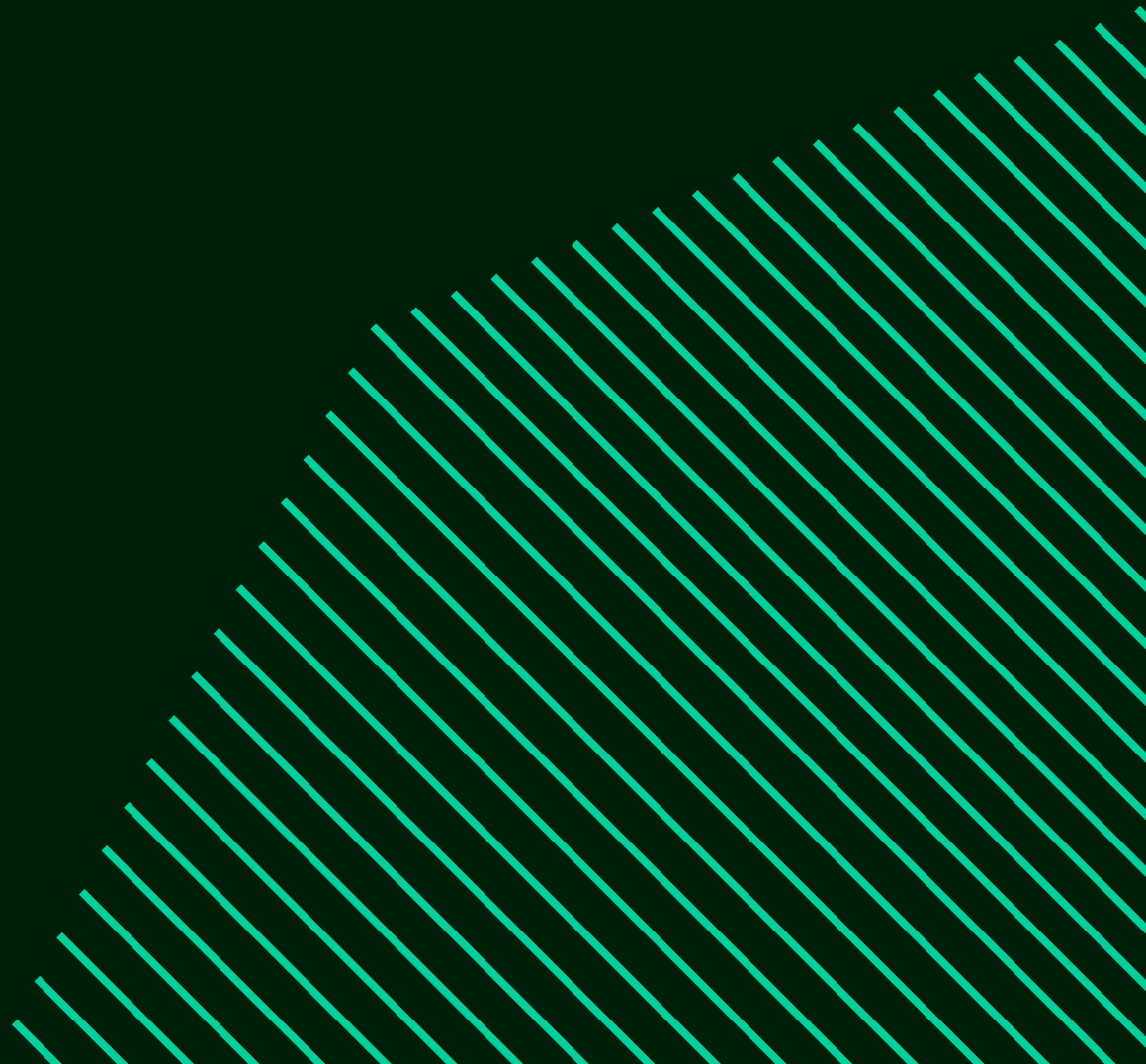


**Guidelines
for crisis management and civil
protection system entities engaged in
activities related to the preparedness
of persons with disabilities for possible
disasters and emergency situations**

 **2025**



These guidelines were developed as part of the implementation of the European Union-funded project "Development of strategic framework that incorporates the needs of persons with disabilities into whole disaster management cycle (ENABLE-DMC)", which is being implemented by the Fire Protection and Rescue Department under the Ministry of the Interior under the European Commission program UCPM-2023-TRACK1-IBA (UCPM Prevention and Preparedness), and are partially funded through the implementation of the project "LNF effective advocacy, representing the rights and interests of people with disabilities", for which state budget funds were allocated by the Agency for the Protection of the Rights of Persons with Disabilities under the Ministry of Social Security and Labour.



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PRIE LIETUVOS RESPUBLIKOS SOCIALINĖS
APSAUGOS IR DARBO MINISTERIJOS

Guidelines

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Introduction

These guidelines, intended for crisis management and civil protection system actors regarding the inclusion of persons with disabilities in the disaster management process, were prepared by the Lithuanian Disability Forum (hereinafter referred to as LNF) in cooperation with the Fire and Rescue Department under the Ministry of the Interior (hereinafter referred to as PAGD), as part of the implementation of the ENABLE-DMC project (Enhancing Accessibility and Inclusion for Persons with Disabilities in Crisis Management). The ENABLE-DMC project aims to ensure that the crisis management and civil protection system in Lithuania becomes inclusive, accessible, and based on human rights principles. The main objective of the project is to raise public awareness of disaster situations, with a particular focus on persons with disabilities, to promote a culture of prevention, including adapted disaster management methods, by organizing training, education, exercises, and providing access to information about disaster risks¹.

The purpose of these guidelines is to provide recommendations to crisis management and civil protection system actors involved in emergency preparedness activities for people with disabilities. The guidelines aim to create a practical tool for municipalities, emergency services, civil protection specialists, non-governmental organizations, and other entities to help them prepare adequately for emergencies, taking into account the requirements of persons with disabilities.

It is expected that these guidelines will contribute to ensuring that assistance during emergency situations is based on respect for the inherent dignity of persons with disabilities, on the targeted fulfilment of their needs, on the principles of reasonable accommodation, and on environmental and informational accessibility. The recommendations and advice provided herein are intended to strengthen the capacity of civil protection institutions to identify and eliminate barriers that prevent persons with disabilities from accessing collective protection and other facilities, receiving information, services, and assistance on an equal and accessible basis.

¹ EU Civil Protection Mechanism projects funded by the European Commission.

1. International and National Legal Framework and Context

These guidelines have been developed in accordance with international human rights documents, the European Union Civil Protection Mechanism and Preparedness Union Strategy, best practices of other countries, national sociological studies, and analysis of legal acts, with the aim of creating a systematic approach to the implementation of an inclusive crisis management and civil protection system in Lithuania. .

This section presents international legislation and standards on responding to the requirements of persons with disabilities and their participation in crisis management and civil protection processes

1.1. United Nations Convention on the Rights of Persons with Disabilities

The most important document regulating the rights of persons with disabilities in various areas of life is the United Nations (hereinafter – UN) Convention on the Rights of Persons with Disabilities (2006)² (hereinafter – Convention). The Convention was ratified in Lithuania in 2010 and is therefore an integral part of the Lithuanian legal system³. The provisions of the Convention oblige the Lithuanian state to ensure that persons with disabilities enjoy all human rights and fundamental freedoms on an equal basis with others, as well as to promote respect for the inherent dignity of these persons.

The Convention also encourages the active participation of persons with disabilities in training, exercises and disaster preparedness planning, making them not only users of the security system but also creators of it, in line with the principle of “Nothing about us without us” in Article 4(3) of the Convention.

In implementing the provisions of the Convention, Lithuania is making progress and setting an example in the international arena. States must regularly submit reports on the implementation of the Convention, and non-governmental organizations (hereinafter referred to as NGOs) submit shadow reports to the UN

² United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol, 2006.

³ Law on International Treaties of the Republic of Lithuania, 1999.

Committee on the Rights of Persons with Disabilities (hereinafter referred to as the UN Committee). Based on the conclusions of the reports, the UN Committee makes recommendations to Lithuania.

During the last review of Lithuania's report (2016), the UN Committee expressed concern about the following key aspects of the implementation of Article 11 of the Convention on Situations of risk and humanitarian emergencies:

- The requirements of persons with disabilities, especially those who are deaf, deaf blind or hard of hearing, are not explicitly factored into disaster response measures at the national and local levels, including the emergency call application called "GPIS112".
- The UN Committee recommended that Lithuania implement, in close collaboration with organizations of persons with disabilities, initiatives securing the inclusion of persons who are deaf, deaf blind or hard of hearing in emergency response and mitigation plans and adapt emergency call lines to respond to the requirements of persons who are deaf, deaf blind or hard of hearing through the implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030 (UN Committee, 2016).

Following this assessment, the situation in Lithuania's crisis management and civil protection system has changed – it has become more inclusive and accessible to persons with disabilities. However, many of the principles enshrined in the Convention have not yet been fully implemented.

The table below lists the main concepts used in the Convention and the principles that should be implemented in the context of crisis management and civil protection systems.

Table 1. Key terms and principles used in the Convention	
Accessibility	• Covers standardized accessibility requirements for people with disabilities, as regulated by legislation and standards. • Covers the accessibility of the physical and information environment. • The state must take all appropriate measures to

Prieinamumas	implement accessibility, including regulation, consistent planning, and gradual implementation in practice. • Accessibility in the crisis management and civil protection system must be implemented in both the physical and information environments. • The accessibility of the physical environment includes collective protection structures (hereinafter referred to as CPS), shelters, evacuation points, means of transport, and other infrastructure. These buildings and other infrastructure should be consistently adapted to the accessibility requirements of people with mobility, visual, and hearing disability. • Accessibility of the information environment includes accessible means of public information and communication.
Universal design (hereinafter referred to as UD))	• Refers to the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design – they are designed to be accessible to different groups in society: people with disabilities, children, older people, parents with strollers, etc. • Universal design is associated with new buildings and systems. It must be applied from the outset of the design process, as this usually does not increase costs or only increases them minimally. Subsequent adaptation, particularly in historic buildings and in the field of information and communication technologies (hereinafter referred to as ICT), can be significantly more expensive. • Newly designed crisis management and civil protection environments and systems, including new buildings, ICT solutions, and systems, should be designed in accordance with UD principles.
Reasonable accomodation	• Necessary and appropriate modification and adjustments not imposing a disproportionate or undue

burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

- This includes ensuring accessibility from the moment a person with a disability requires it in a specific situation, such as at work or school, so that he or she can exercise his or her rights on an equal basis with others in specific circumstances.
- Reasonable accommodation includes both organizational and physical modifications and adjustments, as well as the provision of individual support in a particular situation. This principle applies from the moment it becomes apparent that such support or accommodation is required.
- Reasonable accommodation in the crisis management and civil protection system includes, for example:
 1. individual support during evacuation for persons in wheelchairs when there is no elevator in the building (using an evacuation chair or other appropriate means);
 2. referral of a person who needs dialysis and medical care to a specific assembly point or facility where such assistance will be provided, and ensuring such assistance or equipment;
 3. adaptation of information and communication methods in emergency situations (e.g., in the absence of a sign language interpreter, communication with a deaf person in writing);
 4. flexible registration or support procedures for persons with intellectual disabilities;
 5. any other adjustments or support that the person needs in a specific situation due to their disability.

Inclusive preparedness for extreme situations	It obliges States to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict, humanitarian emergencies, and natural disasters.
„Nothing about us without us“	This means that all decisions, legislation, policies, and monitoring processes relating to persons with disabilities must be developed and implemented in close consultation with persons with disabilities through their representative organizations, ensuring active, full, and meaningful participation.

1.2. Inclusion of Persons with Disabilities in Disaster Risk Reduction and Humanitarian Assistance Systems

The Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action (2019)⁴ are based on principles that ensure the rights of persons with disabilities are respected, protected, and promoted in the processes of preparedness for humanitarian emergencies, response, and recovery. These guidelines emphasize that a person with a disability who encounters a barrier faces increased risk, whereas the application of enabling measures enhances safety, protection, and resilience.

The guidelines emphasize that the crisis management and civil protection system must include: a) **ensuring the inclusion of people with disabilities** through accessible information, services, and infrastructure; b) **targeted measures** are provided to meet their individual needs (assistive devices, transportation, home delivery). Combining these two approaches is a prerequisite for the effective inclusion of people with disabilities in all sectors, and therefore the following actions must be ensured:

1. **Promoting meaningful participation** of persons with disabilities and their representative organizations at all levels and in all stages of crisis management

⁴ Guidelines on the inclusion of persons with disabilities in humanitarian action. Working Group of the Standing Interagency Committee on the Inclusion of Persons with Disabilities in Humanitarian Action, 2019.

and civil protection processes, when programmes are planned, developed, implemented, monitored, or evaluated;

2. **Removing** barriers which prevent persons with disabilities from accessing humanitarian programmes and services. **Enabling measures** must also be identified and implemented to facilitate their participation;
3. **Developing the capacities** of preparedness officials and crisis management and civil protection entities, including through training and practical exercises, updating training materials, creating communities of practice, accumulating good practice, and providing technical assistance, with the involvement of experts and consultants specializing in disability inclusion;
4. **Monitoring inclusion** of persons with disabilities in the humanitarian action, including through disaggregated data. Humanitarian data should include disaggregated data on disability to ensure that humanitarian action planning, implementation and monitoring are accessible to and include persons with disabilities.

