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COMMISSION STAFF WORKING DOCUMENT

Implementation of Population Preparedness Guidelines on disability inclusive preparedness under the EU Preparedness Union Strategy

Accompanying the document

COMMUNICATION FROM THE COMMISSION

Guidelines on Population Preparedness under the EU Preparedness Union Strategy

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COMMISSION STAFF WORKING DOCUMENT

Implementation of Population Preparedness Guidelines on disability inclusive preparedness under the EU Preparedness Union Strategy

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Executive summary

This Staff Working Document (SWD) is designed to support European Union (EU) Member States and Union Civil Protection Mechanism (UCPM) Participating States in addressing disability inclusive preparedness (Action 33 of the EU Preparedness Union Strategy). It sets out **the concrete modalities through which to implement the guidelines in the Commission Communication 'Guidelines on Population Preparedness under the EU Preparedness Union Strategy' (C(2026)8250).** This guidance, while non-binding, is intended to encourage EU Member States and UCPM Participating States to develop their preparedness actions according to their own national organisation, enabling them to benefit from a collection of good practices that build on the EU's wider work on disaster prevention and preparedness.

In line with the EU Preparedness Union Strategy's all-of-society approach, effective preparedness needs to be accessible and inclusive, enabling everyone to understand risks, access information and act safely before, during and after emergencies. Disability-Inclusive Preparedness strengthens the participation, autonomy and safety of persons with disabilities throughout the disaster risk management cycle, while equipping first responders to deliver accessible, appropriate and rights-based support.

First responders

Preparation

Effective response begins with an understanding of the community and the barriers persons with disabilities may face in accessing warnings, communicating, moving safely, evacuating or receiving support in shelters and care settings. Relationships with organisations of persons with disabilities (OPDs), community organisations and support services help first responders understand local circumstances and available resources. Procedures, equipment, training and referral arrangements need to account for different hazards and settings, as well as diverse communication, mobility and support requirements. This preparation is grounded in human rights, accessibility, non-discrimination, autonomy and informed choice.

Implementation

During an emergency, assistance is most effective when it responds to the individual person and their stated needs, rather than assumptions based on a diagnosis. Direct, respectful communication, clear explanations and consent support trust and informed participation. Communication may need to be adapted and additional time allowed. Assistance with movement, personal belongings or assistive devices should be discussed with the person and provided with their agreement, except where an immediate threat makes this impossible. Rescue, evacuation, transport and shelter arrangements need to reflect individual circumstances while preserving safety, dignity and choice. Continuity of medication, assistive technology, personal assistance and other essential support is also important, as are clear handovers when responsibility for a person's care or assistance changes.

Monitoring and evaluation

Exercises and real emergencies provide opportunities to assess whether communication, evacuation, safeguarding and handover arrangements have worked in practice. Feedback from persons with disabilities and OPDs can help identify gaps and inform updates to procedures, equipment and training. Skills and arrangements need to remain current as risks, technologies

and support requirements evolve, with disability-inclusive practice embedded in routine preparedness.

Persons with disabilities

Preparation

Personal preparedness starts with an understanding of local risks and how warnings and emergency information are communicated. An individual plan can set out emergency contacts, meeting points, communication preferences, medical requirements, medication, assistive devices and support arrangements. A trusted support network may help with planning, while arrangements for sheltering or evacuation can take account of accessible routes and transport and the continuity of personal assistance, community services or care. Essential supplies for at least 72 hours can be tailored to individual requirements and the risks in the local area.

Implementation

During an emergency, official alerts and instructions can be followed through accessible information channels, alongside protective actions appropriate to the hazard. Sharing communication preferences and assistance or accessibility requirements with responders can support an effective response. Where safe and feasible, medication, assistive devices, communication aids and relevant information may be kept accessible. A preparedness plan provides a useful reference but may need to be adapted to changing circumstances, including when evacuation or additional assistance becomes necessary. Individual preparedness supports safety, but it does not replace the responsibility of authorities to provide accessible warnings, evacuation, shelter and support.

Monitoring and evaluation

After an emergency, reflection on what worked well and what was missing can help strengthen future preparedness. Contacts, support arrangements, medication and equipment information, evacuation plans and continuity arrangements may need updating when circumstances change and should be reviewed regularly. Feedback shared with OPDs, service providers and authorities can contribute to improving wider preparedness systems. Where medication, assistive devices or essential services have been disrupted, information on their replacement or restoration, alongside recovery and wellbeing needs, is an important part of the process.

1 Introduction

Why was this guidance developed?

The EU Preparedness Union Strategy was adopted by the European Commission in March 2025 in response to the evolving risk landscape and common challenges facing the EU, building also on the findings and recommendations of the Niinistö report on preparedness and readiness of the EU.

Central to this approach is strengthening population preparedness, strengthening societal resilience by ensuring that citizens are prepared, which constitutes one of the seven building blocks of the Strategy (under Chapter 3, population preparedness).

This SWD is one of five Commission Staff Working Documents (SWD)[1] accompanying Commission Communication on Guidelines on Population Preparedness under the EU Preparedness Union Strategy (C(2026)8250) which covers the following actions:

- Guidance under **Action 27** on risk communication (SWD (2026) 825);
- Guidance under **Action 28** on reaching a population self-sufficiency of a minimum of 72 hours (SWD (2026) 826);
- Guidance under **Action 29** on preparedness in school education (SWD (2026) 827);[2]
- Guidance under **Action 33** on disability inclusive emergency preparedness and first response training, a flagship initiative of the Enhanced Disability Strategy (SWD (2026) 828).[3]

It is also accompanied by the **Citizens' Report to the European Citizens' Panel** (SWD(2026)829). The recommendations from the European Citizen Panel on Preparedness, organised in Brussels by the European Commission in March-May 2026 with 150 randomly selected, citizens from all 27 Member States, have been taken into account in their drafting.[4]

In the Commission Communication on Guidelines on Population Preparedness under the EU Preparedness Union Strategy (C(2026) 8250) to which the present SWD is attached, the Commission proposes the following guidelines in the area of disability inclusive preparedness:

Civil protection authorities and other first responders

1. **Engage persons with disabilities and their representative organisations**. Involve persons with disabilities and Organisations of Persons with Disabilities (OPDs) in

[1] Available at https://civil-protection-humanitarian-aid.ec.europa.eu/what/civil-protection/preparedness_en.

