

2025 CAASE Awards

Application Instructions



The CAA Service Excellence (CAASE) Awards are open to all ambulance companies and agencies operating within California. To participate, applicants must submit an online submission that includes a **Statement of Entry** and any relevant supporting materials.

Submission Process

All materials must be submitted through the CAA's online application form. The following file types are accepted:

Documents: PDF, Word, Excel

Images: JPEG/PNG

Links: Video content or webpages that support the entry

Once your submission is received, you'll get a confirmation email with instructions for uploading any additional materials. If you wish to include physical displays, these may be shipped separately to the CAA for presentation at the Annual Convention.

Terms of Use

By submitting an entry, you grant the California Ambulance Association permission to publicly share your materials as examples of best practices and submissions may be used for educational, promotional, or marketing purposes.

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2025 CAASE Awards Submission

Submission Category:

Innovation in EMS

Submission Title:

Neurodiverse/Autistic Patients: Reducing Stress & Facilitating Communication During Emergencies With Sensory Support Bags

Number of Annual Service Requests:

165,000

Number of Ambulances:

110

Business Type (check all that apply):

Privately Held Corporation

Project Participants (Names, Job Titles & Email Addresses of individuals involved in the project):

Vishal Raj, Managing Director, vishal.raj@falck.com Elissa Green-Kaustinen, Director of FAST,

elissa.kaustinen@choc.org Julissa Borrayo, Administrative Assistant,

julissa.borrayo@falck.com Jonathan Tseng, ePCR Specialist/Quality Mgt.,

Jonathan.tseng@falck.com

Situational Analysis (Background of Project):

Autism rates are rising nationwide, and in California, 1 in 22 children are diagnosed compared to the U.S. average of 1 in 36. With increasing prevalence, EMTs and paramedics are more likely to care for individuals, both pediatric and adult, with autism or other neurodevelopmental disorders. Although California laws like AB 751 and SB 882 now require law enforcement to report developmental or mental disabilities in use-of-force and shooting incidents, no equivalent legislation or standardized training exists for EMTs and paramedics. Training opportunities for EMS personnel are scarce, often limited to webinars rather than interactive, in-person instruction. Law enforcement programs such as

the Interaction with Neurodiverse Citizens: Training on Effective Response and Communication (INTERAC) training, covering identification, behavioral misinterpretations, real incident analysis, and response strategies, have begun addressing these needs. However, EMS providers lack similarly structured training, despite relying heavily on behavioral communication. Adapting INTERAC into a practical, interactive format tailored to EMS personnel fills a critical gap. It equips EMS personnel with essential skills, including:

- Understanding neurodevelopmental disabilities (e.g., autism, intellectual disability, developmental delay)
- Recognizing behavioral characteristics and common misinterpretations
- Analyzing real incident scenarios via case studies
- Using sensory-informed communication and de-escalation techniques
- Applying practical tools like Sensory Support Bags and resource references

This adaptation ensures that all first responders, not just law enforcement, are prepared to support neurodiverse individuals effectively and empathetically.

Project Goals:
To equip Falck EMTs and paramedics with a foundational understanding of neurodevelopmental disabilities emphasizing autism and intellectual developmental disorders by enhancing their ability to recognize key characteristics, interpret behaviors safely, employ effective interaction strategies, and utilize Sensory Support Bags. INTERAC training aims to:

- Increase awareness of developmental differences and commonly misinterpreted behaviors that could present safety concerns.
- Boost confidence in using communication and sensory-informed de-escalation techniques.
- Promote practical skills, including the proper use of Sensory Support Bags, kits containing items which have been shown to calm and reduce stress in neurodiverse individuals during emergencies. Contents can include noise-canceling headphones, sunglasses to reduce bright lights, soothing objects such as “fidgets” and “squishies,” puppets, and widget health boards, which provide a non-verbal way to communicate with patients.

By establishing this baseline proficiency, the program seeks to improve the experiences and outcomes of individuals with autism and neurodevelopmental disorders in emergency medical situations.