The Sendai Framework for Disaster Risk Reduction 2015–2030 calls on states to ensure that disaster risk reduction policies are accessible and inclusive, and that persons with disabilities participate in all stages of their planning and implementation. The Sendai Framework affirms the principle that a resilient society cannot be created without the participation of all its members.

In the European Union (EU), issues of inclusive preparedness and response are integrated into the Union Civil Protection Mechanism (UCPM), the EU Strategy for the Rights of Persons with Disabilities 2021–2030, as well as the EU Resilience Strategy (2025). These documents oblige states to ensure that all response and preparedness measures are non-discriminatory, accessible, and inclusive, and that the needs of vulnerable groups, including persons with disabilities, are clearly identified in planning processes.

In view of the above-mentioned international documents on strengthening inclusion, it is important to ensure and promote the following principles within crisis management and civil protection systems:

- Persons with disabilities are **active participants** in knowledge creation, decision-making, and change, rather than passive recipients of assistance.
- Persons with disabilities must be **involved in decision-making at all stages**

of planning and response as experts. This means that crisis management and civil protection institutions must cooperate with disability organizations (at both local and national levels) not only during information provision or evacuation stages, but also in planning prevention measures, preparing municipal emergency management plans, organizing training, exercises, and similar activities.

- **Accessible information and communication must be ensured** – using various formats, including plain language, easy-to-read language, Sign Language, Braille, and digital solutions.
- **Physical spaces** (shelters, collective protection structures, evacuation points) must be designed in accordance with accessibility and universal design principles.
- **Data on persons with disabilities must be collected systematically** and monitored so that needs can be identified to make data-informed decisions.
- A resilient society cannot be developed **without the participation of all its members**, including persons with disabilities, including those with intellectual and psychosocial disabilities.

1.3. Overview of National Documents

This subsection provides a brief overview of the main Lithuanian national legislation that defines the inclusion of persons with disabilities and accessibility requirements within the crisis management and civil protection system.

On 8 December 2022, the Law⁵ of the Republic of Lithuania on Crisis Management and Civil Protection (No. XIV-1640) was amended and set out in a new version, incorporating the following aspects related to the rights of persons with disabilities:

- » It is established that, during the elimination of incidents, emergency incidents, crises, and emergency situations, persons with disabilities must be provided with the necessary support (Article 4(1));
- » It is stipulated that awareness-raising programmes must be carried out using information and communication formats accessible for persons with disabilities (for example, verbal, written, audio and/or visual formats, the use of Braille, multimedia tools, audio tools, easy-to-read, plain language, sign language, etc.) (Article 25(4));

⁵ Law on Crisis Management and Civil Protection of the Republic of Lithuania, 2022-12-08, No. [XIV-1640](#).

- » It is established that warning notifications must be disseminated in a manner ensuring that the information provided is accessible to persons with disabilities (warning notifications and the information they contain must be disseminated using accessible communication methods, such as verbal, written, audio or visual formats, the use of Braille, multimedia tools, audio tools, easy-to-read, plain language, sign language, etc.) (Article 36(1)).
- The Resolution of the Government of the Republic of Lithuania “On the Implementation of the Law on Crisis Management and Civil Protection of the Republic of Lithuania”⁶ sets out the implementation of the rights of persons with disabilities in the crisis management and civil protection system.
 - » The Description⁷ of the Procedure for Determining, Selecting, Marking, Organizing the Preparedness, and Use of Shelters, Collective Protection Structures, and Protective Coverings establishes important accessibility principles and requirements:
 - »
 - i. When selecting collective protection buildings and shelters, the requirements of persons with disabilities must be taken into account, and these requirements must be discussed with non-governmental organizations representing the interests of persons with disabilities;
 - ii. It must be ensured that representatives of non-governmental organizations representing the interests of persons with disabilities are included in civil protection training;
 - iii. When organizing public education on civil protection at the municipal level, residents must be informed using accessible formats (such as Sign Language interpretation, Braille, and easy-to-read language).
 - » The Description⁸ of the Procedure for Organizing Crisis Management and Civil Protection Exercises stipulates, among other things, that each crisis management exercise scenario must include an element designed to assess

⁶ Resolution No. 638 of the Government of the Republic of Lithuania of July 31, 2023, "On the Implementation of the Law on Crisis Management and Civil Protection of the Republic of Lithuania."

⁷ Resolution No. 638 of the Government of the Republic of Lithuania of July 31, 2023

⁸ Resolution No. 470 of the Government of the Republic of Lithuania of June 12, 2024.

and improve preparedness to provide support to persons with disabilities.

- » The procedure for organizing the evacuation of residents stipulate⁹, among other things, that municipal emergency operations centers shall:
 - i. organize and carry out the provision of information to residents in ways that are understandable, taking into account the diverse accessibility requirements of persons with disabilities;
 - ii. organize transportation vehicles which, during evacuation, must also be adapted to persons with disabilities.
- The Programme¹⁰, for the Strengthening and Development of Civil Protection, approved by the Resolution of the Seimas of the Republic of Lithuania, provides, among other measures, for:
 - » the adaptation of shelters and infrastructure to the requirements of persons with disabilities;
 - » the development of accessibility features within warning and information systems (including LT72 and sirens);
 - » the use of adapted transportation for evacuation purposes;
 - » the creation of a registration platform for identifying support needs;
 - » the organization of training for social services and healthcare institutions;
 - » the organization of exercises that involve persons with disabilities and their representative organizations.

1.4. Inclusive Crisis Management and Civil Protection System: Current Situation in Lithuania

The preparedness of persons with disabilities for emergencies, as well as the State's preparedness to meet their requirements in the context of crisis management and civil protection, is illustrated by a survey conducted in 2022¹¹. The survey was initiated by the Ministry of the Interior of the Republic of Lithuania and the Agency for the Protection of the Rights of Persons with Disabilities

⁹ Resolution No. 673 of the Government of the Republic of Lithuania of September 24, 2025.

¹⁰ Resolution No. XIV-2946 of the Seimas of the Republic of Lithuania of July 18, 2024, "On the Approval of the Civil Protection Strengthening and Development Program."

¹¹ Vileikienė, E. Survey of people with disabilities on their knowledge and preparedness for extreme situations, 2022.

(formerly the Department for the Affairs of the Disabled) under the Ministry of Social Security and Labour. The aim of the survey was to determine whether respondents knew how to prepare for emergencies – both natural and human-induced disasters. The survey report and its results are of particular relevance to these guidelines and to future preparedness for potential disasters or emergency situations:

1. Persons with hearing or visual disabilities were the most active in seeking information on emergencies, while those with intellectual or psychosocial disabilities were the least interested in such information. Television as the primary source of information was more frequently indicated by people with psychosocial, internal or visual disabilities; news portals – by persons with hearing or internal organ impairments; social media – by persons with mobility disabilities; radio – by persons with visual disabilities; and social workers – by persons with intellectual disabilities.
2. Different disability groups use different sources of information; therefore, it is important for the public information system to employ a wide range of channels and formats and to ensure accessibility within each of them (e.g., compliance with website accessibility requirements for persons with visual disabilities, the use of easy-to-read language, etc.). Information should be provided in easy-to-read language, plain language, and other accessible formats. Educational activities targeting persons with intellectual and psychosocial disabilities are also particularly important.
3. Several groups of persons with disabilities had more limited access to information on emergencies: one-third of persons with hearing disabilities and one-quarter of persons with visual or intellectual disabilities reported that information was not adapted to their needs. Persons with hearing disabilities more frequently indicated that they did not understand the information related to emergencies.
4. Persons with disabilities were slightly less likely than those without disabilities to have a go-bag with essential items prepared (16% and 18%, respectively) or to have an adapted basement suitable for use as a shelter (24% and 29%, respectively). They also felt less prepared for an accident at the Astravets nuclear power plant, for wartime danger, and for evacuation scenarios. To improve the preparedness of persons with disabilities for emergency situations, it is necessary to provide information and training in formats that are accessible and understandable to different disability groups, as well as to provide appropriate knowledge to those who support persons with disabilities.

In light of the key findings of the study and with a view to strengthening the preparedness of persons with disabilities for potential disasters or emergency situations, it is essential to enhance the readiness of State institutions, municipalities and non-governmental organisations involved in disaster or emergency preparedness and management processes to support persons with disabilities during emergencies, as well as to strengthen information provision, awareness-raising and training for persons with disabilities through various accessible formats.

1.5. Experiences of Foreign Countries: Ukraine and Croatia

The experience of Ukraine, where organisations of persons with disabilities have become an integral component of the crisis management and civil protection system, demonstrates that effective crisis response is impossible without their continuous participation in planning and decision-making. For Lithuania, it is particularly important to prepare to supply vital items to individuals, including rare medicines, prostheses, orthopaedic devices and medical equipment. In Ukraine, where prostheses or reimbursable medicines can often be provided only through state channels, thousands of people became hostages of the system. Lithuania must likewise plan in advance, prepare for and ensure the supply and maintenance of essential medical products, medicines, assistive technologies and devices, including smart technologies, under emergency conditions.

Croatia's practice, especially the publication and activities developed within the SEE ME 2 ("Safe and Equal in EMERgencies 2") project¹² implemented by the Croatian Ministry of the Interior and the organisation Udruga Spektr, highlights a clear model for training services and first responders. This model involves advanced preparation by educating relevant forces on how to communicate with and support people with varying needs, how to ensure accessible communication, and to reduce stereotypes. Unlike Croatia, Lithuania is only beginning to develop such comprehensive training programmes, though the need for them is evident. Notably, both countries actively involve persons with disabilities in the preparedness phase and in the exercise process for potential disasters and emergencies.

Taking into account the experiences of Ukraine and Croatia, it is important to

¹² Project SEE ME 2, 2024.; SEE ME 2 Priručnik za osposobljavanje, 2024.

emphasise that advance preparation for potential disasters and emergencies is essential. This includes assessing the requirements of persons with disabilities, planning for and stockpiling essential items, conducting education and training, and actively involving persons with disabilities in all stages of the preparedness processes.

1.6. Participation of Disability Organizations – An Essential Component of the Crisis Management and Civil Protection System

Since 2023, persons with disabilities and the organizations representing them have been increasingly included in national-level crisis management and civil protection exercises in Lithuania:

- In 2023, national-level civil protection functional exercises were conducted simulating an **accident at the Astravets Nuclear Power Plant**. Although exercises of this kind had been carried out in Lithuania before, this was the first time that they involved not actors or extras simulating disability, but persons with disabilities themselves and their representative organizations.
- In 2024, national-level civil protection exercises **simulating a nuclear accident at a nuclear power plant located in the territory of the Republic of Belarus** were held, with participation from persons with disabilities and their representative organizations.
- In 2025, the national-level civil protection functional exercise **“Vyčio skliautas 2025”** was conducted, involving persons with disabilities and their representative organizations.

Across these three exercises, in which representatives of the Lithuanian Disability Forum participated as observers and evaluators, both progress within the crisis management and civil protection system and persistent structural challenges were revealed. The tables below present the key issues related to the inclusion of persons with disabilities identified during these exercises, along with proposed solutions.

Table 2. Exercise "Vyčio skliautas 2025"

Problem	Solution
The evacuation from homes was carried out in a chaotic manner: people with disabilities were not called in time, some got "lost in the system" and did not receive all the information.	Set clear procedures and algorithms for evacuation from homes at the municipal level, call people in a timely manner, and assign a responsible coordinator to each route.
The home assistance call and consultation system is not accessible to people with hearing disability (only phone calls are available).	Ensure the availability of communication tools, including the ability to call for help in case of evacuation using the GPIS 112 mobile app for the emergency services telephone number 112..
Unadapted transport was provided, even though the need for adapted transport was indicated during registration.	Improve the call center questionnaire and IT system so that the appropriate transport is automatically selected according to the specified requirements.
People are taken to the wrong locations, and upon arrival, there is no record of them in the data systems.	Ensure a common flow of information: real-time database and persons responsible for the accuracy of lists at emergency operations centers, population self-assembly and reception points.
Persons who are lying down are unnecessarily transported through an intermediate point and registered twice.	Simplify the registration chain, ensure clear algorithms and a common flow of information: transport immobilized people directly to their final destination, provide for "one-stop" registration.

Registration points do not collect data on disability, health status, or assistance needs.	Standardize registration forms with mandatory fields on disability, health status, and required assistance, and train staff.
Reception centers and other institutions are not prepared to receive immobilized persons (lack of equipment, staff, space).	Designate specialized stations for immobilised persons, determine the composition of equipment and personnel teams, and test them in exercises.
Infrastructure is not adapted for people with mobility disabilities (inaccessible toilets, entrances).	Improve physical accessibility in accordance with Technical Regulation for Construction (hereinafter – STR) and accessibility standards, provide temporary solutions during exercises and crises (ramps, adapted toilets), collect and provide accurate information on the accessibility of buildings.
Poor communication between municipalities, institutions, police, and checkpoints.	Establish clear communication and accountability protocols, appoint a responsible person on each bus and at each stop.
Staff and volunteers lack sufficient knowledge on how to communicate with people with disabilities, especially deaf people.	Organize targeted training for staff and volunteers on communicating with people with disabilities and the specifics of disabilities, involve organizations of persons with disabilities, and strengthen cooperation.
The simulation exercise is not realistic enough – some of the extras and volunteers	Tighten up the rules for exercises, clearly state the goals and responsibilities, and make it mandatory to test real procedures

do not take the situation seriously and do not perform all the necessary actions	and equipment.
In some places, there was a shortage of medical and psychological support staff to meet the needs of people with disabilities.	Provide for a minimum number of medical personnel and psychologists at population self-assembly and reception points and collective protection buildings, and include them in plans and exercises.

