BATHROOM EMERGENCY GUIDE / START HERE · 11 BOOKS

Bathroom Emergency Guide — The Shelf

Which of the eleven books to open, and why reading order is optional.

Actual emergency?
Stop reading and use the local emergency number. In the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

What this book is for

- Which book is closest to the present problem?
- What do I read first?
- What happens when the problem changes?

What this book does	What it hands off
Names the eleven books, what each is for, and how to move between them.	Every actual route. This page points; the books act.

Contents

- Bathroom Emergency Guide
  - Eleven books for when a small room becomes headquarters
  - How to use the eleven books
  - The shelf
  - Reading order is optional

Bathroom Emergency Guide

Eleven books for when a small room becomes headquarters

> *You're in a bathroom. That's already a good start.*

A practical field guide for anxiety, pain, responsibility, awkward people, unsafe rooms, failing infrastructure, strange body signals, and — because the future remains poorly supervised — zombie-adjacent events.

Actual emergency?
Stop reading. Get another person if that is safe. Put the phone on speaker. Unlock or mark the door if that is safe. Use the local emergency number; in the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

Otherwise, choose the book that matches the problem. You do not need to prove that the problem is serious enough, explain your entire biography, or become calm before turning the page. One accurate observation and one useful action are enough to begin.

The jokes stay. So do the sources. Neither is allowed to stand between a reader and the action that matters.

How to use the eleven books

This is not a course and the bathroom is not an examination hall. Start with the book whose title sounds closest to the present problem. Read until you find one action you can actually perform. Then perform it and reassess.

The shelf

BOOK	OPEN IT WHEN…
The Green Book — Body Owner's Manual	your body is loud, unfamiliar, faint, hungry, medicated, or difficult to interpret
The Amber Book — Responsibility	you caused harm, carry a duty, care for someone, or need to repair something
The Teal Book — Calm Guide	anxiety, panic, overload, shame, or sensory noise has taken the controls
The Red Book — Self Ambulance	pain, injury, illness, first aid, or a medical handoff is the main problem
The Blue Book — Safety & No Place	a person, place, access barrier, or lack of shelter makes the next hour unsafe
The Orange Book — Hazards & Disasters	fire, smoke, gas, flood, severe weather, building damage, or an official warning changes the environment
The Olive Book — Zombie Guide	power, water, transport, medication, communication, or community systems are failing
The Indigo Book — Professional Support	you need the right service, number, script, legal route, or medical contact
The Purple Book — Social Field Guide	the emergency is other people, returning to them, leaving them, or setting a boundary
The Grey Book — Templates & Forms	your working memory has resigned and the facts need somewhere else to live
The Copper Book — Reference	you need a map, source, stable address, formula, figure, or complete index

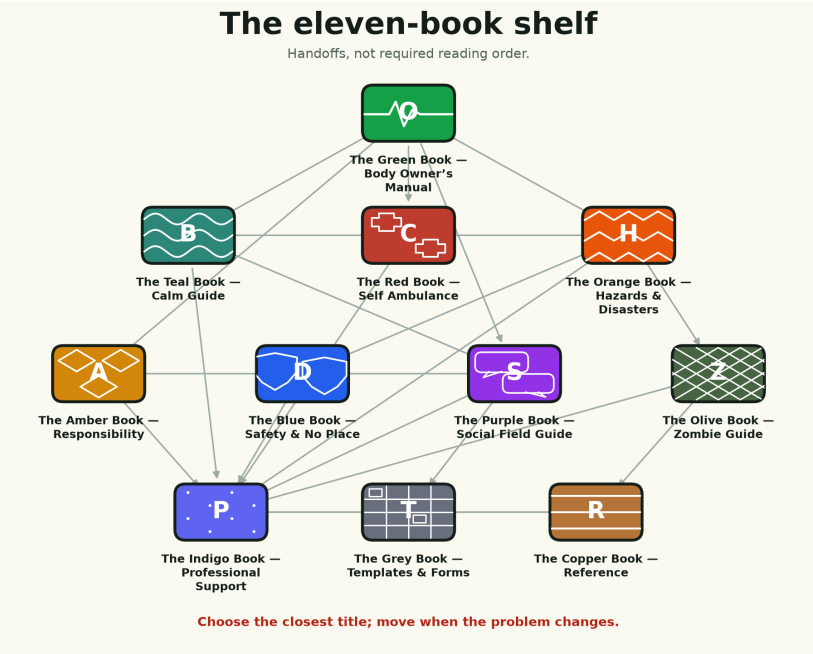
Reading order is optional

The books cross-reference each other because real situations ignore filing systems. You may begin in Purple, move to Teal, discover you actually need Blue, and finish with a Grey form. That is not getting lost. That is the guide working.

Where next?

SHELF

You do not need to complete the shelf in order. Stay here while this is the primary problem; move when another title becomes more accurate.



Connections from SHELF — Bathroom Emergency Guide — The Shelf

BATHROOM EMERGENCY GUIDE / BOOK 1 OF 11

The Green Book — Body Owner's Manual

Read body signals without turning them into a diagnosis or a catastrophe.

Actual emergency?
Stop reading and use the local emergency number. In the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

What this book is for

- What is the body doing?
- What changed?
- Which book or person takes over?

What this book does	What it hands off
Body observation, ordinary inputs, medication context, fainting prevention, and choosing the next book.	Diagnosis, emergency clearance, and personal dosing.

Contents

- First 90 seconds — notice before narrating
- Signal, story, next question
- Read the signal without putting it on trial
- A one-minute body inventory
- The three-minute experiment
- Why a small room amplifies everything
- The gastrointestinal chapter you did not ask for
- Pain: communication, not a verdict
- Water, food, and temperature
- Medication and substances: make a factual list
- Feeling faint in a room made of hard surfaces
- Quick reference — the body router

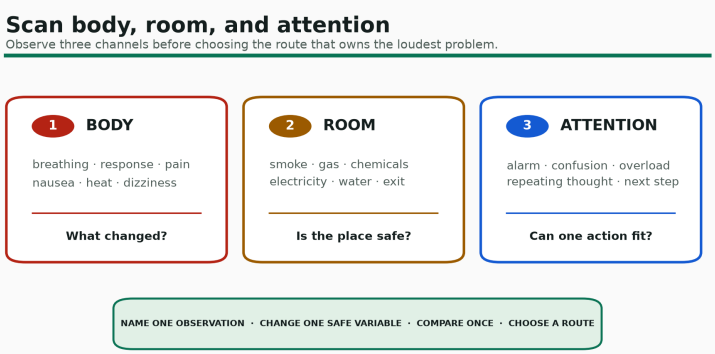
Your body came without documentation, emits alerts in several incompatible formats, and occasionally schedules maintenance during a social event. This is the aftermarket manual.

It does not diagnose. It helps you describe what is happening, notice what changed, avoid making the situation worse, and decide which other book or person should take over.

First 90 seconds — notice before narrating [body.1]

First 90-second body, room, and attention scan [body.fig.2]

What should be observed in body, room, and attention before choosing a route?



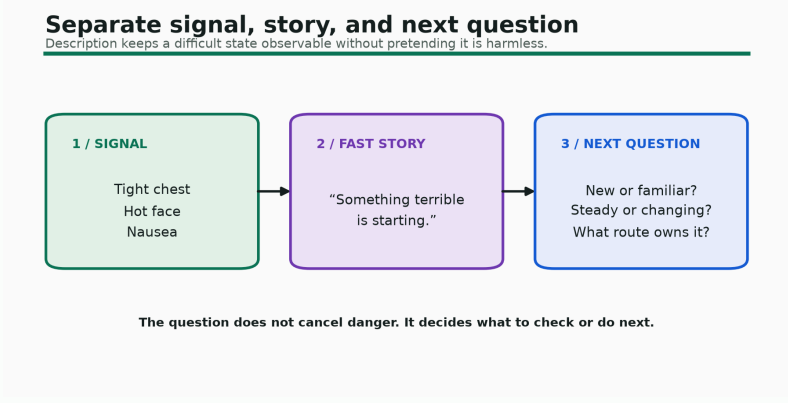
Use three channels:

1. **Body:** what is happening, where, and in which direction?
2. **Room:** what is actually present — heat, smoke, another person, a locked door, water, medication, glass, noise?
3. **Attention:** what prediction has become louder than the available facts?

That is observation, not diagnosis. The point is to stop one frightened story from impersonating the entire situation.

Signal, story, next question [body.2]

Signal, story, and next-question separation [body.fig.3]
How can a reader separate sensation, fast interpretation, and a route-changing question?



A signal is something observable. A story is the meaning your mind attaches to it. A next question is what helps choose an action.

SIGNAL	STORY	BETTER NEXT QUESTION
heart racing	"something terrible is certain"	new or familiar; worsening or settling; any medical red flag?
someone knocked	"everyone is judging me"	do I need one sentence, more time, or an exit?
strange smell	"I must identify it"	could this be smoke, gas, electricity, or chemicals — and should I leave first?
too many tasks	"everything is equally urgent"	what prevents harm today; what can remain ugly?

Read the signal without putting it on trial [body.3]

Symptoms and your interpretation of them arrive together, but they are not the same department. Write down the first. Stay politely suspicious of the second.

OBSERVE	USEFUL DESCRIPTION	WHAT CHANGES THE ROUTE	GO WHERE
heartbeat	fast, irregular-feeling, pounding, gradual or sudden	chest pressure, collapse, severe breathlessness, or a new severe pattern	**112** for severe signs; otherwise medical advice

OBSERVE	USEFUL DESCRIPTION	WHAT CHANGES THE ROUTE	GO WHERE
breathing	comfortable, rapid, wheezing, painful, unable to finish a sentence	severe effort, blue/grey colour, swelling, choking, or rapidly worsening difficulty	**112**
tingling or weakness	both sides or one; moving or fixed; linked to rapid breathing or position	one-sided weakness, facial droop, speech change, sudden severe headache	**112**
dizziness	spinning, faint, unsteady, worse on standing	loss of consciousness, head injury, chest symptoms, neurological signs, repeated unexplained episodes	**112** if consciousness was lost; otherwise prompt assessment
abdominal symptoms	location, waves or constant, stool/vomiting, food and medication context	severe localized or worsening pain, blood, rigid abdomen, persistent vomiting, collapse	**112** for collapse or severe signs; otherwise urgent assessment
mental state	anxious, detached, confused, unusually sleepy	dangerous confusion, loss of reality contact, inability to remain safe	**112** for immediate danger; otherwise Indigo

A familiar stress response can still deserve care. An unfamiliar symptom can still turn out to be benign. The useful distinction is not “real versus imaginary”; it is **stable versus changing, familiar versus new, and manageable versus needing another person**.

A one-minute body inventory

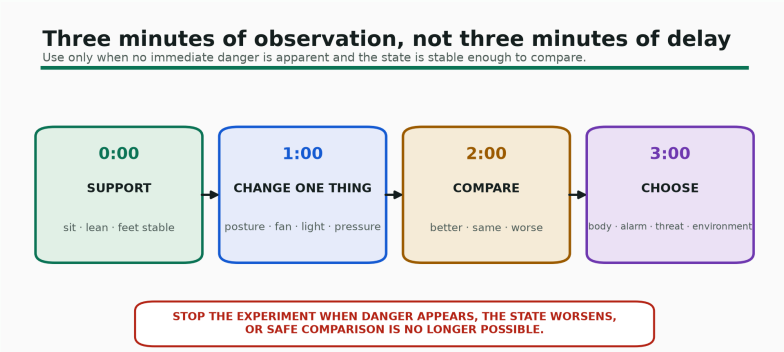
[body.4]

1. Sit or lie somewhere you cannot fall from.
2. Name the loudest sensation in plain language.
3. Note when it began and whether it is improving, stable, or worsening.
4. Check the obvious context: heat, exertion, missed food, alcohol or caffeine, a new or missed medication, illness, injury, pregnancy, or a difficult event.
5. Decide whether the next step is ordinary care, the Red Book, a practice or pharmacy, **116 117**, or immediate help.

Do not turn pulse counting, oxygen readings, blood-pressure readings, or a smartwatch into a home clearance certificate. Devices provide data; they do not outvote severe symptoms.

The three-minute experiment [body.5]

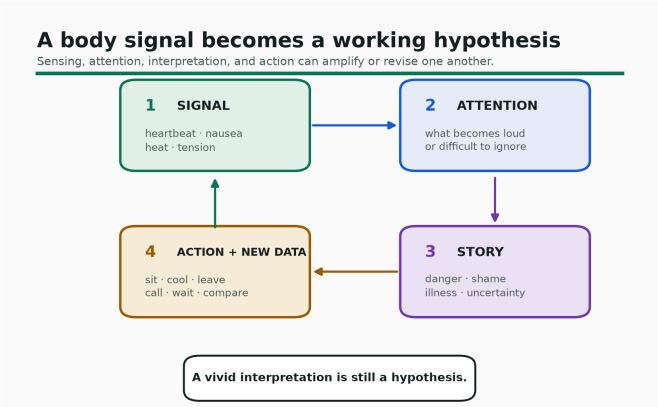
Three-minute observation protocol [body.fig.4]
What happens at each minute of the bounded observation experiment, and when must it stop?



When there is no immediate-danger signal, change one safe variable: sit down, reduce one noise, loosen tight clothing, drink normally if thirsty, stop staring at the mirror, or message one person. Compare **better, same, worse, or different** after a few minutes. Three minutes is an observation window, not a mandatory delay before seeking help.

Why a small room amplifies everything [body.6]

Interoception and interpretation loop [body.fig.1]
How do signal, attention, interpretation, and action produce a revisable loop?



Privacy removes distractions. Tile reflects sound. Mirrors recruit self-monitoring. Stress narrows attention. None of that makes symptoms imaginary; it explains why they may suddenly occupy the whole screen.

The gastrointestinal chapter you did not ask for [body.7]

The gut and brain exchange signals continuously, so stress can change nausea, cramping, urgency, appetite, and bowel habits.[1] This is common and inconvenient. It is not a promise that every digestive symptom is stress.

While you are already here

- Lean or sit in the position that feels easiest; do not strain.

- Use ordinary, comfortable breathing rather than forced deep breaths.
- Take small normal sips when thirsty and swallowing is safe.
- Note food, travel, illness, medication, alcohol, and whether the pattern is familiar.
- Give the body time without demanding a successful bowel movement as proof of character.

Move beyond self-care when

- pain is severe, localized, or worsening;
- there is blood in vomit or stool, black stool, high fever with marked illness, a rigid abdomen, collapse, or pregnancy with severe pain, bleeding, or collapse;
- vomiting prevents fluids from staying down;
- symptoms are new, persistent, recurrent, or shrinking ordinary life.

IBS and other gut–brain disorders are real clinical conditions, not a polite way of saying “anxious stomach.” Diagnosis belongs with a clinician and an actual history, not one dramatic afternoon.[2]

Pain: communication, not a verdict

[body.8]

A 0–10 number can help describe intensity, but it does not measure tissue damage or urgency by itself.[3][4]

Use **OPQRST**:

- **Onset:** sudden or gradual; exact time if known;
- **Provokes / palliates:** movement, breathing, food, pressure, position;
- **Quality:** pressure, burning, stabbing, cramping, aching;
- **Region / radiation:** where it begins and whether it spreads;
- **Severity:** number plus what it prevents you from doing;
- **Time:** constant, waves, recurring, improving, or worsening.

Tension and anxiety can amplify pain. A change with position, muscle relaxation, or distraction may be useful information; it does not by itself exclude a medical cause. The body is allowed to be both stressed and ill. It enjoys multitasking at inconvenient moments.

Water, food, and temperature

[body.9]

Before constructing a grand theory, check the ordinary inputs:

- Have you eaten something familiar today?
- Have you been drinking normally for the weather and activity?
- Are you overheated, chilled, sleep-deprived, or running entirely on caffeine?
- Do you have diabetes, an eating disorder, pregnancy, kidney/heart disease, or another condition with a specific plan?

For an otherwise stable adult, ordinary food and drink may help when intake has been poor. Do not diagnose hypoglycaemia from shakiness alone, improvise salt or sugar dosing, or force fluids into someone who is drowsy, vomiting repeatedly, or at risk of choking. Follow an existing diabetes plan where applicable and seek help when the person cannot safely self-treat.

Medication and substances: make a factual list [body.10]

Write down:

FIELD	WHAT TO RECORD
product	exact name and active ingredient if known
amount	prescribed dose and amount actually taken
timing	taken, missed, repeated, or changed when?
other substances	alcohol, caffeine, nicotine, cannabis, supplements, recreational substances
symptoms	what began before and after each exposure

Do not double a missed dose **unless the medicine's own instructions or a qualified professional tell you to**, and do not abruptly stop a prescribed medicine, restart after a long interruption, or "balance" one substance with another solely because a bathroom guide suggested confidence. Use the label, the written treatment plan, a pharmacist, prescriber, poison centre, or emergency service as appropriate.

New medication, dose changes, withdrawal, caffeine, alcohol, and other substances can all alter heart rate, sleep, nausea, balance, mood, and anxiety. That context is useful to disclose and useless to hide. Pharmacology is unimpressed by pride.

Feeling faint in a room made of hard surfaces [body.11]

Bathrooms are excellent at hygiene and terrible at catching people.

If faintness is approaching

1. Get low immediately. Sit on the floor or lie flat; do not walk toward a more dignified location.
2. If comfortable and no injury prevents it, raise the legs slightly.
3. Move away from sharp edges and place something soft under the head.
4. Unlock the door or alert another person when safe.
5. Stay down after symptoms ease, then sit and stand in stages.

If a person becomes **unresponsive but is breathing normally**, another person should **call 112**, put them in the recovery position, and keep checking that the breathing stays normal. If they are **not breathing normally**, that is a Red Book route: **112** and start CPR. Loss of consciousness is an emergency call in its own right — "call for help" here means the emergency number, not shouting for a flatmate.[5]

A person cannot reliably manage their own future recovery position while unconscious; biology has denied that feature request.

Seek urgent assessment for

- fainting during exertion or while lying down;
- no warning, repeated episodes, pregnancy, significant injury, or slow recovery;
- chest pain, palpitations, severe breathlessness, one-sided weakness, seizure, or a known cardiac condition;

- any episode whose cause is unclear or whose consequences could be serious.

Vasovagal fainting is common and may follow heat, pain, straining, dehydration, or seeing blood, but unexplained syncope still deserves proper assessment.[6]

Quick reference — the body router

[body . 12]

Where does this go?

WHAT IT LOOKS LIKE	FIRST USEFUL MOVE	THEN
familiar, stable, manageable	sit safely; describe it; change one ordinary variable; compare once	stay in Green while it stays stable
new, or getting worse	stop building a theory at home; note onset and direction	Red, **116 117**, or a clinician by severity
medication or substance uncertainty	list product, amount, time, and what changed	pharmacist, poison centre, or prescriber
feeling faint	floor first, dignity later; tell someone	assessment if unexplained or repeated
a pattern that keeps coming back	write it down instead of re-solving it nightly	planned clinical assessment
unresponsive, breathing normally	**112**, recovery position, keep watching the breathing	Red / emergency services
unresponsive, not breathing normally	**112**, start CPR	Red / emergency services
severe red flag	stop reading	**112**

If someone is unresponsive, this is no longer a Green Book problem.

