

Advisory report:

Guidelines for first responders

How to act in emergencies



TAFF

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This version of the report will undergo further design changes for accessibility purposes and will be replaced by the final publication before November 30, 2026.

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Advisory report on the Guidelines for first responders on how to act in emergencies

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About these Guidelines

These Guidelines support first responders across Europe to assist persons with disabilities during emergencies in a dignified and effective way, according to their requirements, needs and preferences. They are in line with the objectives of the European Commission's Preparedness Union Strategy, particularly Action 33 under Population Preparedness, which calls for every citizen to have an active role in crisis preparedness and response. They are grounded in the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which affirms the right to protection and safety in emergencies, equal access to information and services, and full participation in decisions that affect them. Preparedness, planning and response must respect each person's will, preferences, autonomy and dignity, including when support is needed, and all persons with disabilities retain the right to make their own decisions. The Guidelines focus on Article 11 (situations of risk and humanitarian emergencies), Article 9 (accessibility), Article 19 (independent living), and Article 21 (access to information and communication).

Two complementary Guidelines were created to ensure everyone has the tools, knowledge and opportunity to act confidently in an emergency:

Guidelines for persons with disabilities: A practical guide to support persons with disabilities to prepare, act, and recover in any emergency, and to guide support persons and the community to assist with these activities.

Guidelines for first responders: A practical guide to support emergency services personnel to assist persons with disabilities in emergencies.

These Guidelines were developed through a collaborative process, reviewed and updated over two rounds of consultation between May and June 2026. They reflect the opinions and feedback received through online meetings and written inputs from civil protection authorities and organizations of and for persons with disabilities across Union Civil Protection Mechanism (UCPM) countries. Input from the wider public was also welcomed.

The Guidelines are not prescriptive or binding. They are recommendations that countries can use to update or complete existing resources, adapt to national contexts, or build new resources where none exist. Although specific response arrangements will vary depending on national and local systems, available services and the nature of the emergency, the principles of dignity, non-discrimination, accessibility, participation, autonomy, confidentiality and informed consent apply across all contexts.

Who these Guidelines are for

These Guidelines are written for first responders across Europe, aimed at the five response roles most likely to encounter persons with disabilities in an emergency. The mandates, roles, and responsibilities of these responders differ, however, not only among UCPM Member States and Participating States but also across different types of emergencies and crises, such as everyday emergencies, disasters, and armed conflict. The Guidelines are therefore kept broad enough to be adapted to each context, and the guidance per mandate is kept deliberately general to fit all these different roles and responsibilities.

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Glossary of terms

Accessibility: Accessibility is the quality of being easy to approach, enter, or use. In its broadest sense, it ensures that products, services, and environments are equally usable by everyone, regardless of age, physical ability, or specific needs, while minimizing or eliminating barriers to full participation.

Active attending: The practice of giving a person your full attention, reflecting back what they communicate, and responding without judgment. Active attending goes beyond passively receiving words or signs and means being fully present and responsive to all forms of communication. It builds on the concept of active listening, broadened to include all communication modes.

Assistance animal: An animal trained to support a person with disabilities in their daily life and during emergencies, including guide dogs and other service animals. Assistance animals perform specific tasks related to the person's needs and are an important part of their independence, safety, and wellbeing. They should not be considered or treated as pets during emergency response, evacuation, sheltering, or recovery operations.

Assistive technology: Any device, equipment, software, or tool that helps a person with disabilities maintain or improve their independence and daily functioning. Examples include wheelchairs, hearing aids, white canes, communication devices, and assistive software.

Registry for groups in situations of risk: A local or national database, used by emergency services or municipalities to record individuals who may require additional assistance during an emergency due to disability or other conditions. Participation is voluntary and based on informed consent, with personal information collected, stored, and used in accordance with applicable data protection, privacy, and confidentiality requirements. Availability varies by country, region, and disability or functional requirements. Registration should complement, not replace, a Personal Emergency Plan, a support network, and accessible public services.

Augmentative and alternative communication (AAC): Communication methods used by people who have difficulty speaking or persons who cannot rely on speech alone. AAC can support or replace spoken communication and may include gestures, facial expressions, writing, drawings, communication boards, pictures, text, speech-generating devices, mobile apps, pictograms, and other assistive technologies. A person may use AAC all the time or only in certain situations.

Autonomy: A person's ability and right to make their own choices, express their will and preferences, and make direct decisions affecting their life. Respecting a person's autonomy means asking before acting and following the person's instructions.

Barriers: Physical, communication, attitudinal, social, environmental, organizational, or system factors that prevent persons with disabilities from participating fully and equally in society. In emergencies, barriers may include inaccessible buildings and evacuation routes, lack of accessible information, communication difficulties, transportation challenges, or discriminatory attitudes and practices.

Communication card: A personal, non-official document that a person may carry to help emergency responders, shelter staff, and other support personnel understand their communication preferences, functional requirements, support needs, and emergency contacts. The card is intended to support effective communication and appropriate assistance during an emergency.

Communication facilitator: A person who helps support communication between an individual and emergency responders or others during an emergency. A communication facilitator may be a family member, friend, support person, personal assistant, or, in some situations, a bystander familiar with the person's communication method or device. They help facilitate communication but do not speak or make decisions on the person's behalf and do not replace a qualified sign language interpreter or other specialist communication support. Their involvement should be based on the person's wishes and agreement whenever possible.

Communication preferences: The ways a person prefers to receive and share information. This may include spoken language, sign language, text, easy-to-read (ETR) information, assistive technology, augmentative and alternative communication (AAC), communication cards, or support from an interpreter or trusted person.

Continuity of care: The continued access to the healthcare, medication, treatment, assistive devices, personal assistance, and support services a person relies on. It requires the effective sharing of information and coordination between responders, services, and support networks to ensure that care and support continue without interruption during and after an emergency.

Disability inclusion: The meaningful participation of persons with disabilities and the consideration of their perspectives in all areas of policy and operations.

Disability: The interaction of long-term physical, mental, intellectual, or sensory impairments and environmental or attitudinal barriers that may hinder full, equal participation in society. Disability does not require a formal diagnosis or visible signs.

Emergency backpack: A bag prepared in advance by an individual containing essential items needed to support their safety, health, and basic needs during an evacuation or emergency. Also known as a go-bag, grab bag, or emergency kit, it may contain food, drinking water, medicines, important documents, communication devices, hygiene items, clothing, assistive products, and other items tailored to the person's individual circumstances and support needs. It is intended to help the individual remain self-sufficient for at least 72 hours.

Functional requirements: The specific adjustments, equipment, communication methods, services, or assistance a person requires to access information, services, environments, or emergency support on an equal basis with others. The term emphasizes rights and access rather than limitations or dependency.

Handover: The process of transferring responsibility for an individual, together with essential information about their communication preferences, functional requirements, support needs and preferences, medication, assistive devices, support arrangements, and emergency plans, from one responder, service, or facility to another. Effective handover helps ensure continuity of care, assistance, safety, and support throughout an emergency.

Independence: The ability to complete daily tasks and activities without assistance from others. A person can be independent in some areas and require support in others.

Informed consent: Agreement given freely by a person based on having received and understood sufficient information. In emergencies, consent must be sought before any physical contact or intervention.

Organization of persons with disabilities (OPD): An organization led, governed, and directed by persons with disabilities that represents and advocates for their rights and interests. Most of its members are persons with disabilities, who guide its work and decisions.

Personal Emergency Plan: A written document prepared by an individual that sets out what they will do, who will support them, how they will communicate, and where they will go during an emergency. It may include support network contacts, emergency communication arrangements, medication, functional requirements and support needs, important locations, and any assistance the person may require from emergency responders or others. The plan can help first responders better understand and support the individual's needs during an emergency.

Preferences: The wishes, choices, priorities, and decisions of a person with disabilities about their own life, safety, support, care, communication, and emergency arrangements.

Preparedness: The actions individuals, households, and communities take before an emergency to prepare for, cope with, and recover from its impacts. This may include emergency planning, support networks, emergency supplies, and preparation for evacuation and communication needs. For persons with disabilities, preparedness

also includes planning for any disability-related support, medication, assistive devices, and accessibility requirements.

Reasonable accommodation: Necessary and appropriate adjustments made to ensure that persons with disabilities can access information, services, assistance, protection, and emergency response on an equal basis with others. In emergency settings, this may include adjustments to communication methods, evacuation procedures, shelter arrangements, or the way assistance is provided. Denial of reasonable accommodation constitutes discrimination.

Referral: The process of directing or connecting a person to another service, organization, or professional who can provide the information, care, assistance, or support they require. In an emergency, referrals help ensure timely access to appropriate services and specialized support.

Resilience: The ability of individuals, households, communities, and societies to prepare for, cope with, adapt to, and recover from an emergency. This includes staying safe during a crisis and restoring access to one's home, support network, medication, assistive devices, services, and daily routines as quickly as possible. Resilience is strengthened through preparedness, mutual support, actions that reduce risks, and learning from past emergencies.

Response: Actions taken directly before, during, or immediately after an emergency to save lives, protect health and safety, reduce harm, and meet the immediate needs of affected people.

Sign language interpretation: A service provided by a qualified sign language interpreter enabling communication between deaf or hard-of-hearing people and hearing people. In emergencies, this can be provided in person, by video call, or through a relay service connecting to emergency services such as 112. Family members or bystanders should not replace a qualified interpreter.

Support needs: The assistance, services, or practical support a person may require before, during, or after an emergency to maintain their safety, wellbeing, health, independence, and participation. Support needs vary from person to person and may relate to communication, mobility, personal assistance, healthcare, transportation, or daily activities.

Support network: A group of trusted people who know the individual and understand their communication preferences, functional requirements, and support needs. A support network may include family members, friends, neighbors, personal assistants, colleagues, or other trusted people who can provide support before, during, or after an emergency and assist with communication, evacuation, continuity of care, and recovery.

Support person: A support person assists a person with disabilities with communication, mobility, personal care, medical needs, decision-making, access to services, evacuation, or recovery. Support persons may be family members, friends, neighbors, personal assistants, volunteers, or paid professionals and are often part of the individual's support network. In the context of an emergency, support persons can help ensure that the person's communication preferences, functional requirements, and support requirements are understood and met.

United Nations Convention on the Rights of Persons with Disabilities (CRPD): An international human rights treaty that aims to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Introduction: Preparing together

Europe is facing a new reality, marked by increased risk and deep uncertainty. Climate change is increasing the frequency and severity of floods, wildfires, heatwaves, droughts, and other extreme weather events. At the same time, new threats such as cyberattacks and disinformation can disrupt essential services, spread confusion, and affect daily life. These challenges are becoming more frequent, more complex, and more interconnected, making preparedness and resilience increasingly important for everyone.

These events hit some groups harder than others. Persons with disabilities, women, children, and older persons are often the most affected. Too often, these people are left behind in the response.

As a first responder, you are often the first person to meet persons with disabilities when an emergency happens, but you may not always know how to assist and support them. Different people need different levels and kinds of support. Being ready to provide that support must be part of your everyday work, including your training, exercises, drills, and the emergency plans in your community.

Persons with disabilities should be seen as active agents of resilience with resources and strengths. Persons with disabilities know best what is right for them and can help you assist them effectively. With this in mind, support should increase autonomy, not dependency. These guidelines show you how to act in order to respect people's requirements, needs, and choices in emergency situations, honoring their rights and dignity.

What these Guidelines contain

These Guidelines walk you through an intervention from start to finish: how to prepare yourself and your community before any intervention, how to act on the scene, and how to close the intervention and learn from it. The “How to Act in Emergencies” part contains guidance organized around eight support clusters: visual and orientation; hearing and information access; speech and communication; psychosocial; sensory and self-regulation; cognitive and processing; mobility and physical; and health-related and life-sustaining support. This guidance aims to provide you with practical steps for clear, safe, and effective emergency support that upholds dignity, respects human rights, and recognizes the diverse requirements and needs of persons with disabilities.

Self-check on your beliefs. Before you begin, take a moment to check your beliefs and assumptions about persons with disabilities. The Guidelines position persons with disabilities as active agents of resilience, with their own resources, expertise, knowledge and requirements. They can guide you to offer support that respects their rights and dignity.

The Guidelines follow the natural flow of an intervention. You do not need to read everything at once. Start with the part that matches what you need right now.

Part 1.

How to prepare before the intervention contains guidance on how to know and engage your community, check your beliefs, make first contact, work together with personal assistants and other support persons, ask before you act, attend actively, and understand what the person needs by focusing on function rather than diagnosis.

Part 2.

How to act in emergencies offers practical steps for first responders to assist individuals with various support requirements during emergencies, focusing on clear communication, safety, and effective support that upholds human rights and dignity.

Part 3.

How to close the Intervention shows you what to do before you leave and after the intervention ends. It covers key checks before leaving, how to leave the person more prepared for next time, how to take care of yourself, when to ask for help, what to do after a difficult intervention, and how to reflect and learn so the next intervention goes better.

Use the Toolkit that accompanies these guidelines. It offers practical advice for communicating with and about persons with disabilities, techniques for grounding people and for staying calm, as well as learning resources to explore. Keep it on your phone or tablet and share it with your colleagues.



Part 1. How to prepare before the intervention

Know and engage your community

It is important to **build relationships with your community**, including persons with disabilities and their organizations, **informal community networks**, and **local support structures**, before any emergency. Knowing your area, its services, groups at risk, and informal support networks helps you respond faster while respecting the person's dignity.

Persons with disabilities and their organizations should lead inclusive planning, preparedness, and response. Include them in drills, consult them during interventions, ask for feedback, and use it to do better next time. OPD involvement in emergency preparedness is mandatory by law. Where no local OPD exists, look to the regional

or national level, or engage directly with persons with disabilities who have relevant lived experience, ensuring their participation is facilitated and compensated.

This matters beyond work too. Time spent with people different from you builds empathy and chips away at bias. Personal experience with disability is useful but not enough. No two persons with disabilities are the same, and you cannot assume someone's requirements in an emergency based on a label.

How to engage your community as an individual:

- **Identify and contact local OPDs**, or, where no local OPD exists, a regional or national disability organization, or local persons with disabilities with relevant lived experience. They know best who is in the community, what functional requirements exist, what services are available, and where the gaps are.
- **Learn the specific barriers persons with disabilities and their organizations face.** Knowing this in advance means you arrive informed, rather than having to improvise.
- **Volunteer at and participate in activities organized by or for persons with disabilities.** Low-stakes contact builds trust, exposes you to the full diversity of disability, and develops the mutual recognition that makes emergency collaboration work.
- **Recognize and connect with informal community networks such as neighbors, active citizens, volunteers, and local associations.** They are often the first to act in an emergency and are valuable preparedness actors in their own right.
- **Invest in ongoing relationships, not transactional contacts.** Trust takes time.

How to engage your community as a professional within your organization:

- Engage disability services, social services, and specialist providers before an emergency, including mental health crisis teams, rehabilitation services, and supported living. Know who they are, what they cover, and how to reach them outside standard hours.