[2] This guidance was informed by analytical work undertaken through the Technical Assistance Financing Facility for Disaster Prevention and Preparedness.

[3] Action 33 is accompanied by two TAFF Advisory Reports: Guidance for Persons with Disabilities and Guidance for First Responders.

[4] The panel discussed building a culture of preparedness through education and awareness initiatives, empowering citizens to be first responders and active participants in crisis management. The focus was on strategies that spanned aspects like health, civil society support, and media literacy, addressing the challenges of vulnerable groups and developing leaders across communities. The European Citizens' Panel on Preparedness formulated 20 recommendations, including calls for accessible risk communication, practical guidance on 72-hour self-sufficiency, preparedness education from preschool age, and support for persons with disabilities and other groups facing barriers to preparedness. These recommendations were considered in the development of this guidance.

preparedness planning, exercises, training and evaluation, drawing on their expertise and lived experience.

2. **Integrate accessibility into emergency arrangements**. Ensure that warnings, communication, evacuation, transport, shelter and support arrangements account for different accessibility and assistance requirements.

3. **Strengthen first responder capacities**. Equip first responders with the knowledge, skills and practical tools to communicate effectively, recognise individual support needs and provide assistance that respects dignity, autonomy and informed choice.

4. **Test, evaluate and improve**. Use exercises, operational experience and feedback from persons with disabilities and OPDs to identify gaps and continuously improve procedures, equipment and training.

Organisations of persons with disabilities (OPDs) and persons with disabilities

1. **Develop and support individual preparedness arrangements.** Consider personal emergency plans that reflect local risks, communication preferences, essential supplies, medication, assistive devices and individual support requirements, including preparedness for at least 72 hours.

2. **Strengthen support networks.** Identify trusted contacts, available support services and accessible evacuation or shelter arrangements, taking account of individual circumstances and needs.

3. **Participate in preparedness planning and implementation.** Engage with relevant authorities and service providers, including through OPDs, to help ensure that preparedness measures reflect lived experience and address accessibility barriers.

4. **Review and adapt preparedness measures.** Regularly update personal arrangements and share experiences and feedback to support continuous improvement of individual and community preparedness.

Two Advisory Reports from the World Bank are annexed to the Guidance: Advisory Report on the Guidance for Persons with Disabilities: How to Act in Emergencies and Advisory Report on the Guidance for First Responders: How to Act in Emergencies. This Guidance provides the **overarching framework, principles and main takeaways**, while the Advisory Reports provide **more detailed guidance, examples, and practical tools** relevant for the application of this Guidance.

This SWD is intended to provide further, more detailed guidance based on the guidelines above. This guidance was co-created with experts from U EU Member States and UCPM Participating States, civil protection authorities and organisations representing the rights of persons with disabilities, including through dedicated workshops, and written consultations to help ensure their practical relevance and applicability.

For whom is this guidance intended?

This Guidance are primarily addressed to **civil protection authorities,** other emergency preparedness stakeholders, **and organisation of persons with disabilities (OPDs)** in MS and PS. They support authorities in developing, strengthening and implementing disability-inclusive

preparedness systems, and support OPDs in contributing their expertise, knowledge and lived experience to their design, implementation and evaluation. Civil protection authorities and other authorities, agencies and stakeholders involved in disaster risk management may use this Guidance where relevant.

The accompanying Advisory Reports provide more detailed, audience-specific guidance for **persons with disabilities** and **first responders**:

- Advisory Report on the Guidance for Persons with Disabilities: How to Act in Emergencies; and

- Advisory Report on the Guidance for First Responders: How to Act in Emergencies.

Together, these resources provide a framework for strengthening disability-inclusive preparedness while supporting cooperation, mutual learning and exchange of good practices across the UCPM.

What is the scope of this guidance?

This Guidance focus on disability-inclusive preparedness across the disaster risk management cycle. They bring together the key considerations for two complementary dimensions:

1. enabling persons with disabilities to prepare, participate and act safely before, during and after emergencies; and

2. ensuring that first responders can provide accessible, appropriate and rights-based support.

For persons with disabilities, inclusive preparedness should be person-centred, empowering and responsive to individual functional requirements, support needs and preferences. Preparedness should enable individuals to understand relevant risks, identify the support they may require, develop personal preparedness arrangements, communicate their preferences and prepare for issues such as evacuation and continuity of care.

For first responders, inclusive interventions mean having the knowledge, skills and practical tools to recognise potential barriers, communicate effectively, adapt assistance and evacuation approaches, and provide support in a manner that respects the person's autonomy, dignity and preferences.

This guidance provides the overarching framework and main takeaways. The accompanying Advisory Reports contain more detailed guidance, practical examples and tools for applying these key takeaways in practice.

How was this guidance developed?

This guidance was developed by the European Commission in close cooperation with experts from the Member States, the **World Bank, and the European Disability Forum (EDF).** They draw on the evidence, findings and recommendations developed through the Diagnostic Assessment and the two Advisory Reports, which were developed under the Technical Assistance Financing Facility for Disaster Prevention and Preparedness (TAFF), and were prepared through consultation with civil protection authorities and organisations of and for persons with disabilities. In this way, this guidance builds on both civil protection expertise and the knowledge, perspectives and lived experiences of persons with disabilities.

- **Diagnostic Assessment:** The Report on Disability Inclusive Emergency Preparedness and Response in Europe – European Disability Forum produced by the European Disability Forum in consultation with organisations of persons with disabilities and civil protection authorities and financed by DG ECHO, provides the evidence base for the Guidance. It assesses the current state of disability inclusion in emergency preparedness and response across Europe and identifies existing gaps, challenges, and good practices among MS and PS.