Table 3. Exercise "Astravas 2024"

Problem	Solution
The elevators for people with strollers were not working at the Vilnius railway station.	Ensure continuous operation of elevators, inspection, alternative measures.
There was a lack of information signs showing people with wheelchairs how to access the adapted crossings.	Install clear directional signs and orientation markers.
No direct communication with deaf people.	Ensure sign language interpretation at every key point and, where this is not possible, provide information in writing. Increase the amount of information presented visually, including orientation and procedural information.
Persons with hearing disabilities were not identified.	Ensure mandatory identification of persons with disabilities and their requirements.

There was no toilet adapted for electric wheelchairs.	Ensure accessible toilets are available at all reception points and check the accessibility of the environment. Publish accurate and up-to-date information on accessibility.
Registration was only verbal – it was not accessible to deaf people.	Introduce the option of self-registration on tablets and phones.
The system lacks more detailed data about the person.	Expand registration data: disability, medication, individual needs.

Table 4. Exercise "Nuclear accident in Belarus" (2023 m.)

Problema	Solution
There is no adequate communication with deaf people (instructions are given only verbally, communication is through accompanying persons, inappropriate words are used).	Ensure mandatory training on communicating with persons with disabilities and the specifics of disabilities.
Deaf registration is not guaranteed – employees do not know what to fill in when a person cannot hear.	Provide standardized registration forms in sign language, train staff and volunteers.
No data is collected on disability, health, and assistance needs.	Ensure that data on disability, health, medication, and necessary assistance is collected during registration.

The process of sanitary cleaning of residents is inaccessible to persons who are deaf, inexplicable, chaotic.	Provide visual information about procedures, train staff and volunteers.
Hearing aids are not taken into account – there is a risk of damaging them.	Ensure that hearing aids and other assistive devices are checked before sanitary cleaning. Prepare and provide accessible information on how to handle them.
The person was transported unsafely on a stretcher, almost fell off, and the employees did not know how to fold the stretcher.	Ensure that employees are trained in how to safely lift and transport people.
There were no accessible toilets.	Adapt toilets or install mobile toilets at all reception points and ensure an accessible environment. Publish accurate and up-to-date information.
After registering, people waited for more than two hours without water and were unable to use the restroom.	Ensure minimum humanitarian standards, including accessibility of the environment.
There was a lack of adapted transport.	Plan and test adapted transportation in advance based on individual needs.
Insulin assistance was not provided in a timely manner, and there were no checks.	Based on individual needs, mandatory medical examinations are conducted and access to medication is ensured.
Extremely limited psychological support.	Ensure that psychologists are involved in every population self-assembly and reception point.

It is essential to involve persons with disabilities and their representative organizations in the organization of exercises. Inclusion in preparedness and evaluation activities contributes to the improvement of the crisis management and civil protection system, enables a more realistic assessment of challenges, and strengthens societal resilience. This helps to:

- » identify real needs that may go unnoticed by specialists or institutions;
- » adapt exercise scenarios so that they more closely reflect real-life situations;
- » enhance the capacity of response services, particularly in communicating with deaf persons and persons with intellectual and physical disabilities;
- » assess infrastructure accessibility based on actual conditions rather than documentation alone;
- » build trust between communities and institutions.

It is recommended that persons with disabilities and their representative organizations be involved in exercises at both national and municipal levels.

Recommendations for the Inclusion of Persons with Disabilities in Civil Protection Exercises

1. Contact NGOs operating at the municipal or national level that represent persons with disabilities.
2. Consult disability NGOs during the exercise planning stage regarding the accessibility of transport, assembly points, premises, and information. Accessibility-related consultations may also be provided by the Agency for the Protection of the Rights of Persons with Disabilities under the Ministry of Social Security and Labour (hereinafter – the Agency for the Protection of the Rights of Persons with Disabilities)¹³ or by municipal disability coordinators.
3. Involve organizations of persons with disabilities in the development of exercise scenarios and tasks, not only in their implementation.
4. Ensure that exercise tasks allow for the testing of as many real-life situations as possible (evacuation from homes, use of specialized equipment, assistance to persons with different types of disabilities).
5. When organizing exercises, contact social service institutions (day centres,

¹³ Agency for the protection of the rights of persons with disabilities.

care homes, group living homes) and invite them to participate.

6. Prior to the start of exercises, organize training for exercise staff and volunteers on the requirements of persons with disabilities, appropriate communication, and the provision of individualized support throughout the exercises.
7. During exercises, test the municipality's specialized equipment together with persons with disabilities.
8. Ensure that persons with disabilities and their representative organizations participate in exercises not only as extras, but also as evaluators who observe and provide feedback on the conduct of the exercises.
9. After the exercises are completed, ensure that persons with disabilities participating as extras, evaluators, and their representative organizations provide feedback. Organize a meeting to discuss the evaluation and recommendations, which should be taken into account when planning future exercises.

2. Disability Terminology and Ethics¹⁴

In order to ensure appropriate assistance and service provision for persons with disabilities, it is important to provide specialists and staff with essential knowledge on correct terminology and ethical communication when interacting with persons with disabilities.

The use of appropriate language and respectful communication is essential, as it is inseparable from respect for human dignity. In the past, persons with disabilities were referred to using terms that are now outdated and considered offensive. Therefore, it is important to clarify the main appropriate and inappropriate terms and to adhere to the principles of disability-inclusive language.

“People First” Principle

One of the most important principles of disability-related terminology is the people-first language. This acknowledges that disability does not define an individual but is only one aspect of their life. This means expressions such as: “children with Down syndrome,” “women with intellectual disabilities,” “a man with dementia,” “persons with disabilities.”

¹⁴ Disability-inclusive language guidelines adapted to the Lithuanian context, 2024..

In general, the terms “person with a disability,” “person who has a disability,” also “person who is blind” and „blind person“ may all be used. These constructions are appropriate and equally respectful. However, this person-first approach does not apply uniformly to all disability-related terminology in Lithuania, where there are certain accepted exceptions¹⁵

It should be noted that the term **"deaf-mute" is strongly discouraged**. It has a particularly negative and offensive connotation, as deaf people are not mute – they can communicate using sign language. The same applies to the outdated terms "invalid," "disabled," and "handicapped."

If there is uncertainty about which terms to use, it is advisable to ask the individual or group how they prefer to be addressed.

Persons with disabilities have the right to refer to themselves using the terms they personally find most acceptable and reflective of their identity, and this choice must be respected. However, state and municipal institutions, as well as other organisations and entities, should rely on recommended terminology that is generally accepted, aligned with the principles of the Convention, and respectful of the dignity of persons with disabilities.

Examples of recommended and non-recommended terminology are provided in the table below.

Table 5. Recommended and non-recommended terms	
Recommended	Not recommended
Person with a disability	Disabled person, disabled individual, invalid, sick person

¹⁵ **Translator's note.** In every language, disability-related terminology carries specific historical, cultural, and legal connotations, and direct equivalence between terms is not always possible. While people-first language follows the approach consistent with the terminology used in the *Convention on the Rights of Persons with Disabilities*, this approach does not apply uniformly across all disability-related terminology in Lithuanian and other languages. Guidance on disability-inclusive language have been developed by the United Nations Office at Geneva (*Disability-Inclusive Language Guidelines*, 2019). These guidelines have been adapted into Lithuanian as *Negaliai jautrios kalbos gairės. Adaptuotos Lietuvos kontekstui* (2024). Disability-inclusive language guidelines that are specific to Lithuanian linguistics/usage and not relevant for the English language were excluded from this translation.

A person / individual with autism spectrum disorder / cerebral palsy, an autistic person, an autistic person	Person suffering from autism / cerebral palsy
Person with a hearing disability; deaf person; deaf people	Deaf and mute (highly inadvisable), the deaf
Person with a vision/visual disability; blind person; blind people; person with low vision; deafblind person	Blind
Intellectual disability	Mental disability, mentally retarded
Psychosocial disability	Mental disability, mentally ill

3. Purpose and Use of the "Persons with Disabilities and Seniors" Data Application

In the process of planning for and managing potential emergency situations, data on persons with disabilities and their requirements is of particular importance. In order to collect, consolidate, and analyse data held by state institutions, agencies, and municipalities on persons with disabilities, the "Persons with Disabilities and Seniors" application was developed. The application provides information not only on persons with disabilities but also on senior citizens (aged 75 and over), with data grouped by municipality. Users can access detailed information about individuals, including age, gender, country of birth, disability, place of residence, and information about cohabiting persons. The application also includes information on collective protection structures (CPS) and shelters adapted for persons with disabilities within a municipality, including their addresses.

The application is an administrative data-based tool designed to enable municipalities to accurately assess where persons with disabilities and seniors live, what types of disabilities they have, and what assistance they may require in the

event of a potential disaster or emergency situation. The application integrates data from the Agency for the Protection of the Rights of Persons with Disabilities, the State Enterprise Centre of Registers, and the Fire and Rescue Department, thereby providing all information within a single, continuously updated system.

By using the application, municipalities can:

- Identify the geographical distribution of persons with disabilities on maps by municipality, ward, postal code, or 1 × 1 km / 100 × 100 m grid cells;
- Analyse statistics by age, type of disability, assistance priority, and other characteristics;
- View individual locations on a map, including the distance to the nearest CPS or shelter and its suitability for specific needs;
- Use filters that allow rapid identification of priority groups, such as persons with mobility, visual, or hearing disabilities;
- Model response scenarios by determining the number of staff and vehicles required for different response teams;
- Review individual profiles containing detailed information on each person's needs and required assistance.

The application enables municipalities to plan measures based on administrative data. It supports the planning of evacuation processes, the organisation of assistance for residents with disabilities, resource and response team planning, coordination of social and healthcare institutions' actions, implementation of preventive training, and other preparedness activities.

Platform for Registering the Preparedness of Persons with Disabilities for Emergency Situations

It should be noted that administrative data alone may be insufficient to accurately assess the requirements of a person with a disability during evacuation and to plan transportation and assistance. Therefore, administrative data may be supplemented through the Registration Platform for the Preparedness of Persons with Disabilities for Emergency Situations, where the individual concerned or another person may provide additional information on disability-related requirements throughout the emergency management cycle.

It is recommended that the process of entering data into the platform be organised at the level of the municipal emergency operations centre. Having assessed the preventive measures applied by the municipality and the available human resources, the operations centre may determine that data entry should be carried out gradually, involving social workers and specialists from social care institutions. Such an organisational model would help ensure that data are entered into the platform in a consistent manner and that accurate and high-quality information on the evacuation-related needs of persons with disabilities is collected. This would enable precise resource planning at the municipal level and strengthen municipal preparedness for emergency situations.

4. Recommendations for Entities

This subsection presents general actions and principles that must be applied in all cases of disability at different stages of emergency management: prevention, preparedness, response, and recovery.

1. Prevention

These are preparatory actions prior to response and actual actions, which help to reduce the risk and consequences of danger in advance. At this stage, it is important to ensure that the accessibility requirements of people with disabilities are assessed, that they and their representative organisations are involved in the development of emergency plans, and that overall physical and informational accessibility is improved.

2. Preparation

This involves specific actions to prepare for extreme situations. This stage focuses on gathering information and taking active steps to prepare for a disaster in order to strengthen resilience. It is essential to ensure that information is accessible and disseminated. In order to respond effectively, it is also important to identify individual disability-related requirements that may arise during the response.

3. Response

These are actions that are carried out during a real emergency situation, such as

evacuation or sheltering. At this stage, it is important to use the resources and skills acquired during the prevention and preparation stages and to act according to the plans that have been prepared. It is important to ensure the accessibility of information and the physical environment, as well as smooth communication between institutions. Based on pre-identified individual needs, statistical data about persons with disabilities, and additional disability-related requirements identified in a specific situation, it is important to ensure the functioning of individual assistance algorithms.

4. Recovery

The recovery phase begins once the danger has passed and it is safe to return. This phase involves restoring normal life, various services, and assistance. The recovery phase requires a detailed analysis of the disaster and the actions taken, as well as an assessment of the shortcomings and strengths. A smooth return to the place of residence must be ensured, if possible, by continuously assessing the accessibility situation and ensuring individual needs are met. It is important to ensure that information is provided in a timely manner and in accessible formats.

General Actions and Principles

Accessible shelters and evacuation routes

Adapted entrances, access to the basement or safe room without stairs, clear signage, appropriate tactile aids.

Collection of data on persons with disabilities (application „Persons with Disabilities and Seniors“)

It is important to identify where people with disabilities who have intensive support needs live. It is important to determine individual requirements as accurately as possible in advance so that, in the event of an evacuation, the necessary adapted transport and human resources can be planned precisely.

Involvement of residents in preparedness registration

People with disabilities must be able to provide information about their needs in advance.

Regular training for staff

Communication with people with different disabilities, evacuation using assistive devices, sensory needs recognition, use of data systems.

Exercises

Real-life situations and tasks, registration of people with disabilities, simulation of responding to requirements.

Response teams and functions

Clear structure: who informs, who evacuates, who registers, who coordinates medical or social services.

Assistive Devices

Evacuation chairs, evacuation sleds, stretchers, and lifts; personnel must be trained and able to use these devices.

Adapted transport

Planned measures: minibuses adapted for people with disabilities, possibility to transport a person in a lying position.

Interinstitutional relations

Establish contacts in advance with social institutions, non-governmental organizations, organizations for persons with disabilities, medical professionals, local authorities, and the police.

Documentation and updating of plans

Emergency preparedness and response plans must be regularly reviewed and updated in cooperation with organisations representing persons with disabilities.