- Where registers of persons with disabilities or groups at risk exist, know how to access them and understand the legal framework, including **General Data Protection Regulation (GDPR)** obligations.
- Include persons with disabilities and OPD representatives in planning, exercises, and debriefs as active contributors. Ensure the diversity of persons with disabilities is represented, including persons with intellectual and psychosocial disabilities, women and girls with disabilities, older persons, and migrants with disabilities.
- Where possible, support the creation of regular local spaces where persons with disabilities, OPDs, first responders, social services, and local authorities can meet before emergencies to exchange experiences, identify barriers, and jointly improve preparedness.
- In needs assessments, use both quantitative and qualitative evidence to identify barriers and risks. Response plans should reflect that evidence, and avoid general assumptions.
- Establish intersectoral referral pathways linking emergency response with health, social, and community services.
- Build coordination personnel's capacity on disability inclusion through training and other preparedness activities, and include OPDs in capacity-building.
- Establish an annual calendar of training, simulations, and awareness activities to keep engagement continuous rather than one-off.
- Document interested organizations and formalize relationships with simple tracking, collaboration protocols, and clear roles. Test these through joint exercises.
- Share the outcomes of exercises and activities online, institutionally, and in local media where appropriate. Real stories and accessible materials reach further than formal reports and draw new participants in.

Check your beliefs

Your beliefs, assumptions, and attitudes are the lenses through which you see and interact with people. They directly influence your behavior and shape reality. It is important to check them, challenge them, and ensure they are always grounded in respect, rights, and dignity. The questions below will help you reflect on them and start influencing change.

A self-check for every intervention

1. Dignity and respect

Am I communicating directly to the person, or to their support person because it feels easier? Am I using respectful language and treating the person as an equal?

2. Choice and autonomy

Did I ask the person before I acted, touched, or helped? Am I focusing on what a person can do, or what I assume they can do? Am I asking and considering what they want? Am I taking decisions for them, or supporting their decision-making? Am I giving real options?

3. Equal treatment

Am I ensuring this person can participate and be safe on an equal basis with others, even if that means doing things differently?

4. Reasonable accommodation

What does this specific person require right now that others do not? Have I made the adjustment needed, or am I waiting for someone else to do it?

5. Protection and safety

Is the person safe? Am I doing what is best for the person, or what is faster and easier for me? Is the person's assistive device or support person staying with them, or am I separating them unnecessarily? Are my actions actually helping the person?

How to make first contact

How you first communicate with a person with disabilities in an emergency shapes everything that follows. A calm, clear and respectful start helps the person feel less afraid and builds trust. Check their communication preferences and adapt. Make sure they know who you are and that you are there to help.

Always respect the person's culture. When working with children, women, or families from different cultures, think about gender with care. In some cultures, there are strong rules about who can give care. A first responder of a certain gender may build trust more easily. When possible, have a colleague of a different gender close by.

How to act:

- **Keep the person safe.** Move the person away from danger when possible. Find a quiet place to communicate and keep the person away from media and people watching.
- **Always approach the person from the front, at a calm and steady pace.** Communicate calmly or wave your hand where they can see it, so they notice your presence.
- **Face the person and get down to their level.** Crouch or sit down when the person is on the ground, sitting or in a wheelchair. Do not force eye contact.
- **First, check how the person communicates, if they understand verbal communication, and adapt your approach accordingly.** Use speech, writing, gestures, pictograms, or a translation app as needed.
- **Keep your voice calm, low and steady.** Be gentle. Be respectful. Be considerate.
- **Say your name and where you work.** Show your badge or ID. If the person seems unsure or wary, encourage them to contact 112 to verify your identity. This can help build trust.
- **Ask for information in a gentle way.** Do not push for answers.

- **Stay at a reasonable distance and always leave a clear way out.** When you block the way out, the person can feel more afraid. Some people may have strong reactions when they feel trapped. They might get upset or even aggressive.
- **When two or more first responders are there, only one should communicate with the person.** Many voices at the same time may cause confusion and distress. The other responders should maintain an appropriate distance while staying nearby.

What to say first

1. **Check how the person communicates and adapt your approach.**
2. **Say your name and where you work in simple words. Show your badge or ID.**
3. **Reassure the person. Let them know they are safe and you are there to help.**

Be aware of non-visible disabilities

Not every disability is visible. Some non-visible conditions are only apparent in certain contexts or to those with prior knowledge of them, and some persons have dynamic disabilities, meaning their support requirements and assistive devices may vary from day to day. This is precisely why what matters in an intervention is not a person's diagnosis, but what they require to be safe and supported.

Stay curious and considerate in every intervention, check with the person what they require, and ask how they prefer to be assisted. You do not need to identify or confirm the disability or request proof of it to assist someone effectively, with dignity and respect.

The Hidden Disabilities Sunflower



The Hidden Disabilities Sunflower is an internationally recognized symbol for non-visible disabilities. It is a green lanyard, wristband, pin, or card with yellow sunflowers, worn voluntarily by people who may need more time, patience, or a different kind of support. The wearer does not have to explain their condition, and many also carry a Sunflower card with information about their needs, medication, or emergency

contacts. The symbol is not yet adopted in all countries, but it is becoming increasingly widespread, and you may encounter it in any intervention. You can find more information at hdsunflower.com.

Source: The Hidden Disabilities Sunflower. [University of Sydney, Students share their experience of the Hidden Disabilities Sunflower initiative \(2023\)](#).

Always ask before you act

In an emergency, always ask the person with a disability what they need, unless their life is in immediate danger. You do not need to look for medical papers, a diagnosis or formal proof of disability. If a person says they have a disability or functional limitation, believe them. Remember that persons with disabilities are not all the same. Make it safe and dignified for them to ask and receive the support they need and require.

Before you do anything, check how the person communicates and ask:

“How would you like me to support you?”

This shows respect, opens a real conversation, and ensures you support the person in the way they require, need and prefer. Adapt your communication to their preferred method, whether speech, gestures, pictograms, sign language interpretation, or other means. Where needed, engage support persons, services, or community members to assist.

How to understand what support the person requires

How to attend actively

When you attend actively, the person feels understood, and is more likely to communicate their requirements, needs and preferences, work with you, and stay calm. It also helps you gather better information and avoid mistakes. With persons with disabilities, give more time to respond, stay calm, and use your presence and body language to show you are fully there.

To attend actively to a person, you need to be present in three ways:

- 1. By giving the person your full attention;**
- 2. By receiving what the person communicates;**
- 3. By showing real care and no judgment.**

Table 1. How to attend actively

Skills	How to attend actively
Pay Attention	Give the person your full focus. Do not interrupt. Communicate calmly and warmly.
Hold judgment	Do not solve or advise right away. Stay open and curious.
Encourage	<p>Show it is safe to communicate, by appreciating, validating, normalizing and showing warmth. Never rush the person.</p> <p>You can say “Yes”, “I understand”, or nod.</p>
Reflect	<p>Convey the main points back as you understood them. Do not guess, always ask and be curious.</p> <p>You can say “It sounds like this has been very frightening for you.”</p>
Clarify	<p>Ask open questions that cannot be answered with yes or no. Encourage the person to share more.</p> <p>You can say “Can you tell me more about what happened?”</p>
Summarize	<p>Convey the main points and feelings back. Confirm you understood.</p> <p>Say “So what you are telling me is... and what you require right now is...”</p>
Share next steps	Once the person feels understood, give information. Be clear about what happens next.

Focus on function, not on diagnosis

Never ask for proof of disability or medical documents. If a person tells you they have a disability or functional limitation, believe them. Their support requirements are real and urgent, even without an official diagnosis, even when the disability is non-visible, and even when support requirements fluctuate from day to day. Make it safe for them to ask for and receive support. Remember that no two persons with disabilities are alike: some need no support, some need specific targeted support, and others need full support with daily tasks.

Ask these five questions and use the person's answers to guide your assistance:

- What can the person do on their own?
- What do they need help with?
- What barriers are in their way right now?
- What would make them safe and comfortable?
- How can I support them to express a preference or reach their own informed decision?

How to support a person in making their own decisions

Always give the person the opportunity to express a preference where possible, including through simple choices between two options. Where this is not possible, supported decision-making should be guided by the person's will and prior preferences, not by assumptions about their best interest.

A person who needs support to decide is not the same as a person who cannot decide. Do not assume a person cannot make their own decisions because of their disability. Making one's own decisions is a legal right and must be respected at all times, including in emergencies and crisis situations. In an emergency, your main concern is to support the person in making their own decisions about their body, movement, care, and the items they rely on for assistance. When interacting with persons with disabilities, it is important to help them reach their own decision. This is called supported decision-making.

Practical steps to support a person with disabilities in making their own decisions:

- **Communicate in the person's way**, whether verbal, written, signed, device-based, or gestures, and engage an interpreter or support person if needed. No understanding means no consent.
- **Address the person directly, not their support person.** A support person can help communicate but should not decide for them.
- **Give them time and wait for an answer before rephrasing.** Slower replies are still answers.
- **Offer real choices.** A choice is only real if more than one option is genuinely available.
- **If their choice cannot be known, follow their will and preferences**, using prior wishes or what someone who knows them well says they would want, not your view of their best interest.
- **Always seek consent.** Only proceed without it if life is at immediate risk and consent cannot be obtained and return decision-making to the person as soon as it is safe.

How to work with support persons, services and the community

Often in emergencies, someone who can help you better assist the person with a disability is within reach. This could be a family member, neighbor, colleague, building manager, institution staff member, service provider, or organization of persons with disabilities (OPD). Reaching out to them matters, as they may hold valuable information that makes your intervention safer, more efficient, and smoother for everyone. Always use their knowledge alongside, never instead of, direct communication with the person themselves, who remains the rights holder and knows their own life, needs and requirements best.

Key people and services who can support you and how to engage them:

- **Personal support** (personal assistants and family members): They know well the person's requirements, preferences, and wishes. Engage them from the start to find out how the person communicates, what causes distress, and what works well.
- **Care services** (home care workers and residential institution staff): They know the person's daily routine and care plan. Check with them before approaching the person when time allows.
- **Medical and assistive services** (doctors, mental health professionals, pharmacists, assistive device providers, assistive animal veterinarians): Coordinate with medical staff to ensure continuity of care, correct physical handling, transfer and treatment, and refer to mental health professionals when needed. Contact assistive device providers for guidance on handling, maintenance, and restoration of devices and assistance animals.
- **Sign language interpretation services** (sign language interpreters): They are qualified professionals who interpret faithfully and impartially between two languages. The person may not know them personally. Ensure qualified interpretation is available when needed, in person, by video call, or through a relay service such as 112.
- **Communication facilitation** (family members, personal assistants, or bystanders): They can support communication but should not communicate or decide on behalf of the person. They do not substitute for a qualified interpreter. Engage them on site or remotely, via video calls or video relay services, to bridge communication while awaiting interpretation. For deaf and hard-of-hearing persons, only involve these people as a last resort and only if the person explicitly agrees, as they may filter or distort the message.
- **Organizations of persons with disabilities (OPDs) and broader community** (neighbors, building managers, colleagues, employers, teachers, faith representatives, peer-to-peer support networks, etc.): They may hold useful knowledge about the person's condition, situation, location, or routine. Check the person's emergency plan or ask someone present at the scene.

Main situations that require special attention:

- **Children with disabilities:** Never communicate with a child alone unless there is an urgent safety reason. Always have a trusted adult present or find one before proceeding. This can be a family member, support person, social worker, or other trusted professional.
- **Persons with sensory and self-regulation support requirements:** The emergency itself, or an interaction that does not respect the person's requirements, can trigger sensory or emotional overload and lead to a meltdown. Where possible, reach out to the support person or family member first to find out how to communicate, what triggers distress, and what helps the person stay calm or calm down.
- **Persons with cognitive processing support requirements:** Work with the support person to facilitate supported decision-making so that the person can reach their own informed decision. Never make decisions on their behalf, infantilize them, or bypass them by communicating only to the support person.

Key questions to ask support persons

1. How does the person communicate or understand information?
2. What causes the person stress or strong reactions (e.g., sounds, touch, other)?
3. Is there anything I should avoid doing or saying?
4. What usually helps the person stay calm and calm down?
5. Does the person have any co-occurring condition or medical requirements that I should know about?

When to separate a person from their support person

Do not separate a person with disabilities from their support person unless there is a safety reason. The support person helps the person communicate, move safely, and feel safe. If the support person poses a danger to the person, separate them, explain why clearly, and ensure someone else provides support immediately. Never leave the person alone and only separate for as long as needed.



Part 2. How to act in emergencies

The principles on the rights of persons with disabilities outlined in this section apply across all contexts and situations, while the operational recommendations should be applied alongside applicable national legislation, institutional procedures and arrangements and professional protocols per each mandate.

Adapt as necessary to the specific emergency, individual circumstances, and available resources. Where immediate safety requires a different course of action, you should seek to uphold the underlying rights-based principles to the greatest extent possible.

Consider how disability interacts with gender, age, migration status, living arrangements, and separation from support networks. Be alert to violence and exploitation, loss of privacy, inaccessible sanitation, interruption of sexual, reproductive, or maternal health care, and barriers to reporting safeguarding concerns. Ask the person what would help them feel safe and follow applicable safeguarding and referral procedures.

Introduction to support guidance

This section on “How to act in emergencies” offers you practical guidance to support individuals with various support requirements during emergencies. The information is structured by support requirements rather than disabilities or diagnosis, in line with the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

The functional requirements and support needs covered include:

1. **Visual and orientation support** (e.g., providing verbal descriptions, tactile guidance, large-print materials);
2. **Hearing and information access support** (e.g., text-based communication, sign language interpretation, visual aids);
3. **Speech and communication support** (e.g., allowing alternative communication methods, providing ample response time);
4. **Psychosocial support** (e.g., creating a calm environment, offering emotional support, connecting with support networks);
5. **Sensory and self-regulation support** (e.g., minimizing sensory triggers, allowing self-regulating actions);
6. **Cognitive and processing support** (e.g., using simple language, providing visual aids, allowing processing time);
7. **Mobility and physical support** (e.g., ensuring accessible evacuation routes, providing mobility assistance);
8. **Medical and life-sustaining support** (e.g., ensuring access to medications and equipment, facilitating continuity of care).

Every person with a disability is unique, with individual requirements, needs, strengths, and expertise. The goal of this guidance is to provide you with practical, actionable steps for clear communication, safety, and effective support during emergencies that respect the person’s human rights and dignity. In practice, you will often find overlaps between functional requirements. A person may have multiple support requirements, and the guidance below can apply partially or fully.

5 principles in interventions

These five principles apply in every interaction with a person with disabilities, regardless of your role, the person's functional requirements and support needs, context or the type of emergency. Remember and apply them every time.

5 Principles in interventions

- 1. Focus on the person, not on the disability.** No two persons with disabilities are the same and a diagnosis tells you little about what someone requires. Focus on the individual, their specific requirements, needs, and how they prefer to be assisted. Never ask for proof of disability.
- 2. Always ask and seek consent.** Always check how the person communicates and ask: **“How can I help you?”**. Explain what you will do before you do it. Do not touch the person without telling them first and getting their consent. Only proceed without consent if life is at immediate risk.
- 3. Communicate directly and support decision-making.** Always address the person directly, use alternative communication where needed, and support them to reach their own informed decision. Never talk about them as if they are not there.
- 4. Keep assistive devices and animals with the person.** Assistive devices, and technologies, including assistance animals, are an extension of the person's independence. Never separate them unless life is in immediate danger.
- 5. Never leave a person alone.** Always ensure someone stays with the person and link them to the next responder or service.