- **Advisory Reports:** Advisory Report on the Guidance for Persons with Disabilities and Advisory Report on the Guidance for First Responders. The Advisory reports were developed by the World Bank through a collaborative process with Civil Protection Authorities from Member States and UCPM Participating States and organisations of and for persons with disabilities, in collaboration with the European Commission. They were 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 these stakeholders. Input from the wider public was also welcomed through an open consultation.

How is this guidance meant to be used?

This Guidance provides a **concise, overarching framework** for disability-inclusive emergency preparedness. It brings together the key principles and guidance emerging from the Diagnostic Assessment and the two Advisory Reports.

It is intended to provide a common reference point for civil protection authorities and OPDs when developing or strengthening disability-inclusive preparedness approaches. The Advisory Reports provide detailed, audience-specific guidance, practical examples and tools needed to apply this guidance.

The three resources should therefore be used together:

- **the Diagnostic Assessment** provides the evidence base and identifies key gaps, challenges and good practices;

- **the Advisory Reports** provide detailed guidance and practical tools for persons with disabilities and first responders; and

- **the Guidance** provides the overarching framework and distils the most important proposals.

These actions address closely interlinked dimensions of preparedness and taken together, contributing to a more comprehensive and inclusive approach to individual, community, and system-level preparedness.

This Staff Working Document addresses **Action 33 of the EU Preparedness Union Strategy, which calls for the development of disability-inclusive preparedness guidance to strengthen the preparedness of persons with disabilities and support more inclusive disaster risk management across the EU**. This guidance supports the implementation of this action by providing practical guidance for first responders and persons with disabilities, helping to ensure that preparedness measures account for the diverse needs, capacities and experiences of persons with disabilities. As a flagship initiative of the Enhanced Disability Strategy, Action 33 is

accompanied by two Advisory Reports: Advisory Report on the Guidance for First Responders and Advisory Report on the Guidance for Persons with Disabilities. Together, these aim to strengthen the capacity of authorities, emergency services and individuals to anticipate and prepare for disasters in ways that promote accessibility, participation, autonomy and equal protection, contributing to a more inclusive and resilient society across the EU.

Disability-inclusive preparedness is an essential component of disaster risk management and a key element of societal resilience. Persons with disabilities may face specific barriers before, during and after emergencies, including inaccessible risk information and warnings, physical obstacles, disruptions to essential support services, and limited access to assistive technologies or medical supplies. These barriers are often shaped not only by individual circumstances but also by the way preparedness systems, infrastructure, services and communication are designed.

Effective preparedness therefore requires an approach that recognises the diversity of persons with disabilities, addresses barriers to participation and ensures that their rights, needs and capacities are considered throughout the disaster management cycle. Involving persons with disabilities and their representative organisations in preparedness planning, implementation and review is essential to developing measures that are accessible, relevant and effective.

Disability-inclusive preparedness goes beyond identifying specific needs or providing individual assistance. It requires preparedness systems to be designed in ways that enable persons with disabilities to access information, make informed decisions, participate actively in their own preparedness, and contribute to the resilience of their communities. This includes strengthening the accessibility of preparedness information, evacuation and shelter arrangements, ensuring continuity of essential support and services, and promoting cooperation between emergency responders, public authorities, disability organisations and persons with disabilities themselves. By integrating disability inclusion into preparedness policies and practices from the outset, authorities can reduce barriers, uphold the rights and autonomy of persons with disabilities, and strengthen the preparedness of the population as a whole. **This document focuses on practical guidance for first responders and persons with disabilities to support more accessible, inclusive, and effective preparedness across the EU.**

2 Guiding principles for disability inclusive preparedness

The following guidance provides a common foundation for disability-inclusive preparedness and response and are addressed to both authorities in charge of emergency preparedness, persons with disabilities and organisations of persons with disabilities. However, it should be noted that the responsibility for disability-inclusive emergency preparedness and response rests with states and responsible authorities and must not be shifted onto persons with disabilities themselves. Thies guidance is intended to guide authorities in developing accessible, inclusive and responsive preparedness systems, while supporting organisations of persons with disabilities in engaging meaningfully in their design, implementation and evaluation.

- **Embed shared responsibility as the foundation of preparedness. In line with the whole-of-society approach,** preparedness is a shared endeavour spanning individuals and households, communities, authorities, emergency services, and service providers, among other actors, each with their own complementary role. Personal and household preparedness strengthens safety and resilience but does not replace the obligation of responsible authorities to ensure that warnings, evacuation, sheltering, response, and recovery support are accessible to everyone. This includes ensuring accessibility and the provision of reasonable accommodation, where needed, so that persons with disabilities

can access warnings, evacuation, shelter, assistance and recovery support on an equal basis with others.

- **Ground all guidance in the human rights model of disability.** Rather than organising guidance around medical categories or diagnoses, this guidance adopts the approach of the Convention on the Rights of Persons with Disabilities, focusing on what a person needs to stay safe, communicate, move, receive information, and recover, and how they prefer to be supported. This means centring functional requirements, support needs, and individual preferences over diagnostic labels, recognising persons with disabilities as rights-holders with full legal capacity and the right to make their own decisions. The Guidance should be implemented in line with the UN Convention on the Rights of Persons with Disabilities (UNCRPD), particularly its principles of non-discrimination, accessibility, autonomy and full participation.

- **Recognise persons with disabilities as active agents of resilience in their communities.** Persons with disabilities bring their own knowledge, expertise, skills, and resources to emergency preparedness and response, and should not be regarded as victims or passive recipients of support. Their preparedness and active participation contribute to the broader resilience of their families, communities, and societies, and this guidance are designed to support and strengthen that role and shift in perspective.

- **Apply across all hazards, emergencies, crises, and national contexts.** The guidance is designed broadly to remain relevant regardless of the type or scale of emergency and the national context, covering everyday emergencies, natural hazards, armed conflict, cyber-attacks, and other hybrid threats, and applicable across the full diversity of MS, PS and all individuals.