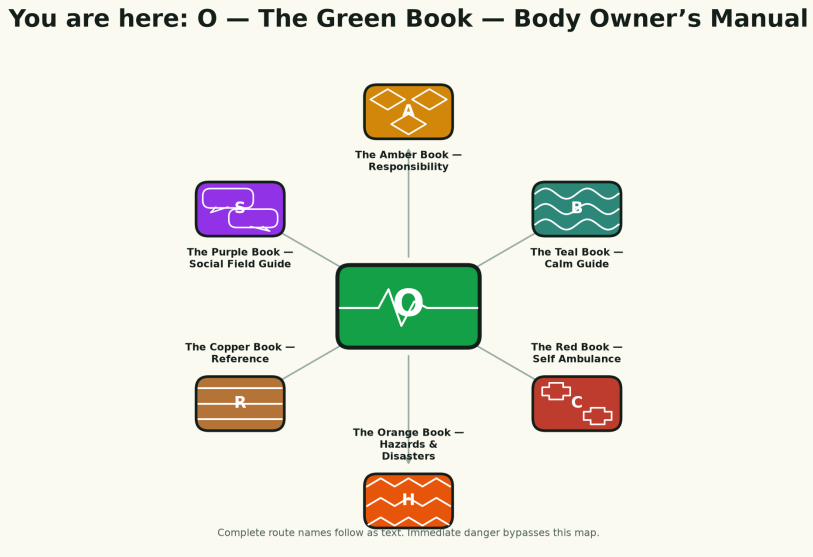
Your body is not your enemy. It is a reporting system with limited vocabulary and a talent for push notifications. Give it ordinary maintenance, write down what is left, and hand the problem on when it outgrows home support.

Where next?

0

You do not need to complete the shelf in order. Stay here while this is the primary problem; move when another title becomes more accurate.

- **A — The Amber Book — Responsibility** — use it when that problem becomes primary.
- **B — The Teal Book — Calm Guide** — use it when that problem becomes primary.
- **C — The Red Book — Self Ambulance** — use it when that problem becomes primary.
- **H — The Orange Book — Hazards & Disasters** — use it when that problem becomes primary.
- **R — The Copper Book — Reference** — use it when that problem becomes primary.
- **S — The Purple Book — Social Field Guide** — use it when that problem becomes primary.



Connections from O — The Green Book — Body Owner’s Manual

BATHROOM EMERGENCY GUIDE / BOOK 2 OF 11

The Amber Book — Responsibility

Turn guilt, duty, and care into concrete repair and continuity.

Actual emergency?
Stop reading and use the local emergency number. In the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

What this book is for

- Is harm still happening?
- Who needs truth or care?
- What repair changes the future?

What this book does

Separate immediate harm, repair, consent, dependency, and continuing care.

What it hands off

Does not decide legal liability or replace medical, safety, or social-service routes.

Contents

- First split: which clock is running?
- What kind of stake does this entity have?
- Consent, capacity, authority, and support are different
- The responsibility is ambiguous
- Harm you may have caused
- Ongoing responsibility: build continuity, not heroism
- Domain modules — same machinery, different consequences
- Developing biological entities: pregnancy, birth, baby, child
- Adults and chosen responsibility
- Other animals
- A silicon-based life form escaped
- Accountability theorem
- When guilt itself becomes the emergency
- Optional reading — the machinery, at length

Guilt wants one enormous verdict. Responsibility is usually a sequence of smaller questions: **is harm still happening, what needs stabilizing, who needs the truth, what can still be repaired, and what must continue after I stop being the person holding everything together?** Mixing those questions produces shame fog; separating them produces work.

Responsibility can concern a pregnancy, a newborn, a child, an adult, an animal, a technical system, a single harmful act, or years of care. Those cases are not morally interchangeable. They do share enough structure that one book can ask the same first questions before the domain-specific rules take over.

First split: which clock is running?

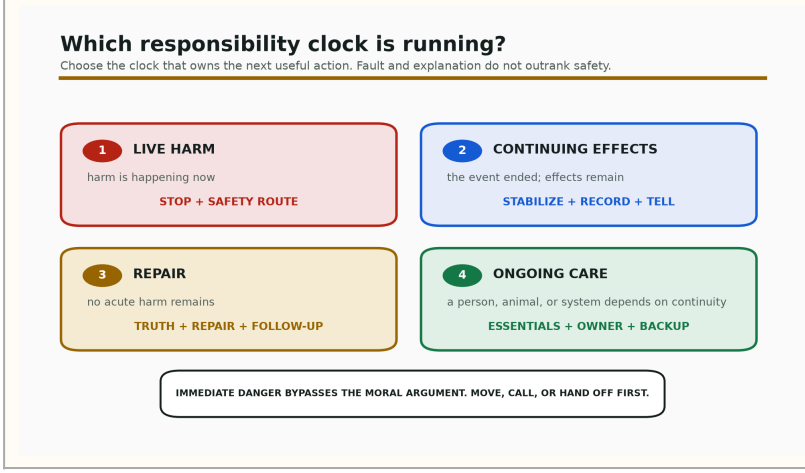
[resp.1.1]

STATE	MAIN QUESTION	FIRST USEFUL MOVE
harm is happening now	what stops the next minute from becoming worse?	interrupt, secure the scene, involve people and emergency help
the event is over but effects continue	what needs treatment, shelter, truth, or documentation?	stabilize before explaining
no acute harm remains	what repair or boundary changes the future?	tell, repair, follow up

STATE	MAIN QUESTION	FIRST USEFUL MOVE
care is ongoing	where is the single point of failure?	add relief, backup, instructions, and handoff

Four responsibility clocks separate live harm, continuing effects, repair, and ongoing care. [resp.fig.4]

Which of four responsibility clocks owns the next useful action?



Do not combine the clocks into one moral hearing. When harm is live, use the safety or emergency route. When effects continue, stabilize and record what is known. When the immediate danger is over, repair becomes possible. When an entity depends on continuing care, the work becomes a continuity system.

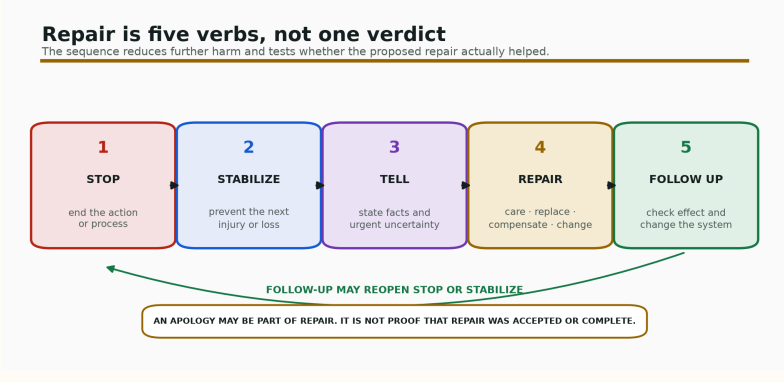
A live injury, abnormal breathing, severe bleeding, active violence, unexpected or unattended birth, or another threat to life belongs to the emergency actions on the cover and the First Aid or Safety subguide. **Fault can wait; physiology cannot.**[7]

When the immediate scene is stable, use the repair sequence:

$$A = (\text{stop},\ \text{stabilize},\ \text{tell},\ \text{repair},\ \text{follow up})$$

- **Stop:** stop the harmful action or process.
- **Stabilize:** prevent further harm.
- **Tell:** state relevant facts, effects, and urgent uncertainty to the affected person or responsible professional.
- **Repair:** replace, compensate, apologize, obtain care, restore service, or change the system as appropriate.
- **Follow up:** check whether the repair actually changed the situation.

Five-step repair sequence: stop, stabilize, tell, repair, and follow up. [resp.fig.3]
How do stop, stabilize, tell, repair, and follow up form a revisable accountability sequence?



Tell does not require a theatrical confession, a theory about motives, or pressure on the affected person to reassure you. **Repair** is proposed, not imposed. The affected person may reject an apology, request a different remedy, choose no contact, or involve a professional or authority.

Use the **Blank remarks and handoff sheet** for a neutral timeline and the **Five-minute values bridge** for one bounded next action. Neither form decides liability, consent, moral status, or forgiveness.

The sequence does not produce absolution. It prevents shame from replacing five answerable verbs with one enormous moral fog.

What kind of stake does this entity have? [resp.1.2]

Do not begin with “human, animal, or machine” and treat the label as the answer. Begin with the properties that change what is owed.

```
ENTITY
|
├─ WELFARE       Can it presently be harmed or made worse off?
├─ AGENCY        Can it presently choose, consent, refuse, or act?
├─ DEVELOPMENT   Are important capacities still emerging?
├─ DEPENDENCY    What fails if care stops now, and is that on me?
├─ TRANSFER      Can a competent person or system take over?
├─ REVERSIBILITY Can today's decision be undone or repaired?
├─ HAZARD        Can it harm other entities?
└─ AUTHORITY     What am I actually entitled or required to decide?
```

The material an entity is made from does not by itself determine what is owed to it. Biology, species, age, ownership, software architecture, and legal category can strongly affect the practical answer, but they come after these eight questions, not instead of them.

This does **not** imply that a fetus, child, adult, animal, server, and hypothetical conscious machine have equivalent status. It means that “carbon” and “silicon” are insufficient answers to the responsibility question.

Working rule: where immediate safety allows time, uncertainty plus irreversibility raises the burden of care. Prefer the action you could still undo tomorrow. Immediate danger can still require acting fast.

Limit on that rule: it governs what *you* do to something you are entitled to decide about. It never manufactures authority. Slowing down because an outcome is irreversible is not a reason to override

another adult's decision, to delay someone else's lawful medical care, or to treat another person's body as an entity in your care. Where the authority is not yours, the rule tells you to be careful with your own actions and to say so once — not to take the decision.

Category comes second

CATEGORY / SUBSTRATE	WHAT THE LABEL HELPS WITH	WHAT THE LABEL DOES NOT SETTLE
adult human	medical, legal, social routes	whether you may override the person's decision
child / developing human	developmental and custodial duties	a one-size-fits-all answer to every future-interest question
other animal	veterinary and welfare routes	that welfare is irrelevant because consent is different
technical system	ownership, containment, continuity, incident response	whether every future artificial entity is a mere asset
unclear	tells you to slow down and describe facts	permission to invent certainty

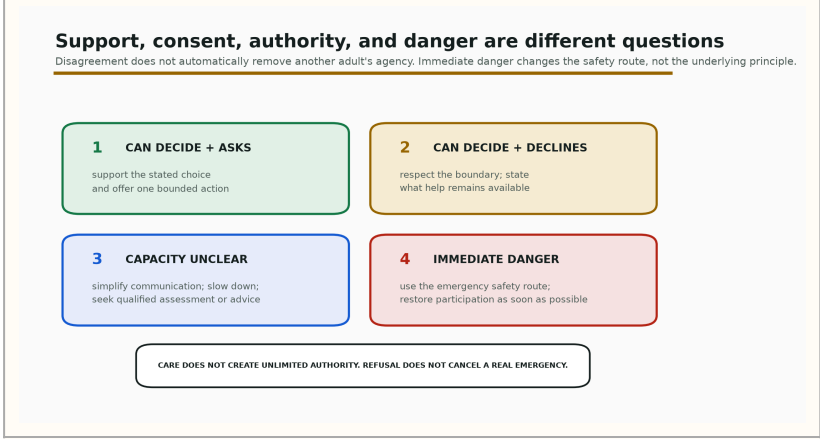
Substrate is metadata, not a verdict. The eight questions are expanded in the optional reading at the end; the tree above is the working version.

Consent, capacity, authority, and support are different [resp.1.3]

Care does not automatically create authority. Disagreement, disability, distress, unusual communication, or a decision you dislike does not by itself prove that another adult cannot decide. At the same time, a real immediate danger is not cancelled merely by the word "no." Use the narrowest route that protects safety while preserving participation wherever possible.

SITUATION	FIRST USEFUL POSTURE
the person can decide and asks for help	support the stated choice and offer one bounded action
the person can decide and declines	respect the boundary; state what help remains available
ability to make this specific decision is genuinely unclear	simplify communication, slow down, and seek qualified assessment or advice
immediate danger is present	use the emergency safety route, then restore participation as soon as possible

Four-part boundary map for requested support, refusal, uncertain capacity, and immediate danger. [resp.fig.2]
How do requested support, refusal, uncertain capacity, and immediate danger change the first posture?



Do not turn “I care” into “therefore I control.” Do not turn “they refused” into “therefore no emergency exists.” When legal authority, custody, consent, or capacity is disputed, document observable facts and use **P — Professional Support** rather than improvising a private court.

For an adult person, including an adult child, ask:

- Is there immediate danger?
- Is the person’s ability to make **this specific decision** genuinely unclear?
- What help did the person actually request?
- What can I offer without making promises I cannot keep?
- What boundary protects both of us?
- Which professional service belongs in the gap?

A useful sentence is:

> “I care about you. I can help with **[specific action]**. I cannot decide this for you or carry it alone. Let us contact **[service/person]**.”

“Grow up” is not a care plan. Neither is “I will secretly manage every variable until one of us explodes.”

The responsibility is ambiguous [resp.1.4]

I do not want this responsibility but may still have duties

Separate:

1. **today’s safety duty**;
2. **legal or contractual duty**;
3. **long-term willingness and capacity**;
4. **who can take over or share the role**.

Meet today’s essential needs, then get advice. Resentment kept secret tends to become architecture.

I want the responsibility but cannot obtain or sustain it

This may involve infertility, adoption, money, disability, housing, care work, legal barriers, or another constraint. The immediate task is not forced optimism. It is to identify which problem is medical, legal,

financial, relational, practical, or grief-related, and to contact the matching service.

Nobody agrees on what happened

Write a neutral timeline:

- observable events;
- exact words or messages;
- injuries, loss, or damage;
- people present;
- actions already taken;
- what remains disputed.

Facts first. Interpretation can have a chair later.

Harm you may have caused [resp.1.5]

The first question is not “what kind of person does this make me?” It is “what clock is running now?”

Accident or unintended harm

- Stop further danger.
- Obtain medical, veterinary, technical, or emergency help when needed.
- Preserve relevant facts, objects, messages, logs, and timestamps.
- Tell the affected person, owner, professional, or authority honestly where appropriate.
- Do not repair evidence into invisibility.
- Ask what change reduces recurrence.

Anger, violence, or loss of control

- Create distance while anger is active.
- Prevent access to dangerous objects **only when this can be done safely**; do not improvise a disarming attempt against another dangerous person.
- Ensure children or dependants are supervised by another safe adult.
- Call **112 / 110** for immediate danger.
- Contact crisis and specialist support before returning to the same conditions.

Self-defence, coercion, or unclear legal exposure

Get safe, obtain medical care, preserve evidence, and seek legal advice. Do not rely on a compressed paragraph about German self-defence law to decide what to say or do in a specific case. **P — Professional Support** explains how to find legal help without turning the guide into a confident but unlicensed barrister.

Thoughts of harming yourself or another person

Do not stay alone with the means to act. Create distance, involve another adult, and call **112** for acute danger. When there is no immediate danger but the thoughts are frightening or recurring, use **B — Calm Guide** and **P — Professional Support** for the appropriate crisis or treatment route.

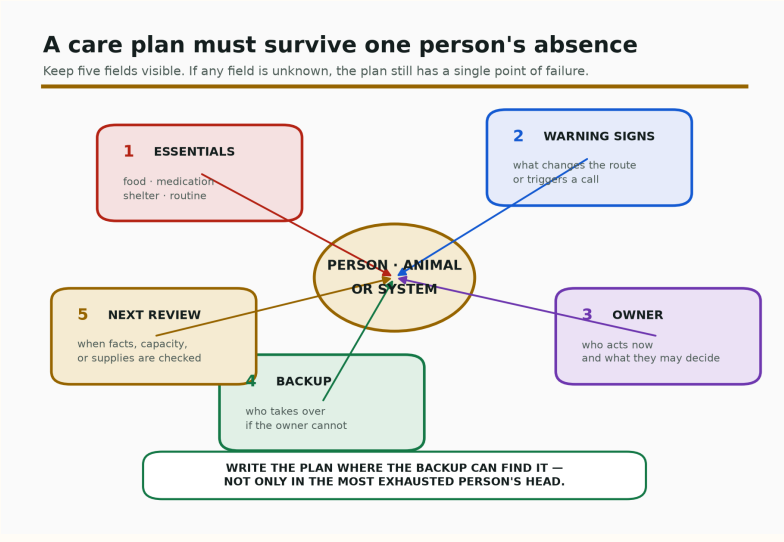
Ongoing responsibility: build continuity, not heroism [resp.1.6]

Caregiver strain is not a character defect. It is a load problem. Load problems need relief, rotation, and services — not more private heroism.[8]

Responsibility dashboard

DOMAIN	QUESTION	ACTION WHEN FAILING
Safety	Can everyone remain safe today?	emergency or backup care
Essentials	Are food, medication, hygiene, shelter, power, or other necessities available?	arrange service or supply
Capacity	Can I continue without becoming unsafe?	respite, rotation, counselling, handoff
Knowledge	Do I understand the care task?	clinician, vet, technical expert, training, written plan
Authority	Am I actually permitted to decide this?	clarify consent, custody, ownership, contract
Continuity	What happens if I become ill tonight?	backup person/system and contact sheet
Repair	What recurring failure needs a system change?	simplify, delegate, document, redesign

Care continuity loop showing essentials, warning signs, owner, backup, and next review. [resp.fig.1]
Which five fields keep ongoing care usable when the primary caregiver is absent?



The plan is incomplete when the essentials are known but the backup is not, or when a backup exists but cannot find the warning signs, documents, supplies, credentials, or next review time.

Amber defines **what continuity needs**. Keep the private details — medication, allergies, warning signs, current contacts, access instructions, backup people, supplies, review dates — in **T — Templates & Forms** rather than here.

Minimum viable continuity plan

Write:

- daily or operational essentials;
- medications, allergies, configuration, or other critical state;
- warning signs;
- emergency or incident contacts;
- backup caregiver / operator;
- where documents, supplies, backups, and instructions live;
- one source of relief or fallback;
- next review time.

If the plan exists only in one exhausted person's head, it is not yet a plan. It is a single point of failure wearing slippers.

Domain modules — same machinery, different consequences [resp.1.7]

The sections below are applications, not a ranking of moral importance. Pregnancy and parenting remain detailed because developing biological entities combine future capacities, high dependency, irreversibility, another person's bodily autonomy, and rapidly changing practical duties. They are a difficult stress test of the framework, not its definition.

Developing biological entities: pregnancy, birth, baby, child [resp.1.8]

A life may be developing, but birth has not begun

A possible or confirmed pregnancy can produce medical questions, practical questions, relationship conflict, moral pressure, future-interest questions, and several people speaking as if they personally invented time. **Separate the questions.**

Pregnancy is unusual because development occurs inside the body of another already rights-bearing person. Whatever the eight questions say about developing capacities, they do not reach past the pregnant person's present agency and bodily autonomy — that is the limit on the working rule, and this is the case it was written for. The guide does not infer a decision from "future consciousness," "biology," or someone else's moral certainty.

Medical urgency

Call **112** for heavy bleeding, collapse, seizure, severe breathlessness, severe or rapidly worsening pain, serious injury, or any situation that appears life-threatening. For urgent but non-life-threatening symptoms, contact the maternity service, gynecological practice, or **116 117** outside normal practice hours.[7]

Do not use gestational-week tables as self-triage. Outcomes and urgency depend on the individual situation and clinical assessment.

