

Toolkit

Advisory report:

Guidelines for persons with disabilities

How to act in emergencies



The toolkit forms part of the Advisory Report and should be read alongside the complete publication.

Toolkit for the Guidelines

How to use this Toolkit

This Toolkit contains practical tools to help you prepare for an emergency. Print and keep them somewhere easy to reach, and share them with your support network. Use the tools that work best for you.

What's inside

- 1. Personal Emergency Card Template:** This is a card with essential information about you. You can keep it in your wallet or bag and have it with you always.
- 2. Personal Emergency Plan Template:** This is a full plan to help you prepare. The plan is for you. The plan is also for the people you live with. The plan is also for your support network and care staff.
- 3. Communication cards:** These cards are ready to use. You can add your own details. The cards help you share your requirements. You can give them to first responders or other people who want to help you.
- 4. Checklist for your emergency backpack:** A list of items to help you pack the right supplies for your needs and requirements in your emergency backpack.
- 5. Personal Emergency Card:** This Personal Emergency Card contains key information that can help others support you if you are unable to communicate your needs during an emergency. In these situations, the card can “speak” on your behalf. Carry it with you at all times in your wallet, wheelchair bag, or other easily accessible place. This card is designed to share essential information with first responders and other emergency personnel. A separate guide “How to act in emergencies: Guidelines for first responders” provide guidance on how responders should use Personal Emergency Plans and communication tools.
- 6. Print the card or fill it in on a computer.** Ask your family, friends or support person to help you if you need it. Fill it in now, before anything happens.

Personal Emergency Card

This **Personal Emergency Card** contains key information that can help others support you if you are unable to communicate your needs during an emergency. In these situations, the card can “speak” on your behalf. Carry it with you at all times in your wallet, wheelchair bag, or other easily accessible place. **This card is designed to share essential information with first responders and other emergency personnel.** A separate guide “How to act in emergencies: Guidelines for first responders” provide guidance on how responders should use Personal Emergency Plans and communication tools.

Print the card or fill it in on a computer. Ask your family, friends or support person to help you if you need it. Fill it in now, before anything happens.

Personal Emergency Card	
<p>If you found this card</p> <p>I may need your assistance. Please keep this card private. Only show it to emergency staff, doctors, or nurses.</p>	<p>For the person who owns this card</p> <p>Keep this card with you at all times, especially when going outside. You can keep it in an easily accessible place, such as your wallet, purse or wheelchair bag.</p>
<p>1 This card belongs to me</p>	
<p>My name: _____</p>	
<p>My address: _____</p>	
<p>My phone number: _____</p>	
<p>Communication preference: ☐ Audio call ☐ SMS ☐ Video call</p>	
<p>National Sign Language: _____</p>	
<p>Sign Language Interpreting service/ VRS phone number: _____</p>	

Personal Emergency Card

2 What you need to know about me

My functional requirements:

Other support needs:

My doctor's name:

My doctor's phone number:

My treatment facility:

My medication (name, dose, frequency, refrigeration required):

My devices (assistive or medical):

My assistance animal (name and species):

Do not pet, feed, or play with my assistance animal. It is working and is trained to support me.

3 How you can support me

Instructions:

Personal Emergency Card

4 Who to contact in an emergency

Name: _____

Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Address: _____

How I know this person: _____

This card was last updated on: _____

Personal Emergency Plan

This emergency plan is made together with the people close to you, such as your family, friends, neighbors, or support staff. Share it with everyone who agreed to help you in an emergency and make sure they understand it.

Keep at least one printed copy in a waterproof container (sleeve, bag, pouch, box) in your emergency backpack, on your fridge or in a drawer in the hallway near your front door. First responders are trained to look in these places. A printed copy is also useful during a power cut.

Fill in the plan now, before an emergency happens, and update it every year or when anything changes.

Personal Emergency Plan

For the person this plan belongs to

Fill in this plan with your family or support persons. Share it with your support network. Keep a copy in a waterproof container (sleeve, bag, pouch, box) in your emergency bag, on your fridge, or in a drawer in the hallway near the front door. Check the plan once a year.