- **Reflect diversity, inclusion, and intersectionality throughout. Persons with disabilities are not a homogeneous group.** The guidance acknowledge that disability exists along a spectrum, that experiences vary widely across individuals and communities, and that intersecting factors such as gender, age, ethnicity, migration status, and socioeconomic situation can compound both vulnerability and barriers to access. The content is designed to be relevant across the full range of disability types, living situations, and lived experiences, including multiple, associated, or overlapping conditions. Particular attention should be paid to the specific risks and barriers faced by women and girls, children, and older persons with disabilities, including risks of violence, abuse, neglect and exclusion.

- **Adapt to context rather than prescribe a single model.** The guidance offers a common foundation that countries, institutions, and individuals can adapt to their own circumstances, systems, and capacities. National legal frameworks, operational mandates and systems, available services, and individual support needs vary widely, and the guidance are designed to be useful across that diversity rather than prescriptive about how each proposal must be applied.

3 Actions for building effective disability inclusive preparedness

Each country starts from a different level of preparedness. This guidance can therefore be used both as a foundation for countries developing disability-inclusive approaches for the first time and as a benchmark for countries seeking to identify gaps and strengthen existing systems.

Accessibility should be ensured across the full emergency and recovery chain, including early warning systems, emergency communications, transport, evacuation routes, shelters, reception and aid distribution points, health and protection services, digital tools, and complaint and feedback mechanisms, with universal design and reasonable accommodation where needed.

The guidance below distils the key considerations emerging from the Advisory Reports. They are not intended to reproduce their detailed guidance, tools and examples. Readers seeking practical guidance on implementation should consult the relevant Advisory Report.

3.1 Action points for policymakers and national government officials

3.1.1 Preparation: Take stock and prepare

Effective disability-inclusive preparedness starts with a strong understanding of the context, the populations concerned and the barriers that may arise before, during and after an emergency. The following principles should be taken into account:

- **Start with a solid evidence base.** Begin with a review of what already exists nationally, across the EU, and internationally. Understanding the existing policy and legal landscape, available resources, good practice examples from comparable contexts, and the specific needs and capacities of the country avoids duplication of effort and ensures that new guidance builds on rather than repeats what has already been developed elsewhere.

- **Apply a whole-of-society approach from the outset.** Involve not only civil protection authorities and OPDs but also first responders, local and grassroots organisations, community members, support persons, including personal assistants and specialised staff, service providers, academia, the private sector, and other relevant stakeholders, to ensure that guidance is grounded in diverse perspectives and reflects the full range of roles and responsibilities in emergency preparedness and response.

- **Ensure diversity and intersectionality within disability representation.** Identify and actively involve persons with different types of disability, varying levels of autonomy and support needs, and different living situations, whether in the community or in institutional settings where these still exist, as well as persons facing intersecting conditions related to gender, age, ethnicity, refugee or migration status, socioeconomic situation, or co-occurring conditions. This should include, in particular, women and girls with disabilities, children with disabilities, older persons with disabilities, and persons with high levels of support needs, whose requirements may otherwise remain insufficiently visible in preparedness planning. The involvement in the development of guidelines for concerned subjects ensures that relevant needs are duly catered for when emergency situations arise.

- **Prioritise co-creation over consultation, where possible.** While a consultative process, as applied in the development of these Advisory Reports, already strengthens quality and legitimacy, a genuinely co-creative process, where persons with disabilities, OPDs, emergency first responders, institutions, and service providers are partners in designing the guidance rather than reviewers of a draft, produces stronger, more contextually relevant results and significantly improves subsequent dissemination and uptake.

- **Design engaging, fully accessible, and effective content from the start.** Ensure that accessibility of language, format, visual design, and communication choices is considered from the earliest stages of development rather than adapted as an afterthought. Content

should be interactive, multi-channel, and genuinely useful to its intended audiences, making use of digital tools, AI, and other emerging technologies where appropriate, and exploring formats that resonate with different target groups, such as accessible games, online platforms, videos, and e-learning modules. Accessible versions, including Easy-to-Read, Plain Language, and other formats tailored to different functional requirements, should be planned and produced as an integral part of the process.

- **Develop accessible complementary tools and actionable materials alongside the main guidance**, such as accessible pocket guides, quick reference cards, implementation handbooks, checklists, and communication cards, ensuring they form a coherent, mutually reinforcing set across all target audiences with aligned terminology, compatible tools, and complementary guidance. These materials are often what practitioners, persons with disabilities, and support persons actually reach for, and investing in their design and production significantly increases the real-world impact of the guidance.

- **Clearly define the purpose and target audiences.** The intended users, whether persons with disabilities, support persons, first responders, or policy makers, shape every subsequent decision around structure, language, tone, and format, and should be identified before any content is developed, ensuring full accessibility from the outset.

- **Adapt to the local context.** The specific risk landscape, the diversity of the local population of persons with disabilities, available capacities, infrastructure, and resources, and any factors that may compound vulnerability in that particular setting must all inform the content and approach. Guidelines developed for one context cannot be transferred to another without adaptation, and what works in one country may require significant adjustment to be relevant and effective in another.

- **Secure adequate financing and resourcing.** Developing, adapting, disseminating, and maintaining inclusive guidelines requires dedicated resources. Countries with limited capacity may need targeted support, including through EU funding mechanisms, to take this work forward sustainably. This should include resources for accessible formats, interpretation, assistive communication, accessible training, reasonable accommodation, and the participation of organisations of persons with disabilities.

Examples of good practice from MS and PS illustrate different approaches to preparing disability-inclusive emergency guidance, plans and systems. The examples presented below were selected for their relevance, replicability and originality, and their content, structure and ideas directly informed the development of the two Advisory Reports.

They are intended to provide inspiration for countries at different stages of developing disability-inclusive preparedness, whether establishing new approaches or strengthening existing ones.