112 operators

In every intervention, regardless of the support requirements, build over from these main actions:

- When handling silent, incoherent, or repetitive calls, follow applicable national silent-call and call-triage procedures, and consider whether disability, distress, communication barriers, or immediate danger may be affecting the caller's ability to communicate.
- Check how the person prefers to communicate and use multiple channels simultaneously where needed, such as speech, writing, pictograms, gesture, and pointing; they are all valid.
- Always ask the person how you can support them and check whether there is anything specific you should know about their assistive devices, including assistance animals, or medical treatment.
- Keep communicating with the person throughout the call, letting them know what is happening, what help is coming, and what to do while they wait.
- Support the person to understand information, consider options, and make and communicate their own decisions. Respect their will and preferences. Only proceed without consent where immediate action is required to prevent serious harm or protect life.
- Record and communicate any identified functional, communication, or medical requirements to the dispatched units.

Visual and orientation support

Some people may require support to access visual information, identify their location or navigate unfamiliar environments, particularly during emergencies where usual landmarks, routines or assistive devices may no longer be available. As a result, they may experience difficulties describing their location, identifying landmarks or

following directions. Responders should provide clear orientation cues, communicate using the person's preferred method, and identify any support or assistive devices they use to ensure information and instructions are accessible throughout the intervention.

- Confirm the person's location through verification questions. Where approved technology and procedures permit, and with the caller's informed agreement, video or visual communication may help establish location or identify immediate barriers. Follow applicable privacy, recording, and information-management requirements.
- Find out which assistive devices the person uses and whether they can still use them, as devices may have been lost, damaged, or left behind in an emergency. For deafblind persons, try to check if they have a Braille keyboard or display available.
- Keep communicating with the person throughout the call, letting them know what is happening, what help is coming, and what to do while they wait.
- Anchor your words to what the person can touch or hear. Never say "here", "there", "further ahead", or "over there".
- If first aid is needed, walk the person through every step, according to national protocols.
- If the person wishes, involve a support contact, and ask to communicate with them to find out more information.

Hearing and information access support

Some people may require support to access spoken information or communicate effectively during an emergency. Communication may take place through eSMS, video relay services, sign language interpretation, text-based communication, captioning, visual information or other accessible methods, depending on the person's preferences and support requirements. Communication barriers may prevent a person from using standard voice communication or from receiving emergency alerts, instructions or other critical information. Responders should ensure that communication is accessible throughout the intervention by identifying the person's preferred communication method, providing information in accessible formats, and allowing sufficient time to exchange and confirm information.

- Check how the person prefers to communicate and use multiple channels simultaneously where needed: speech, writing, pictograms, gesture, and pointing are all valid.
- If a sign language interpretation service is available, engage it as soon as possible.
- Confirm whether the person uses a hearing device, identify the type, and check whether the battery has sufficient charge to maintain communication until the situation is stabilized.
- Never pretend to have understood. Ask again if something is not clear, repeat and rephrase as needed. Confirm understanding with yes/no questions.
- For video calls, keep your face visible and your mouth uncovered. Facial expressions conveying openness and willingness to understand are as important as the written message itself. Communicate at normal volume and pace. Never stand backlit or in strong contrast with a light source, as this makes lip-reading and visual communication difficult.
- Ask one question at a time. Offer a choice of two options rather than an open question.
- Give sufficient time. Relay instructions in short, numbered steps. Confirm each step before moving to the next.
- For deafblind persons, try to check if they have a Braille keyboard or display available. Where approved technology and procedures permit, and with the caller's informed agreement, video or visual communication may help establish location or identify immediate barriers. Follow applicable privacy, recording, and information-management requirements.

Speech and communication support

Some people may communicate using speech, augmentative and alternative communication (AAC), writing, gestures, communication boards, pictograms, sign language or other methods. Communication may take longer or require additional support during stressful situations. Responders should adapt to the person's preferred communication method, allow sufficient time, and ensure information

is provided in accessible ways so that the person can understand, express their views and make informed decisions throughout the intervention. Differences in communication should never be interpreted as confusion, unwillingness to cooperate or a lack of decision-making capacity.

- Ask how the person prefers to communicate and use the communication method(s) they choose. If the person uses sign language, request a sign language interpretation service where available.
- Never pretend to have understood. Ask for clarification where needed, repeat or rephrase information, and confirm understanding before proceeding.
- Ask one question at a time and provide clear, simple information. Where appropriate, offer a limited number of clear options rather than broad or complex questions.
- Give the person sufficient time to respond. Wait after speaking and avoid interrupting, completing their sentences or rushing the conversation.
- If the person's response suggests they may not have understood the question, rephrase it or present the options differently before relying on the answer.
- Recognise that repeated words, sounds or other forms of communication may be part of the person's communication style or a way of self-regulating during a stressful situation. Do not interpret these as confusion, unwillingness to cooperate or a lack of decision-making capacity.

Psychosocial support

Some people may require psychosocial support during an emergency. Stress, fear or overwhelming situations can affect communication and decision-making, and may create additional barriers to accessing assistance. Responders should focus on ensuring the person's immediate safety, communicating calmly and respectfully, providing clear information, and supporting the person's autonomy and informed decision-making. The priority is to understand what support the person needs, reduce distress where possible, and avoid escalating the situation.

- Ask short, clear questions to establish the person's immediate safety and identify what support they need.
- Acknowledge the person's distress and communicate calmly and respectfully. Focus on what the person is experiencing and what support would help them feel safe, rather than challenging or dismissing their perceptions.
- If the person wishes, involve a support person, family member or another trusted individual to facilitate communication or provide relevant information, while continuing to communicate directly with the person whenever possible.
- Ask what the person needs and what would help them feel safe or supported before making assumptions about the situation.
- If information needs to be repeated, provide it consistently, clearly and patiently.
- If there are indications of an immediate risk that the person may harm themselves or others, follow established emergency procedures and communicate this information promptly to responding units.
- Be aware that a person may be at increased risk of exploitation, abuse or neglect if they are isolated from their usual support network, and take this into account when planning the response.

Sensory and self-regulation support

Some people may require support to manage sensory input or regulate their responses during an emergency. Loud noises, flashing lights, crowds, unexpected changes or multiple sources of information may create additional barriers to communication and increase distress. In these situations, communication may take longer, and the person may need additional time, a quieter environment or a different way of communicating. Responders should minimize unnecessary sensory stimuli where possible, communicate calmly and clearly, adapt to the person's preferred communication method, and support informed decision-making throughout the intervention. Find a channel that works, keep it open, and check that the person understands and agrees at every step.

- Suggest moving to a quieter, darker, less cluttered place. If the person becomes agitated or struggles to reply, ask whether there are environmental factors, such as alarms or sirens, that are making communication more difficult, so you can help address them.
- Ask how the person prefers to communicate and use the communication method(s) they choose, such as speech, writing, pictograms, gestures, and pointing. If the person uses sign language, request a sign language interpreter.
- Communicate slowly, calmly, and clearly. Give ample processing time, repeat important details, and pause rather than rephrasing or pressuring for quick answers. If the person's response suggests they may not have understood the question, rephrase it or present the options differently before relying on the answer.
- Ask one question at a time, providing clear, simple information. Where appropriate, offer a limited number of options rather than open-ended or complex questions. Confirm understanding before moving to the next step. Never pretend to understand. Ask for clarification and rephrase as needed.
- Do not make promises you cannot keep.
- If the person wishes, involve a support person or another trusted individual whenever possible, but continue to communicate directly with the individual. If a support person or family member is available, ask about the person's communication preferences, sensory triggers and effective support strategies. Share relevant information with dispatched units.
- Offer to stay on the line as a consistent, grounding presence until help arrives, even if the person needs extra time to respond.
- Allow the person to use repetitive words, sounds, or self-soothing behaviors without interruption, recognizing that these may be ways of communicating or self-regulating during a stressful situation. Do not discourage these behaviors unless they present an immediate safety risk.

Cognitive processing support

Some people may require additional support to receive, process, understand or remember information, particularly during stressful situations. Communication may take longer and information may need to be provided in clear, accessible ways, allowing sufficient time for understanding and decision-making. Responders should communicate directly with the person, support informed decision-making, and identify any communication or decision-making support the person wishes to use. The person may also have other support or health-related needs that should be taken into account when planning the response.

- Address the person by name and treat them with the same dignity as anyone else in a crisis. Do not use baby talk, talk down to the person, use exaggerated, slow speech, or praise simple actions as if they were exceptional. Use “we,” “our,” and “together” language to create a sense of shared safety.
- If the person wishes, involve a support person to facilitate communication or supported decision-making. Continue to communicate directly with the person, recognizing that they are the primary rights-holder.
- Focus on the person’s immediate situation and the information they need at that moment. Avoid arguing with or dismissing the person’s experiences; instead, acknowledge them and redirect the conversation to their immediate safety and support needs where appropriate.
- Keep communication simple and calm. Provide one piece of information or one instruction at a time, using clear and straightforward language. Do not show impatience at repeated questions or statements.
- Check understanding before moving to the next step. Do not assume that saying “yes”, nodding or agreeing means the person has understood. Where appropriate, ask the person to explain the information or next step in their own words.

- Give the person time to think and respond before you repeat or move to the next step. Wait at least three seconds after you communicate. Do not fill the silence or complete their sentences. Do not interrupt or rush.
- Identify any additional support or health-related considerations that may affect the emergency response, where relevant and with the person's involvement.

Mobility and physical support

Some people may require physical support, accessible evacuation routes or assistance to use mobility or assistive devices safely during an emergency. Their mobility or assistive device is essential to their independence and should remain with them whenever possible. Emergencies such as power outages, inaccessible buildings or damaged infrastructure may create additional barriers to evacuation and access to assistance. Responders should identify any accessibility barriers, ask the person how they prefer to be assisted, and gather the information needed to ensure a safe, accessible and dignified response. The person may also have additional support or health-related requirements that should be taken into account when planning the intervention.

- Confirm whether the person uses a wheelchair or other assistive or mobility device, and whether it is manual or powered.
- Ask the person how they prefer to be assisted and identify any mobility or accessibility requirements that should be taken into account when providing advice or support.
- In case of evacuation, establish where they are, on what floor, and whether the exit route is accessible. Check whether evacuation equipment is already in place as part of their emergency plan, or whether specialized equipment is needed.
- If transferred to a hospital or other care facility or shelter, confirm that it is accessible and able to meet the person's support requirements, such as accessible infrastructure, a steady power supply, and the right equipment and specialists.

- Find out what the person can do on their own and what they need support with.
- Identify whether any medical or assistive equipment that is essential to the person's health, safety or independence requires special handling or continuity during the emergency. Also identify any equipment in the home that may present a safety risk, such as oxygen tanks or gas cylinders.

Medical and life-sustaining support

Some people rely on medication, medical equipment, assistive technologies or ongoing treatment to maintain their health, independence and participation. Emergencies may disrupt access to these essential supports, particularly where there are power outages, supply interruptions or evacuation. Responders should identify the person's support and treatment requirements, facilitate continuity of care wherever possible, and ensure that decisions about evacuation or transfer take these requirements into account while respecting the person's informed choices. Additional specialist medical support may be required in some situations.

- Ask about the person's support, treatment and health requirements and confirm what they need to maintain their health and safety during the emergency. Do not assume the person is stable because they sound well.
- Check whether the person uses any medical equipment, whether it needs power, and whether it has specific instructions for moving or using it in case of evacuation or replacement. Ask whether back-up equipment or power sources are available. Check whether the person has a treatment schedule that has stopped or will stop soon. Identify what support is needed to ensure continuity of treatment, including access to medication or supplies.
- Ask whether the person has difficulty moving, and whether their condition or the emergency is creating additional barriers to safe evacuation or movement.
- Find out whether there is medical equipment in the home that could be dangerous, such as oxygen tanks or gas cylinders, and inform the field units.

- If the person has a rare disease or requires specialized treatment that local services may not be familiar with, identify the support required and, where appropriate, arrange specialist medical assistance.
- If the person needs to be evacuated or transferred to care but is reluctant to leave because their treatment or equipment is at home, take this seriously. Ask what they would need to evacuate safely and communicate this information to responding units so that appropriate arrangements can be made.

Firefighters and mountain rescuers

In every intervention, regardless of the support requirements, build over from these main actions:

- Switch off sirens and flashing lights as soon as they are no longer needed and keep service radios away from hearing devices to avoid interference.
- Make sure the person is safe and their life is not in danger, before anything else. Also, clear the area, making sure no bystanders are in the way. Never leave the person alone.
- Check how the person prefers to communicate and use multiple channels simultaneously where needed, such as speech, writing, pictograms, gesture, and pointing; they are all valid.
- Support the person to understand information, consider options, and make and communicate their own decisions. Respect their will and preferences throughout the intervention. Only proceed without consent where immediate action is required to prevent serious harm or protect life.
- Always ask the person how you can support them, and check whether there is anything specific you should know about their assistive devices, assistive animals, or medical treatment.

- If the person cannot tell you directly about their requirements, ask a support person or look for the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available. These tools may contain information on communication preferences, medication, time-critical treatment, assistive devices, assistance animals, support contacts, and instructions for assistance. They may carry them or keep them at home, for example on the fridge, in a hallway drawer, or in their emergency backpack.
- Keep the person's assistive devices, communication aids, medication, and comfort objects with them, whenever possible.
- Hand over what you have learned to other responders and services, and refer the person on for continuity of care, including medical treatment, rehabilitation, mental health support, and the repair or replacement of lost or damaged equipment.

Visual and orientation support

Some people may require support to access visual information, orient themselves or navigate unfamiliar environments during an emergency. Changes to the environment, damaged infrastructure or the loss of assistive devices may create additional barriers to safe evacuation and communication. Responders should provide clear verbal information, ask how the person prefers to be guided, and ensure that assistive devices remain with the person whenever possible. Information and instructions should be communicated in accessible ways throughout the intervention.

- Announce yourself by name and role before approaching, and describe any equipment that may affect how you are perceived or how you will assist. If you are in a group, designate one person to communicate.
- Clear dangers from the person's path before moving.
- Ask how the person prefers to be guided: sighted guide (offer your elbow, agree on pace, describe upcoming obstacles) or verbal (use the person's body as reference,

give concrete directions like “wall on your right,” use “stop” instead of “watch out”). Narrate constantly as you move, orienting the person to their surroundings, exits, and other people.

- For group evacuation, form a single-file line with each person holding the shoulder of the person in front. If you move the person to a new space, orient them on arrival to the nearest wall, exit, seating, and other people present. Announce when you leave, who will replace you, and what happens next.
- Keep the person’s cane, phone, guide dog, and any other assistive devices with them at all times.
- Provide information in the person’s preferred accessible format, for example by reading it aloud or using their screen reader where appropriate. Do not rely solely on written materials.