Planning & Implementation (describe process from the planning phase, including research, through implementation phase. Include the overall length of your project in weeks/months):
Planning Phase (3 months) In Q4 2024, a multidisciplinary team was assembled. The team conducted an extensive literature review and analyzed Falck data to determine the frequency and context of EMS interactions with neurodiverse individuals. Based on these insights, the curriculum was drafted and refined through multiple iterations to include modules on disability characteristics, scenario-based video applications, communication strategies, and a resource toolkit—each version vetted to ensure clinical accuracy and operational relevance. Pilot Rollout (Approx. 4 weeks) Certified trainers implemented INTERAC workshops with EMTs and paramedics. Before training began, participants completed the PSEA (Police Self Efficacy for Autism) survey to establish a baseline. The training combined didactic instruction on autism and neurodevelopmental differences with interactive analysis of real-world scenarios, including sensory-informed communication practices. Participants were also introduced to Sensory Support Bags, with a demonstration of their effective field use. At the conclusion of each session, participants retook the PSEA survey to measure increases in confidence and preparedness. Train-the-Trainer (4 hours) Once the curriculum was finalized, all trainers, comprising EMTs, paramedics, and Falck leadership completed a four-hour facilitator certification to ensure consistent and effective delivery of the INTERAC program. Follow-Up & Ongoing Support (Approx. 2 months, ongoing) After the pilot, Sensory Support Bags were distributed to all field teams, and deployment data began to be collected. Trainers provided ongoing mentorship, conducted refresher sessions, and gathered qualitative feedback from EMS personnel regarding tool usage. Additional virtual training was made available through Falck’s internal communication platform, Blink. Data collection on real-world application and effectiveness continues beyond the initial phase.

Results (Did you achieve your goals? How did you measure results?):
Falck achieved the following goals with this project:

- Increased awareness and confidence among our clinicians related to individuals with autism and their unique needs (measured via pre/post-training PSEA survey and prevalence of keywords related to autism appearing in patient narratives in prehospital care reports)
- Equipped our EMTs with tool kit (sensory bag) containing items that can soothe or otherwise aid in facilitating patient care for individuals with autism
- Laid groundwork for further education and professional development related to patients with neurodivergent conditions

Impact (What impact has this project had on your service? Information can be given as narrative. However, if possible, please provide qualitative and quantitative information.):
Positive impact on both the patient and the care provider. Impact on provider: Increased confidence from having both knowledge and tools to facilitate patient interactions and care. Impact on patient: Increased likelihood of provider recognizing patients with autism spectrum disorders and appropriately interacting with them; calmer environment through both interaction and sensory bag use. Both: improved communication (widget board). Impact on organization: Successful collaboration between two large organizations (hospital and Falck) built relationship and laid groundwork for future collaboration.

Budget (Did you have a budget? Budget numbers can be provided as a percentage of overall operating or departmental budget.):
<\$1,000 for 115 bags and contents

Supporting Documents #1:
3f8576ae-454a-4641-8dd0-909eff61e69a.jpg

Supporting Documents #2:
Falck - Autism Sensory Bag Usage.pdf

Supporting Documents #3:
Screenshot 2025-07-25 at 2.43.51 PM.png

Supporting Documents #4:
Screenshot 2025-07-25 at 2.48.34 PM.png

Supporting Documents #5:

Supporting Documents #6:

Comments:
https://www.youtube.com/watch?v=Z0_FyhIJMyU

CAASE Awards Submission Fee:
CAASE Awards Submission - \$100.00

Discount Code:

Date:

Falck Sensory Bag Usage

Incident #1:

Patient Care Report Narrative:

S- Unit [REDACTED] responded code two to a dispatch complaint of a seizure. Unit arrived on scene to a private residence along with OCFA Engine [REDACTED]. Pt was an 11 year old male found ambulating toward the gurney. Pt chief complaint was lethargy due to being in a postictal state following a witnessed seizure. Pt mother stated he had a first time seizure and was lethargic following said seizure. Pt medical history, allergies to medication, and medication list are attached. Pt was positive postictal state, lethargy, and seizure. Pt was negative hypoxia, active seizure, and trauma. Pt was experiencing 0/10 pain per pt mother. ALS assessment was performed by ALS personnel, prior to unit scene arrival.

O- Pt was A/O x 0. Pt was nonverbal. Pt GCS was 12 = E4 + V2 + M6. Pt mentation and GCS were both normal for pt. Pt vital signs remained stable during transport. Vital signs were difficult to obtained due to Pt having autism. Secondary assessment found no abnormalities. Pt skin signs and work of breathing was normal. No suspected trauma. Pt condition was acute for pt. Pt distress level was moderate.