Priorities for assistance

People who are unable to evacuate independently or who have a medical risk factor are evacuated and cared for first.

Evacuation using appropriate means

Avoid hasty actions – evacuate in such a way that the person is safe throughout the entire process..

Registration and transfer of information

It is important to document needs, medications, technical aids, contacts, and pass the data to the subjects that will accept the person.

Coordination between institutions

There needs to be constant communication between the municipality, PAGD, the police, emergency medical services, and social services.

Return home or temporary accommodation

Assess safety, ensure accessibility and support.

Ensuring basic needs

Food, water, medicine, assistive devices.

Psychological, social, and medical assistance

It is especially important after experiencing stress or trauma.

Updating plans based on real experience

Ensure that professionals and people with disabilities provide feedback after the crisis.

Organization of long-term assistance

Check whether the person can return to independent living or whether additional support is needed.

Identification and removal of barriers

! It is important to remember that disability arises not only from the person's own **impairment**, but also from **how this impairment interacts with various environmental barriers** that prevent the person from participating in society on an equal basis with others¹⁶.

In emergency situations, physical barriers and inaccessible information can determine whether a person with a disability can save themselves or evacuate independently. Such barriers can leave a person in a vulnerable and dangerous situation that may directly threaten their life.

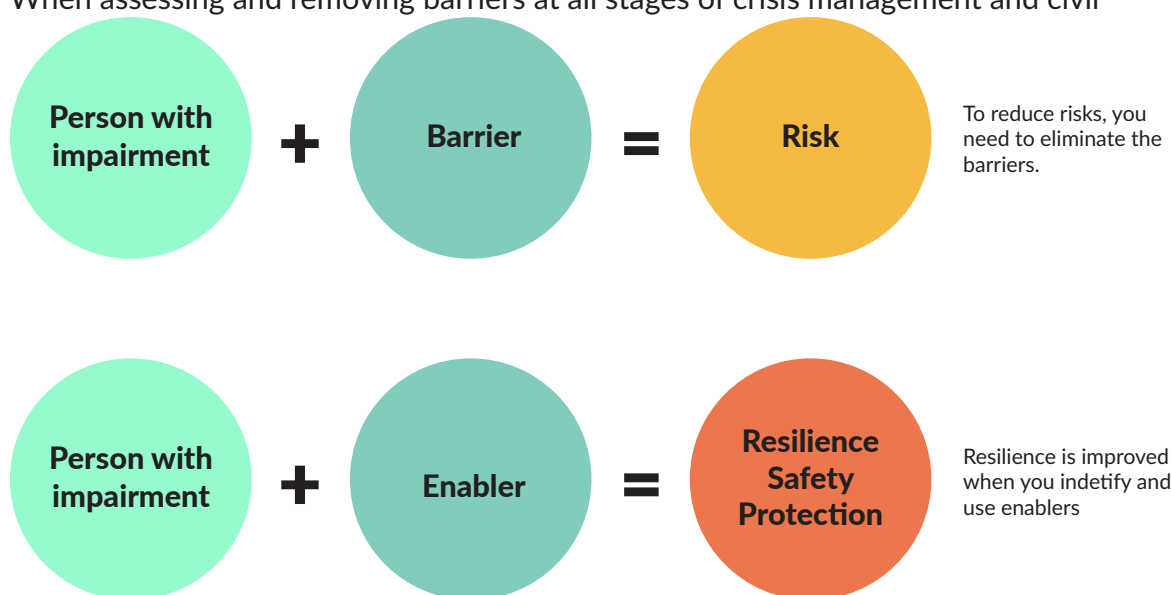
It is precisely the barriers in the environment that often determine the additional disability-related support needs, so it is important at all stages to assess as accurately as possible the **overall accessibility** and the barriers (physical and informational) that exist in each **individual case**.

¹⁶ United Nations Convention on the Rights of Persons with Disabilities, 2006.

Figure 1. Barriers and enabling measures to include persons with disabilities in crisis management and civil protection systems¹⁷

Only by accurately identifying barriers, can the independence of persons with disabilities be increased and appropriate assistance ensured.

When assessing and removing barriers at all stages of crisis management and civil



protection, it is important to pay attention to aspects of accessibility and ensure that reasonable accommodation (individual adjustments and modifications) are adequately provided.

Assessment of general accessibility

The assessment of general accessibility covers barriers in collective protection buildings, shelters, hideouts, and other infrastructure: for example, stairs, narrow passages and doors, insufficiently contrasting marking of obstacles for people with visual disabilities, unadapted toilets, and so on. It is also important to assess the accessibility and availability of adapted transport.

The assessment of general accessibility also covers **the accessibility of information**, which is crucial to ensuring a smooth and effective response by

¹⁷ Guidelines on the inclusion of persons with disabilities in humanitarian action. Working Group on the Inclusion of Persons with Disabilities in Humanitarian Action, Inter-Agency Standing Committee (IASC), 2019.

people with visual, hearing, intellectual, and psychosocial disabilities in the event of a potential threat or emergency. The public information system, all information, and signage used in crisis management processes should be provided in a variety of accessible formats and methods: audio, text, and visual (pictures/icons).

Barriers in Individual Situations (Reasonable Accommodation)

When implementing reasonable accommodation in the crisis management and civil protection system, it is important to establish processes and algorithms that would help to accurately identify individual barriers or requirements for support and respond to them effectively.

It is recommended to **establish clear algorithms** for identifying individual barriers/needs for assistance during crises or extreme situations and for responding to them in specific situations. Recommendations:

- Provide the opportunity to report a need / barrier to the responsible entity and initiate a dialogue (through various accessible means).
- Publish information on how persons with disabilities can inform about their support requirements;
- Establish a clear algorithm for meeting disability-related requirements (designated entity responsible for coordinating and (or) providing assistance).

Recommendations for Municipalities on Preparedness and Response

The “Persons with Disabilities and Seniors” application allows you to quickly identify which people should be given priority assistance in the event of a disaster or emergency. Response planning can be organized according to four priority levels: highest, high, medium, and low.

Based on these levels, it is recommended to plan the composition of response teams, the need for adapted transport, and other algorithms.

Taking into account the requirements of persons with disabilities, it is recommended to plan possible response teams and necessary measures. It should be noted that the most accurate assessment of a specific person's requirements for assistance can be made based on the information provided on the Registration

Platform for Persons with Disabilities Preparedness for Emergencies (see sub-section 3. Purpose and Use of the “Persons with Disabilities and Seniors” Data Application).

The tables below provide recommendations for possible team composition, necessary measures, and priorities.

Table 6. Possible response teams, their composition, and resources				
Response team	Team description	Personnel requirements	Assistive Devices	Available means of transport
A. Medical (intensive)	Team of assistants with specialized transport	3 (2 assistants, if necessary, 1 medical professional or nursing specialist)	Stretchers, oxygen, medicines, crutches, evacuation chairs, etc. (according to individual needs)	EMS (Emergency Medical Service Vehicle) or medical minibus for transporting individuals in a lying position or equipped with a lift
B. Psychosocial	Psychological / assistance team focused on challenging behavior management and communication	2 (assistant / guardian or psychologist)	Sensory aids, alternative communication aids	Bus with escort
C. Mobility assistance	Physical transfer assistance team (e.g., carrying out of stairwell, transferring to transport)	1–2 (assistant + physical therapist)	Wheelchair, walker, stair climber, evacuation chair, etc.	Minibus equipped with a lift
D. Communication / Orientation	Assistance with communication or orientation in unfamiliar surroundings	1 (sign language interpreter, assistant, guardian, or supported decision-making specialist)	Alternative means of communication, information and communication technologies and other means of communication, escort	Bus (standard seat)

E. Minimum aid	Minimal assistance (just to check if escort/reminder is needed)	1	Additional orientation assistance, referral, accompaniment	Bus (standard seat)
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Table 7. Recommendations for planning aid priorities

Priority of assistance	Target group (Based on Individual Support Needs (IPP) and disability level (DL))	Potential requirement	Possible response actions
Highest	• 1 or 2 IPP level • $DL \leq 30\%$ • For children – sunkus severe or moderate DL	Persons who are completely or almost completely dependent on intensive support – require constant, intensive, comprehensive assistance in all areas	• Evacuation priority • Assign intensive response teams (A, B) • Ensure adapted transport according to individual needs • Ensure constant supervision and escort • Develop individualized assistance plans
High	• 3 Level of individual assistance • $30\% < DL \leq 40\%$ • For children – mild disability	Limited independence – requires regular daily assistance	• Assign teams of types B, C, or D • Ensure regular information and support • Prepare assistance routes, designate contact persons

Average	• 4 Level of individual assistance • 40 % < DL ≤ 50 %	Partial independence – assistance needed occasionally	• Provide short-term assistance in accordance with an individual assistance plan • Use lower intensity commands (D, E) • Ensure clear information and assistance with accompaniment/ orientation in the environment
Low	• No level of individual assistance • 50 % < DL ≤ 55 %	The person is independent in most areas – assistance is required occasionally	• Inform about actions in accessible ways, clarify disability-related needs during registration • It is important to accurately determine the requirements for assistance or medical care. • If there are individual needs related to disability, draw up an individual assistance plan. • If necessary, assign D/E teams to assist

Table 8. Potential identified needs and proposed priorities

Issue regarding the registration platform for people with disabilities' preparedness for emergency situations	Selected answer	Priority for planning assistance	Explanation of priority
7. Would you be able to evacuate on your own?	No, I would need help to evacuate.	Highest	The person requires comprehensive, constant assistance (with mobility, communication, health, or hygiene). Evacuation, medical, and social assistance are planned as a matter of priority.
8. Is there someone who would accompany you and take care of you during the evacuation?	I don't have anyone to help me during an evacuation.	Highest	The person requires comprehensive, constant assistance (with mobility, communication, health, or hygiene). Evacuation, medical, and social assistance are planned as a matter of priority.
4a–4d. Is it difficult to walk, take care of yourself, see, or hear?	At least one response option: "completely impossible"	Highest	The person requires comprehensive, constant assistance (with mobility, communication, health, or hygiene). Evacuation, medical, and social assistance are planned as a matter of priority.
12. Is specially adapted transport required during evacuation?	Yes, adapted for people who are immobilized.	Highest	The person requires comprehensive, constant assistance (with mobility, communication, health, or hygiene). Evacuation, medical, and social assistance are planned as a matter of priority.

13. Should communication be conducted in an accessible (alternative) manner during an emergency?	Communicate using alternative means of communication.	High	The person is capable of performing some activities independently, but requires constant assistance in emergency situations and unfamiliar environments.
7. Would you be able to evacuate on your own? 8. Is there anyone who could accompany you?	7 = „More time would be required“, 8 = „There is a person who may not always be able to help“	High	The person is capable of performing some activities independently, but requires constant assistance in emergency situations and unfamiliar environments.
4a–4d. Functional abilities	"Somewhat complicated" in one or more points.	Average	The person performs most activities independently, but may require short-term/episodic assistance or information in emergency situations.
7. Would you be able to evacuate on your own?	Yes, I could evacuate immediately on my own.	Low	Most activities can be performed independently. There is no need to plan individual assistance, but specific individual needs may arise (to be included in the individual assistance plan)..

4.1. Specific Characteristics of Different Disabilities

The table below provides summary information on possible disability-related requirements at each stage of emergency management, according to the type of disability.

Table 8. Possible requirements according to the nature of disability

Type of disability	Possible needs	Potential needs by stage	Type of response team
Mobility Disability	Highest level – lift, hoist, evacuation chair, transport for lying patients, constant assistance in inaccessible environments. High – individual assistance plan, adapted transport, assistance in inaccessible environments. Moderate – occasional assistance in an inaccessible environment. Low – independent, occasional assistance.	Prevention: remove environmental and information barriers, organize training on accessibility, inform people with disabilities about accessibility and response algorithms, train staff. Preparation: identify individual needs, approve response algorithms, plan transportation, equipment, personnel, conduct drills with response and assistance scenarios. Response: evacuate in order of priority, based on approved algorithms and identified individual needs, using adapted transport and trained personnel. Recovery: identify new barriers, adapt housing, continue individual assistance, social services.	C. Mobility assistance or A. Medical (intensive) (if intensive assistance is required)
Visual Disability	Highest – constant escort. High – frequent assistance with orientation. Moderate – occasional assistance. Low – need for information adaptation.	Prevention: training on accessibility for people with visual impairments. Adapting the environment for people with visual impairments (CPS, markings for shelters and hiding places), adapting information and education to accessible formats. Preparation: training for escorts, evacuation drills. Informing people with visual disabilities about preparedness and accessibility. Response: ensure that information is provided	D. Communication / orientation or E. Minimal assistance

		in accessible formats and that individual support and assistance is provided to help people find their way around. Recovery: identify new barriers, continue individual assistance and social services as needed.	
Hearing Disability	The highest level is subtitles, continuous written and visual communication, sign language. High – subtitles, continuous written and visual communication, sign language. Average – written and visual information. Low – visual cues are needed, identification of individual needs.	Prevention: education about sign language and accessibility of information, accessible communication (training for communities, services). Preparation: training with sign language interpreters and visual information. Testing of assistance algorithms. Ensuring sign language and text-based assistance call systems and attracting users. Identification of individual needs. Response: Ensure that information is communicated promptly in sign language (remote interpretation, sign language interpreters at points of contact, etc.), as well as in writing and visually. Refer to response algorithms if further assistance is required. Restoration: restoration of information and communication technologies, communication tools, training on accessibility.	D Communication / orientation
Psychosocial Disability (mental)	Highest – intensive assistance. High – frequent assistance, need for a calm environment. Average – occasional assistance.	Prevention: mental health education. Preparation: training in psychological competencies for municipal employees, exercises with crisis scenario simulations. Identification of assistance needs.	B. Psychosocial