Hearing and information access support

Some people may require support to access auditory information and communicate effectively during an emergency. Audible warnings, verbal instructions or announcements may not be accessible, creating barriers to receiving timely information and assistance. Responders should identify the person’s preferred communication method, provide information in accessible ways, and ensure communication remains effective throughout the intervention.

- Make your presence known visually before approaching by moving into the person’s field of vision or waving. Keep your face visible and uncovered, ensure good lighting, and never stand backlit or call out from behind or the side.
- Designate one responder to communicate, always address the person directly, and never turn your back or leave without saying so first.
- Ask how the person prefers to communicate and use the communication method(s) they choose: writing, gesture, pictograms, pointing, and facial expression are all valid. Carry paper and pen or writing boards with markers as standard field equipment, or use your phone.

- Watch for signs the person is trying to communicate, using their preferred communication method, lip movements, pointing to the ears, hand movements, trying to write on your palm, torch signals, or a written message held up.
- Check for bracelets or look for the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available. These tools may contain information on communication preferences, including interpreter contacts, medication, time-critical treatment, assistive devices, assistance animals, support contacts, and instructions for assistance. Look for a qualified sign language interpreter or Video Relay Services (VRS) contact in your operational resources. Do not rely on family members or bystanders for interpretation unless this is the person's preference or no other option is immediately available.
- Describe every step before you act and seek informed consent through the person's preferred communication channel.
- Never pretend to have understood. Ask again, repeat and rephrase as needed, and confirm understanding with yes or no questions and physical signals such as thumbs up or down.

Speech and communication support

Some people may require support to communicate effectively during rescue, evacuation or search operations. Communication may take place through speech, augmentative and alternative communication (AAC), writing, gestures, pictograms, sign language, light or sound signals, or other methods, depending on the person's preferences and support requirements. Stress, noise and the emergency environment may create additional barriers to communication. Responders should identify the person's preferred communication method, provide information in accessible ways, and allow sufficient time to communicate and confirm understanding throughout the intervention.

- Ask how the person prefers to communicate and use the communication method(s) they choose: writing, gesture, pictograms, pointing, and facial expression are all valid.

Carry paper and pen or writing boards with markers as standard field equipment, or use your phone.

- Watch for signs the person is trying to communicate, using their preferred communication method: lip movements, hand movements, trying to write on your palm, or a written message.
- Check for bracelets and look for the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available. These tools may contain information on communication preferences, including interpreter contacts, medication, time-critical treatment, assistive devices, assistance animals, support contacts, and instructions for assistance. Where available, arrange a qualified sign language interpreter. Do not rely on family members or bystanders for interpretation unless this is the person's preference or no other option is immediately available.
- Describe every step before you act and seek informed consent through the person's preferred communication channel.
- Never pretend to have understood. Ask again, repeat and rephrase as needed, and confirm understanding with yes or no questions and physical signals such as thumbs up or down.
- Ask one question at a time. Offer a choice of two options rather than an open question.
- Give the person time. Wait after you speak, and do not fill the silence or complete their sentences.

Psychosocial support

Some people may require psychosocial support during an emergency. Stressful situations, sensory overload, unfamiliar environments or interactions with emergency responders may increase distress and create barriers to communication, decision-making or accessing assistance. Responders should communicate calmly and respectfully, minimize unnecessary sensory stimulation where possible, support the person's autonomy and informed decision-making, and prioritize de-escalation while ensuring the safety of everyone involved. Watch the

person from a safe distance before approaching. Observe how they are responding to the situation and allow them to become aware of your presence before moving closer. Do not move closer until the person has seen you.

- Reduce sensory load by turning off sirens and loud sounds, and moving bystanders away. Take the person to a quiet place if possible.
- Say your name and role clearly, as the person may not immediately recognize who you are or your role. Lower and slow your voice, and speak respectfully at normal volume: use the person's title and surname, and do not use their first name without asking. Ask the person how they would like to be addressed. Do not raise your voice, speak fast, or use an authoritative, condescending, or ironic tone.
- Acknowledge the person's distress and reassure them that you are there to support them. Avoid arguing with, dismissing or ridiculing what the person is experiencing. Instead, focus on their immediate safety, what they are experiencing, and what support they need. The emotion is real even when the content is not. Do not argue about what is real, dismiss what the person reports, joke, or try to reason them out of it.
- Help orient the person by describing the immediate environment and explaining what is happening and what will happen next. Ask permission before any physical contact and wait for a response. Never touch without the person's agreement unless there is an immediate risk to life or safety, and never restrict movement unless this is necessary to prevent imminent harm and is consistent with applicable procedures and legal safeguards. Do not corner the person. Always ensure a visible route out, position yourself to the side rather than blocking the exit, stay 1.5 meters away. If the situation escalates beyond what you can safely manage, request support rather than intervening alone.
- Stay calm and still if the person becomes louder or more agitated. Do not match or escalate your own tone, volume, or presence, and do not show fear even if you feel it.
- Offer choices where you can, and give short, clear

information about the emergency and why you suggest a certain action.

- Where relevant and with the person's involvement, ask about any treatment, medication or support arrangements that may be important for the emergency response.

Sensory and self-regulation support

Some people may require support to manage sensory input or regulate their responses during an emergency. Loud noises, flashing lights, protective equipment, crowded environments and unexpected changes may create additional barriers to communication and increase distress. In some situations, a person may become overwhelmed and experience an intense response to stress, such as a meltdown or shutdown, which may affect their ability to communicate, move or respond to instructions. Responders should minimize unnecessary sensory stimulation where possible, communicate calmly and predictably, and adapt their approach to the person's communication and support requirements while ensuring their safety.

- Turn off sirens before you reach the person where operationally feasible. Reduce unnecessary noise and sensory stimulation where possible. Do not use loud sounds, alarms, speakers, or shouting.
- Check all hiding places, including under beds, in closets, small closed spaces, and vehicles. Do not assume no response to calls means the person has left or is not there.
- If the person wishes, involve a support person or another trusted whenever possible, but continue to communicate directly with the individual. If a support person or family member is available, ask about the individual's communication preferences, sensory triggers, and calming strategies.
- Approach slowly, at eye level, with open hands. Say your name and role once, then wait. Do not make sudden moves, reach for the person without warning, or touch them without first explaining what you are doing and seeking their agreement where possible. Suggest moving to a low-stimulation environment if possible, minimizing background noise, bright lights, and visual clutter to reduce sensory triggers.

- Ask how the person prefers to communicate and use the communication method(s) they choose, such as speech, writing, pictograms, gestures, and pointing. If the person uses sign language, request an interpreter.
- Communicate slowly, calmly, and clearly. Give ample processing time, repeat important details, and pause rather than rephrasing or pressuring for quick answers. If the person's response suggests they may not have understood, rephrase the information or question before proceeding.
- Ask one question at a time, offering a choice between two options rather than open-ended questions. Confirm understanding with yes or no. Never pretend to understand. Ask for clarification and rephrase as needed.
- Be predictable, explain any change immediately and give a new, realistic time. Tell the person what will happen, when, and if anything changes, explain the delay and give a new time (e.g., "The evacuation should have started at 9:00, it will now start at 9:45").
- Do not make promises you cannot keep. If you say "I will be right back", make sure you return.
- Do not separate the person from an assistive dog. Do not touch or pet the dog, as it is working.
- Show equipment before you use it. Explain what you are going to do before using equipment and, where possible, allow the person to see or touch it if this helps them understand what is happening and it is safe to do so. Allow self-calming movements like rocking, flapping, or stimming. Do not discourage these behaviors unless they present an immediate safety risk, as they may help the person manage distress. Secure the environment after rescue or evacuation. Make sure the person does not get lost. Never leave them alone.

Cognitive processing support

Some people may require additional support to receive, process, understand or remember information during an emergency. Stress, unfamiliar environments, protective equipment and changes to routine may create additional barriers to communication and understanding.

Responders should provide information in clear, accessible ways, allow sufficient time for the person to process information and make decisions, and identify any communication or decision-making support the person wishes to use. Changes to familiar routines or support arrangements may also increase the person's need for reassurance and continuity of support. Introduce yourself fully before anything else. Say your name, your role, and why you are there. Describe your gear and let the person touch the gear if it helps, when possible and safe.

- If the person wishes, involve a support person as a source of information or to facilitate communication or supported decision-making, while continuing to communicate directly with the person, recognizing that they are the primary rights-holder. Address the person by name, maintain eye contact, and treat them with dignity and respect. Do not use baby talk, talk down to the person, use exaggerated, slow speech, or praise simple actions as if they were exceptional. Use “we,” “our,” and “together” language to create a sense of shared safety.
- Stay focused on the present situation and what happens next. Provide clear information about each step and avoid unnecessary complexity. Avoid arguing with or dismissing the person's understanding of the situation. Instead, acknowledge their concerns and redirect the conversation to their immediate safety and support needs where appropriate.
- Use short, concrete sentences. Check understanding at every step. Ask open questions and do not rely solely on yes or no answers or nods. Give the person time to process and respond. Wait at least three seconds after communicating and avoid interrupting, rushing, or completing their sentences.
- Give one instruction at a time. Wait for the person to finish one step before giving the next. Offer choices rather than commands and explain each action before doing it.
- Redirect the person gently if they come close, touch your equipment, or reach for objects. Explain why you are redirecting them and offer an alternative where possible.
- When possible, carry cards with pictograms or illustrations to support the person understand what you are trying to communicate.

Mobility and physical Support

Some people may require physical support or accessible evacuation during an emergency and may use wheelchairs, walkers, crutches, canes, prostheses, scooters or other assistive devices. Others may have mobility support requirements without using a visible assistive device, or their device may have been lost or damaged during the emergency. Damaged infrastructure, stairs, debris, inaccessible exits or the loss of assistive devices may create significant barriers to safe evacuation and access to assistance. Mobility and assistive devices are essential to the person's independence and should remain with them whenever possible. Responders should identify accessibility barriers, ask the person how they prefer to be assisted, and ensure that any evacuation or transfer is carried out safely, respectfully and in accordance with the person's support requirements.

- Search actively for a person signaling from a fixed position, waving from a window, using a torch, or hanging fabric. Report the location of any person waiting for evacuation to incoming units straight away.
- Approach from the front, put yourself at eye level, and communicate directly with the person. Do not lean on the wheelchair or mobility device, as it is an essential assistive device.
- Ask how they want to be supported and seek consent before you touch or move the person or anything attached to them. Check whether the chair is manual or powered before any action. Ask whether there are any support, health-related or equipment requirements that should be considered before moving the person. Take particular care with water near electrical devices, including when using water to stop a fire.
- Where a mobility device is connected to medical or life-sustaining equipment, also apply the Medical and Life-Sustaining Support Requirements. Do not disconnect, alter, or transport the equipment unless the method is consistent with the person's emergency plan, manufacturer instructions, and applicable clinical and rescue procedures.

- In case of evacuation, use only approved evacuation methods and equipment. Ask the person how they should be assisted and follow their instructions where safe. Do not use a wheelchair on stairs unless the method is authorized, the equipment is suitable, and responders are trained. Assess if more responders are needed for the evacuation and ask for backup. If evacuation is not possible right away, move the person to an accessible area of refuge first, if available. Do not try to evacuate them down the stairs without specialized training and equipment as that might cause harm.
- Keep the assistive devices and technologies with the person wherever possible. If the person is reluctant to evacuate because their devices or equipment will remain behind, take this seriously. Establish what they need in order to leave safely, and find ways to honor their requirements, needs and preferences. Make retrieving their devices and equipment a priority whenever you safely can.

Medical and life-sustaining Support

Some people may require ongoing medication, medical equipment, assistive technologies or specialized treatment to maintain their health, independence and participation. These support requirements may not be immediately visible, and emergencies may disrupt access to essential treatment, medication or power supplies. Medical and assistive devices, such as oxygen equipment, ventilators or other life-sustaining technologies, may require particular handling during an emergency, including access to back-up power or specialist support. Responders should identify the person's support and treatment requirements, ensure continuity of care wherever possible, and take these into account when planning evacuation or transfer.

- Check for oxygen tanks, gas cylinders, and pressurized medical equipment, and secure them before any fire or heat source reaches them.
- Always ask the person how you can support them, and check whether there is anything specific you should know about their assistive devices, assistance animals, or medical treatment. If the person wishes, involve a support person as

a source of information while continuing to communicate directly with the person. Ask about the person's health and what they need, including whether their treatment has stopped or will stop soon and whether they have reserves. Do not assume they are stable because they look or sound well.

- If the person has a rare disease or a condition that local services are unlikely to know, identify any specific support requirements and request specialist medical support where needed.
- Take extra protection measures where the person is vulnerable to infection, such as masks for them and for those around them, and avoid contact with crowded or unsanitary spaces.
- Check whether the person uses medical equipment, whether it needs power, whether it has portable back-ups, and how it should be moved. Never disconnect or move a device if you do not know what it does.
- Ask whether the person has difficulty moving and whether their condition or the stress of the emergency is making it worse. Move slowly, in small steps and take breaks when needed.
- In case of evacuation, use only approved evacuation methods and equipment. Ask the person how they should be assisted and follow their instructions where safe. Do not use a wheelchair on stairs unless the method is authorized, the equipment is suitable, and responders are trained.
- Where time and operational conditions permit, confirm that the receiving location can meet the person's essential accessibility, power, medication, equipment, infection-control, and specialist-care requirements. When urgent transport is required, communicate any unmet requirements during handover and escalate them through the applicable command or referral arrangements.
- If the person needs to be evacuated or transferred but is reluctant to leave because their treatment or equipment is at home, take this seriously. Establish what they need in order to leave safely, and find ways to ensure continuity of care.

- Contact medical services early and ask for clinical support to manage the evacuation together where needed. Tell all incoming units what the person requires, and confirm you have the support you need to evacuate and transfer them safely and with dignity.
- Make sure medication, medical and assistive devices travel with the person as far as possible, including any portable back-ups.

Police

In every intervention, regardless of the support requirements, build over from these main actions:

- Switch off sirens and flashing lights as soon as they are no longer needed and keep service radios away from hearing devices to avoid interference.
- Make sure the person is safe and their life is not in danger, before anything else. Also, clear the area, making sure no bystanders are in the way. Never leave the person alone.
- Always communicate directly with the person. Ask the person how they want to be assisted.
- Support the person to understand information, consider options, and make and communicate their own decisions. Respect their will and preferences throughout the intervention. Only proceed without consent where immediate action is required to prevent serious harm or protect life.
- Give the person time and space to respond. If they show hesitation, silence, unusual behavior, or difficulty following instructions, check for a support requirement first.
- Do not touch or move the person without consent unless life is at immediate risk. If restraint is unavoidable, ensure safe restraint, positioning, medical-monitoring, and safeguarding procedures.

- Keep all assistive devices with the person at all times and never remove or switch off any assistive device unless medically necessary.
- Hand over what you have learned to other responders and services, and refer the person on for continuity of care, including medical treatment, rehabilitation, mental health support, and the repair or replacement of lost or damaged equipment.