A- Pt was transported for further evaluation and treatment to the closest open pediatric receiving facility. Pt was not bed confined. Pt was under no isolation precautions so only standard precautions of gloves were worn. Pt was full code status. Pt condition improved during time following seizure.

P- Pt ambulated and sat on gurney with assistance, with no incident. Pt was moved from gurney to hospital bed via ambulating with assistance, with no incident. Pt was positioned semifowlers for comfort and was secured with all seatbelts. Unit crew worked to keep pt comfortable and calm during transport using items from the sensory bag. Unit crew monitored pt and pt vital signs during transport. Pt was not given oxygen due to SPO2% and work of breathing being normal. Pt was transported code three and downgraded code two to [REDACTED] ED. Pt care was transferred to RN [REDACTED] with signature obtained. Transfer of care vitals were obtained. Pt signature was not obtained due to pt being a minor. [REDACTED]

Incident #2:

Patient Care Report Narrative:

S-care [REDACTED] dispatched code 2 to a private residence for a dispatch complaint of convulsions/seizures. BLS arrived on scene to find the PT lying supine on the PTs couch. PT is a nine year-old female chief complaint of seizures. PTs mother states that the PT started convulsing for a period of over 4 minutes. Pts mother stated after the convulsions the pt had an altered state of consciousness and was not acting like herself. Mother also stated that this was the pts first seizure ever and that she has no history of this behavior. PT has no pertinent medical history. PT takes no medications. PT has no allergies to medication. PTA of BLS unit, ALS unit performed primary assessment. ALS unit performed ALS interventions.

Positive: Post-ICTAL, Mental distress, bystander witnessed seizure

Negatives: no hypoglycemia, no hyperglycemia, no oral trauma, no incontinence, no nausea, no vomiting

O- Pt was Alert however was not answering orientation questions due to mental distress secondary to seizure. Pt GCS on scene was 11: E,V,M: 4,2,5. PT upon primary and secondary assessment was found to have an altered mental status, otherwise no other physical abnormalities. PT vitals on scene were stable and normal. PT was triaged and transported at moderate acuity.

A-PT standard isolation precautions taken. PPE glove professions taken. PT normally self ambulatory. PT on scene was non-ambulatory due to Post-ICTAL status. PT cleared for ALS code 3 transport to [REDACTED] ED for further evaluation treatment as per E 21. PT transported to [REDACTED] ED due to family choice.

P-PT was carried to the gurney. No incident occurred. PT transported, semi Fowlers due to PT position of care. PT vitals were taken, focused. Assessment completed, comfort measures taken. PT was showing significant mental distress following an unsuccessful attempt to take a blood sugar. PT was given a stretchy ball, a sticker, and a stress ball. Shortly after being administered sensory bag items the PT calm down considerably and stopped crying. The PT continued to be calm for the rest of the transport and through the transfer of care. BLS assisted medics in vitals and blood sugar. ALS performed all other interventions on scene and en route to hospital. PT was monitored and reassessed during transport, and the PT condition improved in route to destination. PT's mental status improved and PT was able to answer basic questions. PT shimmied onto hospital bed [REDACTED]. No incident occurred. TLC report was given to RN [REDACTED] by ALS at PT bedside. [REDACTED]

Incident #3:**Patient Care Report Narrative:**

S: **Falck Unit** responded code 2 with OCFA Engine [REDACTED] and Medic [REDACTED] to **PRIVATE RESIDENCE** [REDACTED] Patient was a 62 year old male with a dispatched complaint of a fall. Patient was found laying supine in his bed in his bedroom. Patient's chief complaint was left hip pain from a unwitnessed ground level mechanical fall. Patient was deaf and unable to communicate effectively. Sensory bag was pulled out and utilized the images patient pointed to 8/10 on the pain scale.

O: Patient was alert but unable to tell A/O status because of verbal barriers. Patient was able to state his name when asked when care pointed to on sensory bag sheets. Patient also was pointing to the letters "siow" when asked to spell what bothered him. Patient was E4+V5+M6=15. Patient skins were warm, clammy, and pale. Patient's breath work was normal. No signs of trauma were indicated. Patient was guarding hip and had pain upon palpation and movement.

A: Patient was transported to **Hospital Emergency Dept** for further treatment and evaluation of chief complaint. Patient was not ambulatory. No further isolation precautions were necessary other than standard BSI. Patient was a full code. During reassessment I'm route patient condition remained the same.