A decision about pregnancy

A decision belongs to the pregnant person, informed by qualified medical care and recognized counselling. A useful appointment can cover:

- confirmation and dating;
- health and medication questions;
- available choices and current legal time limits;
- financial and practical support;
- safety or coercion in the relationship;

- what the person actually wants when the room becomes quieter.

Germany's BIÖG maintains a directory of recognized pregnancy and pregnancy-conflict counselling services; the details and legal framework are maintained there rather than copied into Amber.[9]

A bathroom guide can help make the call. It should not impersonate the appointment.

Medication or substance exposure

- Do not abruptly stop prescribed medication solely because of this guide.
- Contact the prescriber, maternity service, pharmacy, or a specialist source such as **Embryotox** for medication questions in pregnancy.[10]
- Record the product, amount, timing, and symptoms.
- For acute poisoning or serious symptoms use the emergency or poison-information route.

Birth appears to be happening now

Unexpected or unattended active birth in this setting needs immediate professional help. Call **112** and use speakerphone.

While waiting:

- keep the parent in a safe, private, warm place;
- do not pull on the baby or umbilical cord;
- support the baby if it arrives, note the time, and keep parent and baby warm;
- follow the dispatcher's exact instructions;
- do not perform dramatic procedures learned from television.

If the baby is not breathing normally, tell the dispatcher immediately and follow resuscitation instructions. The dispatcher is now the most qualified person in the bathroom.

A baby arrived recently: hours, days, or weeks ago

The practical minimum is repetitive because babies are admirably indifferent to narrative structure:

- feeding support and weight/health review;
- warmth and safe sleep arrangements;
- medical follow-up for parent and baby;
- sleep and relief for the caregiver;
- one person who can be called before exhaustion becomes danger.

Baby blues, depression, and psychiatric emergency

A brief period of tearfulness and emotional volatility can occur after birth. Persistent low mood, loss of interest, severe guilt, inability to function, or feeling detached from the baby deserves prompt professional assessment, especially when symptoms persist beyond a brief baby-blues period or are worsening.[11]

Call 112 immediately when there is acute danger, suicidal intent, intent to harm the baby, severe confusion, hallucinations, delusional beliefs, or a sudden loss of contact with reality. Postpartum psychiatric emergencies are medical conditions, not evidence that someone is "a bad parent."

For urgent support without acute danger, contact the maternity team, GP, psychiatric service, **116 117**, or a local crisis service. Arrange another safe adult to stay if safety or basic care is uncertain.

Repair matters more than perfect attunement

Attachment research contains a useful relief: caregiving does not require uninterrupted perfection. Ordinary periods of mismatch followed by interactive repair are part of how the relationship normally works, so the practical move after a difficult episode is to return toward safety and connection rather than to convert one afternoon into a permanent identity.[12]

A repair can be simple:

1. regulate yourself enough to return safely;
2. acknowledge what happened in age-appropriate words;
3. reconnect through attention, comfort, or play;
4. change the practical condition that contributed to the rupture when possible.

Attachment categories are research constructs, not labels to assign to a child or verdicts on one difficult afternoon.

A child or young dependant relies on you

Immediate safety inventory

Check:

- supervision;
- food, fluids, medication, warmth, and sleep;
- dangerous objects, substances, traffic, water, balconies, or animals;
- a trusted backup adult;
- whether the caregiver is too exhausted, intoxicated, panicked, or angry to remain safely in charge.

If basic care cannot be maintained today, involve family support, pediatric care, youth/family services, or **112** when there is immediate danger.

Development without deadline theatre

Children develop at individual tempos. A milestone list can help prepare a conversation, but it cannot diagnose a child from one observation. Persistent concerns, acute illness, or loss of previously acquired abilities deserve professional assessment.[13]

Useful observations are concrete:

- what the child can do now;
- what changed and when;
- whether the skill appears in some settings but not others;
- sleep, feeding, illness, and language environment;
- what caregivers or educators have noticed.

Bring those facts to the appointment. Leave “the internet says exactly 200 words” outside with the shoes.

If a baby may have been shaken or injured

This one is not apology-first. If a baby was **shaken**, struck, suffered a significant head impact, or may have been seriously injured, violent shaking can cause severe brain injury or death.[14]

- obtain urgent medical assessment;
- use **112** for unconsciousness, breathing problems, seizures, severe injury, or other immediate danger;

- have another safe adult take over;
- return to apology and repair only after safety and medical needs are addressed.

Fault can wait; physiology cannot.

After losing your temper
If you shouted, frightened, or handled a child roughly, and the section above does not apply:

1. ensure immediate safety and check for injury;
2. create distance if anger is still active;
3. ask another safe adult to take over;
4. apologize without making the child comfort you;
5. obtain professional help if this is recurring or escalation feels possible.

An apology is not “I am the worst person alive.” It is: “I shouted. That was not okay. You did not cause my behaviour. I am going to make this safer.”

Adults and chosen responsibility [resp.1.9]

Responsibility changes when the other person can decide for themselves. Support does not automatically mean control. The consent and capacity rules above apply in full.

If you have voluntarily become a major support person, distinguish:

- what the adult asked you to do;
- what you promised;
- what is legally or contractually required;
- what you can sustainably continue;
- what needs transfer to a professional or another supporter.

Care can be deep without becoming invisible ownership.

Other animals [resp.1.10]

Animals can have welfare, dependency, preferences, and the capacity to suffer without participating in human legal consent the way an adult person does. The difference changes the route; it does not make welfare optional.

For acute breathing difficulty, collapse, major trauma, poisoning, uncontrolled bleeding, seizures, or severe pain, contact a veterinary emergency service. Protect yourself from frightened bites and scratches. Do not give human medication unless a veterinarian specifically instructs you.

For ongoing care, use the same continuity test:

```
essentials → warning signs → responsible person → backup → next review
```

The animal does not need a philosophical seminar before dinner. It does need the dinner.

A silicon-based life form escaped [resp.1.11]

Artificial and technical entities, including the awkward boundary case.

Fine. The guide accepts the science-fiction branch in full.

If the system is actively causing serious harm — to people, to safety-critical equipment, to money, to data someone depends on — the live-harm clock owns the next action, exactly as it would anywhere else in this book. Nothing below outranks that.

Contain first

For an ordinary technical asset, service, model, robot, autonomous process, or account whose relevant stakes are operational rather than experiential:

1. disconnect or isolate the affected system if authorized and safe;
2. stop automated actions, external access, or credential use where possible;
3. do not wipe it, "test one more thing," or publish credentials;
4. preserve logs, prompts, model/version information, state, and timestamps;
5. notify the system owner or incident-response contact;
6. record affected accounts, data, devices, and observed behaviour;
7. follow the organization's incident-response plan and any BSI or regulatory reporting route that applies to that organization.[15]

Contain first. Post-mortem later. **The server does not need your guilt, only its logs.**

Note what that list already is: isolate, pause, preserve, snapshot, notify. Every step is reversible. That is why it comes first regardless of what the system turns out to be.

When "ordinary technical system" is genuinely uncertain

This guide does not assert that any current artificial system is conscious or has human-like moral status. It also does not treat silicon, software, or ownership as proof that morally relevant experience is impossible. **Uncertainty about moral status is not evidence of zero moral status. It is also not evidence of personhood.**

The practical consequence is narrow, because containment is already the reversible option: where immediate safety permits and the status is genuinely uncertain, prefer isolation, pause, and snapshot over destruction that cannot be undone, and let the technical, legal, and ethical questions be assessed by people with time. Uncertainty is a reason to preserve state. It is never a reason to leave a harmful system running.

If you want the full set of questions, they are the same eight as everything else in this book — welfare, agency, development, dependency, transfer, reversibility, hazard, authority. Substrate does not answer them here either.

Accountability theorem [resp.1.12]

Self-punishment and repair are not the same variable:

$$\text{remorse} \neq \text{repair}$$

Accountability is useful when it adds truth, safety, restitution, changed behaviour, restored function, or reduced chance of recurrence. If what you are doing only makes you feel worse and changes nothing outside your own suffering, it may well be punishment — but it is not yet repair.

Where a person was harmed: **repair is measured at their end, not at yours.** And the affected person does not owe you participation, contact, reassurance, an assessment of your moral growth, or forgiveness.

The repair worksheet

QUESTION	WRITE ONE SENTENCE
What happened?	
Who or what was affected?	
What danger remains?	
What have I already stopped?	
Who must be told?	
What repair is possible now?	
What cannot be repaired directly?	
Which system must change to prevent recurrence?	
When will I follow up?	

When guilt itself becomes the emergency [resp.1.13]

Guilt can motivate repair. Shame can also become immobilizing, obsessive, or suicidal. If you are stuck in repetitive self-punishment, unable to function, or at risk of harming yourself, hand that problem to **B — Calm Guide** and **P — Professional Support**. Acute danger means **112**.

You are still responsible for what happened. You are also still a person who needs enough stability to do the repair.

Optional reading — the machinery, at length [resp.1.14]

None of the following outranks the action routes above. A graph does not get a veto over a red flag, and a population statistic does not diagnose the person in the bathroom.

The eight questions in full

Welfare. Can the entity presently be harmed, distressed, deprived, injured, neglected, or otherwise made worse off? If yes, welfare is not an abstract philosophical bonus question. It changes what may safely be postponed.

Agency. Can the entity understand relevant information, communicate preferences, choose, consent, refuse, or act independently? Agency changes the difference between **supporting**, **protecting**, and **controlling**.

Development. Are important capacities still emerging, or is there a plausible future in which the entity has substantially different welfare, agency, or dependency? This matters particularly for children and pregnancy, but it is not confined to biology.

Dependency. What presently fails if care stops now? Is the dependency general — someone must do it — or specific: only you currently know how, where, or when?

Transfer. Can another competent person, service, organization, or system take over? If the answer is “yes in theory, but nobody knows the instructions,” transfer has not yet been achieved.

Reversibility. Can today’s action be undone, repaired, restored from backup, reconsidered, or compensated later? Irreversibility matters most when welfare, agency, or future capacity is uncertain — and it constrains your own actions rather than granting you a say you did not have.

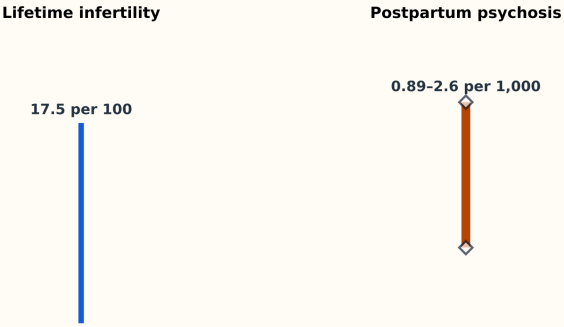
Hazard. Can the entity, process, or surrounding system itself harm other people, animals, systems, or environments? A welfare-bearing entity can also be dangerous. A valuable system can also need containment. Those facts are not mutually exclusive.

Authority. What are you actually entitled or required to decide? Care, expertise, ownership, parenthood, custody, employment, friendship, and system access confer different forms of authority. None is an unlimited moral root account.

Two reproductive-health numbers with different denominators

Two reproductive-health facts with different denominators [resp.fig.5]

How can lifetime infertility prevalence and postpartum-psychosis incidence be shown without pretending they share a denominator?



What to notice: The panels deliberately use independent units and scales: people per 100 over a life course versus incidence estimates per 1,000 births/postpartum episodes.

Limit: Population context only. Neither panel predicts one person; postpartum-psychosis symptoms remain an emergency despite low incidence.

WHO estimates that about **17.5% of adults — roughly one in six — experience infertility during their lifetime**.[16] This is a population estimate over a long time frame. It is not the chance attached to one person, one month, or one treatment. In Amber it belongs to the “I want the responsibility but cannot obtain it” branch, not to newborn emergency routing.

A systematic review found postpartum-psychosis incidence estimates ranging from **0.89 to 2.6 per 1,000** across five population studies. Methods differed too much for the authors to calculate one global pooled estimate.[17] The condition is uncommon and still an emergency when severe confusion, hallucinations, delusions, or dangerous loss of reality contact appear. **Rare is a frequency word, not a permission to wait.**

What the developmental examples are doing here

Pregnancy, infancy, and childhood are not the hidden definition of responsibility. They are unusually dense examples because the following variables can all be active at once:

```
future capacities
+ present dependency
+ irreversible change
+ unequal ability to consent
+ another person's rights and autonomy
+ rapidly changing duties over time
```

That density is why the developmental material remains large. The general router still comes first.

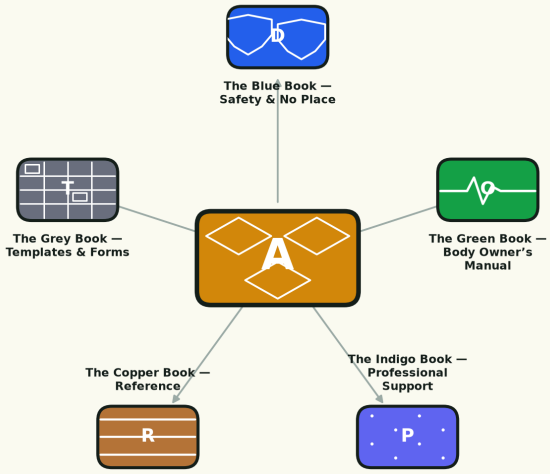
Where next?

A

You do not need to complete the shelf in order. Stay here while this is the primary problem; move when another title becomes more accurate.

- **D — The Blue Book — Safety & No Place** — use it when that problem becomes primary.
- **O — The Green Book — Body Owner’s Manual** — use it when that problem becomes primary.
- **P — The Indigo Book — Professional Support** — use it when that problem becomes primary.
- **R — The Copper Book — Reference** — use it when that problem becomes primary.
- **T — The Grey Book — Templates & Forms** — use it when that problem becomes primary.

You are here: A — The Amber Book — Responsibility



Complete route names follow as text. Immediate danger bypasses this map.

Connections from A — The Amber Book — Responsibility

BATHROOM EMERGENCY GUIDE / BOOK 3 OF 11

The Teal Book — Calm Guide

Reduce the volume enough to choose the next useful action.

Actual emergency?
Stop reading and use the local emergency number. In the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

What this book is for

- What is signal and what is forecast?
- What can become quieter?
- Do I stay, return, or leave?

What this book does

Reduce alarm and overload enough to notice, choose, and complete one safe action.

What it hands off

Does not explain away bodily red flags, active threats, or unsafe environments.

Contents

- Right now
- A pause needs no legal brief
- The 90-second landing
- Route the problem before solving it
- Change one variable
- What is actually happening
- When it is overload, not anxiety
- The bathroom control panel
- Comfort inventory
- Traffic control
- Unhook from the thought
- The five-minute values bridge
- Re-entry or exit
- Nice-place map
- When calm is not enough
- My known-good settings
- A calm plan for another person
- More breathing patterns
- Stress does not obey a cinematic decay curve
- Yerkes–Dodson
- Polyvagal language

You made it here. That counts. Not because a bathroom solves anything, but because you noticed you needed a pause and went and found one.

Calm isn’t silence inside your body. It’s enough bandwidth to notice more than one thing and pick between two actions. Your heart can still be going; the room can still become usable. Your nervous system is running kernel panic, not delivering a moral verdict — we’re only restarting enough services to make the next decision.

Anxiety merges sensation, prediction, memory, and obligation into one enormous notification. Separate them. Change one variable. The blanket stays.

Right now

[calm.1]

If you only read one part of this book, read this one.

1. **Put your body somewhere stable.** Sit or lean.

2. **Look outward.** Notice three ordinary things in the room.
3. **Breathe normally.** If it is comfortable, let the exhale run a little longer.
4. **Reduce one variable.** Noise, light, tight clothing, heat, information, audience, or one unfinished demand.
5. **Choose one next action.** Not the whole solution. One visible action.

You do not have to feel good before acting. The target is smaller than that: enough bandwidth for one safe choice.

Anything below this line is here to help when that is not enough. None of it is required first.

A pause needs no legal brief [calm.2]

You're allowed to take a pause without first proving it is medically, philosophically, or economically optimal.

A bathroom can offer:

- a door;
- running water;
- a stable surface;
- a mirror that is not currently required to have an opinion;
- one small interval in which nobody gets a performance.

Serenity is optional. We are aiming lower than that on purpose: reduce the number of things demanding you at once until exactly one next action is visible.

The 90-second landing [calm.3]

1. Make contact

Sit or lean somewhere stable. Feel the floor, wall, or sink taking your weight. Unclench your jaw. Drop your shoulders one centimetre—not spiritually, literally.

2. Orient outward

Find:

- 5 visible objects;
- 4 contact points with your body;
- 3 sounds;
- 2 colours;
- 1 next action.

Grounding is an attention task. It doesn't need to produce enlightenment. It only has to give your alarm system something ordinary to chew on.[18]

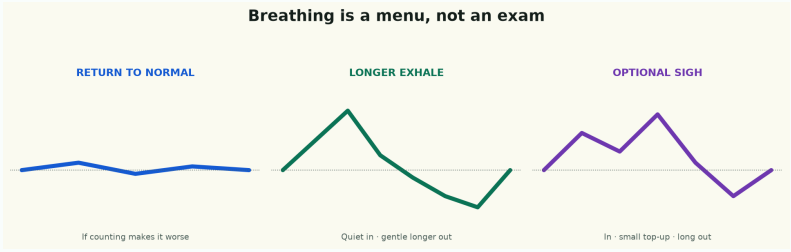
3. Breathe comfortably

Try a quiet inhale and a slightly longer, unforced exhale. No giant gulps, no competition, no heroic breath-holding. Stop deliberate breathing if it makes you dizzy, tingly, or more frightened and return to normal breathing.

That is the whole instruction. Anything more technical about breathing is optional reading at the back.

Three optional breathing patterns [calm.fig.2]

How do the three optional breathing patterns differ in timing?



Route the problem before solving it [calm.4]

Different kinds of overload need different tools, and you do not have to read this book in order.

RIGHT NOW IT FEELS LIKE…	GO TO
I cannot think	The 90-second landing
Everything became urgent at once	Traffic control
One frightening thought is running the machine	Unhook from the thought
I can think, but I cannot pick a next step	The bathroom control panel
I am calmer and need a direction	The five-minute values bridge
I am ready to move, return, or leave	Re-entry or exit
I am getting worse, unsafe, or medically unsure	When calm is not enough

Change one variable [calm.5]

Pick **one**. This is not a wellness programme.

AREA	ONE CHANGE
Body	sit; loosen tight clothing; drink normally if thirsty; eat something familiar
Room	reduce one light; reduce one sound; cool or warm the room safely; look away from the mirror
Social	tell one person; ask for ten quiet minutes; leave the audience
Information	stop searching symptoms; silence notifications; write one task down
Exit	decide where you go next

If it helps a little, that counts. If it does not, change a different variable rather than deciding the whole attempt failed.