Visual and orientation support

Some people may require support to access visual information, identify emergency responders or orient themselves during an emergency. Visual cues such as uniforms, badges, gestures or signs may not be accessible, and the loss of assistive devices such as a white cane, guide dog or phone may create additional barriers to safe evacuation and communication. Responders should introduce themselves clearly, provide orientation using accessible verbal information, ask how the person prefers to be guided, and ensure assistive devices remain with the person whenever possible. Announce yourself by name and role before approaching and explain how the person can verify your identity, for example by offering your badge for them to feel if they wish. If you are in a group, designate one person to communicate.

- When asking for identification, also look for the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available. These tools may contain information on communication preferences, medication, time-critical treatment, assistive devices, assistance animals, support contacts, and instructions for assistance.
- Ask how the person prefers to be guided: sighted guide (offer your elbow, agree on pace, describe upcoming obstacles) or verbal (use the person's body as reference, give concrete directions like "wall on your right," use "stop" instead of "watch out"). Narrate constantly as you move, orienting the person to their surroundings, exits, and other people. Clear dangers from the person's path before moving.

- For group evacuation, form a single-file line with each person holding the shoulder of the person in front. If you move the person to a new space, orient them on arrival to the nearest wall, exit, seating, and other people present. Announce when you leave, who will replace you, and what happens next. If separated from their support person during evacuation or crowd management, actively work to reunite them.
- Keep the person's cane, phone, guide dog, and any other assistive devices with them at all times.
- Provide information in the person's preferred accessible format, for example by reading it aloud or using their screen reader where appropriate. Do not rely solely on written materials.

Hearing and information access support

Some people may require support to access spoken information and communicate effectively during an emergency response. Verbal instructions, alarms or other auditory information may not be accessible, creating barriers to communication and access to assistance. Responders should identify the person's preferred communication method, provide information in accessible ways, and ensure communication remains effective throughout the intervention. Where needed, a qualified sign language interpreter or video relay service should be used to facilitate communication. Switch off sirens and flashing lights as soon as they are no longer needed and keep service radios away from hearing devices to avoid interference.

- Make your presence known in the person's preferred accessible way before approaching. For people who rely on visual communication move into the person's field of vision or waving. Keep your face visible and uncovered, ensure good lighting, and never stand backlit or call out from behind or the side.
- Designate one responder to communicate, always address the person directly, and never turn your back or leave without saying so first.
- Find out how the person prefers to communicate and use multiple channels simultaneously: writing, gesture,

pictograms, pointing, and facial expression are all valid. Carry paper and pen or writing boards with markers as standard field equipment, or use your phone.

- Watch for signs the person is trying to communicate: lip movements, pointing to the ears, hand movements, trying to write on your palm, torch signals, or a written message held up.
- Check for bracelets or look for the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available. These tools may contain information on communication preferences, including sign language interpreter information, medication, time-critical treatment, assistive devices, assistance animals, support contacts, and instructions for assistance. Look for a qualified sign language interpreter or Video Relay Services (VRS) contact in your operational resources and check your own team for sign language skills before relying on family members or bystanders.
- Describe every step before you act and seek informed consent through the person's preferred communication method.
- Never pretend to have understood. Ask again, repeat and rephrase as needed, and confirm understanding with yes or no questions and physical signals such as thumbs up or down.

Speech and communication support

Some people may require support to communicate effectively during law enforcement interactions. Communication may take place through speech, augmentative and alternative communication (AAC), writing, gestures, sign language, pictograms or other methods, depending on the person's preferences and support requirements. Stress, time pressure and the emergency environment may create additional barriers to communication. Responders should identify the person's preferred communication method, provide information in accessible ways, and allow sufficient time to communicate and confirm understanding throughout the interaction. Where needed, a qualified sign language interpreter or video relay service should be used to

facilitate communication.

- Designate one officer to communicate, always address the person directly.
- Find out how the person prefers to communicate and use the communication methods they prefer: writing, gesture, pictograms, pointing, and facial expression are all valid. Carry paper and pen or writing boards with markers as standard field equipment, or use your phone.
- Watch for signs the person is trying to communicate: lip movements, hand movements, trying to write on your palm, or a written message.
- Check for bracelets or look for the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available. These tools may contain information on communication preferences, including sign language interpreter information, medication, time-critical treatment, assistive devices, assistance animals, support contacts, and instructions for assistance. If they sign, look for a qualified sign language interpreter or Video Relay Services (VRS) contact in your operational resources, and check your own team for sign language skills before relying on family members or bystanders.
- Describe every step before you act and seek informed consent through the person's preferred communication channel.
- Never assume you have understood or been understood. Ask again, rephrase, and confirm with yes or no questions or physical signals such as thumbs up or down.
- Ask one question at a time, offering a choice of two rather than an open question.
- Wait after you speak: do not fill the silence or finish their sentences.
- Keep all hearing devices and communication devices with the person at all times and never remove or switch off any assistive device unless medically necessary.

Psychosocial support

Some people may require psychosocial support during law enforcement interactions. Stress, sensory overload, unfamiliar environments or previous experiences with law enforcement may increase distress and create barriers to communication, decision-making or cooperation. Responders should communicate calmly and respectfully, minimize unnecessary sensory stimulation where possible, support the person's autonomy and informed decision-making, and prioritize de-escalation while ensuring the safety of everyone involved.

- Watch the person from a safe distance before approaching. Observe how they are responding to the situation and allow them to become aware of your presence before moving closer, where possible. Do not move closer until the person has seen you.
- Reduce sensory load by turning off sirens and loud sounds, and moving bystanders away. Take the person to a quiet place if possible.
- Say your name and role clearly, as some may respond strongly to a uniform based on past experience. Lower and slow your voice, and speak respectfully at normal volume: do not raise your voice, speak fast, or use an authoritative, condescending, or ironic tone.
- Acknowledge the person's distress and reassure them that you are there to support them. Avoid arguing with, dismissing or ridiculing what the person is experiencing. Instead, focus on their immediate safety, what they are experiencing, and what support they need. Help orient the person by describing the immediate environment and explaining what is happening and what will happen next. Ask permission before any physical contact and wait for a response. Do not move to physical intervention unless safety requires it.
- Do not corner the person. Always ensure a visible route out, position yourself to the side rather than blocking the exit, stay around 1.5 meters away. If the situation escalates beyond what you can safely manage, request support rather than intervening alone.

- If the person refuses to engage, step back and request specialized support rather than escalating alone.
- Stay calm and still if the person becomes louder or more agitated. Do not match or escalate your own tone, volume, or presence, and do not show fear even if you feel it.
- Offer choices where you can, and give short, clear information about the emergency and why you suggest a certain action.
- If restraint is unavoidable, ensure safe restraint, positioning, medical-monitoring, and safeguarding procedures.

Sensory and self-regulation support

Some people may require support to manage sensory input or regulate their responses during law enforcement interactions. Sirens, flashing lights, protective equipment, crowded environments and unexpected changes may create additional barriers to communication and increase distress. In some situations, a person may become overwhelmed and experience an intense stress response, such as a meltdown or shutdown, which may affect their ability to communicate, move or respond to instructions. Responders should minimize unnecessary sensory stimulation where possible, communicate calmly and predictably, and adapt their approach to the person's communication and support requirements while ensuring everyone's safety.

- Turn off sirens before you reach the person where you can. Reduce unnecessary noise and sensory stimulation where possible. Do not use loud sounds, alarms, speakers, or shouting.
- Check all hiding places, including under beds, in closets, small enclosed spaces, and vehicles. Do not assume no response to calls means the person has left or is not there.
- Gather information from support persons whenever possible, but continue to communicate directly with the individual. If a support person or family member is available, ask about the individual's communication preferences, sensory triggers, and calming strategies.

- Approach slowly, at eye level, with open hands. Say your name and role once, then wait. Do not make sudden moves, reach for the person without warning, restrict their movement, or touch them without first explaining what you are doing and seeking their agreement where possible.
- Suggest moving to a low-stimulation environment if possible, minimizing background noise, bright lights, and visual clutter to reduce sensory triggers.
- Check the person's preferred communication methods and use multiple channels as needed, such as speech, writing, pictograms, gestures, and pointing. If the person uses sign language, request an interpreter.
- Communicate slowly, calmly, and clearly. Give ample processing time, repeat important details, and pause rather than rephrasing or pressuring for quick answers. If the person repeats your words, rephrase the question before accepting the answer.
- Ask one question at a time, offering a choice between two options rather than open-ended questions. Confirm understanding with yes or no before proceeding. Never pretend to understand. Ask for clarification and rephrase as needed.
- Be predictable and explain any change immediately and give a new, realistic time. Tell the person what will happen, when, and if anything changes, explain the delay and give a new time.
- Do not make promises you cannot keep. If you say "I will be right back", make sure you return.
- Allow self-calming movements like rocking, flapping, or stimming. Do not try to stop these by force or command, as this can trigger a meltdown.
- If the person becomes highly agitated or cannot communicate, ask about immediate sensory triggers in the environment that you can address. Use suggested calming tools or favorite subjects to de-escalate the situation.
- If restraint is unavoidable, ensure safe restraint, positioning, medical-monitoring, and safeguarding procedures.

- Do not separate the person from an assistive dog. Do not touch or pet the dog, as it is working.
- Secure the environment and make sure the person does not get lost. Do not leave the person without appropriate support if they require assistance to remain safe.

Cognitive processing support

Some people may require support to understand and remember information, communicate, or make decisions during law enforcement interactions. Stress, unfamiliar environments or separation from support persons may create additional barriers to communication and orientation. Responders should provide clear, accessible information, allow sufficient time for communication, support the person's decision-making, and remain alert to possible signs of neglect, abuse, exploitation or that the person may be lost or separated from their support network.

- Introduce yourself fully before anything else. Say your name, your role, and why you are there. Show them your badge and let them touch it, whenever possible.
- Prioritize locating a support person or caregiver for any individual found alone who requires support, as they may be at heightened risk. When a support person is contacted, communicate with them as a resource, but remember the person with a disability is the primary rights-holder.
- Address the person by name, maintain eye contact, and treat them with dignity and respect. Do not address the person as you would a child, do not talk down to the person, use exaggerated slow speech, or praise simple actions as if they were exceptional. Use “we,” “our,” and “together” language to create a sense of shared safety.
- Ask the person to explain what happened in their own words. Use short, concrete sentences. Check understanding at every step. Ask open questions and do not rely solely on yes or no answers or nods.
- Give the person time to process and respond. Wait at least three seconds after communicating before repeating or rephrasing. Avoid interrupting, rushing, or completing their

sentences.

- Give one instruction at a time. Wait for the person to finish one step before giving the next. Offer choices rather than commands and explain each action before doing it.
- When possible, carry cards with pictograms or illustrations to support the person understand what you are trying to communicate.

Mobility and physical support

Whenever a person is in your custody or care, ensure that their accessibility and support requirements are met. This includes maintaining access to assistive devices, accessible environments and any support the person requires. While police officers will not usually carry out a physical evacuation, they may need to coordinate access for emergency services, keep evacuation routes clear, protect the person's assistive devices, or remain with the person until appropriate services arrive. Separation from an assistive device can significantly affect a person's mobility, independence and safety and should be avoided wherever possible.

- Do not move a person in a wheelchair or with another mobility device without their consent and clear guidance from them.
- Where a mobility device is connected to medical or life-sustaining equipment, apply the Medical and Life-Sustaining Support Requirements. Do not disconnect, alter, or transport the equipment unless the method is consistent with the person's emergency plan, manufacturer instructions, and applicable clinical and rescue procedures.
- Make sure the scene is accessible for incoming emergency vehicles and evacuation equipment.
- If the person is in a place with no accessible exit, stay in contact with them and relay the location to medical personnel, firefighters, or other units. Keep the person informed about what is happening and what support is on the way. Do not leave the person alone.
- If the person is alone and without their mobility aid, treat this as a possible safeguarding concern. Check whether the

device was lost, damaged or taken, and refer to specialized providers and organizations of persons with disabilities (OPDs) for support. Make every reasonable effort to reunite the person with their assistive device as soon as possible.

Medical and life-sustaining support

Some people may require ongoing medical treatment, equipment or other life-sustaining support during law enforcement interactions. A person's medical condition or support requirements may not be immediately apparent, and appearance should never be used to assess their health, abilities or support needs. Responders should ask the person what support they require, respect their preferences and decisions, and ensure continuity of essential treatment, equipment and support while facilitating access to emergency medical services where needed.

- Always ask the person how you can support them, and check whether there is anything
- specific you should know about their assistive devices, assistance animals, or medical treatment.
- Take extra protection measures, where required, to meet the person's health and support requirements, such as masks for them and for those around them, and avoid contact with crowded or unsanitary spaces.
- If the person uses an assistive device such as a wheelchair, do not move them without their consent and clear guidance from them.
- Check whether the person uses medical equipment, whether it needs power, whether it has portable back-ups, and how it should be moved. Never disconnect or move a device if you do not know what it does.
- Ask whether the person has difficulty moving and whether their condition or the stress of the emergency is making it worse. Move slowly, in small steps and take breaks when needed.
- Look for the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available,

before making any decision about moving the person. These tools may contain information on communication preferences, medication, time-critical treatment, assistive devices, assistance animals, support contacts, and instructions for assistance.

- If a support person is present, ask the person whether they would like the support person to remain with them. They may provide useful information about the person's medical history and support requirements, and know their equipment and treatment.
- If you are supporting an evacuation or transfer, keep the scene clear of bystanders and make sure access routes are open and accessible for medical services vehicles, specialist transport, and evacuation equipment.
- If the person is in a place with no accessible exit, stay in contact with them and relay the location to medical personnel, firefighters, or other units. Do not leave the person alone.
- Where time and operational conditions permit, confirm that the receiving location can meet the person's essential accessibility, power, medication, equipment, infection-control, and specialist-care requirements. When urgent transport is required, communicate any unmet requirements during handover and escalate them through the applicable command or referral arrangements.
- If the person needs to be evacuated or transferred but is reluctant to leave because their treatment or equipment is at home, take this seriously. Establish what they need in order to leave safely, and find ways to ensure continuity of care.

Medical assistance personnel

In every intervention, regardless of the support requirements, build over from these main actions:

- Always ask the person how you can support them, and check whether there is anything specific you should know about their assistive devices, assistance animals, or medical treatment.
- Communicate directly with the person, not with the support person. Describe every clinical step and piece of equipment before you act.
- Support the person to understand information, consider options, and make and communicate their own decisions. Respect their will and preferences throughout the intervention. Only proceed without consent where immediate action is required to prevent serious harm or protect life.
- Contact emergency contacts and support persons to inform them of the situation. Complementary, look for the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available. These tools may contain information on communication preferences, medication, time-critical treatment, assistive devices, assistance animals, support contacts, and instructions for assistance.
- Do not rely only on what the person tells you or on standard scales alone. Examine the body systematically and check for co-occurring conditions that may not be visible, and adapt the procedure accordingly.
- Keep assistive devices, communication aids, phones, and medication with the person, and never remove or switch off a communication device without telling them first.
- Hand over what you have learned to other responders and services, and refer the person on for continuity of care, including medical treatment, rehabilitation, mental health support, and the repair or replacement of lost or damaged equipment.