P: Patient was moved onto gurney via 2 person flat and placed in a supine position with seatbelts for position of comfort. BLS interventions vitals and patient assessment were done by **Falck EMTs**. ALS interventions Blood Glucose were done by OCFA ALS. No EKG was given to us. No oxygen was administered because patient did not show signs of shortness of breath. Patient was transported BLS code 2 to the hospital and moved onto hospital bed via 3 person drawsheet. Transfer of care was given to RN [REDACTED]

**Priority - Featured** · Mar 3

To: Falck Southern California - All Staff

**Falck Southern California Team**

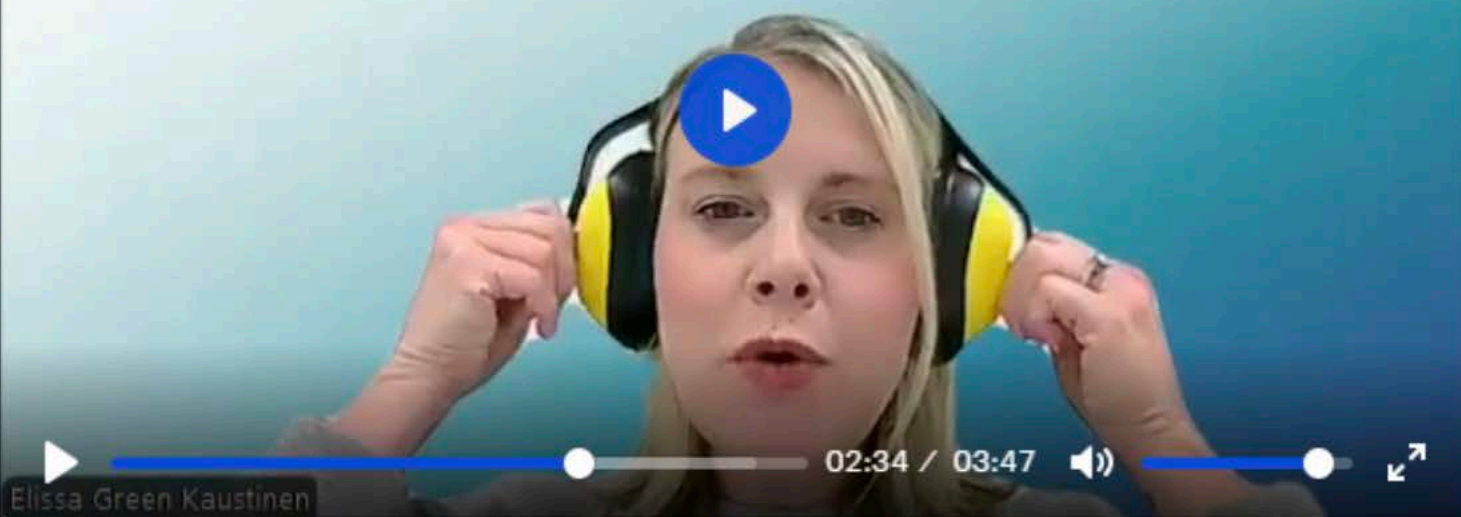
OC & LA

Exciting News!

Falck is partnering with the Thompson Autism and Neurodevelopmental Center at CHOC. Throughout the month of March, we will be introducing sensory bags on our Orange County ambulances. These bags are a resource to aid patient treatment by providing tactile toys, communication boards, and other sensory items.

Be on the lookout for more information as we are starting to put these on ambulances March 5th! We are thrilled to bring this initiative to our patients and look forward to making a positive impact with these sensory bags.

Here is an informational video from CHOC going over how to use the sensory bag!