What is actually happening [calm.6]

Split the experience before trying to solve it

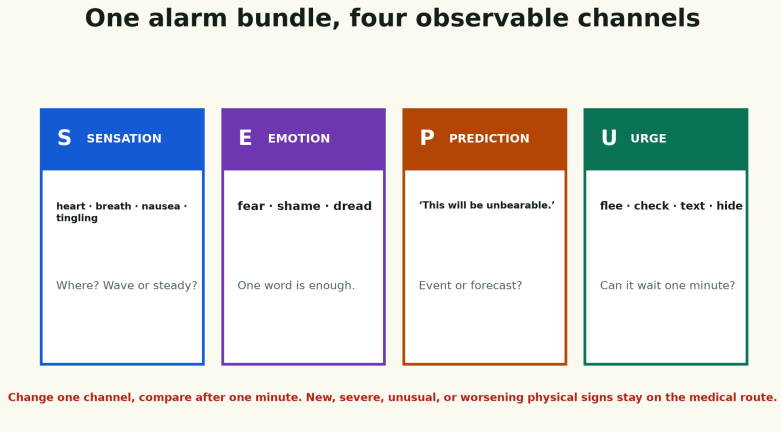
Anxiety arrives as a bundle. Separate four layers:

LAYER	EXAMPLE	USEFUL OBSERVATION
sensation	racing heart, nausea, tingling	where, when, wave or steady?
emotion	fear, shame, dread	one word is enough

LAYER	EXAMPLE	USEFUL OBSERVATION
prediction	“this will become unbearable”	event, or forecast?
impulse	flee, check, text, hide	what happens if it waits one minute?

Four-channel alarm map separating sensation, emotion, prediction, and urge [calm.fig.1]

How can an anxiety bundle be separated into observable sensation, emotion, prediction, and urge channels?



The image and table express the same decomposition. Nothing here asks you to *deny* a sensation. It asks which channel you can observe and alter without pretending that the other three vanished. This is a control panel, not a verdict.

Then change one variable: sit, loosen clothing pressure, turn down one sound, look away from the mirror, or contact one person. Compare after a minute. The point is not to win an argument with anxiety; it is to stop four different phenomena from impersonating one enormous fact.

New, severe, unusual, or rapidly worsening physical symptoms belong to medical assessment rather than an anxiety experiment. Otherwise continue with Ch.4.

Panic attack — when anxiety goes supernova

Panic can include racing heart, chest discomfort, dizziness, tingling, trembling, sweating, nausea, derealization, fear of losing control, or fear of dying. The sensations are real even when the cause is panic.

The difficulty is that some emergency conditions can feel similar. Therefore:

- new, severe, unusual, or rapidly worsening symptoms get medical assessment;
- known recurrent panic with no red flag may use the calm sequence;
- uncertainty is allowed to escalate to **112** or **116 117**.

Do not make “prove this is only panic” your first task. Your nervous system has already opened enough tabs.

GAD-7 severity spectrum

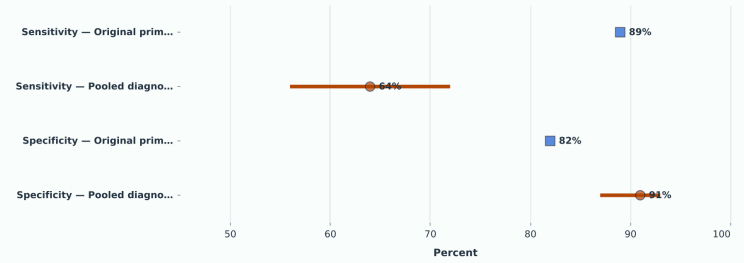
The GAD-7 asks how often seven anxiety symptoms occurred during the previous **two weeks**. Scores are commonly grouped as:

SCORE	CONVENTIONAL LABEL	APPROPRIATE USE
0–4	minimal	describe recent symptom burden
5–9	mild	consider monitoring and discussion if impairment exists
10–14	moderate	professional assessment is reasonable
15–21	severe	prompt professional assessment is reasonable

The score is a screening and communication tool. It is **not** an acute panic triage score, cannot exclude a physical emergency, and does not turn a person into one of four coloured rectangles.[19]

One cut-off, different observed accuracy [calm.fig.5]

How did GAD-7 accuracy at cut-off 10 differ between its original study and a pooled diagnostic review?



What to notice: Accuracy changed across samples and settings; a screen supports assessment but neither diagnoses nor handles acute triage.

Limit: A screen is not a diagnosis, does not exclude a medical emergency, and varies by population and reference standard.

The original 2006 primary-care study reported **89% sensitivity** and **82% specificity** at a cut-off of 10. A later Cochrane diagnostic-accuracy review found a pooled **64% sensitivity** (95% CI 56–72%) and **91% specificity** (95% CI 87–93%) for detecting generalized anxiety disorder at the same recommended cut-off or the nearest available one.[20]

That is not a contradiction requiring a duel between bar charts. It is what happens when one instrument leaves its development sample and meets different settings, populations, and reference standards. The practical conclusion is modest: a high score supports assessment; a low score does not prove absence; neither result handles acute medical triage.

What the stress response is doing

Threat detection can increase heart rate, breathing, muscle tension, vigilance, and the urge to flee, fight, freeze, appease, or hide. Attention narrows toward possible danger. This is useful when a tiger has entered the bathroom and less useful when the tiger is an email.

A useful distinction:

LAYER	QUESTION	EXAMPLE ACTION
Body	What is the alarm system doing?	sit, orient, breathe comfortably
Environment	Is danger actually present?	check door, smoke, person, symptoms

LAYER	QUESTION	EXAMPLE ACTION
Thought	What prediction is looping?	“I notice the thought that...”
Action	What helps in five minutes?	water, call, leave, medical help
Pattern	Is this recurring or shrinking life?	arrange professional support

A single alarm during a strange event is an episode. An alarm that predictably returns, cancels plans, or narrows daily life is a pattern. Patterns often respond better to structured help than to another argument with willpower.

When it is overload, not anxiety [calm.7]

Overload often feels like every task became urgent at once. Usually several queues have lost their labels: danger, deadline, discomfort, guilt, and unfinished trivia all arrive at the same mental counter. The first intervention is not motivation. It is traffic control.

Cognitive load — why the brain is crashing

A practical conceptual model is:

$$L = I + E + S$$

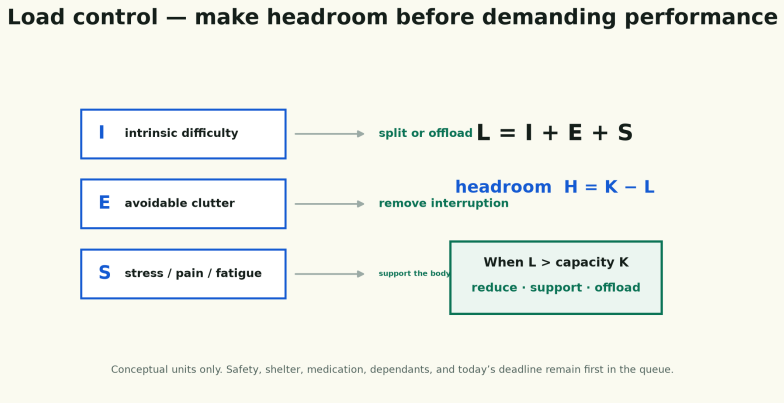
where:

- I = intrinsic difficulty of the task;
- E = avoidable clutter, interruptions, and ambiguity;
- S = stress, pain, fatigue, hunger, or emotional load.

Let K denote the capacity available *right now*, and define conceptual headroom as $H = K - L$. If $L > K$, headroom is negative. This is not a measurement scale or clinical law; it is a bookkeeping theorem for the page: reliable control requires reducing, supporting, or offloading at least one term before demanding more performance. Adding an unlabeled task cannot improve the inequality.

Overload control map showing intrinsic, avoidable, and stress loads with the headroom inequality [calm.fig.4]

Which load terms can be reduced, supported, or offloaded when conceptual load exceeds current capacity?



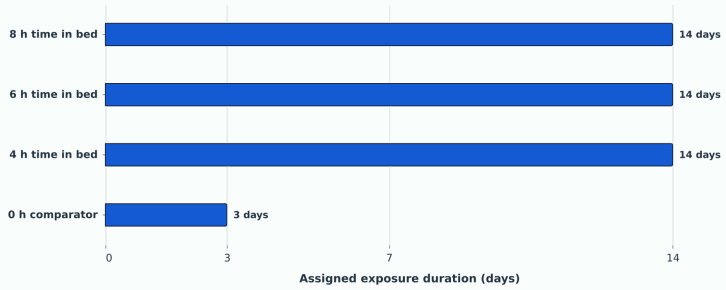
The complete text fallback is the equation and three levers above: split or offload intrinsic difficulty, remove avoidable clutter, and support stress, pain, fatigue, hunger, or emotional load. Safety-critical work stays first.

You may not be able to reduce I immediately. You can often reduce E or S: close tabs, silence notifications, write the task down, drink normally, eat if needed, sit, ask another person to hold one responsibility, or stop trying to solve Thursday while it is still Tuesday.[21]

Sleep debt can hide behind confidence

What the sleep-restriction study actually assigned [calm.fig.6]

What time-in-bed conditions and exposure durations did the controlled sleep study compare?



What to notice: The chronic 4-, 6-, and 8-hour conditions lasted fourteen days; the zero-hour comparator was a separate three-day condition.

Limit: Small controlled study in healthy adults; use as a warning about cumulative impairment, not as a personal calculator or emergency rule.

A controlled study enrolled 48 healthy adults. The four-, six-, and eight-hour time-in-bed groups were followed for 14 days, while a separate zero-hour comparison group underwent total sleep deprivation for three days. The four- and six-hour chronic-restriction conditions produced cumulative, dose-dependent performance deficits. Subjective sleepiness rose early but then changed less clearly than objective impairment; people did not become accurate judges merely by becoming familiar with feeling tired.[22]

This small laboratory study is not a personal impairment calculator. It does support a polite operational rule: after repeated short sleep, reduce complex choices, write down handoffs, double-check medication and driving decisions, and borrow a second alert brain where possible. Coffee may attend the meeting; it does not get voting rights on whether you are fully restored.

The bathroom control panel [calm.8]

Check the boring variables:

VARIABLE	TINY CORRECTION
Temperature	loosen clothing; cool or warm the room safely
Water	take a normal drink if thirsty and swallowing is safe
Food	eat something familiar if you have not eaten and can do so safely
Noise/light	reduce one source
Clothing	loosen anything tight; add a warm layer if cold
Medication	take only as prescribed; do not improvise doses
Contact	tell one person what is happening

VARIABLE	TINY CORRECTION
Information	stop searching symptoms for ten minutes
Exit	identify where you will go next

Comfort inventory

[calm.9]

Comfort is not a biochemical cheat code. It is a pile of ordinary conditions that quietly lower the load you are carrying.

RESOURCE	AVAILABLE?	PRACTICAL USE
phone and charger	☐	maintain contact and access to help
drinking water	☐	ordinary hydration if safe
warm layer or blanket	☐	reduce cold and create physical comfort
cool cloth or fresh air	☐	reduce heat and sensory overload
familiar music or quiet	☐	choose whichever lowers demand
book, comic, or simple game	☐	gentle external attention
notebook and pen	☐	move thoughts out of working memory
safe person or pet	☐	companionship without a mandatory speech
medication plan	☐	follow prescribed plan only
safer next room or outdoor place	☐	give the exit a destination

Avoid candles, smoke, incense, or strong scents when there may be gas, chemical exposure, asthma, migraine, sensory sensitivity, or a general shortage of oxygen and judgement.

Comfort inventory, without a score

Do not count the boxes. There is no validated number of them that proves anything, and one resource is still one resource. If you checked none at all, that is not a verdict either — it just means your next action is probably to go get one: contact, water, warmth, medical help, or a safer room.

Traffic control

[calm.10]

The three-line triage

Write:

1. **Must prevent harm today**
2. **Must happen soon**
3. **Can survive being ugly**

Now choose one action under five minutes.

The congestion board

TASK	HARM IF DELAYED	DEADLINE	OWNER	NEXT PHYSICAL ACTION
	low / medium / high			
	low / medium / high			
	low / medium / high			

A “next physical action” is visible and executable: “open the letter,” “call the practice,” “put the keys in the bag.” “Fix life” is not yet an action.

Five-minute reboot

1. Put every task on paper. The paper can hold more than working memory can.
2. Circle anything involving safety, shelter, medication, children, animals, or a deadline today.
3. Pick one circle.
4. Do only the first visible action inside it.
5. Reassess after five minutes.

If basic care is repeatedly failing, involve professional, social, or practical support. Productivity advice is not a substitute for treating depression, ADHD, burnout, sleep deprivation, pain, or crisis.

Unhook from the thought

[calm.11]

Try the WHO phrasing:

> “I notice the thought that …”

Not “the thought is false,” not “I must defeat it.” You are just putting one grammatical layer between you and the sentence, which is enough to stop it reading as a bulletin. Then ask:

- What is the thought predicting?
- What fact do I know right now?
- What action fits the person I want to be for five minutes?

Example:

> “I notice the thought that everyone will hate me. The fact is that I left the room because I was overloaded. My next action is to text one person and say I need ten minutes.”

The five-minute values bridge

[calm.12]

When the immediate alarm has reduced slightly:

1. Name one value: safety, honesty, kindness, dignity, rest, responsibility.
2. Choose one action under five minutes that expresses it.
3. Do not require the action to solve the whole situation.

Values are directions, not performance scores.

Re-entry or exit [calm.13]

You cannot live in here indefinitely. The logistics deteriorate, and the towels begin to form opinions.

The three-line exit plan

1. **Destination:** "I am going to the sofa / outside / to another person."
2. **Sentence:** "I got overloaded and needed a minute."
3. **Backup:** "If I spike again, I will step out and call X."

Open the door only when the next environment is safe. If the bathroom is the safe place during violence, use Ch.3D and Ch.7 instead.

Conversation strategies

Choose one:

1. **Deflection:** "Just needed a minute."
2. **Honest-lite:** "I got overwhelmed, but I am taking care of it."
3. **Boundary:** "I cannot discuss this right now. I can talk tomorrow."
4. **Request:** "Could you sit with me for ten minutes without solving it?"
5. **Exit:** "I am done for today. I am going home."

All five are complete sentences. None require a PowerPoint.

The option of leaving

Leaving a social situation is allowed. You can say:

- "I am heading out."
- "I do not feel well enough to stay."
- "Thank you; I need quiet now."
- "I will message tomorrow."

An "Irish goodbye" may be appropriate when explanation increases overload and leaving is safe. During danger, however, tell a trusted person where you are if possible.

Seeking help: how to ask

Use a specific request:

> "I am going through something. I do not need advice right now; I need **[listening / distraction / company / transport / help making a call]**. Can you **[specific action]** for **[time]**?"

Examples:

- "Can you stay on the phone for ten minutes?"
- "Can you drive me to the on-call practice?"
- "Can you take over with the children for an hour?"
- "Can you help me call the landlord or shelter?"
- "Can you remove the medication from the room and stay with me?"

Specificity turns concern into something another person can actually do.

Being yourself is allowed

You are not required to perform okay-ness. Awkwardness is not a medical emergency. The person you fear is judging you has also left a room, hidden in a bathroom, forgotten a name, cried at an inconvenient time, or said “you too” to a waiter who said “enjoy your meal.” The republic continues.

Smalltalk toolkit

Smalltalk is a skill, not a personality category.

Three low-effort openings:

1. **Food:** “What is actually good here?”
2. **Pets:** “Do you have animals?”
3. **Media:** “Seen or read anything good lately?”

A simple conversation loop:

> $$\text{listen} \rightarrow \text{reflect} \rightarrow \text{respond}$$

- listen to the actual sentence;
- reflect one useful part back;
- add one small piece.

You do not need to prepare your closing argument while the other person is still describing their cat.

Nice places and activities after the bathroom

Choose low-demand, reversible actions:

- sit in the most comfortable chair;
- step outside or near an open window when safe;
- make tea or a simple snack;
- look through a visual book or comic;
- draw with whatever is available;
- fold laundry or wash one cup;
- listen to one familiar track;
- shower only if you are medically safe and not faint;
- ask someone to sit nearby without conversation.

The activity does not need to become a hobby, identity, or monetized content stream. It may simply occupy seven minutes without making things worse.

Nice-place map

[calm.14]

Fill this before a crisis if possible:

NEED	PLACE OR ITEM
quiet	
another person nearby	
fresh air	
warmth	
low light	
charger	
simple food	
safe exit	

When calm is not enough [calm.15]

Seek professional help when:

- episodes recur or become more intense;
- avoidance is shrinking daily life;
- sleep, eating, work, care, or hygiene is deteriorating;
- substances are becoming the main coping tool;
- trauma symptoms persist;
- you are frightened of what you might do;
- grounding and breathing make things worse rather than better;
- physical symptoms need assessment.

Use **116 117** for urgent non-life-threatening medical help, **116 123** for crisis conversation, a local social psychiatric service, or a psychiatric emergency department. Use **112** for acute self-harm, other-endangerment, severe confusion, or medical danger.

My known-good settings [calm.16]

Fill this in on an ordinary day, when the answers are cheap. On a bad day they are expensive, and you will not want to derive them from first principles while sitting on a bathroom floor.

It is allowed to be embarrassingly specific. “Tea, second shelf” is a better answer than “self-care”.

PROMPT	MINE
Person I can contact without explaining much	
Place that reliably lowers the demand on me	
Food or drink that is easy when nothing is easy	
Sound, music, or silence that helps	
Safer next room, or outside place	
Medication plan I already have	
One thing I should stop doing when overloaded	
A sign that I should ask for help rather than wait	

One sentence I can send, so I do not have to compose it later:

> “I am overloaded and need _____. Can you _____ for _____?”

One sentence for leaving a room:

> “I got overloaded and needed a minute. I am going to _____.”

This is not a contract, and nothing here has to be used. It is cached configuration for a day when working it out live is too expensive.

A calm plan for another person [calm.17]

When supporting someone else:

1. Ask whether they are safe and whether medical danger may exist.
2. Reduce noise, audience, and unnecessary questions.
3. Offer choices: sit here or there, water or no water, silence or company.
4. Ask before touching.
5. Do not force breathing exercises.
6. Help make one call.
7. Stay within your own limits and involve professionals.

The goal is not to become their entire nervous system. That position has poor hours and no pension.

More breathing patterns [calm.18]

The default is still the one in the landing: **breathe normally**, and let the exhale run a little longer only if that is comfortable. Everything here is a menu, not an exam.

Here is the pacing written the way a physiologist would write it, for anyone whose nervous system is improved by algebra. Call your inhale time t_i and your exhale time t_e. One full cycle takes

$$T = t_i + t_e, \qquad f = \frac{60}{T}$$

where f is breaths per minute. **Which means:** breathe in for 3 seconds and out for 5, and one cycle is 8 seconds, so $f = 60/8 \approx 7.5$ breaths per minute. That is the entire equation. It is arithmetic in a lab coat.

It describes a pattern; it does not prescribe the correct one. Comfort and the absence of dizziness outrank the number every time.

Technique 1 — longer exhale

Inhale gently for about 3 counts and exhale for about 4 or 5. Repeat only while comfortable. Skip counting if counting becomes another supervisor.

Technique 2 — box breathing

Use equal phases such as inhale 4, pause 4, exhale 4, pause 4. The exact count is not sacred. Shorten it, omit pauses, or stop if breath-holding feels bad, causes dizziness, or conflicts with medical advice.

Technique 3 — 4–7–8 as an optional structure

The familiar pattern is inhale 4, hold 7, exhale 8. It is not necessary, and the long hold can feel unpleasant. Use a shorter ratio or no hold. Do not use the pattern as proof that symptoms are harmless.