	Low – sufficient information, identification of individual needs..	Response: provide assistance according to established response algorithms and individual assistance needs. Recovery: identifying needs for assistance, providing assistance, social services.	
Intellectual Disability	Highest – intensive assistance, easy-to-read, plain language. High – constant assistance, easy-to-read, plain language. Average – occasional assistance. Low – assistance is occasionally required, clear communication and accessibility of information are important.	Prevention: training, easy-to-read, plain language in educational campaigns, public information tools. Preparation: training with guardians and assistants, training for people with intellectual disabilities, guardians, and social workers on extreme situations and preparedness, identification of individual needs and algorithms (different algorithms for assistance in institutions and in the community). Accessible communication: plain language, clear information, individual assistance. Response: accessible communication, plain language, clear information, individual assistance based on algorithms. Recovery: identifying needs, ensuring assistance and social services in the community.	B. Psychosocial
Internal diseases	Highest – individual medical devices and transport. High – intensive care, medical measures. Average – occasional assistance. Low – assistance as needed.	Prevention: educational campaigns and training, developing a reserve of medicines. Preparation: training for medical professionals and municipalities on evacuation plans. Determining the need for medical supplies for the reserve. Building up the reserve. Establishing algorithms for the use of	A-E according to need

		medical supplies. Drills based on scenarios and algorithms. Response: follow established response algorithms, ensure provision of medical supplies and assistance. Recovery: needs assessment, provision of assistance, social and medical services.	
Complex	Highest – several disabilities requiring intensive assistance. High – need for intensive assistance. Average – partial independence. Low – assistance as needed/occasionally.	Prevention: training on the specifics of disability and providing assistance. Preparation: identify individual needs, approve response algorithms, plan transportation, equipment, personnel, conduct drills with response and assistance scenarios. Response: evacuate in order of priority, based on approved algorithms and identified individual needs, using adapted transport and trained personnel. Recovery: identify new barriers, adapt housing, continue individual assistance, social services.	A. Medical (intensive) (if intensive care is required)
All disabilities (general)	Highest – constant assistance by several persons. High – constant assistance from one person, adaptation of information. Average – occasional assistance, adaptation of information. Low – independent movement/actions, minimal assistance, adaptation of information.	Prevention: educational events, consistent improvement of information and environmental accessibility. Preparation: exercises and training according to the type of disability, formation of response teams, establishment of algorithms. Response: implementation of response algorithms, individual assistance, information available in various formats. Recovery: reintegration training, continuity of long-term assistance.	A–E according to need

4.1.1. Mobility Disability

Mobility impairment is a physical condition that makes it difficult or impossible for a person to move independently, stand, climb stairs, get up, sit down, walk distances, or use their hands.

Functionally, mobility impairment can be:

- Partial or absolute
- Temporary or permanent
- Involving leg functions (walking short/long distances, climbing stairs) and/or arm functions (opening doors, pressing buttons, holding onto handrails)
- Visible (wheelchair, crutches used)
- Invisible (muscle weakness, spinal cord injuries, internal organ diseases, chronic pain)
- Congenital
- Acquired after trauma, stroke, surgery, chronic diseases
- May occur suddenly or gradually, be variable
- Technical aids may be required, which become an integral part of human movement (body).

! Mobility disability **does not mean that a person is completely unable to move**, but it does mean that **certain movements are restricted**, thereby changing the person's interaction with their environment.

Requirements of Persons with Mobility Disabilities During Emergency Situations

Prevention and preparedness

Ensuring accessibility

1. Identify barriers in the environment and remove them.
2. Follow the principles of universal design.
3. Consult with organizations representing persons with disabilities and the Agency for the Protection of the Rights of Persons with Disabilities.

(for more information on accessibility requirements, see Section 6. "Ensuring Environmental Accessibility and Infrastructure")

Information provision / Briefing

1. Establish dialogue with people with mobility disabilities through municipal social services departments, local authorities, and NGOs. Use the Persons with Disabilities and Seniors app to compile a list of people who will need assistance in evacuating, using the questionnaire from the Registration Platform for **Persons with Disabilities** Preparedness for Emergencies (see Section 4, Recommendations for Entities).
2. **Discuss and agree with the person beforehand:**
 - » Actions to be taken during evacuation (individual assistance plan).
 - » Determine whether the person will be able to evacuate independently, with the assistance of relatives, or will wait for municipal assistance.
 - » Identify the nearest shelter, refuge, or CPS, and identify and eliminate any existing obstacles therein.
3. **Publish accurate accessibility information about:**
 - » Accessible evacuation routes.
 - » Adapted assembly points.
 - » Shelters.
 - » Buildings with ramps and lifts.
 - » Contacts for assistance in calling for cover (in various ways).
4. **Create an interactive map of shelters with information about:**
 - » Dimensions of doors and passageways.
 - » Stairs and ramps.
 - » Handrails.
 - » Accessibility of toilets.
 - » Provide real photographs (entrance, interior, toilet).

Assistive devices

1. Use a pre-established list of persons with disabilities who will require assistance.
2. Allocate assistive devices in buildings according to individual requirements.
3. Develop a municipal map of assistive devices.

Introduce the person to:

- » Firefighters.
- » Volunteers.
- » Local eldership staff..

Procurement of assistive devices

1. Acquire the necessary assistive devices.
 - » Consult with the Agency for the Protection of the Rights of Persons with Disabilities¹⁸.
 - » Consult relevant disability organizations.

Exercises

1. Organize drills in the municipality and in the local communities. Use the experience and recommendations from civil protection drills (see section 1.6. Participation of Disability Organizations – An Essential Component of the Crisis Management and Civil Protection System).
2. Organize drills in real-life conditions, involving people with mobility disabilities and their organizations.
3. Repeat the drills regularly so that staff:
 - » Are able to use assistive devices properly.
 - » Act confidently and appropriately in stressful situations.

¹⁸ Agency for the protection of the rights of persons with disabilities.

Preparation of Assistive Devices

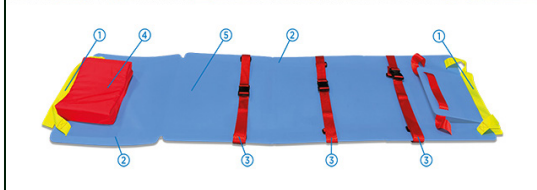
During emergencies, it is particularly important to ensure that people with mobility disabilities are evacuated safely and quickly. Individuals who are unable to use stairs or move independently must be evacuated using specialized evacuation equipment.

! Important to know:

1. Standard wheelchairs are not suitable for evacuation via stairs.
2. Specialized evacuation devices must be used and operated by trained personnel.
3. Evacuation equipment must be adapted to and suitable for the specific individual. Not all devices are appropriate for evacuating every person with a mobility disability.
4. A person's personal assistive devices (wheelchair, walker, crutches) must be evacuated together with the person.
5. A single solution does not fit everyone—an individual assistance plan must be agreed upon in advance with the person and the local ward.

Table 9. Possible Assistive Devices and Their Description

Assistive Device	Description and Purpose
	Evacuation chair • Used for descending stairs or slopes. • Suitable for cases of unstable body position. • Provides head and back support, safety belts. Before use: • Plan the transfer in advance. • Prepare a wheelchair or receiving aid at the lower level. • Must be regularly tested during exercises.



Evacuation Sled / Drag Device

- Suitable for people in a lying position or with very limited mobility.
- Can be operated by a single rescuer.

Suitable for:

- Stairs
- Flat floors
- Uneven surfaces

Equipped with:

- Head-stabilisation cushions
- Long pulling straps

Used when rapid evacuation is required (e.g. fire, smoke)



Transport chair

- Used on flat surfaces only.
- Not suitable for stairs.
- Not intended for independent mobility.



Transfer Lift / Hoist

6. Intended for transferring a person from a wheelchair to a bed or another surface.
7. Requires at least two staff members.
8. Actions must be explained to the person in advance.
9. If trunk or head control is insufficient:
 - One staff member supports the shoulders,
 - Another supports the legs.

Response

Upon Arrival to a Person with a Mobility Disability

1. Introduce yourself, explain the situation, and what to do next.
2. Clarify what kind of assistance the person requires.
3. If immediate action is necessary, clearly inform the person what you are about to do.
4. If a person is unable to leave the building due to physical obstacles, escort them to a safer place: near a staircase or room away from the source of the fire, falling glass, or other hazards.

Guidance on Lifting and Assisting a Person

- » Check for possible unseen injuries and ask the person about their requirements.
- » If the person is able to shift their body weight independently and maintain support, ensure that a stable and safe point of support is provided.

Use:

- » Available technical assistive devices.
- » When transferring a person into an evacuation chair or evacuation sled, at least two staff members must assist. If the person does not have control over their trunk or head, one staff member must support the shoulders and another must support the legs. Actions must be performed smoothly and in coordination.
- » Transfer boards may additionally be used to facilitate safer movement from one device to another.

If Assistive Devices Are Not Available

- » If possible, ask the person how they should best be assisted.
- » Follow guidance on manual transfer and carrying techniques (see Proper Techniques for Carrying Persons with Mobility Disabilities).
- » Follow guidance on carrying a person using their personal wheelchair (see Carrying Using a Personal Wheelchair).
- » Before pushing a wheelchair, always ask for the person's consent or clearly inform them that you are about to do so.
- » Ensure that the person retains their personal assistive devices and can use them immediately after evacuation.
- » If necessary, involve specially trained personnel.

Registration

1. During registration, determine:
 - » All health-related, disability-related, psychological, and social support needs.
 - » The person's ability to move independently and perform actions, as well as the type and level of assistance required.

Proper Techniques for Carrying Persons with Mobility Disabilities

The following are examples of possible carrying techniques:

1. „Two-hand seat carry“.
2. The wheelchair is carried by two people. Before lifting, you should ask the person how to hold the wheelchair correctly. If you lift the wheelchair incorrectly, it may break apart, break, and injure the person sitting in it.
3. Carry on your back.
4. Assistance with walking is appropriate when a person can walk but needs support.
5. Carry by the legs and armpits.
6. „Chair carry“.



Fig. 2.
Possible carrying
techniques



Fig. 3. A method for transporting rescued people relatively quickly

Figure 3 shows another method of carrying a person. It is suitable when it is necessary to carry rescued persons over a certain distance relatively quickly, with less discomfort and risk of further injury compared to other carrying positions.



Fig. 4. Sequence of carrying a person without a wheelchair

Carrying Using a Personal Wheelchair

If special equipment is not available and evacuation is only possible using the person's own wheelchair, several important safety principles must be followed:

1. At least two people should assist with the evacuation, or four in the case of a heavier wheelchair.
2. The wheelchair should be turned away from the stairs and tilted back slightly to keep the person stable.
3. Safety belts must be used, and if the wheelchair is electric, the batteries must be removed.
4. Most wheelchair components (wheels, armrests, footrests) are not designed for lifting. Improper handling **may cause injury** to both the assisting personnel and the evacuated person, and **may also result in damage to the wheelchair**.



Fig. 5. Transportation of a person in a wheelchair on stairs

Recovery

1. Assess whether the person can return to the home from which they were evacuated.
2. If returning home is not possible, determine whether the person has relatives with whom they could stay. Compile a list of relatives or other contacts who could provide assistance.
3. If staying with relatives is not possible, cooperate with social services to arrange short-term or long-term accommodation.
4. Ensure that the assigned accommodation is accessible. If new barriers are identified, assess them and develop a plan for their removal.
5. In all cases, ensure access to adapted transport to the place of return or accommodation.
6. Ensure that upon returning home the person has access to food, water, and required medication.
7. Maintain contact with the person. Coordinate options for returning home or staying with relatives, assess social and psychological support needs, and ensure that appropriate social assistance is provided.

Transportation of Persons with Mobility Disabilities During Emergency Situations

When transporting persons with disabilities, the following may be required:

1. Vehicles equipped with lifts, platforms, wheelchair securing systems, or adapted for transporting persons in a lying position.

2. Backup assistive devices (evacuation chairs, lifts, etc.).
3. Personnel must be trained to use assistive equipment and to help individuals safely enter and exit transport vehicles.

Below are illustrations of different types of adapted transport:

- Vehicle adapted for persons with mobility disabilities (with ramp) (**Fig. 6**)
- Vehicle adapted for transporting persons in a lying position (with ramp) (**Fig. 7**)
- Vehicle adapted for persons with mobility disabilities (with lift) (**Fig. 8**)



Fig. 6. Vehicle adapted for persons with mobility disabilities (with ramp)



Fig. 7. Vehicle adapted for transporting persons in a lying position (with ramp)



Fig. 8. Vehicle with a lift for persons with mobility disabilities

4.1.2. Visual Disability

Visual disability refers to a condition in which a person's vision is partially or completely impaired, making it difficult or impossible for them to orient themselves in the environment, particularly when interacting with environmental barriers or in the absence of accessibility.

Visual disability may be:

- Partial or total,
- Congenital or acquired,
- Permanent or progressive.

! Persons with visual disabilities usually have typical cognitive abilities.,

Therefore, communication should be conducted in a standard manner, verbally and respectfully. It is important to clearly explain actions and to describe visual information verbally. The key priority is to ensure **additional assistance with orientation and mobility.**

Figure 9 illustrates various visual impairments, including protanopia, cataracts, retinal detachment, glaucoma, diabetic retinopathy, macular degeneration, and retinitis pigmentosa. A reference image of normal vision is also provided for comparison. This illustration helps to visualise how people with different visual impairments perceive their environment..



