individuals with ASD is a critical aspect of community preparedness for this problem."

http://www.aappublications.org/news/2017/12/12/ASD121217













2011-2016TotalPercentageTotal OutcomesLethal13917%Medical Attention10513%Close Calls30938%Still Missing51%Minimal Risk/ Unclear25031%Total808100%	Summai from 2	Summary of Outcomes from 2011 to 2016					
Total OutcomesLethal13917%Medical Attention10513%Close Calls30938%Still Missing51%Minimal Risk/ Unclear25031%Total808100%	2011-2016	Total	Percentage				
Lethal 139 17% Medical Attention 105 13% Close Calls 309 38% Still Missing 5 1% Minimal Risk/ Unclear 250 31% Total 808 100%	Total Outcomes						
Medical Attention10513%Close Calls30938%Still Missing51%Minimal Risk/ Unclear25031%Total808100%	Lethal	139	17%				
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Total 808 100% 69% 100	Minimal Risk/ Unclear	250	31%				
69%	Total	808	100%				
	(69%					

Socio-Demographics Total Lethal Lethal % Age -	Total and Lethal Outcomes Demographics				
Age Younger than 5 45 26 58% 5 to 9 191 62 32% 10 to 14 229 25 11% 15 to 19 192 11 6% 20 to 24 70 6 9% 25 to 29 41 7 17% 30+ 40 2 5% Gender	Socio-Demographics	Total	Lethal	Lethal %	
Younger than 5 45 26 58% 5 to 9 191 62 32% 10 to 14 229 25 11% 15 to 19 192 11 6% 20 to 24 70 6 9% 25 to 29 41 7 17% 30+ 40 2 5% Gender	Age				
5 to 9 191 62 32% 10 to 14 229 25 11% 15 to 19 192 11 6% 20 to 24 70 6 9% 25 to 29 41 7 17% 30+ 40 2 5% Gender	Younger than 5	45	26	58%	
10 to 14 229 25 11% 15 to 19 192 11 6% 20 to 24 70 6 9% 25 to 29 41 7 17% 30+ 40 2 5% Gender	5 to 9	191	62	32%	
15 to 19 192 11 6% 20 to 24 70 6 9% 25 to 29 41 7 17% 30+ 40 2 5% Gender	10 to 14	229	25	11%	
20 to 24 70 6 9% 25 to 29 41 7 17% 30+ 40 2 5% Gender	15 to 19	192	11	6%	
25 to 29 41 7 17% 30+ 40 2 5% Gender 5 5 5 Female 104 23 22% Male 704 116 16% Race 5 68 19% Black 182 30 16% Hispanic 49 7 14% Other 29 4 13%	20 to 24	70	6	9%	
30+ 40 2 5% Gender Female 104 23 22% Male 704 116 16% Race White 355 68 19% Black 182 30 16% Hispanic 49 7 14% Other 29 4 13%	25 to 29	41	7	17%	
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Male 704 116 16% Race	Female	104	23	22%	
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Black 182 30 16% Hispanic 49 7 14% Other 29 4 13%	White	355	68	19%	
Hispanic 49 7 14% Other 29 4 13%	Black	182	30	16%	
Other 29 4 13%	Hispanic	49	7	14%	
	Other	29	4	13%	
Unknown 193 30 16%	Unknown	193	30	16%	





Total and Lethal Outcomes by Origin of Incident				
Setting Type	Total	Lethal	Percentage	
Home	383	72	19%	
School or School Bus	81	4	5%	
Relative or Friend's Home	53	23	43%	
Outdoor Recreation/ Field Trip/ Camp	49	14	29%	
Group Home or Residential Facility	35	9	26%	
Between Settings	34	4	13%	
Store, Restaurant/ Indoor Recreation	32	2	6%	
Hotel or Vacation Home	12	6	50%	
Vehicle	8	2	25%	
Hospital or Healthcare Facility	6	0	0%	
Train or Bus Station	6	0	0%	
Church	5	0	0%	
Other/ Unclear	104	3	3%	





2011-2016	Total	Percentage
Lethal Outcomes		
Drowning	98	71%
Struck by vehicle	25	18%
Struck by train	6	4%
Hyper/ Hypothermia	4	3%
Fall	2	1%
Trauma, other	4	3%
Total	139	100%



Characteristics of Drowning Deaths in ASD

- Drownings most commonly occurred in ponds (52.2%), rivers (13.0%), and lakes (13.0%).
- Distance between the victim's residence and the body of water where drowning occurred averaged 291 meters [318 yards].
- About ³/₄ of the drownings occurred in the afternoon between noon and 7pm.
- Wandering was the most commonly reported activity that led to drowning, accounting for 73.9% of the incidents.

ning deaths in children with autism spectru



*	Risk of Wandering in ASD +/- ID vs ID-only							
		ASD-only	ASD + ID	ID-only				
	Total, N	492	924	2,085				
	% Male 32.5 37.2 22.3							
	% Female	34.2	24.9	23.6				
	% Aged 6-11 years	41.6	40.6	30.4				
	% Aged 12-17 years	22.5	27.1	15.6				
<u>BOTH</u> ASD-only & ASD+ID were <u>more</u> likely to wander than IDD-only.								
THEREFORE, RISK OF WANDERING IS SIGNIFICANT FOR ASD WITH <u>ALL</u> COGNITIVE LEVELS								
Kiely B, Migdal TR, Vettam S, Adesman A. Prevalence and Correlates of Elopement in a Nationally Representative Sample of Children with Developmental Disabilities in the United States. PloS one. 2016;11(2):e0148337.								