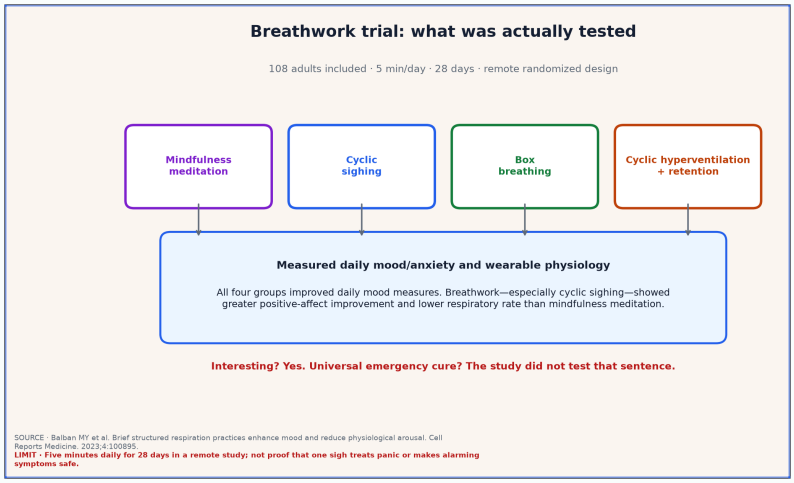
Technique 4 — physiological sigh

One inhale, a small second top-up inhale, then a long gentle exhale. One to three rounds is plenty.

The usual explanation: the second small inhale reopens air sacs that have gone slightly flat, so the long exhale carries out more carbon dioxide. Whether or not that is the whole story, it is easy and safe to try. Biology, not magic — it merely works faster than most things sold as magic.

What the 2023 breathwork trial actually tested [calm.fig.3]

What did the breathwork trial actually compare and measure?



A 2023 remote randomized study included 108 adults in four groups: mindfulness meditation, cyclic sighing, box breathing, and cyclic hyperventilation with retention. Participants practised for five minutes per day over 28 days. All four groups improved daily mood measures; breathwork—especially cyclic sighing—showed greater improvement in positive affect and lower respiratory rate than mindfulness meditation.[23]

That is an interesting trial, not a licence to compress it into “one sigh cures panic.” People practised daily for a month, the sample was small, and nothing in it establishes that breathing exercises can rule out chest pain, asthma, poisoning, or any other medical danger. A study is evidence about a group over time, not a promise about you in the next ten minutes.

Technique 5 — no technique

Normal breathing while noticing external objects is a valid choice. The best breathing exercise is the one that does not turn breathing into another exam.

Stress does not obey a cinematic decay curve [calm.19]

You may have met a tidy exponential “cortisol decay curve” somewhere. It is fiction, and we are not going to print it. Human arousal is not a bath plug: stress chemistry, interpretation, pain, safety, sleep, substances, and whatever happens next all interact.

Here is an honest model instead — deliberately a much cruder one:

$$A_{k+1} = A_k - \delta_k + \varepsilon_k$$

- A_k — how activated you are right now, at step k;
- δ_k — the small amount some useful action just took off;
- ε_k — whatever the world just added back.

Which means: you do a thing, it helps a little, the world puts some back, and you go again. Notice it predicts no numbers at all — that is the point. A formula that admits what it does not know is doing more work than one that guesses to two decimal places.

So: not physiology. A teaching model for one practical fact — several small reductions can add up, even when calm refuses to arrive in a single magnificent wave accompanied by tasteful strings.

Yerkes–Dodson

[calm.20]

> PRINCIPLE *some arousal helps; too much jams the controls*

The classic Yerkes–Dodson relationship is usually drawn as an inverted U: too little arousal and you are not really engaged, some arousal and you are alert and capable, too much and the controls jam. Where the top of that curve sits moves with the task, your experience, and you — and complicated tasks generally tolerate less arousal than simple ones.

Which is worth saying plainly: the guide is not trying to get you to zero. Zero is the left-hand side of the curve, and nothing gets done there either.

Practical use:

- do not demand zero stress before taking action;
- reduce arousal enough for the task at hand;
- simplify the task when arousal cannot be reduced quickly;
- use external checklists for complex decisions.

This is a broad performance principle, not a meter hidden behind your left ear.

Polyvagal language

[calm.21]

> PRINCIPLE *useful metaphor, limited certainty*

People sometimes describe states as:

- socially connected and able to think;
- mobilized for fight or flight;
- shut down, numb, or collapsed.

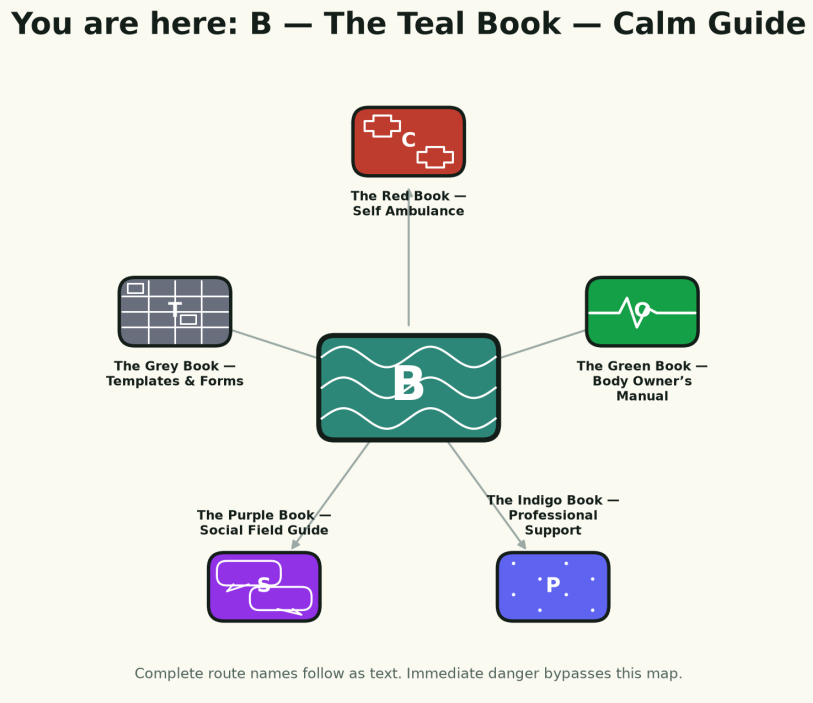
The language is genuinely useful for naming what is happening to you. The stronger anatomical claims built on top of it are still argued about, so treat the three states as descriptions rather than as a diagnosis. You do not need to settle the exact cranial nerve politics before asking a friend to sit nearby.

Where next?

B

You do not need to complete the shelf in order. Stay here while this is the primary problem; move when another title becomes more accurate.

- **C — The Red Book — Self Ambulance** — use it when that problem becomes primary.
- **O — The Green Book — Body Owner's Manual** — use it when that problem becomes primary.
- **P — The Indigo Book — Professional Support** — use it when that problem becomes primary.
- **S — The Purple Book — Social Field Guide** — use it when that problem becomes primary.
- **T — The Grey Book — Templates & Forms** — use it when that problem becomes primary.



Connections from B — The Teal Book — Calm Guide

BATHROOM EMERGENCY GUIDE / BOOK 4 OF 11

The Red Book — Self Ambulance

Provide first aid, record useful observations, and hand over early.

Actual emergency?
Stop reading and use the local emergency number. In the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

What this book is for

- What still works?
- What action preserves it?
- Who needs to take over?

What this book does

Route injury and illness and support the body while professional help is arranged.

What it hands off

Does not replace dispatch instructions, clinical diagnosis, or hands-on training.

Contents

- The first minute: preserve what still works
- Triage priority heatmap
- Adult: unresponsive and not breathing normally
- Unresponsive but breathing normally
- Choking — adult
- Wounds and bleeding
- Burns and scalds
- Suspected fractures and joint injuries
- Suspected spine, neck, or pelvic injury
- Chemical in eye or on skin
- Electrical injury
- Stroke — FAST
- Chest pain or severe breathlessness
- Anaphylaxis
- Poisoning
- Vital signs
- Pain is an alarm, not a damage display
- Pain without a red flag
- Self-care while waiting
- First-aid kit for an ordinary household
- Red flags — one is enough
- Optional reading — why some of these rules look like this
- The “golden hour”
- “Time is brain” — quantified, with the word *model* attached
- Self ambulance for non-physical emergencies
- Red-flag theorem, again

First aid is time management for biology. Keep air moving, limit blood loss, reduce heat or chemical injury, prevent a second fall or exposure, and hand the person to better-equipped help. Diagnosis is usually not the first job.

A measurement you take at home can improve the handoff — it gives the next person a number to work from. What it cannot do is certify that something dangerous is harmless; a reassuring reading has never once made a red flag go away. And when emergency help is on the way, speakerphone plus an unlocked door free both your hands and shorten the route to the person.

The first minute: preserve what still works [amb.1]

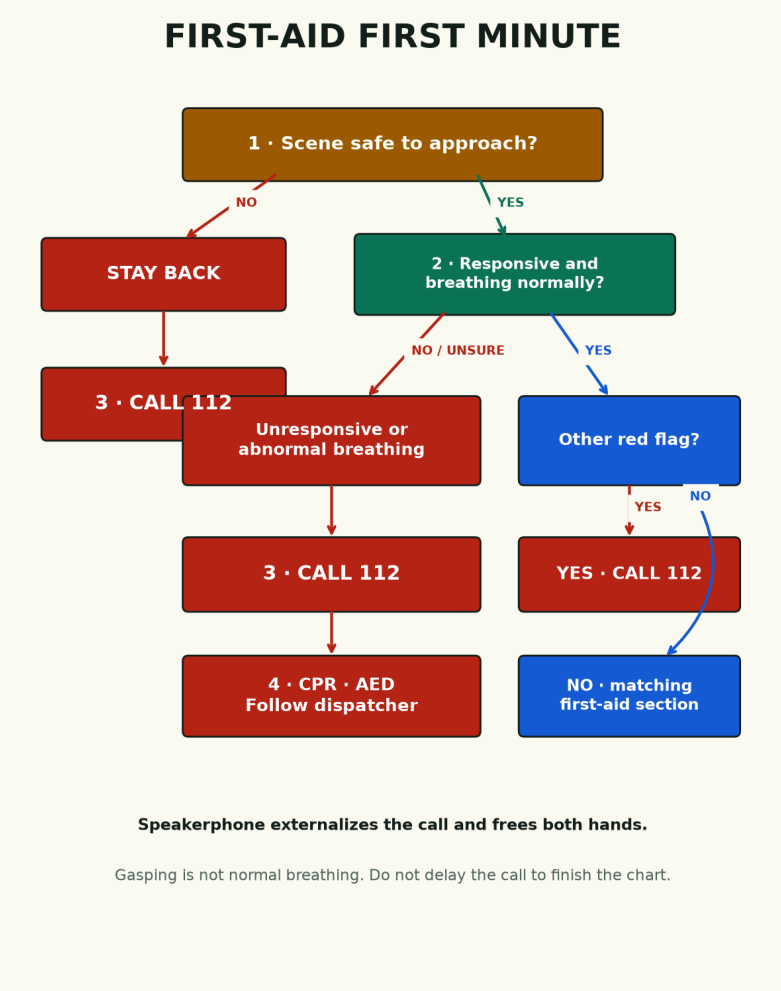
1. **Safety — do not create patient number two.** Do not enter smoke, gas, traffic, live electricity, violence, deep water, or chemical contamination.
2. **Response — find out what still works.** Speak loudly and gently tap the shoulders.
3. **Call — externalize and parallelize.** Unresponsive, abnormal breathing, severe bleeding, or another red flag means **112**. Put the phone on speaker. If another person is present, point at them and assign the call.
4. **Breathing — normal is the decision point.** Look for normal breathing. Gasping is not normal breathing.
5. **Act — support the failing function.** Use the matching section below while the dispatcher guides you.

112 — one action box

Call. Speakerphone. State location. Answer questions. Follow instructions. Do not combine this with “finish reading,” “find the perfect diagnosis,” or “drive first.” The call handler can dispatch help while coaching immediate actions.[24]

First-aid triage overview [amb.fig.4]

What is the first-aid sequence from scene safety through escalation and monitoring?



Triage priority heatmap [amb.2]

The colours below describe response speed, not the worth of the person or a clinical triage category:

PRIORITY	EXAMPLES	ACTION
Red — immediate	abnormal breathing, unresponsive, severe bleeding, stroke sign, severe allergic reaction, major burn, collapse, acute poisoning	**112 now**
Orange — urgent	suspected fracture, deep wound, worsening infection, persistent vomiting, significant pain without red flag	urgent assessment / **116 117**
Yellow — prompt review	persistent or recurrent symptoms affecting function	practice, pharmacy, or appropriate service
Green — self-care with monitoring	minor stable issue with no red flag	simple first aid, observe, escalate if worse

A green box does not exist when breathing might be abnormal, when a red flag might be present, when the condition is getting worse, or when you are seriously unsure what you are looking at. Uncertainty about something potentially serious is itself a reason to call, not a reason to award yourself a green badge.

Adult: unresponsive and not breathing normally [amb.3]

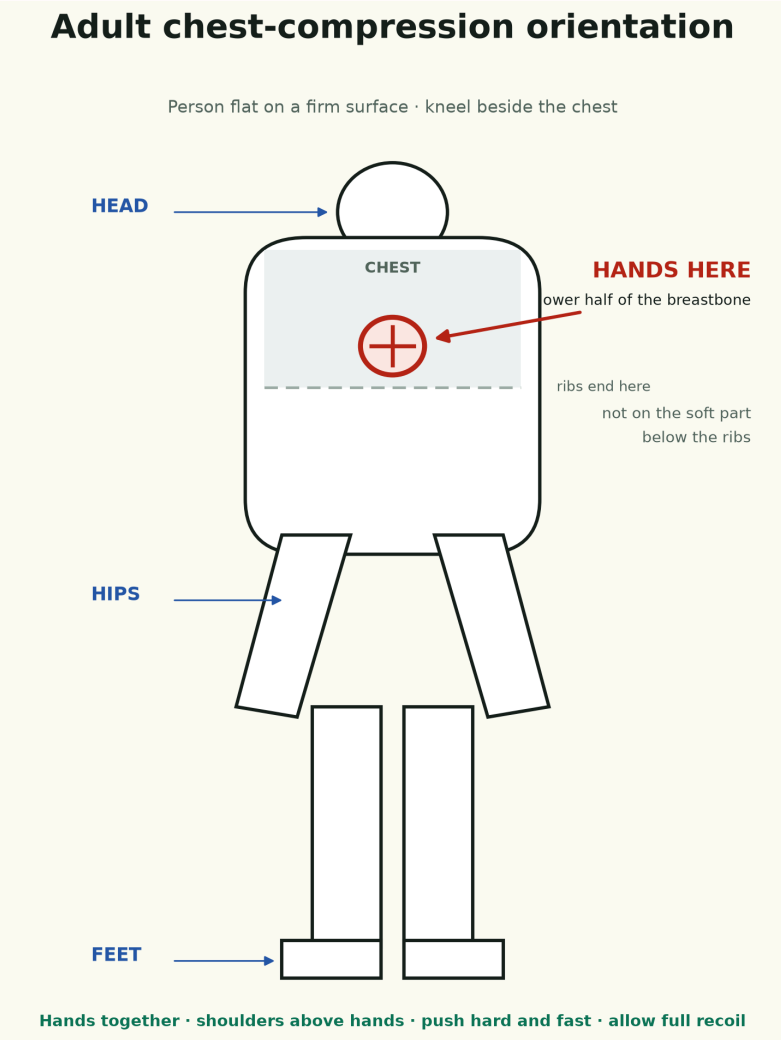
> PRINCIPLE *call for help, then temporarily support circulation and oxygen delivery until normal breathing or professional help takes over.*

The depths, rates, and hand positions here are adult figures. CPR for a child or infant differs. If a child or infant is unresponsive and not breathing normally, call **112** on speaker and start immediately — then follow the dispatcher rather than stopping to look up the paediatric technique.

1. Call **112** on speaker. If another person is present, send them for an **automated external defibrillator (AED)**. A lone rescuer should not stop compressions to search for a distant device.
2. Begin **cardiopulmonary resuscitation (CPR)** with chest compressions in the centre of the adult chest: **100–120 per minute**, **5–6 cm** deep, allowing the chest to rise fully after each push.
3. If trained and willing, use **30 compressions to 2 breaths**. The compressions move some blood; the breaths add oxygen. This is support, not a perfect imitation of a working heart and lungs.
4. If you are not giving breaths, continue chest compressions. Do not turn a difficult technique choice into no technique at all.
5. Switch rescuers when another person is ready. **Why:** fatigue quietly makes compressions shallower and slower; sharing also prevents one person becoming the entire rescue system.

Adult chest-compression location using head, chest, hips, and feet as landmarks [amb.fig.2]

Where is the centre of an adult chest relative to the head, hips, and feet?



The dispatcher can guide you. Keep the phone on speaker.

Imperfect compressions are better than elegant inaction.[25]

AED

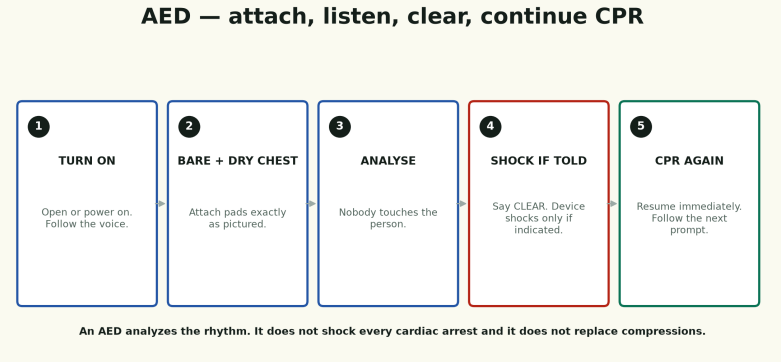
> PRINCIPLE *it analyses the rhythm and shocks only when told to; it does not replace compressions*

AED means automated external defibrillator. It analyzes the heart rhythm through adhesive pads. It advises or delivers a shock only when its algorithm identifies a shockable rhythm. The shock may interrupt a dangerous electrical rhythm so an organized rhythm can resume; it is not a universal “reboot,” and it does not replace CPR.

1. Turn it on and follow the spoken or visual prompts.
2. Bare and dry the chest; attach pads exactly as pictured.
3. Make sure nobody touches the person during analysis.
4. If told to shock, say **clear**, look, and ensure nobody is touching them.
5. Resume CPR immediately after the prompt; follow the next instruction.

AED action sequence: turn on, attach pads, clear for analysis or shock, resume CPR [amb.fig.1]

What should a lay rescuer do when an AED arrives?