Fig. 9. Visualization of various visual impairments

Requirements of Persons with Visual Disabilities During Emergency Situations

Prevention and preparedness

Ensuring accessibility

1. Ensure that key civil protection facilities are equipped with:
 - » Tactile pathways.
 - » High-contrast stair edges and obstacles.
 - » Tactile warning surfaces (for obstacles) or audible signals.
2. Information must be provided not only visually, but also in audio or digital formats compatible with screen readers. Accessible information must include:
 - » Evacuation routes.
 - » Shelters, cover facilities, CPS.
 - » Population assembly and distribution points.
 - » Accessibility of these facilities.
 - » Warning sirens and alert messages.

Information provision / Briefing

1. Establish contact with persons with visual disabilities through municipal

social service departments, local administrative units (wards), and non-governmental organisations. Use the data application “Persons with Disabilities and Seniors.”

2. In advance, coordinate with the person:

- » Actions to be taken during evacuation,
- » Whether the person will be able to evacuate independently, with assistance from relatives, or will require municipal support.



Fig. 10. Example of contrast use in indoor spaces

Guide Dogs¹⁹

Guide dogs are an essential support measure for persons with visual disabilities.

¹⁹ Connect Center. „Preparing for Disasters or Emergencies When Blind or Low Vision“; National Rehabilitation Information Center. „Emergency Preparedness and People with Visual Disabilities“.

Under the laws of the Republic of Lithuania²⁰, guide dogs are permitted to use public transport infrastructure and to access public spaces and public buildings, including clinics, hospitals, schools, and shops. During evacuation, this means that the guide dog must be evacuated together with its owner.

1. Anticipate that guide dogs may accompany their owners during evacuation and ensure that staff are trained accordingly.
2. Guide dogs must not be separated from their owners during evacuation, in shelters, CPS, or other temporary accommodation facilities. The dog must not be held by the harness, only by the leash.
3. Prepare shelters, CPS, and temporary accommodation facilities to receive guide dogs (designated space, food, water, bowls)
4. Ensure that responsible staff are informed in advance about the arrival of a guide dog and the requirement not to separate it from its owner.

Response

Upon arrival to a person with a visual disability

1. The responder shall introduce themselves and clearly explain the situation and the planned actions.
2. Find out what kind of assistance the person requires.

Communication guidelines

The most important thing is to clearly introduce yourself verbally:

- » „My name is Mantas, I am a volunteer from the Red Cross. I will stay close and help you reach shelter safely“.
- » „I will accompany you and help you find your way around“.
- » „Please contact me if you have any questions“.

Avoid vague directions such as: “we will go there,” “here,” “somewhere,” “nearby.”

Give clear and specific instructions:

²⁰ Lietuvos Respublikos asmens su negalia teisių apsaugos pagrindų įstatymo [Nr. IX-2228](#) redakcija; Lietuvos Respublikos lygių galimybių įstatymo [Nr. XII-2768](#) redakcija.

- » „There are stairs down in front“.
- » „Wall on the left, open space on the right“.
- » „After three steps, we will turn right“.

Guidance

1. Ask whether the person needs guidance.
2. Offer the person to take your arm.
3. Walk half a step ahead.
4. Warn about obstacles, stairs, thresholds, and narrow spaces.
5. When boarding transport, explain where the doors are, where to hold on, and where to sit.

Priority of assistance

1. Assistance is provided on a priority basis if a person is unable to safely orient themselves independently, there is smoke, fire, or a risk of collapse.
2. Rescuers and other specialists must be informed that the person has a visual disability or requires constant assistance.

Registration

During registration, clarify:

- » Whether the person can orient themselves independently.
- » What kind of assistance is needed (guidance, health-related, psychological, or other).

Ensure that the person is not left alone in an unfamiliar space. Provide the means to call for help (e.g., give them a phone number).

Recovery

1. Assess whether the person can return to the home from which they were evacuated.

2. If returning home is not possible, determine whether the person has relatives with whom they could stay and compile a list of contacts who could assist.
3. If staying with relatives is not possible, cooperate with social services to arrange short-term or long-term accommodation.
4. Ensure that upon returning home the person has access to food, water, and required medication.
5. Maintain contact with the person, coordinate options for returning home or staying with relatives, and address social and psychological support needs. Ensure that the person receives the necessary social assistance.

4.1.3. Hearing Disability

A hearing disability is a hearing impairment or loss which, in interaction with environmental barriers (especially lack of accessible information), limits orientation, communication, participation, and response.

- » Mild
- » Moderate
- » Severe
- » Highly Severe
- » May affect one or both ears;
- » May be congenital or acquired (early or later in life).

! Hearing disability is not related to cognitive ability. Deaf people most often communicate using sign language, while hard-of-hearing people usually communicate in spoken Lithuanian and may use hearing aids, cochlear implants, or other assistive devices (sometimes not continuously, so hearing levels may vary).

Access to information for deaf people is a prerequisite for equal participation in society, including timely access to critical information.

Sign Language

Sign language is the primary means of communication for deaf people. In Lithuania, Lithuanian Sign Language,²¹ is officially recognized and has its own grammar, structure, and vocabulary. It is not a direct translation of Lithuanian. It is an independent language system.

! For many deaf people, sign language is their first (mother) language, not Lithuanian.

! Written Lithuanian may be a second language for deaf people, which they may have mastered to varying degrees, making the text more difficult to understand (similar to non-native speakers of Lithuanian).

! Long, complex, or abstract written formulations may be difficult to understand.

Alternative / Accessible Means of Communication

1. In writing – in short, clear sentences, avoiding complex structures.
2. By gesticulating or drawing.
3. Using video communication platforms with sign language interpreters.
4. Providing information through subtitles or text messages.

Requirements of Persons with Hearing Disabilities During Emergency Situations

Prevention and preparedness

Ensuring accessibility

1. Ensure that deaf people are alerted to danger in a way that is accessible to them – vibration, flashing screens, text messages.
2. Information about the evacuation process, routes, shelters, and assembly points must be presented in a way that is understandable to deaf people. Information presented in the media (news, press releases) about civil protection exercises or dangers must be translated into sign language.

²¹ Lithuanian Association of the Deaf (Lietuvos kurčiųjų draugija)

3. Work with sign language interpretation centers and organizations of deaf people. Prepare video clips and visual materials in sign language in advance, explaining what to do in case of an emergency:
 - » „Evacuation is necessary“.
 - » „We are going to the collection point“.
 - » „Grab your essentials / departure bag“.
 - » „This is the assembly point for residents.“.
 - » „Registration is in progress“.
 - » „Your details are required“.
 - » „After registering, you will need to wait for the bus, we will go... [specify]“.
4. Share the prepared visual material in sign language with staff and volunteers. Ensure that this material can be used during training exercises and in emergency situations.

Information provision / Briefing

1. Use the “Persons with Disabilities and Seniors” app. Make a list in advance of people who would need assistance in the event of an evacuation.
2. Establish contact with deaf people through municipal social services, local authorities, and NGOs. Agree in advance:
 - » Whether the person receives information via SMS, apps, email, or other means.
 - » Whether he or she will be able to evacuate on their own, with the help of relatives, or will wait for help from the municipality.
 - » Requirements and necessary assistance during an emergency.
 - » Encourage deaf people to create personal/family emergency plans: what to do if communication is lost, if the power goes out, or in case of independent evacuation.

Exercises

1. Organize drills in municipalities and local communities. Draw on the experience and recommendations of civil protection drills (see section 1.6. Participation of Disability Organizations – An Essential Component of the Crisis Management and Civil Protection System).
2. Organize drills in real-life conditions, involving people with hearing disabilities and their representative organizations.
3. Include sign language interpreters in the drills.

Response

Upon arrival to a person with a hearing disability

1. Follow the advice on alternative communication methods (see Alternative / Accessible Means of Communication). Use prepared visual material in sign language.
2. Stand facing the person so that they can see your face, and do not cover your mouth.
3. Introduce yourself and explain the situation and the subsequent steps.
4. Determine what assistance the person requires.

Registration

During registration, establish the following:

- » Whether the person requires a sign language interpreter.
- » Whether the person uses a hearing aid or a cochlear implant.
- » Which method of communication is most convenient for the person (this is particularly important when communication through an interpreter is not available).
- » All health-related, disability-related, psychological, and social support needs.

Recovery

1. Assess whether the person will be able to return to the home from which they were evacuated.
2. If returning home is not possible, determine whether the person has relatives with whom they could stay. Compile a list of relatives or other contacts who could provide assistance.
3. If staying with relatives is not possible, cooperate with social services to arrange short-term or long-term accommodation.
4. Ensure that upon returning home the person has access to food, water, and required medication.
5. Keep in touch with the person in a way that is accessible to them. Coordinate opportunities to return home or visit relatives. Assess the need for social and psychological assistance. Ensure that the person receives the necessary assistance in sign language or other accessible ways.

4.1.4. Intellectual Disability

Intellectual disability is an intellectual impairment that, in interaction with societal and environmental barriers (primarily the inaccessibility of information), prevents individuals from participating on an equal basis with others, understanding information, and responding effectively in emergency situations.

A person with an intellectual disability may exhibit the following characteristics:

- » It is more difficult to understand complex information, make decisions, orient oneself, and act independently in new, stressful situations.
- » Other disabilities often occur together: partial paralysis, epilepsy, blindness, deafness, autism spectrum disorders²².
- » It is usually congenital or develops during childhood or adolescence. In rare cases, intellectual disability may be acquired due to medical reasons.

²² World health organization. „Intellectual disability“, WHO-EM/MNH/221/E, 2019.

! People with intellectual disabilities have different needs and abilities, so assistance must be individualized. Intellectual disability does not mean that a person cannot communicate – it simply requires adapted and appropriately presented information.

! During emergencies and in the stages of preparation, **it is very important to ensure that people with intellectual disabilities are informed and trained** – this is essential for their safety in the event of potential threats and emergencies. They must not be kept in the dark. If people with intellectual disabilities know how to behave, they will be safer.

! Adults with intellectual disabilities should not be treated like children.

The public lacks knowledge, and stereotypes and myths about people with intellectual disabilities prevail. Although some live independently, they may need help with decision-making or other social support. People, regardless of their disability, **have the right to information**, independent living, and supported decision-making²³.

Social care institutions

Due to the specific nature of their disability and greater need for assistance, people with intellectual disabilities receive day, short-term, or long-term social care services. This can often be a cause of social exclusion, as people are not integrated into society but live in large social care homes. **Services and information that are available to the general public are often not available to residents of social care homes. There are also additional security risks (e.g., in the event of epidemics and pandemics).**

Accessibility of Information for Persons with Intellectual Disabilities

The following should be used:

- Verbal information: short, clear, and easily understandable sentences.
- Alternative means of communication (pictograms, visual material) should be used in conjunction with verbal information.

²³ United Nations Convention on the Rights of Persons with Disabilities, 2006.

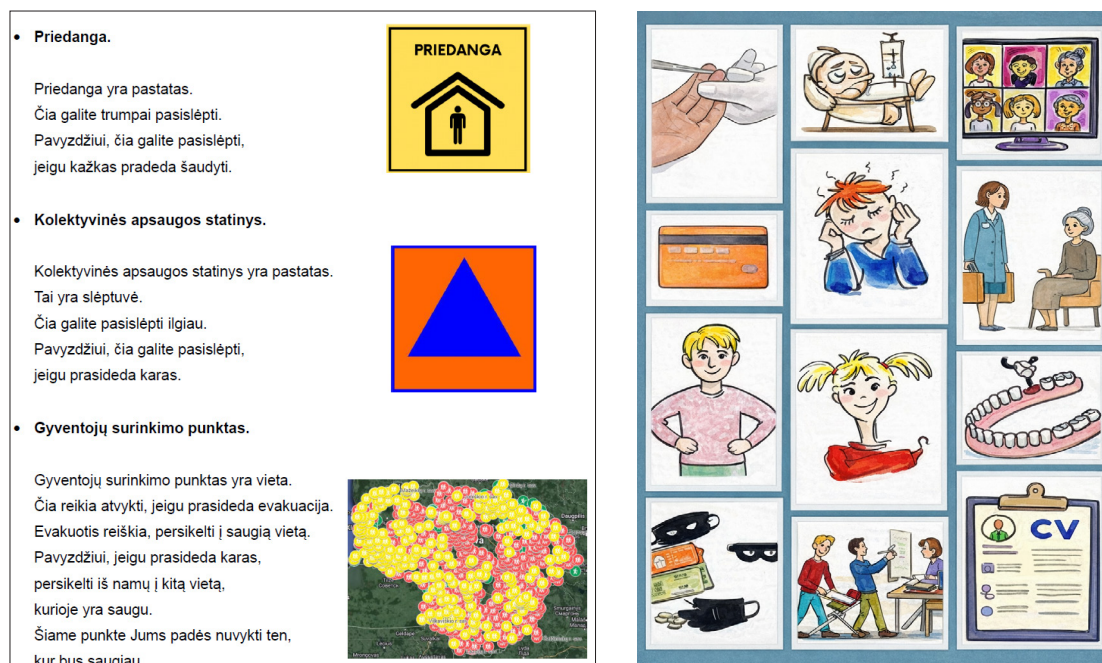


Fig. 11. Easy-to-read language (left) and pictograms (right)

Routine and consistency are important for people with intellectual disabilities, so unexpected changes can cause anxiety. For example, when a loved one is absent, necessary items are missing, or an unfamiliar environment or situation causes significant stress or fear, the person may exhibit certain behaviors: they may become irritable, withdrawn, or closed off, and may become angry or aggressive. Therefore, it is important to communicate clearly and explain the situation.