For the support person filling in this plan

Ask the person and respect their answers and preferences. Use their words. Write what they need and how they want to be assisted.

1 Who lives here with me?

Person 1: _____ Year of birth _____
 Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Person 2: _____ Year of birth: _____
 Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Person 3: _____ Year of birth: _____
 Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Pets

Pet 1: _____ Good to know: _____

Pet 2: _____ Good to know: _____

Personal Emergency Plan

2 What you need to know about me

My functional requirements:

Other support needs:

My medical diagnosis (such as disability, rare disease or allergies):

My medication (name, dose, frequency, refrigeration required):

My devices (assistive and medical):

What to do if they stop working or get lost:

Sign language interpretation service/ VRS:

Phone number:

My assistance animal

Name:

Species:

Do not pet, feed, or play with my assistance animal. It is working and is trained to support me.

Personal Emergency Plan

3 How can you support me?

Include any relevant information, including how others can communicate with you, guide or assist you safely, support you during an evacuation, meet any medical or support needs, and help you stay calm and safe during an emergency.

4 Where do I live and how do I get out of the building?

My address:

Where I keep my emergency plan:

How I can get out of my home safely:

What to do if the main way out is blocked:

5 Where to meet in an emergency?

Meeting place 1: Close to home

Name of place: _____ Location: _____

Instructions:

Personal Emergency Plan

Meeting place 2: Far from home

Name of place: _____ Location: _____

Instructions:

6 How to get information?

How we will share news with each other in case normal channels (internet, TV, etc.) do not work.

Be careful: some news on the internet is not true. If you are not sure if something is true, do not share it.

7 Who can support me?

Person 1 lives close to me. Contact when: There is an emergency. Someone needs to come for me fast.

Name of place: _____ Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Address: _____

Personal Emergency Plan

Person 2 lives far from me. Contact when: You cannot reach person 1. Or I need a safe place to stay away from my area.

Name of place: _____ Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Address: _____

Person 3 knows me well. Contact when: You want to know what I need and how to support me.

Name of place: _____ Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Address: _____

Personal Emergency Plan

8 Important phone numbers

Emergency number: 112

Family doctor:

Specialist doctor:

Vet for my assistance animal:

Sign language interpreter:

Insurance:

Work:

School / Childcare:

Other contacts

Name:

Phone number:

Communication preference:

☐ Audio call ☐ SMS ☐ Video call

Name:

Phone number:

Communication preference:

☐ Audio call ☐ SMS ☐ Video call

Name:

Phone number:

Communication preference:

☐ Audio call ☐ SMS ☐ Video call

9 Important agreements with my support network

Think about various situations where you might either require or offer support (how to receive alerts, exit a building, communicate, share support and supplies, etc.).

Personal Emergency Plan

This plan was last updated on: _____

After you fill in this plan: Talk about it with your family and support network. Give a copy to each member of your support network. Check and update the plan every year or when anything changes.

Communication cards

Print the cards that fit your situation. You can carry more than one card if you have more than one functional requirement and various support needs. Laminate them or protect them by placing them in clear plastic sleeves or waterproof pouches, and keep them in your wallet and emergency backpack. You can also attach them to a lanyard to wear around your neck when you go out.

Show the cards to first responders or anyone who wants to help you. They help others understand your needs and communicate with you efficiently and respectfully when you cannot communicate on your own.

Card 1

I require visual and orientation support

I can speak and hear you. Explain what is happening and help me orient myself to my surroundings.

My name: _____

1. Speak directly to me. Tell me your name, role, and what you are going to do before you act.
2. Describe directions and obstacles clearly. Do not say “over there” or “that way”.
3. Ask how I prefer to be guided. Offer your elbow if needed. Do not grab, push, or pull me.
4. Keep my white cane, assistance animal, phone, and other assistive devices with me at all times.
5. If I am moved, describe the new space and never leave without telling me what happens next or who will assist me.

Assistance animal name: _____

Support person's name: _____

Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Other support needs: _____

Confidential · You can find my Personal Emergency Card in my wallet or purse, and my Personal Emergency Plan in my emergency backpack, in a hallway drawer near the front door, or on the fridge.