- 1. I have secured my home.
- 2. I've identified reasons why my child or adult elopes, and I am addressing those reasons.
- 3. I have enrolled my child or adult into WATER SAFETY lessons .
- 4. I have looked into tracking devices.
- 5. I have alerted my trusted neighbors.
- 6. I have alerted my local first responders about my child, nearby water sources, & reverse 911.
- 7. I have talked to my child's doctor about the wandering diagnosis code Z91.83 .
- 8. I have obtained a wearable ID for my child that contains all of my contact information.

org/store/#!/NAA-Toolkits/c/23350149/off

9. I have completed my family wandering emergency plan.



- 10. I will initiate a "tag, you're it" system during family gatherings, commotion, transitions.
- **11.** I will monitor changes in my home's security, *e.g.*, when weather or seasonal transitions affect my home's layout.
- 12. I will remain on high alert during transitions, after moving to a new home or school, on summer holidays & during visits to others' homes, public places, parks, other settings.
- 13. I have addressed wandering at school, summer camp, and other external settings.
- 14. I continue to reassess as my child grows and/or learns new ways to possibly exit.
- 15. If my child or adult is ever missing, I will remain calm, call 911, and search nearby water and busy streets **FIRST**.
- 16. I continue to document actions taken to protect my loved one.

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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.

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.

National Autism Association, http://nationalautismassociation.org/store/#1/NAA-Toolkits/c/23350149/offset=0&sort=norma

Big Red Safety Box Physician Sample Letter

To Whom It May Concern:

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-10: Z91.83). 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.

m Association, http://nationalautismassociation.org/store/#!/NAA-Toolkits/c/23350149/offset=0&sort=noi

Sincerely,

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Big Red Safety Box First Responder Edition

If Person With Autism is Missing

- Treat each case as critical.
- > Search Water First!
- Ask about other dangers that the person may be attracted to [busy roads/highways/construction sites, etc.] and immediately dispatch personnel to secure those areas.
- Implement Reverse 9-1-1 (achildismissing.org)

al Autism Association. http://nationalautismassociation.org/store/#!/NAA-Toolkits/c/23350149/offset=0&sort

Issue an Endangered Missing Alert



"People with autism think about killing themselves and die from suicide at a horrifying rate. Small studies find that:

- 20%-40% of adults with autism have considered killing themselves (Hedley et al., 2017);
- 15% report making at least one attempt (Balfe and Tantam, 2010).

"A large Swedish cohort study found that:

• adults with autism are nine times more likely to die from suicide than other adults (Hirvikoski et al., 2016).

"Studies of children with autism find that:

- **11% have suicidal ideation and 4%–7% have made suicide attempts** (Mayes et al., 2013);
- the risk of making a suicide attempt is six times that of other children (Moses, 2017)."

"As we think about the urgent task of reducing premature mortality in people with autism, it is worth revisiting some passages from the Autistica report that deserve as much public attention as those describing suicide risk. The risk of early mortality from all causes among people with autism is nearly twice that of the general population."

Personal tragedies, public crisis. The urgent need for a national response to early death in autism. Autistic adults with a learning Those with autism and



Personal tragedies, public crisis. The urgent need for a national response to early death in autism.
Conclusions from Autistica 2017:

"This crisis requires a national response.
"Failure to act would be tacit acceptance of the stark inequality in outcomes for autistic people.
"We are urgently calling for a combined effort from national and local government, research funders, the NHS, service providers and industry to start saving lives now."

Cusack, Shaw, Spiers & Sterry, Autistica, UK, 2017

Cusack, Shaw, Spiers & Sterry, Autistica, UK, 2017

9 years old, Pearland

Thanksgiving Day 2016

"...We were able to review surveillance video from the house, and it gave up a general direction of where he exited'... Police said... that [he] may be drawn to the sound of all-terrain vehicles and may want a ride. They urged searchers on ATVs to drive slowly in case [he] heard them. Texas EquuSearch joined the search for [him]. Police believed [the boy] was on foot in the area and did not suspect foul play. Police said [he] loves the songs, "Wheels on the Bus," "Head, Shoulders, Knees and Toes" and "If You're Happy and You Know It." Police said [the boy's] family were visiting from Connecticut [for Thanksgiving]."

Saturday, Thanksgiving Weekend 2016

"Pearland police and volunteers ended their search Saturday morning after finding the body of a missing boy with autism. [The boy], 9, disappeared around 4 p.m. Thursday... Police notified the public on their Facebook page that they found [the boy's] body Saturday morning... around 7 am in a pond near the family's home [on the family's property]."