Behavioral and Response Characteristics in Emergency Situations

EEmergencies – fires, floods, earthquakes, transportation or industrial accidents, as well as man-made threats – often cause panic. For people with intellectual disabilities, this experience can be particularly overwhelming because:

- The rapid flow of information and noise reduce understanding – a person may not understand the dangers or appropriate actions;
- Unclear or unexplained evacuation procedures, unexpected noises, lights, or contact with unfamiliar people may cause panic or resistance, aggression, or anger;
- Separation from caregivers or familiar staff members increases feelings of insecurity.

! Additional time is required to understand and carry out instructions. If several commands are given at once, they often remain unfulfilled. Apply the principle “One step – one instruction”.

Requirements of Persons with Intellectual Disabilities During Emergency Situations²⁴

Prevention and preparedness

Accessibility of Information

1. Information on preparing for emergencies and actions to take in case of danger, as well as warning signals, must be provided in easy-to-read language:
 - » Short sentences
 - » Pictograms
 - » Other visual material

Preparedness of social service agencies

1. Individual evacuation plans tailored to personal needs:
 - » Departure bag (bag contents as needed)
 - » Informing the Person
 - » Independent actions of the person
 - » Assigned staff member to assist with evacuation
 - » Additional technical measures, adapted transport, and other needs

Training and exercises for people with intellectual disabilities

- » Tailored training on crises, emergencies, and civil protection
- » It is recommended that training be divided into sections and conducted on an ongoing basis.

²⁴ UCP Knowledge Network. Empowering persons with disabilities in disaster risk reduction, 2024.

Preparedness of social service agency staff

- » Regular participation in national or municipal drills
- » Regular practical evacuation of residents
- » Readiness to evacuate during both daytime and nighttime

During the drill, it is necessary to assess

- » How long the evacuation takes
- » How many employees are needed
- » Strengths and weaknesses
- » Residents' reactions and behavior during the drill

The municipality must be aware of

- » Care homes and other social service institutions located in its territory
- » The number of residents in them
- » The type of residents' disabilities, needs, their intensity, and the support required for evacuation
- » The information must be continuously updated and included in emergency plans

Response

1. When supporting a person with intellectual disabilities, remain calm, introduce yourself, and explain in short sentences what is happening and what needs to be done next.
2. Ensure that the person with an intellectual disability is close to their relatives or guardians.
3. Use the "show and tell" principle: don't just explain, but also demonstrate the action (e.g., exit or vest before putting it on).

Recovery

1. Ensure that the person returns home. If this is not possible, look for relatives who could help or social workers who know the person.
2. If it is not possible to return to their own home or that of relatives, ensure long-term social care services are provided.
3. If a person is not independent, make sure that they are not left alone.
4. Ensure stability and a normal daily routine as soon as possible.
5. Provide the necessary social, psychological, and medical assistance. If necessary, ensure its continuity.
6. If possible, a person should stay or return to familiar people (relatives or employees).

4.1.5. Autism Spectrum Disorders

Autism Spectrum Disorders (hereinafter – ASD) are a range of developmental conditions which, when interacting with environmental barriers (particularly social, communication-related, sensory, and others), may hinder individuals from fully participating and responding effectively in situations involving threats and emergencies.

Individuals with autism spectrum disorders may exhibit the following characteristics:

- » Difficulties in social interaction, communication, and behavior, including heightened sensitivity to sounds, light, smells, touch, and other sensory stimuli.
- » Difficulties adapting to new or unpredictable situations.
- » ASD manifests in early childhood but may also be diagnosed later in life.
- » Common co-occurring conditions include epilepsy, anxiety, attention deficit hyperactivity disorder (ADHD), depression, sensory processing disorders, and, in some cases, intellectual disability.
- » **Sensory overload (meltdown)** – is a state in which a person's sensory system receives excessive stimuli simultaneously and the brain is unable to process them.
- » A meltdown is an uncontrolled emotional and physical response to intense stress or overwhelming stimuli.

Behavior during a meltdown

- » A “fight or flight” response.
- » The person may cry, shout, freeze, run away, or avoid contact.
- » Anxiety or panic may trigger a “shutdown” episode, during which it becomes difficult to speak, move, or follow instructions.
- » The person cannot “suppress” or “control” this response. It is not a conscious choice, but a natural physiological reaction to excessive stress or sensory overload.
- » After the reaction subsides, individuals need rest, quiet, and the opportunity to be alone.
- » If possible, a close or familiar person who knows how to provide reassurance should be present.
- » Appropriate responses from those around help restore a sense of safety more quickly.

! AThe abilities and needs of autistic people vary widely—some live independently, work, and raise families, while others require constant assistance. **Autism is not a disease; it is a way of being and perceiving the world. Therefore, the key priority is to ensure a clear, safe, and appropriately adapted environment.**

Requirements of Autistic People during Emergency Situations

When providing assistance to an autistic person, it is important to allow time for responses, maintain calm body language, and avoid sudden movements or unexpected physical contact.

Information Accessibility

1. Augmentative and Alternative Communication (hereinafter – AAC) systems help convey information in a clear and accessible manner using various formats.
2. Some autistic people do not speak (however, this does not mean that they cannot understand or communicate in other ways) and may at times have difficulty understanding complex instructions. Communication can be supported through the use of visual aids, symbols, and written information, such as picture cards, pictograms, gestures, tablets, or smart applications that allow users to select and indicate words or actions.

3. It is also advisable to use pre-prepared visual scenarios (so-called social stories), which help autistic people and their families prepare for evacuation by explaining:

- » What will happen
- » What actions will be required
- » How to identify emergency or assistance personnel
- » Where it will be safe

! AAC systems can be useful not only when communicating with autistic people, but also with individuals with intellectual disabilities or with children.

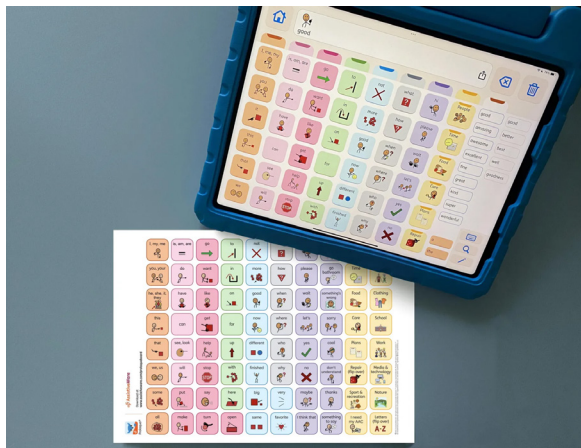


Fig. 12. Augmentative and Alternative Communication (AAC) tool

Requirements of Autistic Persons in Emergency Situations

Prevention and preparedness

Ensuring accessibility

1. When issuing warnings about hazards, use alternative communication methods (plain language, pictograms, visual symbols).
2. In shelters and CPS, display visual informational signs indicating where to go and where to obtain food, water, and assistance.
3. In shelters and CPS, establish private calm areas free from loud noises, bright lights, and heavy foot traffic. Procure the items listed in the annexes.

Information provision / Briefing

1. Use the “Persons with Disabilities and Seniors” application. Prepare in advance a list of individuals who may require assistance in the event of evacuation.
2. Cooperate with the municipal social services department and organizations representing autistic people, and encourage families and autistic individuals to create a **personal assistance card** containing information on the person’s needs, medications, and emergency contacts.
3. Encourage families to prepare a “calm kit” in advance, including headphones, a toy or fabric that provides a sense of security, and a short visual plan outlining “what to do in case evacuation is required.”

Exercises

1. Organize drills at the municipal and local (ward) levels. Draw on civil protection exercise experience and recommendations (see subsection 1.6 Participation of Disability Organizations – An Essential Component of the Crisis Management and Civil Protection System).
2. Conduct drills under realistic conditions and involve autistic individuals and their representative organizations.

Response

Upon arrival to a person with an autism spectrum disorder

1. Remain calm and avoid sudden movements or physical contact without prior warning.
2. Communicate using short, clear sentences, for example:
 - » „Put on your jacket“
 - » „Follow me into this room“
3. Pay particular attention to children and to individuals who are non-verbal or who have significant sensory sensitivities.

4. Ensure that the autistic person is supported by trained personnel who can remain with them and communicate patiently. These individuals need time, patience, and the opportunity to withdraw or be alone.
5. If possible, ensure that a familiar or close person is present nearby.

Recovery

1. Ensure that the person returns home. If this is not possible, look for relatives who could help or social workers who know the person.
2. If it is not possible to return to their own home or that of relatives, ensure that long-term social care services are provided.
3. If a person is not independent, make sure that they are not left alone.
4. Ensure stability and a normal daily routine as soon as possible.
5. Provide the necessary social, psychological, and medical assistance. If necessary, ensure its continuity.
6. If possible, the person should stay with or return to familiar people (relatives or staff).

4.1.6. Psychosocial Disability

Psychosocial disability refers to long-term mental health conditions which, when interacting with environmental and societal barriers, hinder individuals from participating effectively and responding appropriately in situations involving threats or emergencies.

People with psychosocial disabilities may experience:

- » Long-term mental health difficulties or disorders (such as depression, anxiety disorders, bipolar disorder, schizophrenia, post-traumatic stress disorder, and similar conditions or states).
- » Fluctuating or affected emotional states, thinking, behavior, and social functioning.
- » The term “psychosocial disability” emphasizes not only the medical condition, but also the social, cultural, and environmental factors that may

reinforce stigmatization, isolation, and discrimination.

- » Disability arises when a person's mental health difficulties interact with environmental barriers such as lack of understanding, rejection, poorly organized services, or limited access to information²⁵.

Institutional living and segregation

Many people with psychosocial disabilities live in long-term care institutions, psychiatric hospitals, or nursing homes. In such settings, individuals often have limited opportunities to make decisions about their own lives, and their daily routines are constrained by institutional rules. Dependence on institutions means that, during emergencies, people remain particularly vulnerable: information about threats may not reach them in time, they may have no choice regarding evacuation or the ability to request assistance, and staff may not always be adequately prepared to respond.

People living in closed institutions are often excluded from community emergency planning, despite being among those most dependent on others' decisions. During crises, segregation is further intensified – staff shortages may occur, communication and supply chains may be disrupted, and institutions may themselves become unsafe due to isolation or inadequate infrastructure. Therefore, people with psychosocial disabilities living in institutions must be recognized as a priority group in crisis planning and management²⁶.

Individuals with psychosocial disabilities living in the community also face risks during emergencies due to potentially greater social isolation and limited access to information.

Ensuring Accessibility for Persons with Psychosocial Disabilities

- » Clearly presented information and effective dissemination
- » A safe and calm environment
- » Access to emotional support
- » Availability and continuity of mental health professionals and prescribed medications
- » Stable social support

²⁵ Additional information: World health organization. Mental health in emergencies, 2025.

²⁶ Additional information: SEE ME 2 Priručnik za osposobljavanje, 2024.

During panic or unpredictable situations, a person may experience:

- » Increased stress
- » Anxiety
- » Disorientation
- » Episodes of psychosis

! A person with a psychosocial disability may react differently than usual during an emergency, not due to non-compliance, but as a result of anxiety, paranoia, or difficulties of concentration. In such situations, it is essential to act respectfully, speak in a calm tone, avoid physical force, establish eye contact, and always clearly and calmly explain what is happening, what needs to be done, and why.

Requirements of Persons with Psychosocial Disabilities During Emergency Situations

Prevention and preparedness

Ensuring accessibility

1. In shelters and CPS, establish private spaces where individuals can withdraw from others and calm down.
2. Train staff to recognize mental health disorders and signs of stress, anxiety, and panic. Provide training in psychological first aid during crises and in de-escalation techniques.
3. Develop a plan to ensure the supply of essential prescription medications during emergencies. Use data from the **“Persons with Disabilities and Seniors”** application to record and monitor prescription medication needs.

Information provision / Briefing

1. Use the **“Persons with Disabilities and Seniors application”**. Prepare in advance a list of individuals who may require assistance in the event of evacuation.

2. Coordinate in advance with the individual regarding:

- » Actions to be taken during evacuation
- » Whether the person will be able to evacuate independently, with assistance from relatives, or will require municipal support. Together with the individual, develop an individualized assistance plan at the local (ward) level.

Preparedness of Social Care and Healthcare Institutions

1. Individual evacuation plans tailored to the person's needs, including:

- » Departure bag (bag contents according to individual needs)
- » Information provision to the person
- » Actions the person can take independently
- » A designated staff member to assist with evacuation
- » Assessment of other needs together with the individual

Preparedness of Social Care and Healthcare Institution Staff

- » Regular participation in national or municipal exercises
- » Regular practical evacuation drills involving residents
- » Readiness to evacuate during both daytime and nighttime

During exercises, it is necessary to assess:

- » The effectiveness and accessibility of methods used to inform residents
- » The time required to complete evacuation
- » The number of staff required
- » Strengths and weaknesses
- » Residents' reactions and behavior during exercises

Exercises

1. Organize drills at the municipal and local (ward) levels, drawing on civil protection exercise experience and recommendations (see subsection

1.6 Participation of Disability Organizations – An Essential Component of the Crisis Management and Civil Protection System).

2. Conduct exercises under realistic conditions and involve persons with psychosocial disabilities, organizations representing them, as well as healthcare and social service institutions.