Card 2

I require hearing and information support

I cannot hear you properly or at all. Speak directly to me using my preferred communication method. Explain what you are doing before you do it and confirm important information before acting.

My name: _____

1. Face me directly. Do not turn your back on me without notice.
2. Keep your face visible and well-lit. Do not cover your mouth.
3. Use facial expressions, natural gestures, pointing, showing, pointing, pictograms, writing, and visual information. These are all valid ways to communicate.
 - **If I use sign language:** Contact a qualified sign language interpreter or video relay service before important decisions are made. While waiting, use writing, gesture, pictograms, or other communication methods I can access.
 - **If I lip-read:** Keep your face visible, well-lit, and uncovered. Do not shout or exaggerate mouth movements. Speak at a normal pace. Confirm understanding and repeat or rephrase if needed.
 - **If I prefer writing:** Use a phone, tablet, whiteboard, or paper. Keep sentences short and simple. Ask one question at a time. Use pictograms or visual aids if helpful. Give me enough time to read and respond.

I communicate using:

☐ Sign language ☐ Lip-reading ☐ Writing

☐ Other: _____

National Sign Language: _____

Sign Language Interpreting Service: _____

Support person's name: _____

Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

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Card 3

I require speech and communication support

I can understand you. Ask how I prefer to communicate. Please be patient and use my preferred communication method.

My name: _____

1. Give me time to respond. Do not interrupt or finish my sentences.
2. Speak clearly and ask one question at a time. If needed, use yes/ no questions or offer a small number of clear options.
3. Never pretend to have understood. Ask again, repeat or rephrase as needed. Explain what you are going to do and confirm important information before acting.
4. Do not remove, switch off, or separate me from my communication device, such as my phone, whiteboard, pictograms or other communication aids.
5. If I cannot communicate at all right now, contact my support person and check my Personal Emergency Card or Plan for additional information.

I communicate using:

- ☐ Augmentative and alternative communication (AAC) device
- ☐ Writing ☐ Pictograms ☐ Sign language
- ☐ Other: _____

Support person's name: _____

Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Other support needs: _____

Confidential · You can find my Personal Emergency Card in my wallet or purse, and my Personal Emergency Plan in my emergency backpack, in a hallway drawer near the front door, or on the fridge.

Card 4

I require psychosocial support

I may feel overwhelmed, anxious, distressed, confused, or disoriented during an emergency. Please stay calm and speak respectfully.

My name: _____

My address: _____

1. Speak calmly and at a normal pace. Not too fast, not too slow. Use short, simple sentences and repeat information as needed.
2. Give me time to understand and respond. Do not overwhelm me with information or too many choices at once.
3. Explain what is happening, what you are doing, and what will happen next.
4. Do not argue with me, correct me, or dismiss my experience. Redirect gently if I am distressed.
5. Do not leave me alone. I may get lost. Contact my support person as soon as possible.

How to calm me down in a crisis:

Support person's name: _____

Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Co-occurring conditions: _____

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Card 5

I require sensory and self-regulation support

I may have a meltdown or shutdown when overwhelmed. Turn off sirens and bright lights, be predictable and avoid crowds.

My name: _____

1. Communicate calmly and clearly using my preferred communication method. Give me one instruction at a time and confirm understanding.
2. Ask how I prefer to communicate and use that method. Writing, gestures, pictograms, augmentative and alternative communication (AAC), pointing, and speech are all valid.
3. Explain what you will do before you do it. Do not make promises you cannot keep and tell me if plans change.
4. Allow me to use self-calming behaviors, such as rocking, flapping, fidgeting, or stimming, unless there is an immediate safety risk.
5. Do not leave me alone. I may get lost.

I communicate using:

- ☐ Speech
- ☐ Augmentative and alternative communication (AAC) device
- ☐ Pictograms ☐ Gestures
- ☐ Other: _____

Comfort object or calming support: _____

What triggers strong reactions: _____

Support person's name: _____

Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Confidential · You can find my Personal Emergency Card in my wallet or purse, and my Personal Emergency Plan in my emergency backpack, in a hallway drawer near the front door, or on the fridge.

