CareCertify LLC

CareCertify Caregiver Training · Autism Spectrum Caregiving

AUT-10

Health, Co-occurring Conditions & Safety

Participant Guide

Professional Caregivers & Direct Support Professionals · A Caregiver's Guide to Autism

Updated July 2026 — peer-reviewed & safety sources

Autistic people often have health conditions that are easy to miss — and safety needs that can be life-or-death. Know both.

Learning Objectives — by the end of this module you will be able to:

- Name common co-occurring health conditions
- Recognize pain and illness that may go unreported
- Respond safely to a seizure
- Support sleep, mental health, and medication safety
- Prevent and respond to elopement (wandering)
- Support medical visits and know your health-and-safety role

Section 1: Common co-occurring conditions

Support the whole person, not just the autism.

- **Sleep problems.** Trouble falling or staying asleep is very common and affects mood, behavior, and health.
- **Anxiety & mental health.** Anxiety, depression, and ADHD occur often and deserve real support and, when needed, professional care.
- **Epilepsy.** Seizure disorders are more common in autistic people — know each person's seizure plan.
- **GI & more.** GI issues, motor differences, and other conditions are common; watch, support, and report.

Section 2: Recognizing pain and illness

When a person can't easily say 'it hurts,' behavior tells you.

- **Behavior changes.** New irritability, withdrawal, aggression, or loss of skills can signal pain, illness, or discomfort.
- **Physical signs.** Watch for guarding a body part, changes in eating or sleep, facial signs, or touching an area.
- **Report promptly.** Report suspected pain or illness to the nurse, family, or doctor — the person may not report it themselves.

Assume a sudden behavior change might be a medical issue until that's ruled out — pain is a common hidden cause.

Section 3: Seizure basics

Stay calm, keep them safe, follow the plan.

- **Protect & time it.** Ease the person to the floor, cushion the head, clear hazards, and note the start time.
- **Don't restrain or insert.** Never hold the person down or put anything in their mouth; turn them on their side when you can.
- **Know when to call 911.** Call 911 for a seizure over 5 minutes, repeated seizures, injury, breathing trouble, a first-time seizure, or per the plan.

Follow the person's individual seizure action plan and your agency's training — this is a summary, not a substitute.

Section 4: Supporting sleep

Sleep problems ripple into everything.

- **Very common.** Many autistic people have trouble falling or staying asleep, which worsens mood, behavior, and health.
- **Routines & hygiene.** Support a consistent bedtime routine, a calm, dark, comfortable space, and wind-down time.
- **Watch the impact.** Poor sleep can look like 'behavior' the next day — factor it in before assuming misbehavior.
- **Report chronic issues.** Report ongoing sleep problems so the medical team can help; don't give sleep aids without orders.

Section 5: Anxiety and mental health

Common, real, and supportable.

- **Very common.** Anxiety and depression are common in autistic people and deserve the same care as physical health.
- **Know the signs.** Watch for increased worry, avoidance, withdrawal, irritability, or changes in mood, sleep, or appetite.
- **Support daily.** Predictability, coping tools, sensory support, and calm relationships reduce anxiety.
- **Get professional help.** Report concerns; mental-health support and, when appropriate, professional care make a real difference.

Section 6: Medication safety

Follow the plan exactly — never improvise.

- **Follow the orders.** Give medications exactly as prescribed and documented; follow the medication record and your training.
- **Watch for effects.** Observe for side effects and changes; report anything new to the nurse or prescriber.
- **Never adjust.** Never change, skip, or add a medication on your own — that's a medical decision.

- **Document & report.** Record administration accurately and report errors or concerns immediately.

Section 7: Safety priorities

Some autism safety risks are life-threatening — take them seriously.

- **Elopement.** Wandering or bolting is common and dangerous; know each person's plan and supervision level.
- **Water safety.** Drowning is a leading cause of death after elopement; supervise near water closely.
- **Supervise per plan.** Provide exactly the supervision the person's plan specifies, indoors and out.
- **Secure environment.** Use door alarms, locks, or fencing as the plan directs; know exits on any outing.
- **ID & tracking.** Support ID, medical info, and any tracking tools the family and plan use.
- **Safety plan.** Know the person's safety and emergency plan before you need it.

Section 8: Supporting medical and dental visits

Appointments can be hard — preparation helps.

- **Prepare & desensitize.** Use social stories, pictures, and practice visits so the appointment isn't a surprise.
- **Tell the provider.** Share the person's communication, sensory needs, and what helps, so the visit goes smoothly.
- **Advocate.** Speak up for accommodations — a quiet wait, extra time, clear explanations — and for the person's comfort.

Diagnostic overshadowing is a real risk: don't let 'it's just autism' hide a treatable medical problem.

Section 9: Keeping a person safe day to day

Consistent habits prevent most emergencies.