Municipalities must be aware of:

- » Care homes and other social service institutions located within their territory
- » The number of residents in these facilities
- » The nature of residents' disabilities, needs, their intensity, and the resources required for evacuation
- » This information must be regularly updated and incorporated into emergency management plan

Response

Upon arrival to a person with a psychosocial disability

1. Introduce yourself and explain the situation and the next steps.
2. Determine what assistance the person requires.
3. Assess the person's behavior and level of stress. If necessary, allow time for the person to calm down.
4. Clearly explain what is happening and what actions will be required next.

! Rushing, anger, aggression, or other negative emotions and actions on the part of staff may trigger a panic attack or exacerbate the person's difficulties. Take appropriate measures to prevent this.

Registration

1. During registration, establish:

- » Whether the person is independent or requires assistance in carrying out certain activities
 - » The person's psychological, social, and medical support needs
2. Upon arrival at a population assembly point, shelter, or CPS, offer the person an opportunity to rest in a designated calm area.
 3. If possible, ensure that the person remains with their relatives or familiar individuals.

Recovery

1. Assess whether the person will be able to return to the home from which they were evacuated.
2. If returning home is not possible, determine whether the person has relatives with whom they could stay. Compile a list of contacts who may be able to provide support.
3. If staying with relatives is not an option, cooperate with the social services department to arrange short-term or long-term accommodation.
4. Once the person returns home, ensure that they have access to food, water, and the necessary medications.
5. Ensure the availability of high-quality, long-term mental health care services. These services must be affordable or publicly funded and accessible to persons with psychosocial disabilities.
6. Maintain ongoing contact with the individual. Coordinate options for returning home, staying with relatives, and addressing social and psychological support needs. Ensure that the person receives the required social assistance.

5. Recommendations for Emergency Response Centre Operators on Methods of Communication with Persons with Various Disabilities

General Communication Principles

How to recognize that a caller may have a disability:

1. Responds very slowly and makes long pauses.
2. Does not finish sentences or answers using single words.
3. Repeats the same answers to different questions.
4. Does not understand place, time, or events.
5. Is difficult to understand or has trouble expressing what they want to say.
6. Does not hear the questions and repeatedly asks for them to be repeated.
7. Reacts strongly by panicking, shouting, crying, or not hearing or following the operator's instructions.
8. Does not answer questions and remains silent, but breathing or background sounds can be heard.
9. Communicates through another person but still participates in the conversation.

! These signs do not confirm that a person has a disability, but when they are observed, it is recommended to pay closer attention, take additional measures, and prioritize the call.

How to appropriately ask about a person's disability

Directly asking about a person's disability should be avoided. The person may not respond, may not know how to answer, or may become confused. If you suspect that the caller has a disability (see recognition signs in „Recommendations for Emergency Response Centre Operators on Methods of Communication with Persons with Various Disabilities“) or communication is difficult, clarify the following:

- What is the most convenient way for a person to communicate?
 - » How can I help you communicate with me?
 - » How would you prefer to communicate with me?

- Is the pace of speech appropriate?
 - » Should I speak more slowly?
 - » Would it be better for you if I spoke more slowly?
- What kind of help does the person need?
 - » Can you tell me what you need most right now?
 - » Can you tell me what kind of help you need most right now
- Is there anyone nearby who could help?
 - » Is there anyone nearby who can help you?
 - » Is there anyone nearby who could help you feel safe and calm down?
- What do rescuers need to know?
 - » Are there any important things that rescuers should know when they arrive?
 - » What should the rescuers who come to your aid know?
- Are there any additional requirements?
 - » Do you need any additional assistance that I should be aware of?

! Skambučio metu venkite diagnozuoti ir koncentruotis į negalią. Svarbiausia išsiaiškinti pagalbos, individualios pagalbos ir papildomų priemonių poreikį.

Specific Communication Principles by Disability Type

If you know the caller has an intellectual disability:

1. Ask one question at a time and wait for an answer before asking the next question.
2. Use clear, specific questions, for example:
 - » „Is there a fire?“
 - » „Are you bleeding?“
 - » „Is another person bleeding?“
3. Use closed-ended questions more frequently, which can be answered with “yes” or “no.”
4. Do not change the topic too quickly.
5. Most importantly, remain calm and patient, and maintain a slow speaking pace.

If you do not receive an answer

1. Rephrase the question using shorter and more concrete wording, or choose different words.
2. If the person does not understand a word, explain its meaning and provide examples.

Critical situations

1. If communication is difficult or impossible, determine the person's location and dispatch responders as quickly as possible.

If you know the caller is an autistic person:

1. Follow the same instructions as for callers with intellectual disabilities.
2. If the person repeats the same information, this may be a stress response rather than intentional ignoring.

If you hear loud noise, panic, or chaos in the background, the person may be experiencing **sensory overload or a meltdown** (see subsection 4.1.5 Autism Spectrum Disorders)..

What to do during a meltdown

1. The most important thing is to remain patient and calm.
2. Determine whether it is possible for the person to move to a quieter place.
3. Try to provide reassurance, for example:
 - » "You are not alone, I am here with you".
 - » "I will stay with you until help arrives / I will not hang up".
 - » "Listen to my voice... breathe in and out together with me"

If the caller has a hearing disability:

1. A person with a hearing disability usually communicates via a mobile application, communication may also be possible through text messages or video calls.

Language features

1. Lithuanian is grammatically more complex for deaf individuals and differs from Lithuanian Sign Language (see section 4.1.3 on Hearing Disability).
2. Communicate using short, clear sentences.
3. Use closed-ended questions that can be answered with “yes” or “no.”

! Continue to follow the general communication principles.

If the caller has a **visual disability**:

1. Persons with a visual disability can often state themselves that they have a visual disability.
2. People with a visual disability have typical intellectual abilities, therefore, communicate in a usual manner.
3. The main needs relate to orientation and additional support.

How to assist with orientation

1. When giving directions, be specific, for example:
 - » „There are stairs down in front“
 - » „On the left is a wall, on the right, an open space“
 - » „Proceed straight ahead for several steps and then turn right“
2. Avoid ambiguous directions such as “there,” “here,” or “nearby”

Organisation of Assistance

1. Assistance should be dispatched as a priority if the person is unable to orient themselves independently.
2. Ask about any additional needs and what information rescuers should be aware of.
3. Follow the general principles of communication.

If the caller is a person with a mobility disability:

Persons with mobility disability are often able to state that they have a mobility disability themselves. Clarify the specific type of disability.

Communication

1. People with mobility disabilities usually have typical cognitive abilities, so interact with them in the usual manner.

Organisation of Assistance

1. Assistance should be dispatched as a priority if the person is unable to move independently and there is a significant risk.
2. Ask about additional needs and any technical assistive devices used.
3. Determine what information is important for the responding rescue services to know.
4. Follow the general principles of communication.

6. Ensuring Environmental Accessibility and Infrastructure

Key Regulations:

1. Construction Technical Regulation STR 1.04.04:2017 "Design of Buildings and Structures, Project Expertise", No. D1-126²⁷.
2. Construction Technical Regulation STR 2.03.01:2019 "Accessibility of Buildings and Structures", No. D1-653²⁸.
3. ISO construction standards concerning the accessibility and usability of the built environment²⁹
4. Principles of universal design³⁰.

These regulations and principles establish the fundamental **architectural and construction technical requirements** ensuring that buildings and their surrounding

²⁷ Technical Regulation for Construction STR 1.04.04:2017 "Building Design, Project Expertise" No. [D1-126](#) edition, 2023.

²⁸ Technical Regulation for Construction STR 2.03.01:2019 "Accessibility of Buildings" No. D1-653, 2019 edition.

²⁹ ISO. Building construction — Accessibility and usability of the built environment, ISO 21542:2021,2021.

³⁰ Additional information: "Universal design."

environment are safe, functional, and accessible to all residents. The provisions of the legislation comply with accessibility standards relating to access to buildings, movement within buildings, auxiliary structures (handrails, vertical transportation), evacuation routes, and alarm systems.

Requirements for Infrastructure Accessible to Persons with Disabilities

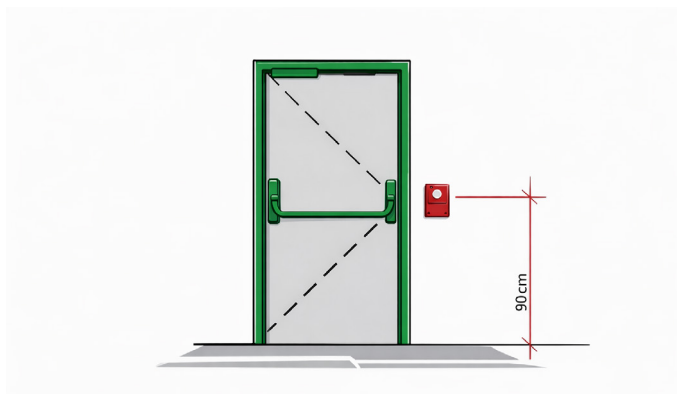


Fig. 13. Evacuation route doors

Evacuation route doors

Door width – not less than 0.9 m.

Doors recessed into the wall, which do not reduce the width of evacuation routes.

Buttons located near doors and intended for opening or alarm activation shall be installed at a height of 0.8–0.9 m.

Doors and floors adjacent to walls shall be finished in contrasting colours.

Interior

The minimum space required for manoeuvring a wheelchair used by a person with a disability shall be not less than 1.5×1.5 m (optimally 2.0×2.0 m).

Evacuation route – the route from the exit of the room to the assembly point for evacuation (not to the exit door of the building).

Ensuring the accessibility of evacuation routes

1. Routes and passageways should be as wide as possible.
2. Evacuation routes should be free of obstacles (waste bins, cabinets, etc.).

Stairs and Ramps on Evacuation Routes

Evacuation routes shall include contrasting markings for stairs and ramps (see Fig. 14). Ramp marking: strips 50–100 mm in width, installed at the beginning and end of the ramp. Stair marking: applied to the edge of the first and last step.

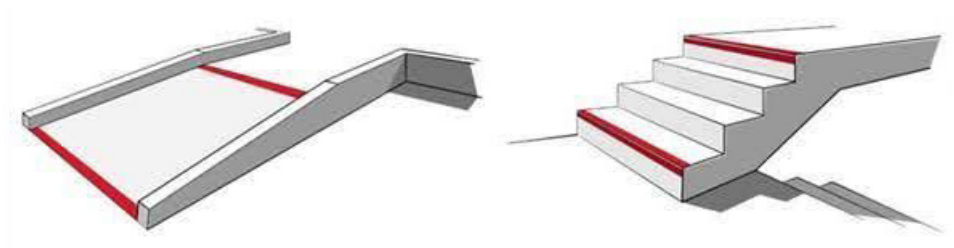


Fig. 14. Contrasting markings for ramps (left) and stairs (right)

Universal Design Principles

Principles for designing environments, services, products, and information so that they can be used by all people, regardless of age, abilities, or disability, without the need for additional adaptation.

Universal design = **one solution for all**, without the need to create special adaptations for separate groups.

Adaptation of the Environment and Buildings

1. Ensure that evacuation routes, walkways, building exits, stairs, ramps, and doors are adapted for persons with mobility disabilities: adequate door width, accessibility of ramps/gradients, non-slip surfaces, and handrails.
2. Use clear, contrasting, visible, and tactile or audible signs suitable for persons with visual or hearing disabilities. For example: visual signage, audible signals, and Braille.
3. Ensure high-quality and sufficient lighting. Good lighting benefits everyone, especially persons with visual impairments.

Adaptation of Older Buildings and Basements into Accessible Shelters

1. Rely on the main construction regulations.
2. Use technical assistive devices (see Subsection 4.1.1. Mobility disability).
3. Consult organisations representing persons with disabilities or the Agency for the Protection of the Rights of Persons with Disabilities.

Nothing about us without us!

Organizations of persons with disabilities and persons with disabilities themselves should be involved in the preparation and implementation of all decisions that affect them.

Organizations representing different disabilities and persons with disabilities were involved in the development of these guidelines.

Annexes

Standards for the Equipment of Self-Assembly and Reception Points, Shelters, and CPS Mandatory (Universal) Measures

Suitable for different persons with different disabilities; can be implemented in almost any facility.

Ref. No.	Name of Measure	Comments / Notes
For mobility disabilities		
1.	Portable ramp (where there are 1–2 steps))	
2.	Folding ramps (for thresholds of varying heights)	
3.	Non-slip pathways and mats	
4.	Contrasting directional arrows and markings	
5.	Equipment for safe transfer and assistance with mobility	
6.	Evacuation chair	If the facility has stairs
7.	Transfer board	
8.	Stretchers	
For communication		
1.	Tablet or phone	For written communication
2.	High-contrast pictogram set	Toilet, water, assistance, and other needs
For ensuring sensory safety		
1.	Noise-reducing headphones (2–3 units)	
2.	Glasses for protection against bright light	

3.	Blankets	
4.	Screen / partition	For a calm zone
5.	Soft bean bags, mats	For setting up a calm corner

Recommended Measures (based on individual needs and the Register of Persons with Disabilities)

These measures do not necessarily need to be purchased for every shelter. It is recommended to acquire them based on the actual requirements of persons with disabilities living in the building or the serviced area.

Ref. No.	Name of Measure	Comments / Notes
For mobility disabilities		
1.	Backup manual wheelchair for a person with a disability	
2.	Crutches	
3.	Walking frames	
4.	Evacuation sleds	For persons in a lying position
5.	Chargers for electric wheelchairs	
For visual disabilities		
1.	White cane	
2.	Portable tactile mats	Near key civil protection facilities

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