The examples presented are not exhaustive. Many UCPM countries have developed relevant resources and practices; those included here are examples that were accessible within the scope of this activity and demonstrated particular potential for relevance or replication.

Example	Main Takeaways
Italy: *Abili a Proteggere* and the Operational Guidelines for Planning Civil Protection	Example of sustained institutional commitment to disability inclusion in civil protection, built since 2004 through a partnership between the Italian Department of Civil Protection and Europe Consulting, a social cooperative

Interventions for People with Specific Needs	employing persons with disabilities, whose lived expertise is integrated directly into civil protection operations. The 2025 Operational Guidance translates this commitment into concrete, replicable tools for practitioners.
Portugal: Approaching Audiences with Specific Needs in a Civil Protection Context: Guidelines for Professionals	Example of a national civil protection authority producing accessible, professionally designed practitioner guidelines on approaching audiences with specific needs, offering a replicable model for operationalising inclusion within existing civil protection frameworks.
Serbia: Inclusive Procedures for Disaster Risk Reduction: A Guide for Emergency Headquarters of Local Self-Governments Units and OPDs	Example of a government-OPD-international organisation partnership producing joint operational guidance for local emergency services, demonstrating how disability inclusion can be embedded at the local governance level through co-production with the disability community.
Spain: Protocol on Communication and Care for Persons with Disabilities in Emergency Situations, and Inclusive Emergency Plan for Persons with Disabilities in the Valencian Community	Example of complementary action at national and regional level, combining a national communication protocol with a regional inclusive emergency plan developed by the disability community following the 2024 Valencia floods, illustrating how OPDs can lead humanitarian and inclusive emergency planning in direct response to lived experience of disaster.
Sweden: In Case of Crisis and War brochure	Example of a nationally distributed, government-led preparedness communication tool with wide reach and inclusive design. The only guide reviewed that also applies the basics of self-preparedness in line with the PreparEU pilot project, offering a model for integrating whole-of-society self-sufficiency principles into accessible public preparedness communication.

3.1.2 Implementation: Take action

Developing guidance is only the first step. Effective implementation requires clear institutional ownership, accessible dissemination, appropriate training, and sustained cooperation with the organisations and communities concerned. The following principles are particularly relevant:

- **Integrate guidance into formal national systems, curricula, and procedures.** Where possible, guidance and training materials should be embedded into existing national training curricula, formal civil protection procedures, and institutional frameworks, so that accessible and inclusive materials and practices become a standard part of how emergency services operate rather than an add-on dependent on individual initiative or project funding. Emergency arrangements, including evacuation and temporary shelter, should safeguard the right to independent living, maintain community-based support wherever possible, and prevent unnecessary separation, segregation or institutionalisation.

- **Secure institutional ownership and responsibility.** Ensuring that a responsible institution or authority takes clear ownership of the guidance, champions their

implementation, and integrates them into existing priorities and work programmes is essential to sustaining momentum beyond initial publication and ensuring accountability. Without clear ownership, even well-designed guidance risks remain unused.

- **Consider developing complementary programmes and activities to disseminate the guidance**, such as training courses, awareness campaigns, community events, and other activities that can bring the guidance to life (see **SWD(2026)825 under Action 27**). Where possible, link and mainstream these activities into existing national and EU-level training frameworks, crisis management exercises, and preparedness initiatives to maximise reach and avoid duplication of effort.

- **Choose appropriate and accessible formats and media channels**, matched to the needs, preferences, and access constraints of different audiences. This should include, among other, accessible print, digital, audio and video multiple formats, sign language interpretation, Easy-to-Read, Plain Language, and in-person formats, distributed through channels that audiences already use and trust (see **SWD(2026)825 under Action 27, Tool 2: Choosing communication channels**). Use multiple accessible channels so that no single mode of communication becomes a barrier, including combinations of broadcast, digital, direct and place-based communication with accessible visual, text, audio and sign language options.

- **Work with OPDs, NGOs, the wider community, media, and strategic partners** to support the design, implementation, monitoring, evaluation and dissemination of disability-inclusive preparedness measures, to extend reach, build trust, and ensure that guidance is disseminated through networks that are already embedded in the communities it aims to serve. The OPDs, first responders, civil protection authorities, and other stakeholders engaged from the earliest stages of development are themselves a key dissemination asset and should be supported and empowered to take the work further at grassroots level.

- **Identify and engage ambassadors at all levels**, from community representatives and OPDs to local and national authorities, to strengthen promotion and uptake. People who are already trusted within their communities and institutions are often the most effective advocates for new guidance, and their active involvement can significantly extend its reach and impact.

Beyond the development of guidance, the examples below point to complementary next steps, including training programmes, dissemination strategies and platforms, accessible versions tailored to different audiences, and innovative tools such as AI-powered resources. The goal is for countries to learn from one another, build on what works, and progressively promote a higher level of practice for inclusive emergency preparedness and response across Europe. As with the preparation examples, these represent only a selection of what exists across the UCPM.

Examples	Main Takeaways
Croatia, Montenegro, Slovenia: Safe and Equal in Emergencies (SEE ME)	Example of a multi-country UCPM co-funded initiative designed to ensure equal access to emergency opportunities for persons with disabilities, demonstrating the value of cross-border

	cooperation and shared learning in advancing disability inclusion across civil protection systems.
Netherlands: Information Booklet: Prepare for an Emergency Situation, Denk Vooruit	Example of a comprehensive, accessible, and widely disseminated public preparedness resource, demonstrating best practice in inclusive design and multi-format communication. The platform offers the guidance in multiple languages, sign language videos, Easy-to-Read, audio, and simple language formats, making it a strong model for inclusive public communication and wide-scale fully accessible dissemination.
Romania: Inclusive Emergency Response and Preparedness national project (Government of Romania with support from the World Bank) and the Guide for Persons with Disabilities on the Be Prepared (*Fii Pregătit*) national platform	Example of a nationally scaled approach to disability-inclusive emergency management, combining an inclusive firefighter training programme integrated into the national curriculum, standardised preparedness training for persons with disabilities, and an AI-powered online platform (Be Prepared / Fii Pregatit) disseminating accessible guidance at scale. Course materials co-created with OPDs and piloted before scale-up, including handbooks, pocket guides, templates, and audio guides, offer replicable tools for standardising inclusive interventions.