Card 6**I require cognitive processing support**

Please use simple language and give me time to understand and respond. Treat me respectfully, like you would any adult.

My name: _____

1. Speak directly to me. Introduce yourself, explain why you are here, and tell me what will happen next.
2. Use simple words and short sentences. Give me one piece of information or one instruction at a time.
3. Always check understanding. Do not assume I understand because I am nodding. Check by asking differently. Ask closed questions, with yes/no answers.
4. Offer choices, rather than commands. Explain your actions before you do them and involve my support person if I wish.
5. If possible, use cards with pictograms or illustrations to help me understand what you are trying to communicate.
6. Do not leave me alone. I may get lost.

Support person's name: _____

Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Any other information: _____

Confidential · You can find my Personal Emergency Card in my wallet or purse, and my Personal Emergency Plan in my emergency backpack, in a hallway drawer near the front door, or on the fridge.

Card 7**I require medical and life-sustaining support**

I rely on medication, medical equipment, assistive technologies, or ongoing treatment to maintain my health and safety.

My name: _____

- 1.** Keep my medication, medical equipment, assistive devices, and portable back-up supplies with me at all times.
- 2.** Never disconnect, switch off, or move my medical or assistive devices unless you understand how they work or have received appropriate instructions.
- 3.** Ask me what I need to maintain my health and safety, including any treatment, medication, power supply, or support requirements
- 4.** If I have to evacuate or be transferred, help ensure continuity of care and communicate my support and treatment requirements to the receiving service or facility.
- 5.** Contact my specialist, treatment facility or support person, as soon as possible if additional information or support is required

Card 7**I require medical and life-sustaining support**

I rely on medication, medical equipment, assistive technologies, or ongoing treatment to maintain my health and safety.

My medical diagnosis:

Other support needs:

My attending doctor:

Phone number:

My treatment facility:

Phone number:

My medication (name, dose, frequency):

Medication requires refrigeration: ☐ Yes ☐ No

Instructions if my medication is unavailable:

My equipment or assistive devices:

Requires electricity: ☐ Yes ☐ No

Backup power available: ☐ Yes ☐ No

Support person's name:

Phone number:

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

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Card 8**I require mobility and physical support**

I rely on medication, medical equipment, assistive technologies, or ongoing treatment to maintain my health and safety.

My name: _____

1. Ask how I prefer to be assisted and what I can do independently. Do not assume I need help.
2. Never disconnect, switch off, or move my medical or assistive devices unless you understand how they work or have received appropriate instructions.
3. Always ask before touching, moving, or transferring me, my wheelchair, or other mobility device.
4. If evacuation is needed, identify accessible routes and the equipment required to move me safely. Do not use stairs or transfer me unless it is safe and necessary.
5. Consider any medical equipment, power supply, or accessibility requirements that may affect my evacuation, transfer, or shelter arrangements.

I use:

- ☐ Manual wheelchair ☐ Powered wheelchair ☐ Walker ☐ Cane
☐ Crutches ☐ Prosthesis ☐ Mobility scooter
☐ Other: _____

Requires electricity: ☐ Yes ☐ No

Backup power available: ☐ Yes ☐ No

Instructions if my assistive device is lost or damaged:

Other support needs: _____

Support person's name: _____

Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

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Card 9

I am a child with a disability

This card was prepared by my parent or support person. If you have found this card, I may be separated from them and be frightened.

My name: _____

Date of birth: _____

My address: _____

1. Please do not leave me alone. Stay with me until you reach my parent or support person.
1. Communicate with me calmly and simply, using short sentences, gestures, and visual cues.
1. Find my emergency card or plan. They must be in my backpack.

My assistive requirements: _____

Other support needs: _____

How to communicate with me: _____

Parent's or guardian's name 1: _____

Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Parent's or guardian's name 1: _____

Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

Support person's name: _____

Phone number: _____

Communication preference: ☐ Audio call ☐ SMS ☐ Video call

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Checklist for your emergency backpack

Adapted emergency backpack checklist

Your emergency backpack contains everything you need for at least 72 hours, that is 3 days.