Visual and orientation support

Some people may require support to access visual information, orient themselves or navigate healthcare environments. Clinical procedures, unfamiliar surroundings and separation from assistive devices may create additional barriers to communication, orientation and informed decision-making. Healthcare professionals should explain each step before carrying it out, provide information in accessible ways, seek free and informed consent, and ensure that assistive devices, such as the cane, guide dog or phone and orientation supports remain with the person throughout the intervention whenever possible.

- Announce yourself by name and role before approaching. Never approach silently or touch without warning.
- Describe every clinical step and piece of equipment out loud before you act. State what you are about to do, confirm understanding, and never assume silence means the person has understood. Seek free and informed consent before every intervention.
- Keep the cane, guide dog, and phone with the person at all times. Never move or separate assistive devices without the person's agreement, unless this is immediately necessary to protect the person's safety.
- Check how the person prefers to be guided. Offer your bent elbow or shoulder. Narrate as you move using their body as the reference point and give concrete instructions such as "three steps ahead of you" or "wall to your right." Never grab the arm or use vague terms like "here", "there", or "over there."
- If you move the person to a new space, orient them on arrival to the nearest wall, exit, seating, and other people present. Announce when you leave, who will replace you, and what happens next.
- Never hand over written information. Read it out loud, use the person's phone screen reader, or arrange Braille materials or volunteer readers where possible.

Hearing and information access support

Some people may require support to access spoken information and communicate effectively during healthcare interventions. Communication may take place through sign language, lip-reading, writing, augmentative and alternative communication (AAC), text-based communication or other accessible methods, depending on the person's preferences and support requirements. Healthcare professionals should identify the person's preferred communication method, provide information in accessible ways, seek free and informed consent before each intervention, and support the person's decision-making throughout. They should also identify any assistive devices the person uses, ensure medical equipment does not interfere with them, and explain any need to remove or switch off a device before doing so. Where needed, a qualified sign language interpreter should be arranged as soon as possible. Until one is available, support persons may facilitate communication but do not replace a qualified interpreter.

- Switch off sirens and flashing lights as soon as they are no longer needed and keep medical equipment and service radios away from hearing devices to avoid interference.
- Ask how the person prefers to communicate and follow their lead: lip-reading, writing, sign language, augmentative and alternative communication (AAC) device, or a combination.
- With the person's agreement where possible, contact emergency contacts and support persons, and check the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available. These tools may contain information on communication preferences, medication, time-critical treatment, assistive devices, assistance animals, support contacts, and instructions for assistance. Ensure qualified sign language interpretation is available as soon as possible.
- Describe every clinical step before you act and seek informed consent through the person's preferred communication channel.

- Never pretend to have understood. Ask again, repeat and rephrase as needed, and confirm understanding with yes or no questions and physical signals such as thumbs up or down.
- Keep your face visible and uncovered, ensure good lighting, and never stand backlit as this makes lip-reading and visual communication impossible.

Speech and communication support

Some people may require support to communicate effectively during healthcare interventions. Communication may take place through speech, sign language, lip-reading, writing, augmentative and alternative communication (AAC), text-based communication or other accessible methods, depending on the person's preferences and support requirements. Healthcare professionals should identify the person's preferred communication method, provide information in accessible ways, seek free and informed consent before each intervention, and support the person's decision-making throughout. They should also identify any assistive devices the person uses, explain any need to remove or switch off a device before doing so, and ensure medical equipment does not interfere with its use where possible. Where needed, a qualified sign language interpreter should be arranged as soon as possible. Until one is available, support persons may facilitate communication but do not replace a qualified interpreter.

- Switch off sirens and flashing lights as soon as they are no longer needed, and keep medical equipment and service radios away from hearing devices to avoid interference.
- Ask how the person prefers to communicate and follow their lead: lip-reading, writing, sign language, augmentative and alternative communication (AAC) device, or a combination.
- With the person's agreement where possible, contact emergency contacts and support persons, and check the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available. These tools may contain information on communication preferences, medication, time-critical treatment, assistive devices, assistance animals, support contacts, and instructions for assistance. Ensure qualified sign language interpretation is available as soon as possible.

- Describe every clinical step before you act and seek free and informed consent through the person's preferred communication channel. Never pretend to have understood. Ask again, rephrase as needed, and confirm understanding with yes or no questions or physical signals such as thumbs up or down.
- Keep your face visible and uncovered, ensure good lighting, and never stand backlit, as this makes lip-reading and visual communication impossible.

Psychosocial support

Some people may require psychosocial support during healthcare interventions. Distress, sensory overload, previous traumatic experiences or interruption of treatment may affect communication, decision-making or cooperation. Healthcare professionals should assess both the person's physical and mental health support needs, communicate calmly and predictably, support the person's decision-making, and ensure continuity of treatment, medication and other supports throughout the intervention.

- Check how the person is feeling, whether their condition is worsening, and whether they need medication or other types of support. Consider whether there are any co-occurring health conditions or disabilities that may affect the intervention. Acknowledge what the person is experiencing, and reassure them: "I can understand that something very frightening is happening for you. I am here to support you.". Avoid arguing with, dismissing or ridiculing what the person is experiencing. Instead, focus on their immediate needs, safety and the support they require.
- Tell the person what you are going to do before you do it, as sudden actions can escalate distress. Ask permission before any physical contact and wait for a response wherever possible.
- Do not take the person's phone away, and do not cut them off from family, friends, or support persons.
- Ask permission before any physical contact and wait for a response. Do not move to physical intervention unless safety requires it.

- Offer choices where you can, and give short, clear information about the emergency and why you suggest a certain action. Small acts of care, such as offering a blanket or water, may also help reduce distress.
- Stay calm and still if the person becomes louder or more agitated. Do not match or escalate your own tone, volume, or presence, and do not show fear even if you feel it.
- Do not corner the person. Always ensure a visible route out, position yourself to the side rather than blocking the exit. If the situation escalates beyond what you can safely manage, request support rather than intervening alone.
- Ensure the person can access their treatment and medication, and facilitate access to mental health crisis services and emotional support early, before their condition worsens.

Sensory and self-regulation support

Some people may require support to manage sensory input or regulate their responses during healthcare interventions. Medical environments, including noise, bright lights, unfamiliar equipment, touch, changes to routines or unexpected procedures, may increase distress or create barriers to communication and care. In some situations, a person may become overwhelmed and experience an intense stress response, such as a meltdown or shutdown, which may affect their ability to communicate, move or participate in care. Healthcare professionals should minimize unnecessary sensory stimulation where possible, explain procedures before carrying them out, support the person's communication and decision-making, and recognize that pain or distress may not always be expressed in typical ways.

- Turn off sirens before reaching the person when possible. Reduce unnecessary noise and sensory stimulation wherever possible. Avoid loud sounds, alarms, speakers, or shouting.
- With the person's agreement, where possible, gather information from support persons, but continue to communicate directly with the individual. If a support person or family member is available, ask about the individual's communication preferences, sensory triggers, and calming strategies.

- Suggest moving to a low-stimulation environment if possible, minimizing background noise, bright lights, and visual clutter to reduce sensory triggers.
- Check the person's preferred communication methods and use multiple channels as needed, such as speech, writing, pictograms, gestures, and pointing. If the person uses sign language, request an interpreter.
- Communicate slowly, calmly, and clearly. Give ample processing time, repeat important details, and pause rather than rephrasing or pressuring for quick answers. If the person repeats your words, rephrase the question before accepting the answer.
- Ask one question at a time, offering a choice between two options rather than open-ended questions. Confirm understanding with yes or no. Never pretend to understand. Ask for clarification and rephrase as needed.
- Be predictable and explain any change immediately and give a new, realistic time. Tell the person what will happen, when, and if anything changes, explain the delay and give a new time.
- Do not make promises you cannot keep or create false hopes or expectations. If you say "It will not hurt.", make sure it will not.
- Allow self-calming movements like rocking, flapping, or stimming. Do not try to stop these by force or command, as this can trigger a meltdown. If the person becomes highly agitated or cannot communicate, ask about immediate sensory triggers in the environment that you can address. Use suggested calming tools or favorite subjects to de-escalate the situation.
- Show equipment before you use it. Let the person touch it first if safe. Do not use equipment on the person without warning or explanation. Always, get free and informed consent via yes/no questions or thumbs up or down.
- Look carefully for additional and hidden health concerns like self-harm, eating non-food items (pica), or other health issues. Check for swallowed objects, things in the mouth, and signs of self-injury. Do not think the evident problem is the only one.

- Recognize that pain may be expressed in different ways. Consider changes in body language, facial expression or behavior alongside the person's own report, and perform an appropriate clinical assessment based on the person's presentation.

Cognitive processing support

Look for indications of harm, neglect, or abuse, and be aware that the person may express pain, distress or illness differently. Medical equipment and physical contact may be frightening or overwhelming unless explained in advance. The person may have difficulty processing information, remembering events or health-related details, or following multiple instructions, particularly during a medical emergency. They may also have co-occurring health conditions or communication support requirements. Healthcare professionals should communicate clearly, provide information in accessible ways, allow sufficient time for processing, and support the person's decision-making throughout the intervention.

- If a support person is present, ask whether the person would like them to assist with providing information about medication, health history, communication preferences, or support requirements. Continue to communicate directly with the person who remains the primary decision-maker wherever possible.
- Address the person directly, using their name and maintaining eye contact. Do not use baby talk, talk down to the person, use exaggerated, slow speech, or praise simple actions as if they were exceptional. Use "we," "our," and "together" language to create a sense of shared safety.
- Ask the person to explain what happened in their own words. Use short, concrete sentences. Check understanding at every step. Ask open questions and do not rely solely on yes or no answers or nods.
- Give the person time to process and respond. Wait at least three seconds after communicating and avoid interrupting, rushing, or completing their sentences.
- Demonstrate and explain each piece of equipment before using it. Allow them to touch safe items if it helps reduce their fear.

- If the person attempts to grab your tools, gently redirect them.
- Do not rely solely on the person's verbal report or on standard assessment scales. Carry out a systematic clinical assessment, taking into account possible co-occurring health conditions, communication differences, and atypical presentations of pain or illness, and adapt your assessment accordingly.
- When possible, carry cards with pictograms or illustrations to support the person understand what you are trying to communicate.

Mobility and physical support

Persons with mobility and physical support requirements may also have co-occurring health conditions, ongoing treatment plans, or depend on medical equipment such as ventilators, oxygen concentrators, or other life-sustaining devices. Some equipment requires a continuous power supply, and interruption may quickly become a medical emergency. Assistive devices, including wheelchairs and prostheses, are essential for the person's mobility, independence and safety, and should remain with the person throughout assessment and transport wherever possible. Before any physical intervention or transfer, ask the person how they prefer to be assisted and whether there are any medical or mobility-related considerations responders should know.

- Ask about co-occurring conditions before any physical intervention. Perform a full physical check to understand the person's condition. In some cases, pain may be atypical or absent.
- Ask whether the person's assistive device or any medical equipment needs electricity or battery power before you decide on transport.
- Where a mobility device is connected to medical or life-sustaining equipment, also apply the **Medical and life-sustaining support**. Do not disconnect, alter, or transport the equipment unless the method is consistent with the person's emergency plan, manufacturer instructions, and applicable clinical and rescue procedures.

- Do not remove or disconnect medical equipment or separate the person from their assistive device without understanding what it does and consult the person whenever possible.
- In case of evacuation, use only approved evacuation methods and equipment. Ask the person how they should be assisted and follow their instructions where safe. Do not use a wheelchair on stairs unless the method is authorized, the equipment is suitable, and responders are trained. Assess if more or other first responders are needed for the evacuation and ask for backup.
- Confirm that the receiving facility can meet the person's mobility requirements and, where applicable, their specific medical requirements, before transport.

Medical and life-sustaining support

Persons with medical and life-sustaining support requirements may depend on ongoing treatment, medication, medical or assistive devices, or specialized healthcare to maintain their health and well-being. Interruptions to treatment, medication, electricity or essential equipment may quickly become life-threatening, and the stress of an emergency may worsen underlying health conditions. Support requirements often overlap: a person may also have mobility, communication, sensory or other support requirements that need to be considered throughout assessment, transport and continuity of care. Healthcare professionals should ask the person about their support requirements, involve them in decisions, and ensure continuity of treatment wherever possible.

- Do a full assessment before transport, covering their condition, current medication and how it is stored, medical and assistive devices and their power needs, the treatment schedule, the time since the last treatment, and the name of the specialist or treating facility.
- Ask the person about their treatment and support requirements before you move them or their equipment. If they cannot tell you directly, ask whether they would like a support person to assist, or look for the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available.

- In case of evacuation, use only approved evacuation methods and equipment. Ask the person how they should be assisted and follow their instructions where safe. Do not use a wheelchair on stairs unless the method is authorized, the equipment is suitable, and responders are trained. Assess if more or other first responders are needed for the evacuation and ask for backup.
- Where time and operational conditions permit, confirm that the receiving location can meet the person's essential accessibility, power, medication, equipment, infection-control, and specialist-care requirements. When urgent transport is required, communicate any unmet requirements during handover and escalate them through the applicable command or referral arrangements. For persons with rare diseases or conditions you do not know, contact the specialist directly before or during transport where possible.
- Make sure medication, devices, and supplies travel with the person. For persons on oxygen or breathing support, confirm the supply is continuous throughout transport.
- Take extra protection measures where the person is vulnerable to infection, such as masks for them and for those around them, and keep them away from crowded or unsanitary spaces.
- Ask whether the person has difficulty moving and whether their condition or the stress of the emergency is making it worse. Adapt transfers and movement accordingly, allowing time, rest breaks and appropriate support where needed.

Social support personnel

In every intervention, regardless of the support requirements, build over from these main actions:

- Always ask the person how you can support them, and check whether there is anything specific you should know about their assistive devices, assistance animals, or medical treatment.
- Always communicate directly with the person.
- Support the person to understand information, consider options, and make and communicate their own decisions. Respect their will and preferences throughout the intervention. Only proceed without consent where immediate action is required to prevent serious harm or protect life.
- Contact emergency contacts and support persons to inform them of the situation. Complementary, look for the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available. These tools may contain information on communication preferences, medication, time-critical treatment, assistive devices, assistance animals, support contacts, and instructions for assistance.
- Check whether the person is known to social services, or is registered in a registry for groups in situations of risk. If not, help them connect, reminding them that registration is voluntary, confidential, and based on informed consent.
- Never leave the person alone. Arrange for someone to stay with them at all times. After the emergency, support them to reunite with their family and support network.
- Hand over what you have learned to other responders and services, and refer the person on for continuity of care, including medical treatment, rehabilitation, mental health support, and the repair or replacement of lost or damaged equipment.

Visual and orientation support

A person may have been separated from their assistive devices, support network or familiar surroundings during the emergency, making it difficult to orient themselves, access information or move around independently. Social support personnel should support the person to regain orientation, restore independence, and access services by communicating in accessible ways, providing clear orientation cues, and ensuring assistive devices and support arrangements are restored as soon as possible. Announce yourself by name and role before approaching. Never approach silently or touch without warning.