3.1.3 Review, learn and adjust

Disability-inclusive preparedness should be treated as an ongoing process. Guidance and measures should be tested, monitored and updated as evidence, risks, technologies and the needs of communities evolve.

The following measures are advised before publication and dissemination:

- **Build in multiple rounds of review and feedback, integrating technical, clinical, and legal validation into the development process where content requires it**, to improve practical applicability, accessibility and alignment with operational protocols, standards and clinical procedures, including medical aspects.

- **Conduct scenario-based user-testing and contextual validation before finalisation and dissemination, test different scenarios with persons with different disabilities,** verifying that tools collect the information responders need, that instructions, terminology, and handover procedures are aligned and compatible, and that gender and safeguarding risks remain visible throughout. Where the Advisory Reports are used as a foundation, the accompanying Toolboxes should be included in this testing.

- **Ensure professional quality assurance before publication, including copyediting, link testing, terminology alignment, and accessibility review, and develop accessible versions tailored to different target audiences**, as Plain English, Easy-to-Read, national sign language interpretation, Braille, and other accessible formats, as appropriate.

- **Establish ongoing monitoring arrangements after launch, tracking whether the guidance is reaching its intended audiences, understood, being used in practice, and producing the intended outcomes.** Monitoring should, where relevant, include disability-disaggregated data, accessibility indicators and qualitative feedback from persons with disabilities and their representative organisations, in order to assess whether measures are reaching all groups on an equal basis.

- **Monitoring** may draw on user feedback, after-action reviews, lessons from actual emergencies, and engagement with persons with disabilities and OPDs, and findings should feed directly back into the review and update cycle.

3.2 Action points for Target Audiences of the Guidance

3.2.1 Action Points for Persons with Disabilities

The Advisory Report on the Guidance for Persons with Disabilities from the World Bank offer practical, step-by-step guidance to help individuals prepare for, act during, and recover from emergencies, whatever their level of autonomy, support needs, or living situation. A household preparedness module is included in the report, aligned with the Six Basics of Self-Preparedness[5] concept and adapted to the requirements, support needs, and circumstances of persons with disabilities. The Six Basics of Self-Preparedness concept promotes a minimum level of household preparedness to help individuals cope with disruptions to essential services. Preparedness to evacuate and preparedness to meet basic needs at home are presented as complementary measures, including maintaining an emergency backpack and ensuring access to essentials such as food, drinking water, medicines, hygiene supplies, and information.

Preparedness and response measures should also support continuity and rapid restoration of disability-related support, including of community-based services, personal assistance and independent living arrangements, and should avoid responses that lead to unnecessary segregation or institutionalisation.

The following guidance for persons with disabilities stands out:

- **Make a personal emergency plan**, including personal information, support network contacts, meeting points, medical requirements, and specific communication and support needs.

- **Build a support network** of at least three trusted people who know the individual's requirements and have a plan in place, including someone living close by and someone further away.

- **Prepare an emergency backpack** with essential supplies to last at least 72 hours (three days), adapted to individual needs and local risks and covering water, food, warmth, hygiene, medication, assistive devices, and communication tools.

[5] See preparEU pilot project, Final recommendations (2025), chapter 4, page 34.

- **Know local risks and how to receive accessible warnings**, including downloading emergency apps and understanding what different alerts mean.

- **Know how to communicate requirements, needs and preferences** to first responders, including through various tools such as a Personal Emergency Card, Personal Emergency Plan and a Communication Card.

- **Plan for evacuation and shelter in advance**, including identifying accessible shelters, accessible transport, individualised evacuation arrangements, support for persons with high levels of support needs, and continuity of medication, assistive devices, communication support and personal assistance, and creating a Personal Emergency Evacuation Plan. Work with OPDs.

- **Know how to act in any emergency**, following five core steps: staying calm, protection measures, asking for assistance, and following official information.

- **Plan for recovery**, including how to replace lost medication or assistive devices, access financial support, and attend to emotional wellbeing.

- **Prepare across all settings**, including the home, care facilities, workplaces, schools, and when travelling.

- **Complement guidance for support persons and communities** on how to assist persons with disabilities in preparing and acting in emergencies, respecting their autonomy, preferences, and right to make their own decisions.

Household preparedness planning can be encouraged by making ready-made templates available through official websites, preparedness brochures, and other public information channels. Personal Emergency Cards and Personal Emergency Plans are practical tools that authorities, service providers, and organisations of and for persons with disabilities may consider developing, adapting, and promoting as part of disability-inclusive preparedness efforts. These tools help ensure that key information on a person's requirements, support needs, emergency contacts, and support arrangements is available when needed. The examples below, drawn from the Toolbox section of the Advisory Report on the Guidance for Persons with Disabilities, provide practical resources that can be adapted to strengthen individual and household preparedness in different contexts.

Personal Emergency Card[6]	
If You Found This Card	**For the Person Who Owns This Card**

[6] World Bank. 2026. *Advisory Report on the Guidelines for Persons with Disabilities: How to Act in Emergencies.* Washington, D.C., World Bank Group.

I may need your assistance. Please keep this card private. Only show it to emergency staff, doctors, or nurses.	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.