[see less](#)

Elissa Green Kaustinen

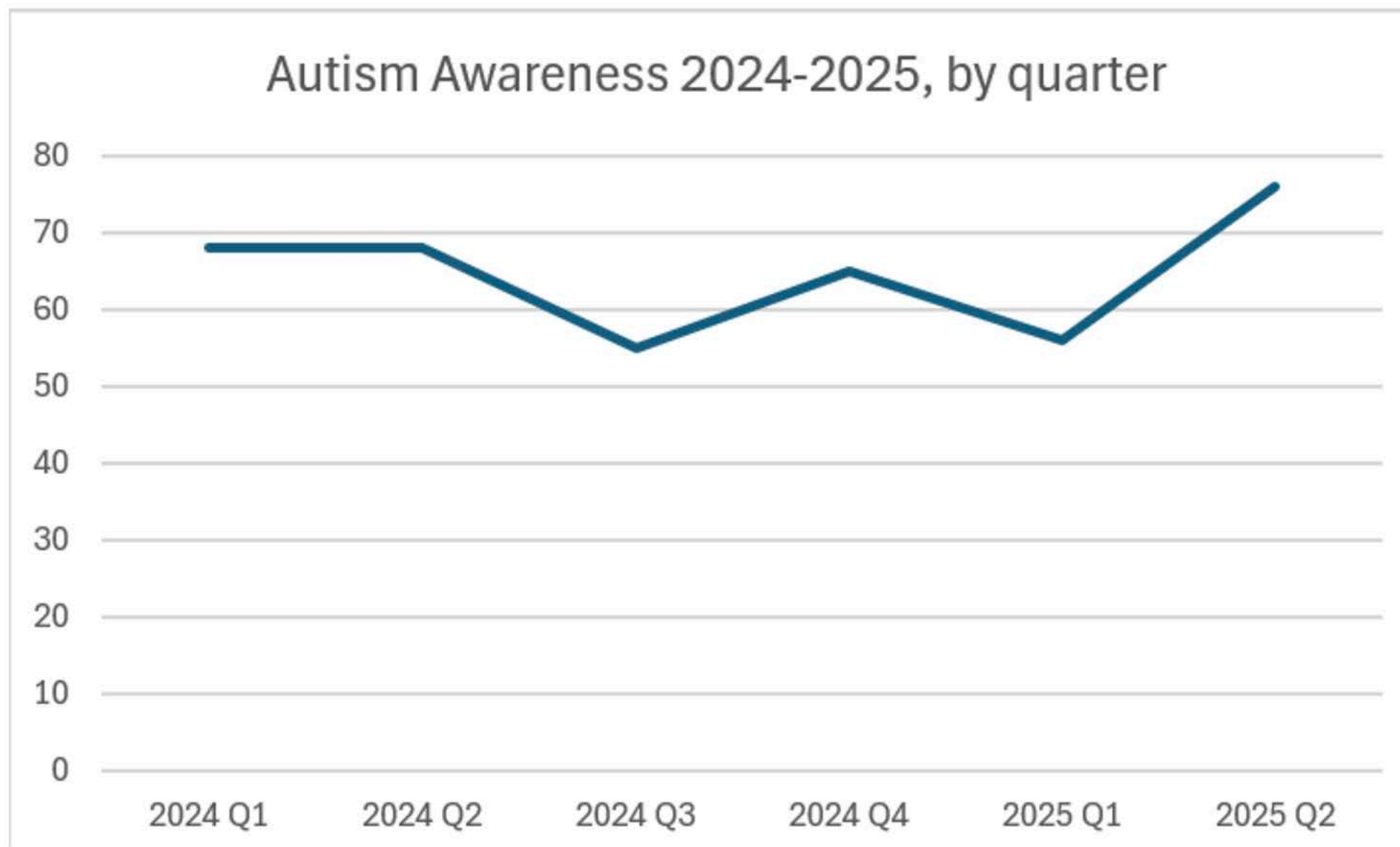
02:34 / 03:47



✓ Acknowledged



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Training took place in Q1 of 2025. Chart shows frequency of keywords related to autism appearing in patient narratives in prehospital care reports.



Ambulance Sensory Bags Update!



Please scan QR code for
Decontamination instructions.

Exciting Update!

Recently Falck deployed sensory bags to select ambulance crews in Orange County as part of a pilot program to improve patient experience for those with neurodevelopmental disorders. This initial roll out highlighted the positive impact of sensory bags, and we are excited to announce that all ambulances in Orange county will be issued a sensory bag for patient care.

Key Takeaways

- Sensory bags are reusable — see cleaning video for decontamination instructions.
- Survey is required for all usage — QR code on tag of bag.
- Sensory bag assigned to ambulance, not crew.
- Follow normal restock protocols, (contact operations)



THOMPSON
Autism and
Neurodevelopmental Center



Please complete this survey after
utilizing the Ambulance Sensory Bag