- When guiding, ask the person's preferred method, offer your elbow or shoulder, narrate as you move using their body as the reference point, and give concrete instructions such as "three steps ahead of you." Never grab the arm or use vague terms like "here", "there", or "over there."
- If you move the person to a new space, orient them on arrival to the nearest wall, exit, seating, and other people present. Announce when you leave, who will replace you, and what happens next.
- Help the person locate or replace essential assistive devices, communication aids or orientation tools that were lost or left behind during the emergency, and support reunification with their guide dog where needed. The guide dog is a working animal. Never pet or distract them while working. If the guide dog is lost, help reunite them with the person: contact animal services or a veterinary service if needed.
- Never hand over written information. Read it out loud or use the person's phone screen reader.

Hearing and information access support

Persons with hearing and information access support requirements may have missed critical information during the emergency or may face barriers in accessing information about what has happened, what support is available, and what will happen next. Social support personnel should provide information in accessible ways, support the person's understanding and decision-making, facilitate access to qualified sign language interpretation where needed, and assist in restoring communication supports, assistive devices, continuity of care, and connections with family, support persons, and services.

- Make your presence known visually before approaching by moving into the person's field of vision or waving.
- Find out how the person prefers to communicate and use multiple channels simultaneously: writing, gesture, pictograms, pointing, and facial expression are all valid. Carry paper and pen or writing boards with markers as standard field equipment, or use your phone.
- Arrange a qualified sign language interpreter where needed. Until one is available, support persons may facilitate communication but do not replace a qualified interpreter.
- Keep your face visible and uncovered, ensure good lighting, and never stand backlit or call out from behind or the side.
- Provide clear information about available services, next steps, rights and choices in accessible formats, allowing sufficient time for questions and informed decision-making.
- Never turn your back on the person. Announce when you leave, who replaces you, and what comes after.

Speech and communication support

Persons with speech and communication support requirements may encounter barriers to explaining what happened, expressing their needs, or participating in decisions following an emergency. They may also have been separated from their communication devices, assistive technology or support persons. Social support personnel should identify and use the person's preferred communication method,

provide information in accessible ways, support informed decision-making, and assist in restoring communication support, continuity of care and connections with family, support persons and services. Where a family member or bystander provides information on the person's behalf, treat it as a starting point rather than a substitute for the person's own views, preferences and account, while respecting the person's privacy and confidentiality. The goal is that the person leaves the intervention more informed, more connected, and better prepared than when they arrived.

- Find out how the person prefers to communicate and use multiple channels simultaneously: writing, gesture, pictograms, pointing, and facial expression are all valid. Carry paper and pen or writing boards with markers as standard field equipment, or use your phone.
- Support the person to regain access to communication devices, assistive technology, communication boards or other aids that were lost or left behind during the emergency.
- Contact emergency contacts and support persons with the person's agreement, and check the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available. These tools may contain information on communication preferences, medication, time-critical treatment, assistive devices, assistance animals, support contacts, and instructions for assistance.
- Ensure qualified sign language interpretation is available, if needed.
- Never pretend to have understood. Ask again and rephrase as needed.
- Confirm understanding with yes or no questions or physical signals such as thumbs up or down.
- Describe every step before you act and seek informed consent through the person's preferred communication channel. Never assume silence or non-response means agreement.

Psychosocial support

Persons with psychosocial support requirements may experience increased distress following an emergency, particularly where routines have been disrupted, treatment has been interrupted, or they have been separated from family, support persons or their community. Social support personnel should provide calm, predictable and person-centered support, facilitate access to ongoing mental health and social support services, and help restore the person's support network, continuity of care and daily routines. Throughout the intervention, respect the person's autonomy, support informed decision-making, and remain alert to safeguarding concerns, including the risk of exploitation, abuse or neglect.

- Acknowledge what the person is experiencing, and reassure them. Avoid arguing, dismissing or challenging their perceptions. Instead, focus on what they need, what would help them feel safe, and the support they would like to receive. Offer choices where you can, and give short, clear information about the emergency and why you suggest a certain action. Small acts of care, such as offering a blanket or water, are also considerate.
- Stay calm and still if the person becomes louder or more agitated. Do not match or escalate your own tone, volume, or presence, and do not show fear even if you feel it.
- Do not corner the person. Always ensure a visible route out, position yourself to the side rather than blocking the exit. If the situation escalates beyond what you can safely manage, request support rather than intervening alone.
- Ensure the person can access their treatment and medication, and with the person's agreement, contact mental health crisis services and emotional support early, before their condition worsens.
- Work with family and support persons to reconnect the person with their network. Stay with them until someone they know arrives, or arrange for a trusted person to take your place.

- If the person is from a residential facility or hospital, and with the person's agreement, contact staff they know and ask how to support them. If a place is needed, start the process or refer.
- Assess together with the person whether they have immediate practical or social support needs, such as housing, food, income support, transport or personal assistance, and facilitate referrals where needed.
- Provide ongoing check-ins and support as needed. Monitor for signs of distress, changes in behavior, or unmet needs. Collaborate with the person's support network to address any concerns and ensure their well-being over time.

Sensory and self-regulation support

Persons with sensory and self-regulation support requirements may experience increased distress when separated from familiar people, routines, assistive devices or environments. Unfamiliar, noisy or crowded settings, as well as unexpected changes to plans or routines, may lead to sensory overload, a meltdown or a shutdown. Social support personnel should help reduce sensory demands, restore routines where possible, reconnect the person with trusted support persons, and ensure access to the sensory tools, communication supports and services they need. Throughout the intervention, provide calm, predictable support and never interpret a meltdown or shutdown as unwillingness to cooperate.

- Suggest moving to a low-stimulation environment if possible, minimizing background noise, bright lights, and visual clutter to reduce sensory triggers. Offer a quiet, calming space for the person to decompress and regulate.
- Check the person's preferred communication methods and use multiple channels as needed, such as speech, writing, pictograms, gestures, and pointing. If the person uses sign language, request an interpreter. Adapt your communication style to their needs and preferences.

- Communicate slowly, calmly, and clearly. Give ample processing time, repeat important details, and pause rather than rephrasing or pressuring for quick answers. If the person repeats your words, rephrase the question before accepting the answer. Be patient and allow the person to communicate at their own pace.
- Ask one question at a time, offering a choice between two options rather than open-ended questions. Confirm understanding with yes or no questions. Never pretend to understand. Ask for clarification and rephrase as needed. Break information into small, digestible pieces.
- Be predictable and explain any change immediately and give a new, realistic time. Tell the person what will happen, when, and if anything changes, explain the delay and give a new time.
- Do not make promises you cannot keep. If you say “I will be right back”, make sure you return.
- Connect the person with their support network as soon as possible. Work with family, friends, and caregivers to re-establish routines, familiarity, and a sense of safety. Collaborate with these key individuals to ensure continuity of care, if needed.
- Ensure access to assistive devices, communication aids, and sensory tools. Replace any lost or damaged items and provide training on their use if needed. These supports are essential for the person’s independence and well-being.
- Assess whether the person needs additional social, community or disability support services, and facilitate referrals where appropriate to support recovery and continuity of support.
- Provide ongoing check-ins and support as needed. Monitor for signs of distress, changes in behavior, or unmet needs. Collaborate with the person’s support network to address any concerns and ensure their well-being over time.

Cognitive processing support

A person with cognitive processing support requirements may need additional time, clear information, and support to understand what has happened, make decisions, or access services following an emergency. They may have difficulty remembering events, processing complex information, or communicating their needs, particularly in unfamiliar or stressful situations. Social support personnel should remain alert to signs of harm, neglect network or usual living environment, and should support the person's understanding, participation and access to ongoing services.

- Address the person directly, using their name and maintaining eye contact. Do not address them as you would a child, talk down to the person or use exaggerated slow speech. Use “we,” “our,” and “together” language to create a sense of shared safety.
- Ask the person to explain what happened in their own words. Use short, concrete sentences. Check understanding at every step. Ask open questions and do not rely solely on yes or no answers or nods.
- Give the person time to process and respond. Wait at least three seconds after communicating and avoid interrupting, rushing, or completing their sentences.
- For people from care homes, contact the facility right away. Find out what the person needs, how they communicate, and if staff who know them can come and help.
- With the person's agreement, involve support persons or trusted individuals where needed to help understand communication preferences, support requirements, and ongoing needs, while continuing to communicate directly with the person.
- If the person has been separated from their usual support arrangements or lives in a residential or supported living service, facilitate contact with those services, where this reflects the person's wishes, to support continuity of care and planning for ongoing support.
- Assess whether the person requires additional social, community or disability support services, and facilitate referrals where appropriate.

- When possible, carry cards with pictograms or illustrations to support the person understand what you are trying to communicate.

Mobility and physical support

Persons with mobility and physical support requirements may have been separated from their assistive devices, personal assistance, or usual support arrangements during the emergency. Assistive devices are essential for the person's mobility, independence and participation and should remain with, or be returned to, the person as soon as possible. Social support personnel should help restore access to assistive devices, accessible accommodation, support services and community connections, while identifying and addressing barriers to accessibility.

- Facilitate the reunification of the person with their assistive devices and technologies to restore their independence, and where a new device is required, arrange proper fitting and training.
- If a new device is needed, make sure the person receives proper fitting and training.
- If the person is moved from their home, confirm they have been placed in an accessible location, and check that the facility and all its common spaces, including toilets, are accessible. Check directly that specific supply needs are being met, including the availability of catheters, air mattresses, silicone cushions, diapers, and charging options for powered devices.
- If the person has been separated from their support network or residential setting, recon or abuse, especially if the person has been separated from their support network them. For persons from residential facilities, find the originating facility and contact staff members who may know them.
- Assess whether additional disability-related or community support services are needed, and facilitate referrals to ensure continuity of support and independent living.

Medical and life-sustaining support

Persons with medical and life-sustaining support requirements depend on treatment, medication, or medical and assistive devices, and the greatest challenges usually come after the immediate emergency. Treatment may be interrupted, medicine may become unavailable, or the person may lose access to refrigeration, steady power, specialist care, assistive devices, or their support network, causing their condition to deteriorate. Support requirements are often complex and overlapping. The same person may also use a wheelchair, be susceptible to infection because of their treatment, or experience communication barriers due to pain, fatigue, or medication, with each layer adding complexity to the intervention. Your role is to help restore continuity of care, reconnect the person with the services, treatment, assistive devices, and support network they depend on, and identify any unmet needs requiring further referral or support.

- Confirm that the person's treatment continues without interruption, and that their medication is accessible, correctly stored, and being taken. Check whether treatment appointments (such as dialysis, chemotherapy, rehabilitation or other scheduled care) have been resumed or need to be re-established.
- Make sure the person, the support person or the staff member receiving the person with disabilities, has the information and support needed to use medication, medical equipment, and assistive technologies safely.
- Confirm the person has not been placed somewhere that cannot meet their medical requirements. An environment with no refrigeration, no steady power, no clean space, or no specialist supply can cause rapid deterioration.
- Facilitate the reunification of the person with their assistive devices and technologies to restore their independence, and where a new device is required, arrange proper fitting and training.
- Reconnect the person with their specialist or treating facility as a priority. For rare diseases, contact the relevant patient advocacy organization or organization of persons with disabilities (OPDs), which might hold specialist contacts and knowledge.

- If the person has been separated from their support network or residential setting, reconnect them. For persons from residential facilities, find the originating facility and contact staff members who may know them.
- Where needed, support referrals to disability services, social protection, community health services, or organizations of persons with disabilities (OPDs) to help restore long-term continuity of care and independent living.



Part 3. How to close the intervention

Key checks before you close

Before closing the intervention, ensure that the person with a disability is not left without support, that responsibility is clearly transferred to the next responder or relevant service, and that all essential information is communicated to ensure continuity of care and support.

The aim is to ensure that the person has the necessary support, resources and arrangements in place to maintain their dignity, safety, well-being and independence. Consider the following, depending on your mandate:

- Verify that the person has their essential items, including assistive devices, medication, and medical equipment. Prepare individuals for new environments by explaining what to expect and addressing specific functional requirements.

- Document any functional requirements, support needs and preferences, reasonable accommodations, and referrals made, so the person does not have to repeat the same information at every handover.
- Link the person with other first responders or services as needed and communicate their specific requirements, needs and preferences. Refer them to specialist services, including for repair or replacement of lost or damaged equipment. Ensure continuity of care by facilitating access to medical treatment, rehabilitation, mental health support, and other specialist services.
- Confirm the person understands what will happen next, who will support them, and how they can ask for help if their situation changes.
- Arrange for someone to stay with them at all times and support them to reunite with their family and support network after the emergency. Ensure children are handed over to a trusted adult.
- Check that the person's support person, family, or receiving service understands the person's requirements, preferences, and any agreed support arrangements. Ensure the person can communicate with those responsible for their ongoing support, including having access to interpretation, communication aids, or accessible information where needed.
- If the person does not have a Personal Emergency Plan, Personal Emergency Card, or Communication Cards, help them prepare for future emergencies, whenever possible, by referring them to the "[Guidelines for persons with disabilities: How to act in emergencies](#)", which provides practical templates and examples that can be adapted to their requirements, needs and preferences.
- Check if the person is known to social services, or is registered in a registry for groups in situations of risk. If not, help them connect with relevant services. Refer individuals who were alone before the emergency to social services for ongoing support.
- Ask the person whether there is anything else they need before you leave.

Handover checks

Consider including the following minimum information during handover. Ensure the handover is conducted in accordance with applicable national legislation, institutional procedures, professional protocols, and incident-command arrangements to support continuity of care and assistance, and to ensure that the person's requirements, needs, preferences, and agreed arrangements are understood by the receiving responder or service.

Handover checks

1. Preferred communication method
2. Functional requirements, support needs and preferences
3. Medication, treatment, and any time-critical medical information
4. Assistive devices, equipment, and assistance-animal arrangements
5. Support person and emergency contacts
6. Any individualized emergency plans, such as the Personal Emergency Plan, Personal Emergency Card, Communication Cards
7. Support already provided
8. Destination or receiving service
9. Safeguarding concerns
10. Any unmet or unresolved requirements

Confirm that the receiving responder or service has accepted responsibility and has the information required to continue support. Clearly communicate and escalate any unmet requirements.

Take care of yourself

When to ask for help

Stress in this line of work can sometimes go unnoticed. Repeated exposure to trauma, difficult decisions, and human suffering can affect your mental health. It is essential to be aware of changes in your thoughts, feelings, and behaviors that might indicate you require more care and support. Some common signs to watch for in yourself and in your colleagues:

- Feeling consistently exhausted, anxious, or irritable;
- Experiencing changes in sleep patterns or appetite;
- Having difficulty concentrating or making decisions;
- Feeling detached or disconnected from others;
- Noticing changes in your behavior, such as increased alcohol or substance use.

Not all of these signs are equally serious. Some are normal short-term reactions and fade with rest, sharing with colleagues and mutual support. Others stick around or get worse, and need professional help. Remember, they can be prevented, managed, and treated, if they are recognized early and addressed with the right support.