1 This Card Belongs to Me

My name:

My address:

My phone number:

Communication preference: □ Audio Call □ SMS □ Video Call

National Sign Language:

Sign Language Interpreting service/ VRS number:

2 What You Need to Know About Me

My functional requirements:

Other support needs:

My doctor: **Phone:**
My treating facility:

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

My device(s):

My assistance animal (name and species):

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

3 How You Can Support Me

Instructions:

4 Who to Contact in an Emergency
Name: **Phone:** Communication preference: □ Audio Call □ SMS □ Video Call **Address:** **How I know this person:**
This card was last updated on:

Personal Emergency Plan[7]	
For the Person This Plan Belongs To Fill in this with plan your family or support persons. Share it with your support network. Keep a copy in your emergency bag, in a waterproof box on your fridge, and in a drawer in the hallway near the front door. Check the plan once a year.	**For a 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:	**Phone / Year of birth:**

[7] World Bank. 2026. *Advisory Report on the Guidelines for Persons with Disabilities: How to Act in Emergencies.* Washington, D.C., World Bank Group.

Communication preference: □ Audio Call □ SMS □ Video Call

Person 2:	**Phone / Year of birth:**

Communication preference: □ Audio Call □ SMS □ Video Call

Person 3:	**Phone / Year of birth:**

Communication preference: □ Audio Call □ SMS □ Video Call

Pets

Pet 1:	**Good to know:**
Pet 2:	**Good to know:**

2 What You Need to Know About Me

My functional requirements:

Other support needs:

My medical diagnosis (such as 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:	**Number:**

My Assistance Animal

Name:	**Species:**

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

3 How Can You Support Me?

Instructions

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 We Live and How We Get Out of the Building?

Our 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 We Meet in an Emergency?

Meeting Place 1: Close To Home

Name of place:	**Location:**

Instructions:

Meeting Place 2: Far From Home

Name of place:	**Location:**

Instructions:

6 How We Get Information?

How we will share news with each other:

Be careful: some news on the internet are 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:	**Phone:**

Communication preference: □ Audio Call □ SMS □ Video Call

Address:

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

Name:	**Phone:**

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:	**Phone:**

Communication preference: □ Audio Call □ SMS □ Video Call

Address:

8 Important Phone Numbers

Numbers For Everyone	**My Personal Numbers**
112 Emergency services	**Other number 1:**
Family doctor:	Communication preference: □ Audio Call □ SMS □ Video Call
Specialist doctor:	**Other number 2:**
Vet for my assistance animal:	Communication preference: □ Audio Call □ SMS □ Video Call
Sign language interpreter:	**Other number 3:**
Insurance / Work / School / Childcare	Communication preference: □ Audio Call □ SMS □ Video Call
Insurance:	
Work:	
School / Childcare:	

9 Important Agreements with my Support Network

Think about various situations where you might either require or offer support.

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 you support network. Check and update the plan every year or when anything changes.

3.2.2 Action Points for First Responders

The Advisory Report on the Guidance for First Responders offer practical, role-specific guidance on how to assist persons with disabilities effectively, safely, and with dignity across all types of emergencies. The following are the headline actions covered in the Advisory Report on the Guidance for First Responders:

- **Know and engage the community before emergencies occur**, including building relationships with local organisations of persons with disabilities and informal networks, so that responders are not encountering unfamiliar needs for the first time during a crisis.

- **Check beliefs and assumptions**, through a structured self-reflection on attitudes towards dignity, autonomy, and disability, ensuring that every interaction is grounded in respect and the human rights model.

- **Focus on functional requirements and support needs, not diagnosis**, by asking what a person can do independently, what they need help with, what barriers they face, and how they can be supported to make an informed decision, rather than acting on assumptions based on a label or condition.

- **Apply five core principles in every interaction**: focus on the person and not on the disability; always ask before acting and seek consent; communicate directly with the person; keep assistive devices and support animals with the person at all times; and never leave a person alone without linking them to the next responder or service.

- **Adapt communication to individual requirements and needs, using multiple channels simultaneously**, allowing adequate processing time, never pretending to understand, and adjusting approach based on the support cluster relevant to the person.

- **Provide support across eight functional support clusters:** visual and orientation, hearing and information access, speech and communication, psychosocial, sensory and self-regulation, cognitive processing, mobility and physical, and medical and life-sustaining support.

- **Close every intervention safely, with a clear and documented handover confirming that the receiving responder has the information needed to continue support,** including communication method, functional requirements, medication, and assistive device arrangements.

- **Build a learning culture within emergency services**, treating every intervention involving a person with a disability as an opportunity to strengthen inclusive practice across the team and organisation.

3.2.2.1 How to Communicate Respectfully About and With Persons with Disabilities[8]

Respectful and inclusive language plays an important role in promoting the dignity, rights, and full participation of persons with disabilities. The table below provides practical guidance on how to communicate respectfully about and with persons with disabilities, including examples of language and terms to avoid and preferred alternatives based on internationally recognized disability-inclusive language guidance and good practice.[9]

Avoid	Use Instead	Why
"Suffers from schizophrenia"	**Person with schizophrenia**	"Suffers from" victimises; neutral phrasing reduces stigma
"Normal / healthy / able-bodied people"	**Persons without disabilities**	"Normal" implies inferiority; the alternative is neutral and inclusive
"Handicapped"	**Person with a mobility impairment / wheelchair user / person with limited mobility**	Outdated and pejorative; alternatives are respectful and descriptive
"Mentally ill / crazy / lunatic"	**Person with a psychosocial disability / person with a mental health condition**	Stigmatising and offensive; use language that respects human rights and dignity

[8] World Bank. 2026. *Advisory Report on the Guidelines for First Responders: How to Act in Emergencies.* Washington, D.C.: World Bank Group.

[9] Sources include guidance developed by the United Nations, academic institutions, and organizations of persons with disabilities, including the Disability-Inclusive Language Guidelines (2021), United Nations Office at Geneva; and Language Guide (2021), People with Disabilities Australia (PWDA).