- Know the person's safety, seizure, and emergency plans
- Provide the supervision level the plan specifies
- Watch for elopement risk, especially near water and roads
- Notice behavior changes that could mean pain or illness
- Follow medication orders exactly and report concerns
- Document and report incidents and health changes

Prevention plus quick, calm response keeps people safe.

Section 10: Elopement (wandering) — a closer look

Common, and one of the most serious safety risks.

- **Why it happens.** A person may head toward something they love, away from something overwhelming, or simply explore.
- **The dangers.** Traffic and water are the biggest dangers; drowning is a leading cause of elopement deaths.
- **Prevent.** Supervision, secure environments, teaching safety skills, and knowing triggers all reduce risk.

- **If a person goes missing.** Act immediately: search, check water first, call for help and 911, and follow your agency's missing-person protocol.

Section 11: Your role in health and safety

You are the eyes, the advocate, and the first responder.

- **Observe.** Notice changes in health, behavior, mood, and safety — you often see them first.
- **Report.** Report concerns promptly to the nurse, family, and team; documentation drives care.
- **Follow plans.** Follow the person's health, medication, seizure, and safety plans consistently.

Advocate for the person's health as strongly as you'd advocate for your own family's.

Apply It — Scenarios

Sudden irritability
A usually calm client becomes irritable, stops eating well, and keeps touching the side of their face.
The right response: → Consider pain first — touching the face and not eating could signal a toothache or ear infection. → Don't dismiss it as 'just behavior'; a behavior change often has a medical cause. → Report your observations to the nurse and family promptly. → Support comfort and help arrange a medical or dental check.

Elopement risk on an outing
You're taking a client who tends to bolt to a park near a pond.
The right response: → Review the safety plan and supervision level before you go. → Stay close, know the exits and the water's location, and keep the pond side supervised. → Have ID and any tracking tools in place, and a plan if the person bolts. → If they do bolt, act immediately — check the water first and call for help.

Key Terms

Term	What it means
Co-occurring condition	Another condition alongside autism, such as anxiety or epilepsy.
Elopement	Wandering or bolting away from safety — a serious risk.
Seizure action plan	A person's individual plan for responding to seizures.
Diagnostic overshadowing	Wrongly blaming symptoms on autism and missing a real medical issue.
Sleep hygiene	Habits and environment that support good sleep.
Medication record	The documented orders and log for giving medications.
Recovery position	Turning a person on their side to keep the airway clear.
Safety plan	A person's individualized plan to prevent and respond to safety risks.

Check Your Understanding

1. A very common co-occurring condition in autism is:

A. Sleep problems

B. A broken bone

C. The common cold

D. A contagious rash

Answer: A — Sleep problems are common.

2. If a person can't report pain, you should:

A. Assume they're fine

B. Wait indefinitely

C. Punish the behavior

D. Watch for behavior and physical signs and report

Answer: D — Watch, then report.

3. Poor sleep the night before can:

A. Improve behavior

B. Have no effect

C. Cure anxiety

D. Look like 'behavior' the next day

Answer: D — Factor in sleep before assuming misbehavior.

4. Medications must be given:

A. However staff prefer

B. In adjusted doses

C. Whenever convenient

D. Exactly as prescribed and documented

Answer: D — Follow orders exactly.

5. The correct seizure summary is:

A. Protect, time it, no restraint/nothing in mouth, side position, call 911 as needed

B. Restrain and hold the mouth open

C. Leave the room

D. Give water immediately

Answer: A — Standard seizure response.

6. Your health-and-safety role centers on:

A. Diagnosing

B. Prescribing

C. Observing, reporting, following plans, and advocating

D. Ignoring changes

Answer: C — Observe, report, follow, advocate.

7. The 'recovery position' means:

A. Sitting them upright

B. Holding them down

C. Standing them up

D. Turning a person on their side to keep the airway clear

Answer: D — Side position clears the airway.

What You Learned

- Autistic people often have co-occurring conditions: sleep problems, anxiety, epilepsy, GI, and more
- Behavior changes can signal unreported pain or illness — investigate, don't dismiss
- For seizures: protect, time it, don't restrain or insert anything, side position, and know when to call 911
- Support sleep and mental health; follow medication orders exactly and never adjust them
- Elopement is a top safety risk — supervise per plan; drowning is the biggest danger
- Support medical/dental visits and watch for diagnostic overshadowing
- Your role: observe, report, follow the plans, and advocate

Next: AUT-11 — therapies, evidence-based supports, and evaluating claims (including stem cells).

Legal & Training Basis

This course is caregiver education about autism spectrum disorder, developed from current, authoritative sources including the U.S. Centers for Disease Control and Prevention (CDC), the DSM-5-TR diagnostic framework, and peer-reviewed research. It is general education for caregivers — not medical advice, a diagnosis, or a treatment protocol. Every autistic person is an individual; caregivers should follow each person's own support plan and consult qualified professionals for medical, behavioral, and dietary decisions. Current as of July 2026.