Build habits that help

Taking care of yourself is essential, and it is something you should do every day. If you start building good habits now, it will be easier to handle stress and tough situations when you are supporting other people. Learn to go at a pace that works for you and figure out what resources and support you can use when things get hard. Pay attention to how your body reacts to stress and make a plan for what to do when things are difficult. Find out what kind of help your organization offers before you need it, so you know where to go when you need support.

Day to day:

- Eat well, sleep enough, and move your body.
- Have a life outside work: engage in hobbies, connect with people, and prioritize rest.

- Be aware of your stress levels and respect your limits.
- Take breaks during your shift and use techniques that help you wind down.
- Mix up your tasks when possible, as a change of focus can be beneficial.

After difficult interventions:

- Reach out to a colleague, supervisor, or peer support contact. Remember, you do not have to deal with it alone.
- Be open with your coworkers about how the work affects you. This can help create a supportive environment for everyone.
- If you are still feeling really stressed after a while, do not be afraid to get professional help.
- Asking for help is a sign of strength and an important part of doing your job well.

What works is different for everyone, but therapy and mindfulness training have been shown to reduce traumatic symptoms, depression, and anxiety in response personnel. The “**Tools to stay calm and present**” in the Toolkit of these Guidelines are a good place to start exploring.

What to do after a difficult intervention

If you are struggling, reaching out is the right decision. Find a therapist or mental health service in your country. Some organizations offer this for free through their own therapists, so check what is available to you before you need it. In emergency services, worrying about how it will be seen is often the biggest barrier, and the best thing an organization can do is make support for its staff visible, confidential, and free of stigma.

Reflect, learn and improve

Every intervention teaches you something. Taking a few minutes to reflect on your own, with your team, or across your organization is how inclusive response gets better over time. The steps below show you how to turn each experience into learning, both for yourself and for the people you will assist in the future. Reflection works best when approached with curiosity and a non-judgmental attitude. Focus on what you learned and how you can use this experience to respond better next time, while recognizing that every intervention is an opportunity to grow.

Reflect after each intervention

Ask yourself:

- Did I have the knowledge and tools to help this person well?
- Did I communicate in a way the person understood?
- Did I ask for consent before acting?
- Did I assume something instead of asking?
- Did I know where to refer the person next? If not, what was missing?
- What would I do differently next time?

Ask as a team:

- Did we miss anything important, like equipment, clear steps, or the right contacts?
- Did we reach every person who needed help, including children, women, older persons, migrants, and persons with no one to support them?
- Did we respect the rights and dignity of the people we assisted?
- What would we do differently next time?

Build a learning culture in your team

When your team shares experiences, attends actively, and includes the voices of persons with disabilities, the whole organization improves.

- Share what you learned with your colleagues. If something is missing or not working, inform the people who can fix it.
- Ask persons with disabilities and their organizations to join the review after an emergency. They will tell you what worked and what did not.
- Keep notes of what worked, what did not, and what was missing. Over time, these notes help the whole team.
- Make disability inclusion part of your normal reviews after interventions. If it is not in there yet, ask for it.
- Bring persons with disabilities and their organizations into planning meetings and drills. They make the work better. And when something happens, you already know each other. This way you will be more prepared to assist them based on their requirements, needs and preferences.

Toolkit for the Guidelines

How to use this Toolkit

This Toolkit gives you practical tools to support persons with disabilities in an emergency. It works together with the Guidelines above on “[How to act in emergencies: Guidelines for first responders](#)”.

Keep the Guidelines and Toolkit contents where you can reach them fast: in your vehicle, at your duty station, in your kit, or on your phone or tablet. Share them with your colleagues. Use them alongside your training and your team’s procedures.

What’s inside

1. **Communication basics:** Practical advice on how to communicate with and about persons with disabilities during an emergency.
2. **Keeping people calm:** Short guidance on how to reduce fear and stress during an emergency and support persons who may be frightened, confused, or in shock, along with wellbeing and mindfulness tools to manage stress and calm others on the scene.
3. **Continuing to learn:** Extra resources to go further, including training platforms on inclusive emergency response, and films and documentaries to build empathy and understanding of disability.

Communication basics

The words you use matter. In an emergency, how you communicate is as important as what you do. The words you use and the way you communicate shape how a person feels, how much they trust you, and whether they can follow your instructions. The wrong words can exclude, hurt, or discriminate, even when you do not mean to. The right words show respect, build trust, and protect the person's rights and dignity.

This section shows you how to communicate about persons with disabilities in a way that respects their rights, and how to speak with them during an emergency using practical techniques for different support requirements and needs. Use this section before an intervention, on the scene, and in training with your team.

How to communicate respectfully

The table below shows which words to avoid because they have negative, stigmatizing, or offensive connotations, and which words to use instead because they are rights-based, neutral, and person-centred. Use it to communicate with and about persons with disabilities in a way that respects their rights and their dignity.

Table 2. How to communicate respectfully about and with persons with disabilities

Avoid	Use instead
“The disabled” / “handicapped” / “those with disabilities”	Persons with disabilities
“Special child” / “child with special needs”	Child with a disability
“Suffers from schizophrenia”	Person with schizophrenia
“Normal / healthy / able-bodied people”	Persons without disabilities
“Mentally ill / crazy”	Person with a psychosocial disability / person with a mental health condition
“Retarded / slow”	Person with an intellectual or cognitive disability
“Blind / partially sighted”	Person who is blind / person with a visual impairment / person with low vision
“Deaf-mute”	Deaf or hard-of-hearing person
“Autistic”	Person with autism
“Invalid” / “has problems”	Has a disability / requires support with...

How to adapt your communication

Every person communicates differently. Your job is to find the way that works for the person in front of you. This section gives you the basics. It covers how to communicate with people with different support requirements during an emergency.

Table 3. How to adapt your communication across different support requirements

Support requirement	How to communicate
Visual and orientation	<ul style="list-style-type: none"> • Announce yourself and your role before coming close, and let the person know when you leave. • Describe everything in words, using the person's body as the reference point. • Read written information out loud. Never hand it over. • For deafblind persons, check for a Braille display or other haptic device, or write letters on their palm. • Never use words like "over there" or "straight ahead."
Hearing and information access	<ul style="list-style-type: none"> • Move into the person's field of vision and wave to get their attention. • Keep your face visible and uncovered. Communicate at normal volume, slightly slower. • Carry paper and pen, or a writing board with markers. Use your phone, pictograms, or gestures. • Request a sign language interpreter. • Never shout, exaggerate your mouth movements, or turn your back.

Support requirement	How to communicate
Speech and communication	<ul style="list-style-type: none"> • Give the person time. Never interrupt or complete their sentences. • Use questions the person can answer with yes or no, and confirm understanding. • Use their communication device, board, or pictograms, or let them write, type, point, or draw. • Never remove or switch off their communication device. • Support the person to communicate their needs and requirements, instead of assuming what the person needs.
Psychosocial	<ul style="list-style-type: none"> • Lower and slow your voice. When in group, choose one person in your team to communicate. • Find out how the person feels before giving any instruction. • Use short, calm sentences and offer simple choices. • Never argue, correct, or contradict. • Never raise your voice, and never touch the person without seeking consent first.

Support requirement	How to communicate
Sensory and self-regulation	<ul style="list-style-type: none"> • Make the area quieter before you communicate. Turn off sirens and avoid sudden movements. • Use short, literal sentences, and give one instruction at a time. • Check with a support person what triggers and what calms the person. • Keep the person's communication device with them at all times. • Never use figures of speech, and never stop the person from rocking, flapping, or repeating movements.
Cognitive and processing	<ul style="list-style-type: none"> • Find out whether the person has their own way of communicating, and use it. • Use short sentences and everyday words. Pause after each sentence. • Communicate with the person respectfully as you would with any adult, and avoid language that is too informal or childlike. • Offer two choices at a time, and repeat the same question in different ways to check understanding. • Never treat a single yes or a nod as proof of understanding, and never give two questions at once.

Support requirement	How to communicate
Mobility and physical	<ul style="list-style-type: none"> • Seek consent before you touch the person or their device, and find out what they can do on their own. • Communicate directly with the person, at eye level. • Explain what you will do before you do it. • Never stand over the person. • Never discuss the person with a colleague while they are there.
Medical and life-sustaining	<ul style="list-style-type: none"> • Check for co-occurring conditions, overlapping support requirements and preferred methods of communication. • Seek consent before you touch the person or their device, and find out what they can do on their own. • Explain what you will do before you do it. • Communicate directly with the person, not with their support person. • If the person cannot communicate directly, check with their support person or look for the person's Personal Emergency Plan, Personal Emergency Card, or Communication Card, where available. These tools may contain information on communication preferences, medication, time-critical treatment, assistive devices, assistance animals, support contacts, and instructions for assistance.

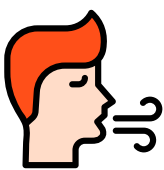
Keeping people calm

How to calm a person down

When a person feels lost, scared, or overwhelmed, grounding helps them come back to the present moment through their senses and their body. Slow breathing helps them calm down. These are some of the simplest tools you have as a first responder. They need no equipment and no special training. They need only your calm presence, your patience, and your willingness to stay with the person.

The exercises below work for different ages and abilities. Not every exercise works for every person, so always adapt. Older children and teenagers can follow the adult exercises with simpler language. Always involve a support person or trusted adult if one is present. Their calm presence is the most effective grounding tool for a child in distress. For deaf and hard-of-hearing persons, demonstrate rather than instruct verbally, use gesture, and never ask the person to close their eyes, as this removes their primary sensory channel and will increase rather than reduce distress.

Box 11

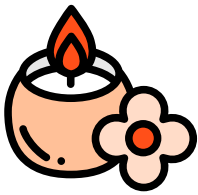


Exercise 1: The five breaths

A fast self-regulation technique that uses breath to align the nervous system and return to the present moment.

Ask the person to:

1. Take a deep breath in.
2. Breathe out slowly, making the exhale slightly longer than the inhale.
3. Repeat five times, extending the exhale a little more with each breath.
4. Keep eyes open or close them, if more comfortable.



Exercise 2: The candle and the flower

For the youngest children, counting and structured breathing can feel overwhelming. This visualization uses familiar, comforting images to guide the breath naturally and gently.

Ask the child to:

1. Hold both hands out in front of them.
2. Imagine a sweet-smelling flower in one hand and a small candle in the other.
3. Close their eyes if they feel comfortable doing so.
4. Breathe in slowly through the nose to smell the flower.
5. Breathe out slowly and gently toward the other hand to blow out the candle.
6. Repeat, and when finished, ask them to notice how they feel.

STEM-full. Mindful Breathing for Kids. [Link](#).

Tools to stay calm and present

Helping others starts with looking after yourself. When you are calm, you can help others stay calm too. These short resources are for you in two ways: for yourself, to manage stress, slow down your breathing and your heart rate, and recover after a hard intervention; and for your work, to learn new exercises and techniques you can use to ground a person, bring them back to the present moment, and help them feel safe. The resources also help you understand more about mental health, stress, and how to stay grounded in difficult moments.

Use them when you need a quick reset, as part of your daily routine, in training with your team, or share them with your colleagues.

Breathing and grounding

- Mindful Breathing Exercise — simple diaphragmatic breathing for immediate stress relief https://www.youtube.com/watch?v=O_iDaIAPrGo
- Box Breathing — structured breathing technique widely used for immediate stress relief <https://www.youtube.com/watch?v=a7uQXDkxEtM>
- 5-4-3-2-1 Grounding Technique — sensory grounding exercise to anchor attention in the present moment <https://www.youtube.com/watch?v=zilmlTO5i9Q>
- Mindful breathing for kids — illustrated breathing technique designed for children <https://sf-stemful.com/mindful-breathing-for-kids/>
- Feeling overwhelmed? Try this quick meditation. <https://www.youtube.com/watch?v=HrZT-KxWc-U>
- 3 minutes to calm your mind: An SOS breathing practice for stress & burnout <https://www.youtube.com/watch?v=y7u5-YBgmQ4>
- 10 minutes reset: Decompress your body and mind <https://www.youtube.com/watch?v=QHkXvPq2pQE>
- Panicking? Try this super short meditation for coming to the present. <https://www.youtube.com/watch?v=-bibn6Y7vCk>
- Mindfulness made easy: 8 meditation techniques you can learn in 10 minutes <https://www.youtube.com/watch?v=xT9wAhLLj5E>

Mental health resources

- Mindfulness-based cognitive therapy for depression by Zindel Segal, Mark Williams, and John Teasdale https://www.youtube.com/watch?v=u7J_VKqB3hc
- Full catastrophe living by Jon Kabat-Zinn <https://www.youtube.com/watch?v=rJsqhOu2u0Q>
- Exploring life's biggest questions with Andy Puddicombe: Why meditate <https://www.youtube.com/watch?v=8XI+P4XVbIA>
- How to live without regret and guilt? <https://www.youtube.com/watch?v=woio0Fayza4>
- What is loneliness? <https://www.youtube.com/watch?v=nO-6JIoGILP8>
- How do we deal with change <https://www.youtube.com/watch?v=-JRTEAwYaHC4>
- How do we cope with fear? <https://www.youtube.com/watch?v=EUA5siagejA>
- How to be at peace with the unknown | Andy Crisis Wisdom <https://www.youtube.com/watch?v=5XTNG5ujvk4>

- A four-step approach to working with anger – with Ron Siegel, PsyD https://www.youtube.com/watch?v=ouVM_5-8I9A
- How to cope with depression <https://www.youtube.com/watch?v=-8Su5VtKeXU8>
- 12 signs you might be suffering from PTSD <https://www.youtube.com/watch?v=qOibW5LXt3w>
- How the body keeps the score on trauma – Bessel van der Kolk <https://www.youtube.com/watch?v=iTefkqYQz8g>

Platforms for deeper exploration

- **Mental Health Europe:** The main independent European non-governmental network organization committed to the protection of the rights of persons with psychosocial disabilities, the promotion of positive mental health, the prevention of mental distress, and the improvement of mental health care and social inclusion. <https://www.mentalhealtheurope.org> <https://www.mentalhealtheurope.org/library/mhevideopresentation>
- **TED Talks:** Short, accessible talks by leading thinkers and practitioners on disability, inclusion, empathy, belonging, mental health, and human behavior. Particularly useful for awareness-raising and pre-training preparation. <https://www.ted.com>
- **Headspace:** Structured mindfulness and meditation platform covering stress, anxiety, sleep, and focus. <https://www.youtube.com/@headspace>
- **The School of Life:** Psychology and emotional intelligence content for self-understanding and reflective practice. <https://www.youtube.com/@theschooloflifetv>

Continuing to learn

This is a list of European Union (EU) platforms where you can find training materials, good practice examples, and online courses.

They cover inclusive emergency response and disability inclusion. You can use them on your own to learn at your own pace. You can also use them with your team as part of training.

- **EU Civil Protection Knowledge Network:** Good practices, training materials, and case studies on inclusive emergency response across EU Member States and Participating States. <https://civil-protection-knowledge-network.europa.eu>
- **EU Academy:** Online courses on inclusion, fundamental rights, and related topics, available to anyone across EU Member States. <https://academy.europa.eu>
- **European Disability Forum (EDF) resource portal:** Policy updates, good practice examples, and resources on disability inclusion. <https://www.edf-feeph.org>

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