How to use this checklist: Start with core Items, which apply to everyone. Then follow the sections that match your functional requirements. Check your backpack every six months, replace anything that has expired, and update it when your situation changes.

Part 1: Core items for everyone

Category	Items to pack
Water and food	☐ Water ☐ Non-perishable food for 72 hours ☐ Adaptive hand-operated tin opener
Warmth and clothing	☐ Warm blanket, emergency survival blanket, or sleeping bag ☐ Rechargeable or battery-powered fan and towel ☐ One change of seasonal clothing, waterproof jacket, and shoes ☐ Warm socks, hat, and gloves
Hygiene	☐ Wet wipes and hand sanitizer ☐ Toothbrush and toothpaste ☐ Toilet paper ☐ Diapers, continence pads and menstrual products ☐ Waste bags

Adapted emergency backpack checklist

Medicine and first aid	☐ Medication and prescriptions in a waterproof bag ☐ First aid kit
Communication and light	☐ Battery or solar-powered radio ☐ Fully charged power bank and car charger ☐ Torch with spare batteries or rechargeable LED headlamp ☐ Pen and paper or whiteboard with erasable marker ☐ Whistle and flashlight for signaling
Documents and cash	☐ Photo ID and copies in a waterproof bag ☐ Personal Emergency Plan ☐ Cash in small notes ☐ Spare keys to your home ☐ Printed list of key contacts and services, including interpreting, video relay, mobility, assistive device repair, medication, and home care services
Practical	☐ Matches in a waterproof box ☐ Dust mask
My own additions	☐ ☐ ☐

Adapted emergency backpack checklist

Part 2: Adaptations for your requirements

If you require...	Additional items to pack
Communication support	<ul style="list-style-type: none"> ● Spare hearing aid, cochlear implant batteries, and charging equipment ● Assistive communication devices such as pictograms, whiteboard with erasable marker, or tactile and haptic tools depending on your needs ● Communication card stating your requirements, including interpreter or VRI/VRS contact ● Identification wristband ● Backup phone and charger
Vision or orientation support	<ul style="list-style-type: none"> ● Spare white cane ● Spare glasses or contact lenses and supplies ● Powerful wide-beam torch or flashlight ● Labels or tactile markers for key items in the bag ● List of bag contents in Braille ● Backup phone and charger
Mobility and physical access support	<ul style="list-style-type: none"> ● Wheelchair tire repair kit including pump, work gloves, and extra cushions ● Backup wheelchair batteries and charger ● Catheter, incontinence, or other personal care supplies ● Written instructions for how to be moved safely and respectfully

Health and medical support	<ul style="list-style-type: none"> ● Prescriptions and medication reserves in a waterproof bag ● Ice packs for medication requiring refrigeration ● Chargers, power banks, and spare batteries for medical devices ● Portable reserves of medical supplies such as catheters and shunts ● Medical information including doctor's and treatment facility's contacts
Psychosocial support	<ul style="list-style-type: none"> ● Prescriptions and medication reserves in a waterproof bag ● Instructions for how to get help and calm down during a crisis
Sensory or cognitive support	<ul style="list-style-type: none"> ● Comfort and calming items such as weighted blanket, sensory toys, noise-cancelling headphones, or ear plugs ● Communication cards, pictograms, writing boards, and other augmentative and alternative communication (AAC) devices ● Instructions for how to get help and calm down during a crisis
Decision-making support	<ul style="list-style-type: none"> ● Communication card, pictograms, writing boards, and other augmentative and alternative communication (AAC) devices ● Instructions for how to be supported in taking decisions
Guide or assistance animal	<ul style="list-style-type: none"> ● Food, water, and feeding bowl ● Collar, lead, and ID tag ● Animal passport and certification papers ● Medication, as prescribed by the vet, when applicable ● Blanket or familiar comfort item ● Waste bags
Last reviewed on:	