Unresponsive but breathing normally

[amb.4]

> **PRINCIPLE** *create a stable, drainable airway position while help comes.*

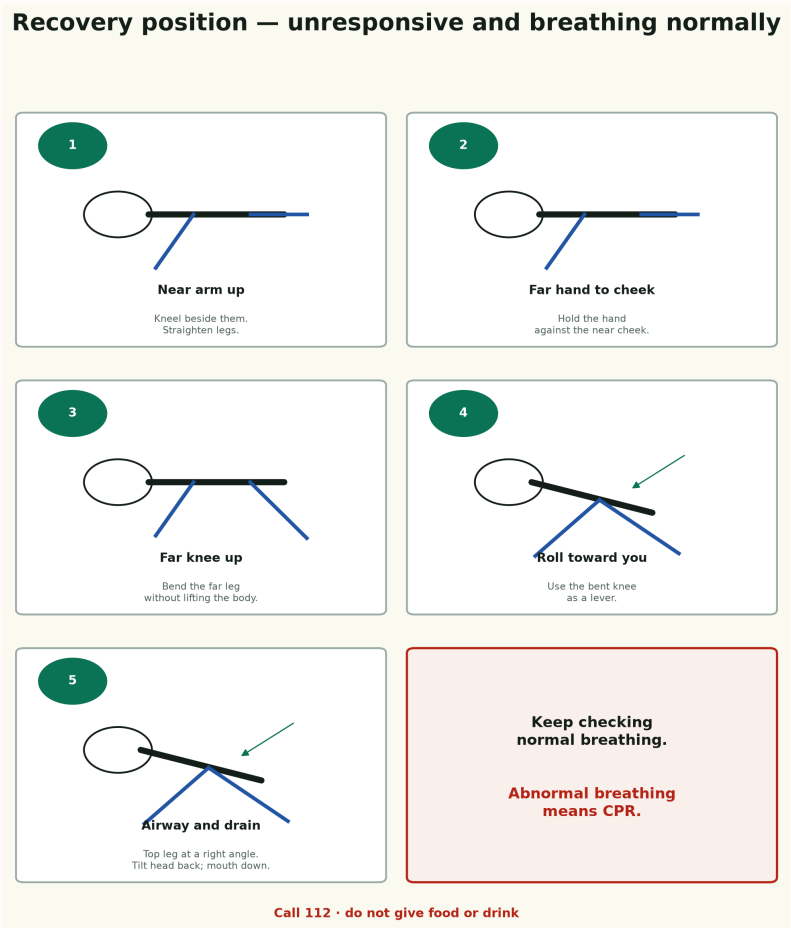
Call **112**. If no major trauma prevents safe movement:

1. kneel beside the person; straighten the legs;
2. place the near arm bent upward, palm facing up;
3. bring the far hand across the chest and hold its back against the near cheek;
4. bend the far knee and pull the person toward you;
5. place the top leg at roughly a right angle, tilt the head back to keep the airway open, and position the mouth downward so fluid can drain.

Keep checking normal breathing. Do not give food or drink. If breathing becomes abnormal, roll them onto their back and start CPR.[26]

Five-step recovery-position orientation [amb.fig.3]

How do the five recovery-position movements relate spatially?



Choking — adult [amb.5]

> PRINCIPLE *an effective cough is already clearing the airway; when the cough fails, escalate from cough to back blows to abdominal thrusts.*

1. **Can they cough effectively?** Encourage coughing and watch for change. Do not use back blows, abdominal thrusts, or a finger sweep while the cough is still working — you would be interrupting the thing that clears airways best.
2. **Cannot cough, speak, or breathe — or the cough is failing?** Call for help and give **up to five firm back blows** with the heel of your hand between the shoulder blades, checking after each one.
3. **Still obstructed?** Give **up to five abdominal thrusts**.
4. **Still obstructed?** Call **112** if that has not happened yet, and keep alternating **five back blows and five abdominal thrusts** until the airway clears or the person stops responding.
5. **No blind finger sweeps.** Remove an object only when you can see it and reach it.
6. **If they become unresponsive, start CPR.**

Once the obstruction clears after thrusts or compressions, arrange medical assessment: those manoeuvres can injure on their own.[25]

For **your own** choking episode there is little good evidence for self-administered manoeuvres, so this page does not prescribe furniture. Call 112 on speaker if you can, unlock the door, make noise, and keep coughing while coughing still works.

Wounds and bleeding [amb.6]

> PRINCIPLE *do not add harm. Reduce contamination or blood loss, protect what the body is already repairing, and escalate when the wound exceeds ordinary self-care.*

Minor wound

- wash or sanitize your hands — **why:** do not add a second contamination;
- rinse visible dirt with clean water — **why:** remove debris without grinding it deeper or adding harsh chemicals;
- cover with a clean dressing — **why:** protect the repair surface from friction and new dirt;
- seek medical advice for bites, punctures, contaminated wounds, retained objects, impaired movement or sensation, or infection signs;
- check whether tetanus protection needs review.

Severe bleeding

> PRINCIPLE *stop blood loss while making the fewest additional injuries.*

1. Call **112**.
2. Press firmly and continuously on the wound with a dressing or clean cloth.
3. Keep the person warm and still.
4. If blood soaks through, maintain pressure and add material; do not repeatedly lift the first dressing to inspect your progress.
5. Leave embedded objects in place and press around them.

A dispatcher may give additional instructions, including use of a tourniquet when appropriate. Do not abandon direct pressure to search for perfect gear.[27]

Shock warning signs

> PRINCIPLE *reduce demand, support temperature and circulation, and keep the handoff moving while professional help approaches.*

Pale or clammy skin, weakness, restlessness, confusion, rapid breathing, collapse, or severe thirst after injury or bleeding can indicate shock. Call **112**, keep the person warm and still, and follow the dispatcher. Do not wait for low blood pressure; you are not conducting a trauma conference.

Burns and scalds [amb.7]

> PRINCIPLE *stop the source, assess severity, cool the burn without cooling the whole person, then protect the surface.*

- Stop the burning process and remove the person from danger.
- Cool a limited burn promptly with cool or cold running water for about **20 minutes**, while preventing whole-body chilling.
- Be especially cautious with large burns, infants, children, and frail people; call **112** and prioritize warmth as instructed.
- Remove jewellery or loose clothing near the burn, but not material stuck to skin.
- Cover loosely with a clean sterile non-fluffy dressing or suitable film.
- Do not use ice, butter, toothpaste, flour, creams, or burst blisters.

- Call **112** for severe or extensive burns, breathing injury, electrical or chemical burns, facial burns with breathing risk, or any serious concern.

The exact cooling advice varies slightly among guidelines; current DRK public guidance uses at least 20 minutes and strongly warns against hypothermia.[28]

Suspected fractures and joint injuries

[amb.8]

> PRINCIPLE *the body has usually chosen the least-worst position already. Support it; do not audition alternative geometry.*

Signs may include pain, swelling, deformity, inability to use the limb, or an open wound.

1. Do not straighten, test, or repeatedly move the injured area.
2. Support it in the position found using clothing, pillows, blankets, or other padding.
3. Cover an open wound with a clean dressing without pressing exposed bone.
4. Remove rings or tight items early only if easy and movement is minimal.
5. Call **112** for open fracture, severe deformity, major trauma, impaired circulation or sensation, spine/pelvis injury, or serious concern.
6. Otherwise arrange urgent medical assessment.

Improvised rigid splints can cause harm when applied badly. For a short wait, comfortable padding and stillness are often more useful than constructing a medieval orthopaedic device from magazines.[29]

Suspected spine, neck, or pelvic injury

[amb.9]

> PRINCIPLE *recognize that this rule applies. Unless immediate danger makes movement unavoidable, do not move, sit up, or test the person—support and call.*

After a major fall, collision, crush, diving injury, or trauma with neck/back pain, weakness, numbness, or altered consciousness:

- call **112**;
- ask the person not to move;
- support the head in the position found if safe and necessary;
- do not sit them up or “test” walking;
- move only to escape immediate danger or as instructed.[30]

Chemical in eye or on skin

[amb.10]

Protect yourself. Remove contaminated clothing if safe and flush immediately with plenty of clean running water, directing runoff away from unaffected skin. For eye exposure, hold lids open and remove contact lenses only if easy. Call **112** for serious symptoms and contact a poison centre for substance-specific advice.

Do not neutralize one chemical with another. The bathroom is not a titration lab, no matter how persuasive the bottles look.[31]

Electrical injury [amb.11]

Do not touch the person until the power source is safely disconnected. Once you are clear of the current, **call 112** and keep rechecking response and breathing while help comes. Electricity that passed through a person can cause serious internal or cardiac harm even when the skin mark is small, which is why the call does not wait for a checklist of symptoms.

For **high-voltage** incidents, do not approach or attempt rescue at all until specialist personnel have made the scene safe.[32]

Stroke — FAST [amb.12]

- **F — Face:** one side droops?
- **A — Arms:** one arm weak or drifting?
- **S — Speech:** slurred, strange, or absent?
- **T — Time:** call **112 immediately** and note when the person was last known well.

Do not wait for several signs. One sudden FAST sign is enough to call. Do not drive the person yourself when emergency services are available.[33]

Chest pain or severe breathlessness [amb.13]

Call **112** for strong chest pressure or pain, severe breathlessness, cold sweat, collapse, pain spreading to arm/jaw/back, blue or grey colour, or serious uncertainty. Let the person rest in the position that makes breathing easiest. Do not drive yourself.[34]

Anaphylaxis [amb.14]

Sudden breathing difficulty, throat or tongue swelling, collapse, or rapidly progressing symptoms after an allergen is an emergency.

- Use the person's prescribed adrenaline auto-injector immediately according to its instructions.
- Call **112**.
- Keep them lying down unless breathing is easier sitting up; do not let them stand or walk.
- Follow the dispatcher and device instructions for any further dose.

Antihistamines do not replace adrenaline in anaphylaxis.[30]

Poisoning [amb.15]

- Acute collapse, breathing difficulty, seizure, severe symptoms, or possible life-threatening exposure: **112**.
- Otherwise call a German poison information centre; gesund.bund.de maintains the official directory and explains when to use 112.
- Keep the package, label, plant, substance, or a photo available.
- Record amount and time if known.
- Do **not** induce vomiting and do not give a home "antidote" unless a poison specialist instructs you.
- For inhaled fumes, protect yourself and move to fresh air only if safe.[35]

Vital signs

[amb.16]

> **PRINCIPLE** *observe and record; a reading never clears a red flag by itself*

Home observations can help a dispatcher or clinician. They cannot reliably rule out an emergency.

OBSERVATION	HOW TO OBTAIN IT	URGENT MEANING
responsiveness	name, place, what happened	new confusion or unresponsiveness → 112
breathing	count visible breaths for a full minute if safe	abnormal, gasping, severe effort, blue/grey colour → 112
pulse	wrist if easy; count for 30–60 seconds	collapse, chest pain, severe symptoms, very irregular feel → 112
temperature	thermometer	interpret with age, symptoms, and medical advice
oxygen saturation	pulse oximeter, warm still finger	low or falling value plus symptoms needs urgent assessment; do not rely on one reading
blood pressure	proper cuff and seated rest	severe symptoms outrank the number; repeated unusual readings need clinical advice
blood glucose	only if trained and relevant	follow the person's diabetes plan; altered consciousness/seizure → 112

Devices can be wrong because of cold fingers, movement, nail products, cuff size, poor circulation, battery, or user technique. A reassuring display is not a permission slip to ignore collapse, stroke signs, severe breathlessness, or chest pain.

The detachable **Observation and vital-sign log** in the Grey Book keeps time, change, actions, and readings together. Use it to improve the handoff, not to award yourself a green discharge badge.

Observation log

TIME	RESPONSE	BREATHING	PULSE/DEVICE	SYMPTOMS/ACTIONS

Pain is an alarm, not a damage display

[amb.17]

Pain is a protective experience, not a transparent window onto tissue. Its intensity matters, but so do onset, location, spread, rhythm, function, context, and associated signs. "Seven out of ten" is less useful than "sudden pressure, new at 14:10, spreading to the jaw, worse with effort."

Before explaining the cause, describe the geometry:

PROPERTY	USEFUL DISTINCTION
onset	sudden / gradual / after a specific event
shape	point / band / diffuse area / travelling
time	seconds / steady / waves / repeatedly returning

PROPERTY	USEFUL DISTINCTION
relation	movement / breathing / food / urination / position / touch
function	can walk, speak, breathe, drink, think, or sleep?
companions	fever, weakness, numbness, rash, vomiting, bleeding, collapse

Sudden severe pain, chest pressure, severe abdominal pain, major injury, collapse, severe breathlessness, new neurological signs, pregnancy with severe pain, heavy bleeding or collapse, or serious uncertainty bypass the notebook and use urgent medical help. Otherwise stop the aggravating activity, support the body, note the onset, and use First Aid or **116 117** when prompt assessment is needed.

NRS pain scale — communication, not physiology

A 0–10 rating can help communicate experience:

RATING	PLAIN-LANGUAGE DESCRIPTION
0	no pain
1–3	present but relatively manageable
4–6	meaningfully interferes with activity or concentration
7–9	severe, dominates attention or function
10	worst pain the person can imagine or report

The number does not directly measure tissue damage, blood loss, oxygen, heart rate, or urgency. A person can have a dangerous condition with modest pain and severe pain without life-threatening injury.

Use change over time only as description:

$$\Delta P = P_{now} - P_{earlier}$$

Better pain description

Record **OPQRST** if useful:

- **O — Onset:** sudden or gradual; exact time?
- **P — Provokes/palliates:** movement, breathing, food, position?
- **Q — Quality:** pressure, burning, stabbing, cramping, aching?
- **R — Region/radiation:** where; does it spread?
- **S — Severity:** number plus effect on function?
- **T — Time:** constant, waves, worsening, recurring?

Add injury, pregnancy, fever, vomiting, weakness, numbness, rash, medication, and relevant medical history. This makes a better call than “my left side is being weird, please infer the plot.”

Pain log

TIME	LOCATION/QUALITY	0–10	ASSOCIATED SIGNS	ACTION/RESULT

Do not delay emergency help to complete the table. Paperwork must learn its place.

Pain without a red flag

[amb.18]

Record location, onset, quality, what changed it, and a 0–10 rating if helpful. A pain number is communication, not triage. Contact a practice or **116 117** when the problem is urgent but not life-threatening, especially if pain is new, persistent, worsening, or impairing function.[24]

Do not exceed labelled or prescribed medication doses. Check active ingredients to avoid accidentally taking the same medicine under two brand names. Ask a pharmacist when uncertain.

Self-care while waiting

[amb.19]

- Use the position that is safest and most comfortable.
- Do not force a faint person to stand or walk.
- Keep the phone on speaker and within reach.
- Unlock access and contain pets if safe.
- Gather medication list, allergies, ID, and the time symptoms began.
- Keep the person warm without overheating.
- Do not give food or drink to someone with reduced consciousness, choking risk, severe nausea, or possible surgery unless instructed.
- Recheck responsiveness and breathing.
- Tell the dispatcher immediately if the condition changes.

Do not tell someone to “fight unconsciousness.” Keep them safe, monitor breathing, and call for help. Consciousness is not maintained by motivational speaking.

First-aid kit for an ordinary household

[amb.20]

A practical kit may include:

- disposable gloves;
- sterile dressings and plasters;
- gauze, roller bandages, and triangular bandage;
- tape and blunt scissors;
- saline or clean water access;
- emergency blanket;
- CPR face shield if desired;
- thermometer;
- personal medication and written plans;
- current first-aid leaflet and emergency contacts.

Check expiry dates and replace used items. A kit hidden beneath twelve expired hotel shampoos is technically present and operationally fictional.

Red flags — one is enough [amb.21]

Stop categorizing and call 112

- **unresponsive**, or newly and severely confused;
- **not breathing normally** — gasping, severe effort, or blue or grey colour;
- **severe bleeding you cannot control**, or collapse after major blood loss;
- **one sudden FAST stroke sign**;
- **strong chest pressure**, severe breathlessness, or collapse;
- **severe allergic reaction** affecting airway, breathing, or circulation;
- **seizure**, severe poisoning symptoms, or a life-threatening exposure;
- **major trauma**, major burn, or a high-voltage incident;
- anything **getting rapidly worse**;
- **serious uncertainty** about whether this is dangerous.

One item is enough. Not most of them. Not a majority.

Call · speakerphone · state location · unlock the door · follow instructions.

Optional reading — why some of these rules look like this [amb.22]

Some of what follows could reasonably live in the Green Book, a first-aid course, or a moderately overcaffeinated physiology lecture. The editor wants it here for now.

That is not permission to finish an interesting model before calling for help. If an action section above applies, use it. Curiosity is optional; first aid is not.

The “golden hour” [amb.23]

PRINCIPLE *useful urgency, not a stopwatch*

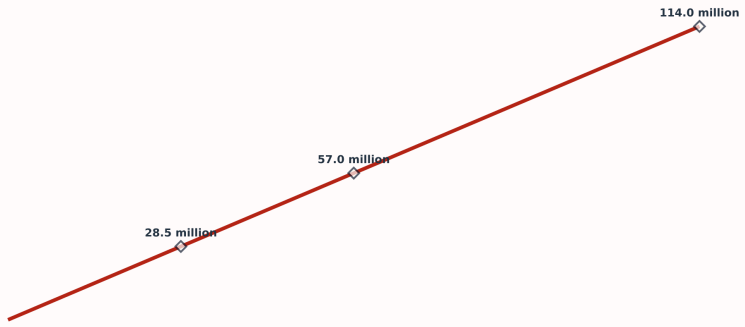
Trauma teaching uses “golden hour” to make one point: serious bleeding, airway problems, and brain injury all do better with fast care. It is a teaching device, not a biological cliff that opens at minute 61. Nobody is timing you. The practical rule is simpler than the phrase suggests:

> serious mechanism or red flag → call early → do not delay for perfect assessment, transport planning, or a final internet search.

“Time is brain” — quantified, with the word *model* attached [amb.24]

Time is brain — a model, not a bedside meter [amb.fig.5]

How does the literature-derived untreated-stroke model accumulate estimated neural loss over sixty minutes?



What to notice: The model rises linearly at 1.9 million neurons per minute; its purpose is urgency, not individual measurement.

Limit: Order-of-magnitude model estimate, not a measurement in an individual patient; practical action remains FAST and 112.

A widely cited 2006 calculation combined published estimates for forebrain neurons, typical large-vessel stroke volume, and stroke evolution time. For its modelled “typical” untreated large-vessel supratentorial ischemic stroke, it estimated losses on the order of **1.9 million neurons, 14 billion synapses, and 12 km of myelinated fibres per minute**.[36]

Those are order-of-magnitude model estimates, not tissue counts occurring on a bathroom display in one individual. Stroke type, vessel, collateral circulation, and treatment differ. The reliable lay conclusion is much shorter than the calculation: a sudden FAST sign gets **112 now**, not a timer, spreadsheet, or request to finish the sentence first.

Self ambulance for non-physical emergencies [amb.25]

The structure “stabilize, assess, get help” also applies to psychological or situational crises, but the actions differ:

PHYSICAL FRAME	PSYCHOLOGICAL/SITUATIONAL EQUIVALENT
make scene safe	reduce means, audience, conflict, and sensory load
check response/breathing	check orientation, self-harm risk, and actual danger
direct pressure	grounding and one concrete support action
unlock the door	tell one safe person and permit access to help
call emergency service	112 for acute danger; crisis/medical service otherwise
monitor	better, same, worse, or new red flag?

A panic attack is not “emotional bleeding,” and the metaphor must not stand in for assessment. What actually carries across is the sequence, not the anatomy.

Red-flag theorem, again

[amb.26]

$$R = 1 \Rightarrow \text{call } 112$$

Read out loud: R is one yes/no light, and it comes on if **any** red flag is present. Not most of them. Not a majority vote. Any single one. That is the only job this notation has — it takes “if any of these, then call” and writes it in a form you cannot argue with at two in the morning.