"Retarded / slow"	**Person with an intellectual or cognitive disability**	Offensive; the current term respects the person's dignity and aligns with human rights
"Blind / partially sighted"	**Person who is blind / person with a visual impairment / person with low vision**	Negative connotations; alternatives are rights-based, neutral, and person-centred
"Deaf-mute"	**Deaf or hard-of-hearing person**	Using "deaf-mute", unless referring to someone who has a co-occurring hearing and a speech impairment, is inaccurate and stigmatising, as deaf persons have a voice. Communication varies from person to person
"He is autistic / schizophrenic"	**He is a person with autism / schizophrenia**	Avoids defining identity exclusively through diagnosis; uses person-centred language
"Invalid" / "Has problems"	**Has a disability / requires support with…**	"Invalid" implies lack of worth; the alternative is centred on support and respects human rights
"The disabled" / "Those with disabilities"	**Persons with disabilities**	Avoids generalisation; puts the person before the disability
"Special child" / "Special needs"	**Child with a disability / adapted support / functional requirements / support requirements**	"Special" is often used as a euphemism and considered a form of ableism; it does not make rights or adaptations explicit

3.2.2.2 How to Adjust Your Communication Across Support Requirements[10]

Complementary, effective communication is essential for ensuring the safety, dignity, and inclusion of persons with disabilities during emergencies. Communication requirements vary from person to person, and approaches should be adapted to individual requirements, support needs, preferences, and circumstances. The table below provides practical guidance on how to adjust communication across different support requirements.

Support Requirement	How to Communicate
Visual and Orientation	› 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	› 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.

[10] World Bank. 2026. *Advisory Report on the Guidelines for First Responders: How to Act in Emergencies.* Washington, D.C.: World Bank Group.

Speech and Communication	› 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. › Never communicate on the person's behalf.
Psychosocial	› Lower and slow your voice, and 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.
Sensory and Self-Regulation	› 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 their communication device with them at all times. › Never use figures of speech, and never stop the person rocking, flapping, or repeating movements.
Cognitive and Processing	› Find out whether the person has their own way of communicating, and use it. › Use short sentences and everyday words. Pause after each one.

	› Communicate with the person as you would with any adult, and do not use language that is too informal. › 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.
Mobility and Physical	› 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	› Check for co-occurring conditions and overlapping support requirements and how they prefer to communicate. › 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 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.

4 Conclusions

Disability-inclusive preparedness should be recognised as an integral component of effective emergency preparedness and societal resilience, rather than as a standalone consideration. It requires preparedness systems that are accessible from the outset, meaningful involvement of

persons with disabilities and their representative organisations, and first responders equipped to provide appropriate, safe and rights-based support.

This Guidance provide a common framework for strengthening disability-inclusive preparedness across the UCPM MS and PS, and at EU level. Their implementation should build on existing civil protection structures and practices, while adapting approaches to national and local contexts and drawing on the expertise and lived experience of persons with disabilities, their representative organisations and first responders.

A key next step under Action 33 is to operationalise the guidance for first responders through the development of an EU training framework. This framework will support the integration of disability-inclusive approaches into first responder training and help ensure that responders have the knowledge, skills and practical tools to communicate effectively, understand different functional requirements and support needs, and adapt rescue, evacuation and assistance to individual circumstances. This should include accessibility, reasonable accommodation, accessible communication, safeguarding, non-discrimination, and continuity of support and assistive devices during evacuation, shelter and transfer. In particular, it will promote approaches that enable first responders to **rescue and assist persons with disabilities safely, respectfully and with dignity**, while respecting their autonomy and preferences.

Continuous testing, monitoring and learning will be essential to sustain progress. By systematically incorporating feedback and lessons from persons with disabilities, OPDs and operational responders, and by sharing experience across the UCPM, authorities can progressively strengthen the accessibility and effectiveness of civil protection systems and contribute to a more inclusive, equitable and resilient society in which no one is left behind.

5 Glossary[11]

Accessibility: 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: Giving a person your full attention, reflecting back what they communicate, and responding without judgment. Means being fully present and responsive to all forms of communication.

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

Augmentative and Alternative Communication (AAC): Communication methods that 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 direct decisions affecting their life. It means asking before acting and following the person's instructions.

At-risk registry: A voluntary local or national database identifying people who may need additional assistance in an emergency, with information handled according to data protection and privacy 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.

Barriers: Physical, communication, attitudinal, social, environmental, organisational, 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.

Care home: A residential facility that provides accommodation, personal support or care for persons who require assistance with daily living, including older persons and some persons with disabilities.

Communication card: A personal, non-official document that helps emergency responders, shelter staff, and others describing a person's communication preferences, functional requirements, support needs, and emergency contacts. It does not replace official identification or documentation and should not be confused with the European Disability Card or other official documents.

Communication preferences: The ways a person prefers to receive and share information. This may include spoken language, sign language, text, Easy-to-Read information, assistive

[11] World Bank. 2026. *Advisory Report on the Guidelines for Persons with Disabilities: How to Act in Emergencies.* Washington, D.C.: World Bank Group and World Bank. 2026. *Advisory Report on the Guidelines for First Responders: How to Act in Emergencies.* Washington, D.C.: World Bank Group.

technology, augmentative and alternative communication (AAC), communication cards, or support from an interpreter or trusted person.

Continuity of care: Continued access to healthcare, medication, treatment, assistive devices, personal assistance, and support services during and after an emergency.

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.

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 emphasises rights and access rather than limitations or dependency.

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.

Organisation of Persons with Disabilities (OPD): An organisation 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 that helps prepare for emergencies by setting out what to do, where to go, who will support and communication preferences. It should include key information such as support network contacts, emergency communication arrangements, medication, functional requirements and support needs, important locations, and any assistance required from emergency responders and others.

Reasonable accommodation: Necessary and appropriate adjustments that enable persons with disabilities to access information, services, assistance, protection, and emergency response on an equal basis with others. Denial of reasonable accommodation constitutes discrimination.

Referral: The process of directing or connecting a person to another service, organisation, 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 specialised support.

Support needs: The assistance, services, or practical support a person may need before, during, or after an emergency to maintain safety, wellbeing, independence, and participation.

Support network: Trusted people who understand a person’s communication preferences, functional requirements, and support needs and can assist during an emergency.

6 Annexes

Annex 1: Resources

Key resources

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