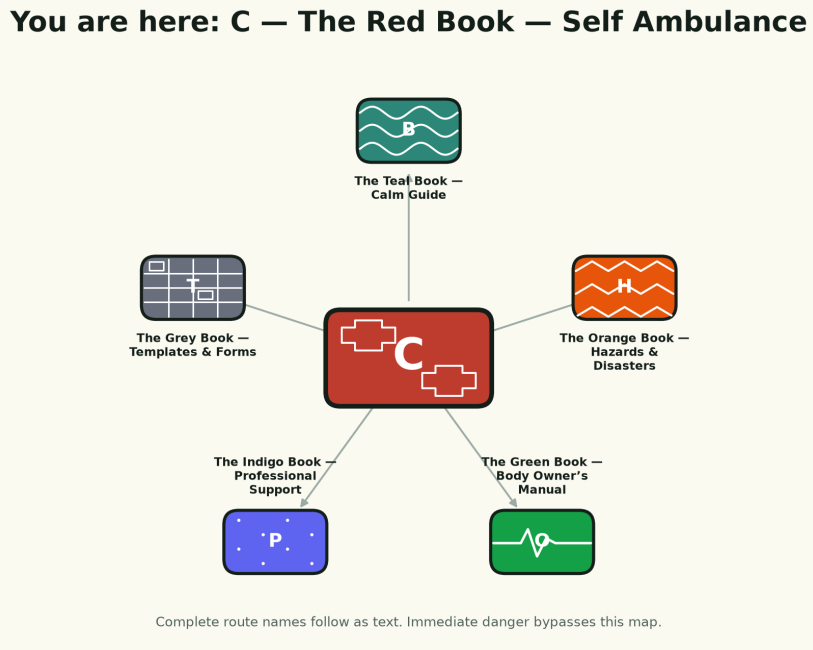
Vital signs, pain scores, internet searches, and apparent calm can all add information. None of them reliably turn that light off for a lay reader. The card above is the working interface; the equation only admits that Boolean algebra is sometimes easier to negotiate with than yourself at two in the morning.

Where next?

C

You do not need to complete the shelf in order. Stay here while this is the primary problem; move when another title becomes more accurate.

- **B — The Teal Book — Calm Guide** — use it when that problem becomes primary.
- **H — The Orange Book — Hazards & Disasters** — use it when that problem becomes primary.
- **O — The Green Book — Body Owner's Manual** — use it when that problem becomes primary.
- **P — The Indigo Book — Professional Support** — use it when that problem becomes primary.
- **T — The Grey Book — Templates & Forms** — use it when that problem becomes primary.



Connections from C — The Red Book — Self Ambulance

BATHROOM EMERGENCY GUIDE / BOOK 5 OF 11

The Blue Book — Safety & No Place

Secure the next safe hour when a person or place is the problem.

Actual emergency?
Stop reading and use the local emergency number. In the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

What this book is for

- What makes this unsafe?
- Which destination is confirmed?
- What access need changes the route?

What this book does	What it hands off
Name the unsafe person or place and move toward a confirmed destination with a backup.	Does not provide tactical confrontation advice or treat a suggested destination as confirmed.

Contents

- First minute — choose the actual failure
- A safe place is confirmed, not merely named
- G1 — A person or active threat makes the place unsafe
- Threat has three clocks
- Specialist backup, digital safety, and a prepared non-voice route
- G2 — There is no weather-safe place to sleep tonight
- G3 — A place exists, but it cannot safely support the person
- G4 — The place is physically safe, but staying is psychologically or socially unworkable
- Children and young people without a safe adult
- Communication and access card
- The safe-place handoff
- Fill before it is needed
- Quick router — no safe place

“No place” is not one problem. It can mean violence, no weather-safe roof, a place that exists but cannot support essential access or care, or a place that is physically safe but cannot be used for the next hour because of social or internal crisis.

Those routes share one rule:

> **Secure the next safe hour before solving the whole life.**

Blue is about **place**. If the primary problem is medical, use Red. If the air, fire, gas, electricity, or another environmental hazard is the problem, use Orange. If the place remains usable and the job is reducing overload or managing social re-entry, use Teal or Purple.

First minute — choose the actual failure

[safe.1]

Before choosing a service, run the overrides.

- **112:** immediate life or medical danger, collapse, abnormal breathing, severe bleeding, acute self- or other-endangerment, serious injury, or another emergency needing rescue or medical care;
- **110:** an active police matter such as violence, coercion, stalking at the door, blocked escape, or a crime requiring police now;[37]

- **Orange / Situation H:** fire, smoke, carbon monoxide, gas, chemicals, live electricity, or an unsafe atmosphere.

If no override is active, choose the place failure that can make the next hour unsafe fastest:

ROUTE	WHAT FAILED	FIRST MOVE
G1 — person / active threat	a person or threat makes the place unsafe	move toward safety; use the police or emergency route when needed
G2 — no weather-safe place	there is nowhere usable to sleep or shelter tonight	contact the responsible local accommodation route and confirm a destination
G3 — access / essential care	a place exists, but this person cannot safely use it	name the failed function, confirm a care-capable destination, move before the reserve ends
G4 — temporary social or internal no-place	the place is physically safe, but you cannot remain there for the next hour	build a one-hour container and hand off the primary problem

Four-way safe-place routing map [safe.fig.3]

Which of four safe-place routes fits the immediate barrier?

Several routes may apply. Start with the one that can make the next hour dangerous fastest. A legal, housing, relationship, or diagnostic question does not have to be solved before tonight becomes safer.

A safe place is confirmed, not merely named [safe.2]

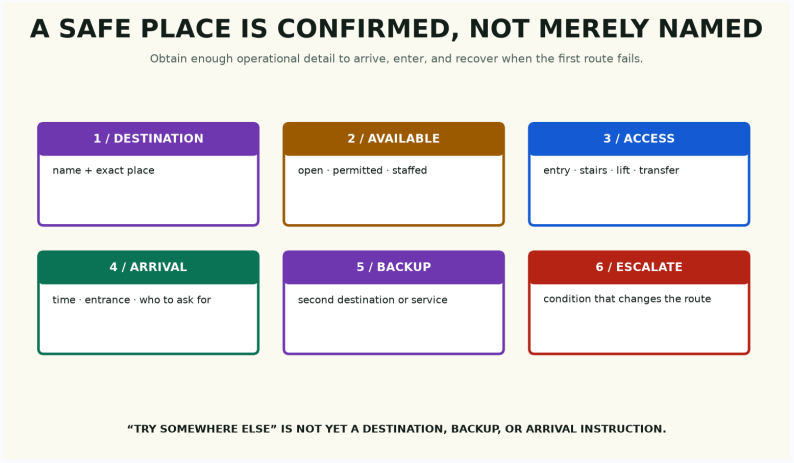
“Go to a shelter,” “try a friend,” and “contact the authority” describe possible directions. None of them yet proves that you can get there, get in, stay, and still receive the care you need. When it is safe to check first, confirm:

1. **destination:** the exact place or service;
2. **availability:** open, staffed, allowed, and able to take you in;
3. **access:** entrance, stairs or lift, transfer, communication, child, caregiver, equipment, medication, and animal requirements;
4. **arrival instruction:** when to come, which entrance to use, and whom to ask for;

5. **backup:** the next destination or service if the first route fails;
6. **escalation:** the condition that changes the route to emergency help.

Six-field safe-place confirmation packet [safe.fig.2]

Which six fields turn a suggested safe place into a usable destination and backup route?



A directory result, a map pin, a waiting-list entry, a referral, or a well-meant suggestion is not a confirmed destination. A counselling line is not a bed. A bed that cannot support essential access or care is not a usable destination.

And if checking would itself put you in danger, **leave first and confirm once you are somewhere safer**.

G1 — A person or active threat makes the place unsafe [safe.3]

Move toward an exit, other people, staff, or a lockable safer place — whichever reduces danger rather than trapping you. Keep noise and screen light low when discovery creates risk. Take children, essential medication, phone, keys, and mobility or communication aids only when doing so does not increase danger.

A bathroom lock is a temporary barrier, not a safety plan. If the threat is immediately outside a locked room, stay behind the barrier **only while that room remains the safest available option**. Fire, smoke, hazardous air, forced entry, or an instruction from emergency responders changes that route.

Use **110** for an active police matter. Use **112** when medical, fire, rescue, or immediate danger to life is also present.

Escalation

Use the police or emergency route now when the threat is immediate, a weapon is present or has been referenced, escape is blocked, a child or dependant is in immediate danger, someone is injured, or you cannot leave safely.

Threat has three clocks [safe.4]

A threat can be **present now**, **expected later**, or **over while the body is still reacting**. Those clocks require different work. Present danger needs distance. Expected danger needs preparation. After-effects need recovery without pretending the original event was imaginary.

Danger is present now

- Move toward an exit, other people, or a lockable safe place—whichever reduces danger rather than trapping you. A lock is a temporary barrier, not a plan: stay behind it only while that room is the safest option available, and leave anyway for fire, smoke, hazardous air, forced entry, or a responder's instruction.
- Keep noise and screen light low if discovery creates risk.
- Call **110** for police. Call **112** for medical rescue or immediate danger to life.
- Do not confront the person to obtain a cleaner narrative.
- Take children, medication, phone, keys, and mobility aids only when doing so does not increase danger.

The danger is a memory, message, or expected encounter

- Tell one trusted person.
- Save messages, images, dates, and witness names if safe.
- Plan transport and a place to stay.
- If digital monitoring may be involved, do not make conspicuous account or device changes merely because a guide suggests them. A suddenly cleared history, a new password, or a disabled location share can itself be noticed. Use a device the other person cannot reach when possible, and ask a specialist service for a device-safety plan that fits the actual risk.
- Contact a specialist service. The Violence against Women Helpline is **116 016**, anonymous, free, multilingual, and available around the clock.

A safety plan that fits on one page

ITEM	YOUR ANSWER
Safer place	
Person who knows	
Code word	
Transport	
Children/dependants	
Medication/documents	
Device safe to use	
110 / 112 trigger	

A safety plan is not a promise that you will execute it perfectly. It is a map available when thinking becomes expensive.

The body after danger

Shaking, nausea, numbness, crying, anger, insomnia, startle, and looping memory can continue after the threat ends. These responses do not prove ongoing danger or prove safety; they show that the nervous system has not received the final memo.

Use Ch.4 after checking actual safety. Seek professional help when symptoms are severe, persistent, functionally impairing, or connected to self-harm.

Specialist backup, digital safety, and a prepared non-voice route [safe.5]

From a safer device or location when possible:

- **116 016** — Hilfetelefon “Gewalt gegen Frauen”: around the clock, confidential, free, multilingual, with online and accessible routes;[38]
- **0800 1239900** — Hilfetelefon Gewalt an Männern: telephone counselling during its published service hours, plus online counselling;[39]
- a specialist shelter, a local victim-support service, or the nationwide refuge search when applicable.[40]

A directory result is not a confirmed bed. Call before travelling when that is safe. A mapped point may deliberately not reveal the true refuge location, and availability and accessibility differ between facilities.

Digital safety modifier

Use a device the threatening person cannot access or monitor when possible. Suddenly clearing history, changing a password, disabling location sharing, or visibly searching for a shelter can itself be noticed — so those are steps to take when they are safe in the actual situation, not because a guide listed them. Ask a specialist service for a device-safety plan that fits the real monitoring risk.

“Private mode” is a browser setting, not diplomatic immunity.

Prepare a non-voice emergency route

In Germany, **nora** is the official emergency-call app of the federal states. It reaches police, fire, and rescue control centres, transmits the emergency location, and allows communication by text, including a silent emergency-call mode for qualifying threat situations.[41]

If speaking may be impossible or unsafe for you, install, register, and practise with nora **before** you need it; the app has a demo mode for exactly that. Do not make installing an app a prerequisite while danger is already happening. Ordinary 110 and 112 routes remain available.

G2 — There is no weather-safe place to sleep tonight [safe.6]

This route is for homelessness, eviction, lockout, or any other situation in which you have **no weather-safe place you can actually use tonight**, with no active violence, medical, or environmental-hazard override running.

Blue does not ask whether your occupancy was lawful. It asks whether you have somewhere usable. Tenancy and eviction questions route to Indigo and Copper later; they are not tonight’s problem. These words describe tonight’s failure, not the person.

Action

Contact the municipality’s emergency accommodation, homelessness service, Sozialamt, Ordnungsamt, or published after-hours route. Say:

> “I have no safe place to sleep tonight. I am at **[location]**. I have **[child / pregnancy / disability / medication / powered device / animal / safety concern]**. Which service is responsible now, and where can I go?”

Backup

During its staffed service hours, **115** can identify the responsible public authority and its contact route. It is an administrative information line — not an emergency number, and not a confirmation that accommodation is available.[42]

While arranging help, move toward a staffed, weather-protected public place when possible. Tell one trusted person where you are. Keep immediately reachable medication, identification, phone, charger, keys, weather layer, mobility or communication equipment, and essential child supplies. Do not delay leaving a dangerous place to assemble the complete archive of civilization.

Escalation

Use **112** for dangerous cold or heat exposure, acute serious illness, serious pregnancy or postpartum danger, or another immediate medical emergency. Use **110** when violence, coercion, stalking, or crime is making the place unsafe.

For a child or young person, the route depends on the danger, not on the distress:

- immediate danger, violence, unsafe abandonment, or medical emergency → **110 / 112** as appropriate;
- no acute danger, but no safe responsible adult and nowhere to go → the local **Jugendamt**, **Jugendnotdienst**, or youth emergency route;
- needing confidential counselling → **116 111** during its published hours.[43]

G3 — A place exists, but it cannot safely support the person [safe.7]

A nominal bed is not a safe destination when the person cannot enter, transfer, communicate, refrigerate essential medication, power essential equipment, remain with a necessary caregiver, protect a child, or safely continue required care. A destination designed without the person’s body, equipment, communication, or care needs is a system mismatch — not proof that the person is “too difficult.”

Action

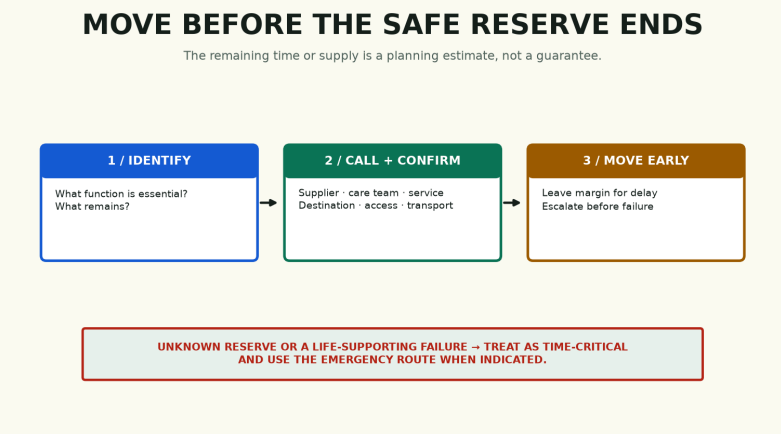
Name the failed function rather than saying only “not accessible”:

- stairs, doorway, lift, transfer, bed height, toilet, shower, or positioning;
- visual, hearing, speech, language, or cognitive communication;
- medication timing, storage, or refrigeration;
- powered device, charger, battery runtime, oxygen, or approved backup;
- pregnancy, postpartum, infant, child, or caregiver requirement;
- animal that cannot simply be abandoned;
- transport or entry assistance.

State the **remaining safe runtime or supply** when one exists.

Reserve-clock route: identify the essential function, confirm help and a destination, then move before the reserve ends [safe.fig.4]

How should an access or essential-care route use remaining safe runtime without treating it as guaranteed?



Treat that runtime as a planning estimate, not a promise. Batteries age, transport is delayed, lifts fail, medication can be lost, and a caregiver's capacity can change. If the safe reserve is unknown, identify the essential function and contact the relevant service early rather than assuming "unknown" means "plenty."

Backup

Contact the care team, supplier, pharmacy, municipality, accessible shelter, or transport service before the safe reserve is exhausted. For a medical problem that needs assessment today but is **not** life-threatening, **116 117** is reachable around the clock and can route to the appropriate care.[44]

Confirm destination, access, arrival instruction, transport, and backup. Move with a margin for delay; the correct time to arrange transfer is before the battery icon begins writing its memoir.

Escalation

Use **112** when a life-supporting function fails, breathing or consciousness changes, the person cannot leave a dangerous site safely, transfer cannot be completed before a genuinely life-critical reserve ends, or an interruption of medication, oxygen, power, or another essential treatment is causing or imminently risks serious harm.

A missed routine dose, an imperfect storage temperature, or an inconvenience is not by itself an ambulance criterion. When the problem is urgent but not life-threatening, use the clinical route above.

G4 — The place is physically safe, but staying is psychologically or socially unworkable [safe.8]

G4 applies when the place is physically usable but the immediate problem has become:

> **"I cannot safely or practically remain in this place for the next hour."**

That can arise from exclusion, conflict, shame, panic, sensory overload, dissociation, or thoughts that do not feel safely containable. Do not force all of these into one diagnosis.

If the place remains usable and the job is reducing overload or getting back into the room, that is **Teal or Purple**, not Blue. Blue takes over when temporary relocation, another person, or a different setting is what makes the next hour work. Distress alone does not make a place unusable.

Action

Build a one-hour container:

1. one physically safe location;
2. one person who knows where you are;
3. one next contact;
4. one essential item that stays with you;
5. one condition that changes the route to **112 / 110**.

Backup

- **116 123** — TelefonSeelsorge, day and night: crisis and emotional support, not emergency dispatch and not accommodation placement;[45]
- **116 111** — child and youth counselling during published hours, plus online counselling; also not a placement service;[43]
- **116 117** for an urgent medical problem that is not life-threatening;[44]
- a local crisis service, Sozialpsychiatrischer Dienst, trusted person, or staffed public place;
- Teal or Purple once the place itself no longer needs changing.

Escalation

Acute self-harm or other immediate danger, severe confusion, dangerous loss of reality contact, inability to remain safe, or a new medical red flag means the emergency route.

Children and young people without a safe adult [safe.9]

A child or young person should not be assigned the project-management task of solving adult housing systems alone. Use the narrowest route that actually solves the current failure:

SITUATION	ROUTE
immediate danger, violence, unsafe abandonment, or medical emergency	**110 / 112** as appropriate
no acute danger, but no safe responsible adult or place	trusted adult, plus **Jugendamt / Jugendnotdienst /** local youth emergency service
access to a safe professional during school hours	school or youth service can help make the handoff
confidential support, or someone to talk to	**116 111** during published hours, or its online counselling

State age, current location, whether a safe adult is present, siblings or dependants, medication and access and communication needs, and what the immediate danger or shelter failure is.

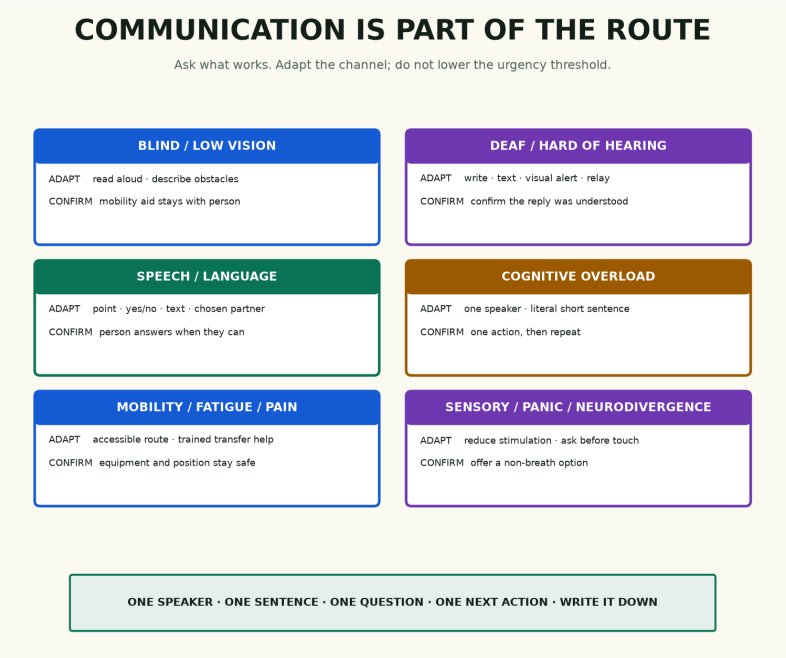
Do not send a young person back into a threatening place to collect belongings.

116 111 is counselling, not emergency dispatch and not a placement service. Its own guidance says acute danger belongs to 110 or 112 rather than to the counselling line.[43]

Communication and access card [safe.10]

Communication-access adaptations [safe.fig.1]

Which communication adaptation helps with which barrier?



The emergency route must work without fluent speech, vision, hearing, memory, fast movement, or tolerance for touch. Use the matching adaptation:

BARRIER	IMMEDIATE ADAPTATION
blind / low vision	read the action aloud; describe direction and obstacles; keep mobility aids with the person
deaf / hard of hearing	writing, text, visual alarm, lip-visible speech when useful, relay or sign-language video, or a prepared non-voice emergency route
speech / language	show the emergency card; yes/no questions; pointing; text or chosen communication partner
cognitive overload	one speaker; literal short sentences; one action at a time; repeat the same labels
mobility / fatigue / pain	accessible route; trained transfer help; equipment and positioning stay with the person
sensory / panic / neurodivergence	reduce stimulation when safe; ask before touch; offer non-breath-focused grounding

Ask: **“How do you communicate and what help is safe?”** Do not infer the answer from eye contact, movement, speech, distress, or diagnosis.

Minimal written emergency card

```
HELP.
LOCATION: _____________________________
DANGER: _____________________________
PERSON AWAKE: YES / NO
BREATHING NORMALLY: YES / NO
CALLBACK: _____________________________
I COMMUNICATE BY: SPEECH / WRITING / TEXT / SIGN / POINTING / YES-NO
PLEASE USE ONE SENTENCE AND ONE QUESTION AT A TIME.
```

An access channel has its own hours, equipment, language, and modality, and they do not have to match. The **115** administration service offers easy-language information and a sign-language video service; the two run on different published schedules, and the video route needs internet and a camera-capable device.[4246] The **116 016** service publishes sign-language, written-language, online, multilingual, and easy-language access routes.[47]

Store the current hours in Grey rather than assuming one schedule covers every channel of the same number.

The safe-place handoff [safe.11]

Use this sentence with municipal, shelter, medical, crisis, or transport staff:

> “I need a safe place for **[tonight / one hour / until treatment resumes]**. The reason is **[violence / no housing / access barrier / essential care / internal crisis]**. I am at **[location]**. There are **[people/children]**. Access and care needs are **[list]**. Remaining medication, power, or support lasts **[time / unknown]**. I communicate best by **[method]**. What can you confirm now, and what is the backup if that fails?”

A useful handoff obtains a destination, access method, arrival instruction, backup, and escalation condition. “Try somewhere else” is not yet a route.

Fill before it is needed [safe.12]

Blue defines **which destinations must be known and what qualifies one as usable**. Grey stores the current number, hours, address, access facts, backup, and the date you last checked. That division is what keeps this page from quietly going stale.

LOCAL FIELD	CONFIRMED VALUE
municipal emergency accommodation — daytime	
municipal emergency accommodation — after hours	
local youth emergency service	
accessible emergency accommodation	
accessible transport / transfer help	
powered care destination	
specialist violence shelter or counselling	
pet-compatible emergency accommodation	

LOCAL FIELD	CONFIRMED VALUE
trusted person and meeting point	
communication method / emergency card location	
nora installed, registered, demo practised	

Filling this in during a calm afternoon is a small kindness to the version of you who may need it at 02:17. National prose cannot know which municipal office answers then, whether a lift works, whether a bed is actually free, whether the night entrance is usable, or whether an accessible room can support today's equipment, so review the fields locally.

Quick router — no safe place [safe.13]

```
NO SAFE PLACE — RIGHT NOW

1. OVERRIDE?
   medical / life / rescue emergency
      → 112
   active police matter
      → 110
   fire / gas / CO / chemical / electrical / unsafe air
      → Orange

2. WHAT FAILED?
   PERSON / THREAT                          → G1
   NO WEATHER-SAFE PLACE TONIGHT            → G2
   PLACE EXISTS, ACCESS OR CARE FAILS       → G3
   PHYSICALLY SAFE, CANNOT STAY THE HOUR    → G4

3. BEFORE TRAVELLING, WHEN SAFE TO CHECK:
   destination · availability · access
   arrival instruction · backup · escalation

4. IF CHECKING IS ITSELF DANGEROUS:
   LEAVE FIRST. CONFIRM FROM SOMEWHERE SAFER.
```

The purpose of Blue is not to solve the housing system, the relationship, the diagnosis, or the rest of your life before you move. It is to make the next place **real enough to use**.

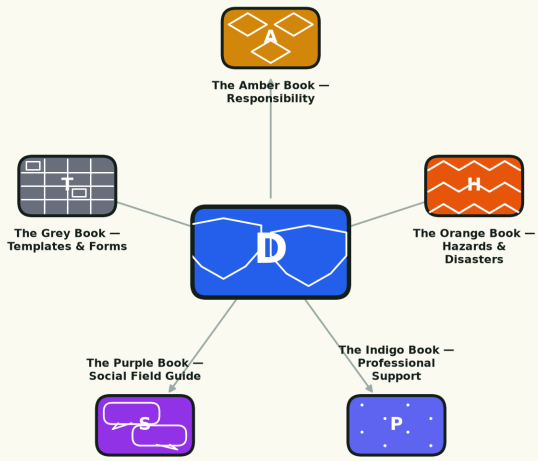
Where next?

D

You do not need to complete the shelf in order. Stay here while this is the primary problem; move when another title becomes more accurate.

- **A — The Amber Book — Responsibility** — use it when that problem becomes primary.
- **H — The Orange Book — Hazards & Disasters** — use it when that problem becomes primary.
- **P — The Indigo Book — Professional Support** — use it when that problem becomes primary.
- **S — The Purple Book — Social Field Guide** — use it when that problem becomes primary.
- **T — The Grey Book — Templates & Forms** — use it when that problem becomes primary.

You are here: D — The Blue Book — Safety & No Place



Complete route names follow as text. Immediate danger bypasses this map.

Connections from D — The Blue Book — Safety & No Place

BATHROOM EMERGENCY GUIDE / BOOK 6 OF 11

The Orange Book — Hazards & Disasters

When nature or infrastructure turns hostile: leave or isolate the hazard first, classify symptoms second.

Actual emergency?
Stop reading and use the local emergency number. In the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

What this book is for

- Is the source inside or outside?
- What do officials instruct now?
- Leave, shelter, move higher, or call?

What this book does

Room, building, air, wiring, and substance hazards, area-scale natural events, and official-warning response.

What it hands off

Does not authorize re-entry, improvised chemical treatment, or work on live systems. It cannot predict a live hazard.

Contents

- Orange Book — The Environment May Be Unsafe
  - Where is the source?
  - The five-second local-hazard gate
  - Smell is vivid evidence with poor calibration
  - Fire or smoke
  - Carbon monoxide
  - Gas smell or hissing
  - Chemical fumes, splash, or swallowed product
  - Electrical danger
  - Dependency modifiers during a hazard
  - The hazard handoff
  - After the immediate hazard
  - The world changed while you were on the toilet
  - First principle: identify the event
  - Earthquake
  - Severe wind and tornado
  - Flood
  - Fire and smoke
  - Gas, carbon monoxide, chemicals, and electricity
  - Power outage
  - Emergency water
  - Communication and rescue
  - After the event
  - Quick reference

Orange Book — The Environment May Be Unsafe

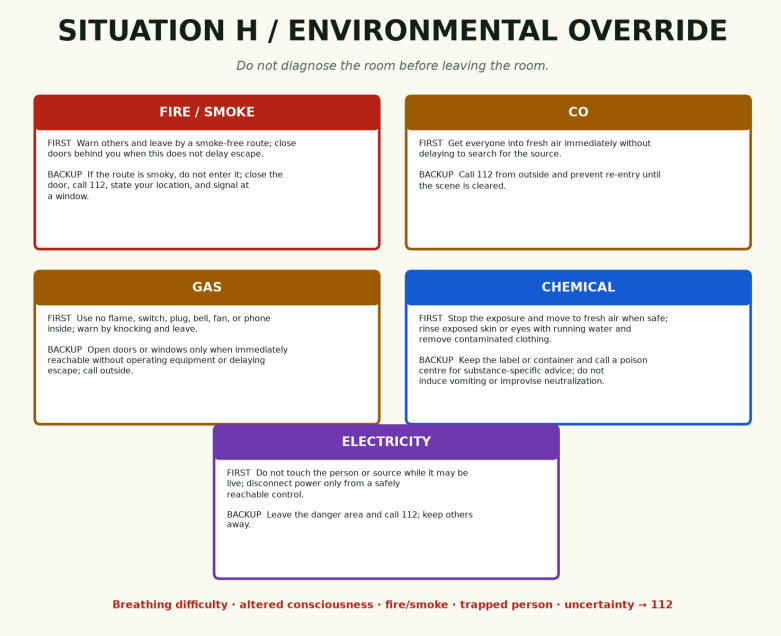
Some emergencies are not primarily *inside a person*. The room, building, appliance, air, wiring, or substance is the problem. In those cases the guide changes order:

> **Leave or isolate the hazard first. Classify symptoms second.**

Do not remain in a dangerous room to finish a checklist about the dangerous room. The checklist has no feelings and will cope.

Environmental hazard override matrix [dis.fig.3]

Which environmental signs override ordinary symptom routing?



Where is the source? [dis.1]

> **PRINCIPLE** *local source: leave it. Area warning: follow the live instruction. Unclear: increase distance and verify from safety.*

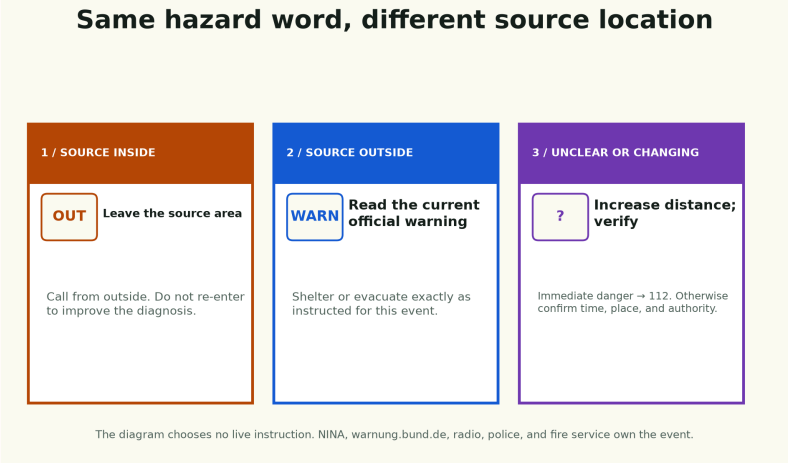
Decide this **before** applying any general instruction such as “get fresh air”. The same word — gas, smoke, chemical — can require opposite movement depending on where the source is:

- **source inside your room/building:** leave the source area;
- **hazard cloud or smoke outside:** an official warning may instruct you to go indoors, close windows and doors, stop ventilation, and await updates;
- **official evacuation:** leave using the stated route and destination.

NINA, warnung.bund.de, radio, police, and fire-service instructions describe the actual event. This guide supplies the decision shape; it does not have a live sensor network hidden in the binding.[48]

Source-location decision map for indoor, outdoor, and uncertain environmental hazards [dis.fig.4]

How does indoor, outdoor, or uncertain source location change the safe movement decision?



The diagram is a **source-location model**, not a live instruction. Its complete text fallback is the three-item list above: leave an indoor source; follow the current official shelter or evacuation instruction for an outside event; and increase distance while verifying when the source is unclear. Immediate danger still goes directly to **112**.

The five-second local-hazard gate [dis.2]

Use this branch for a source **in the room, building, appliance, or immediately around you**. For an area-scale event outside, use *Where is the source?* above and follow the current official instruction instead.

Use this branch before ordinary smell troubleshooting or calming:

SIGN	FIRST ACTION	BACKUP	DESTINATION
fire, visible smoke, smoke alarm	warn others; use a smoke-free exit; close doors behind you if possible	smoky route: stay behind a closed door, call, signal location	**112**
CO alarm or symptoms near combustion	everyone to fresh air immediately	call outside; prevent re-entry	**112**
gas smell, hissing, damaged gas line	no flame, switch, plug, bell, fan, or phone inside; knock, leave	call gas-network service or fire brigade from outside	local gas service / **112**
unknown fumes, mixed cleaner, chemical splash	stop exposure; fresh air; rinse skin or eyes with running water	keep label; poison-centre advice	poison centre / **112**
live current, sparking, electrical burning	do not touch a connected person or source; isolate power only if safely reachable	leave, keep others away	**112**

Uncertainty is not a sixth harmless category. If you cannot tell whether smoke, gas, electricity, or chemical exposure is dangerous, move away and call from a safer place.

Smell is vivid evidence with poor calibration [dis.3]

Smell is excellent at demanding attention and poor at measuring concentration, toxicity, or distance. A weak odour can matter; a strong odour can be ordinary; habituation can make a persistent source disappear from awareness. Therefore a smell is a clue, not clearance and not permission to investigate from inside the plume.

First ask: **fire, smoke, CO alarm, gas, electrical burning, unknown fumes, chemical exposure, or symptoms?** If yes, maybe, or unclear, use **Situation H** and move away before troubleshooting.

Do **not** light a match to diagnose or "neutralize" an unknown smell. Do not operate switches when gas may be present. Do not mix cleaning products.

Smell decision tree

SMELL OR SIGN	SAFE FIRST ACTION	DESTINATION
gas / rotten egg, hissing	no flame, switch, bell, fan, or phone inside; knock, leave	Situation H → gas service / **112**
smoke / burning plastic / electrical	leave; cut power only from a safely reachable control	Situation H → **112**
sharp chemical / mixed cleaner / eye or airway irritation	stop exposure; fresh air; rinse exposed skin/eyes	Situation H → poison centre / **112**
solvent / fuel	leave source area; prevent ignition	Situation H → specialist / **112** if danger
sewage / drain, no acute symptoms	run water into an unused trap; ventilate normally	plumber/building management if persistent
damp / musty	inspect moisture without disturbing heavy mould	landlord/building specialist; medical advice for symptoms
ordinary toilet smell	flush, close lid, ventilate, clean	no combustion-based innovation required
unexplained body or breath odour with illness	assess the person, not merely the smell	practice/116 117; **112** for severe signs

Cleaning chemistry: the minimal doctrine

- Use one product at a time.
- Follow the label dilution and ventilation instructions.
- Never combine chlorine bleach with acids, toilet cleaner, vinegar, or ammonia-containing products.
- Store products in original labelled containers.
- If exposure occurred, move to fresh air if safe, rinse skin/eyes as directed, keep the product label, and contact **112** or a poison centre based on symptoms.

Persistent drain smell

A dry trap in a rarely used sink, shower, or floor drain can allow sewer gas into the room. Running water may refill the trap. Persistent odour, leaks, or repeated empty traps need building management or plumbing repair. A candle is not plumbing, even when scented "Alpine Responsibility."

Fire or smoke [dis.4]

Action

- Warn other people.
- Leave by a route that is not smoky.
- Close doors behind you when doing so does not slow or endanger escape.
- Use stairs, not a lift.
- Call **112** from safety and state who may still be inside.[49]

Backup when the escape route is smoky

Do not enter a smoke-filled corridor or stairwell. Close the door between you and the smoke, call **112**, give your exact location and number of people, and make yourself visible or audible at a window. Do not jump unless the fire service directly instructs you.

Escalation

Any uncontrolled fire, smoke in the route, trapped person, smoke inhalation, burn, confusion, collapse, or uncertainty is a **112** route. Possessions remain possessions. They are famously replaceable compared with lungs.

Carbon monoxide [dis.5]

Carbon monoxide is colourless and odourless. A smell test cannot clear it. Risk can arise from fire, faulty combustion equipment, generators, charcoal, camping stoves, or improvised heating in enclosed or partly enclosed places.[50]

Action

- Treat a CO alarm as real.
- Move everyone into fresh air immediately.
- Do not delay to locate, switch off, photograph, or debate the source.
- Call **112** from outside.

Useful clues, not clearance tests

Headache, dizziness, nausea, weakness, confusion, unusual sleepiness, collapse, or similar symptoms affecting several people in one place increase concern. Absence of symptoms does not make a sounding alarm decorative.

Do not re-enter until the fire service or another competent authority has cleared the scene.

Gas smell or hissing [dis.6]

Odorized gas can be noticeable before a dangerous concentration is reached, but a lay reader cannot measure the margin. The safe route prevents sparks.[51]

Action

- No smoking, flame, lighter, or match.
- Do not operate lights, switches, plugs, bells, fans, extractors, or phones inside.
- Warn other occupants by **knocking**, not ringing.
- If a gas shut-off valve is **already known to you, clearly reachable, and can be closed without delay or moving into**

stronger gas, close it. Do not go looking for one.[51]
- Leave the building.
- Call the local gas-network emergency service from outside. Call **112** for a strong release, damaged line, symptoms, fire/explosion risk, or when the local number is unavailable.[52]

Open an immediately reachable door or window only when this requires no electrical action and does not delay leaving. Do not return to close things when an official warning instead tells the surrounding area to shelter indoors; follow the current official instruction for the event.

Chemical fumes, splash, or swallowed product [dis.7]

A chemical incident needs substance-specific advice. Household labels and poison centres are more useful than improvised chemistry performed while coughing.[35]

Action

1. Stop the exposure without exposing another person.
2. Move to fresh air when inhalation is possible and the route is safe.
3. Remove contaminated clothing while avoiding spread to clean skin.
4. Rinse exposed skin or eyes with running, lukewarm water.
5. Keep the container, label, ingredient list, or a photograph taken only after leaving the exposure area.

Do not

- induce vomiting;
- mix another substance in to “neutralize” the first;
- give food, drink, milk, charcoal, or medication unless the product instruction, poison centre, clinician, or dispatcher tells you to;
- re-enter for a better sample.

Call

Use **112** for breathing difficulty, altered consciousness, seizure, collapse, severe or rapidly worsening symptoms, extensive exposure, or any life-danger concern. For a stable person or uncertain exposure, call a regional poison information centre and answer: who, what, how much, when, route of exposure, symptoms, and measures already taken.[53]

Electrical danger [dis.8]

Electricity can keep the rescuer attached to the same source. Water, damaged wiring, high voltage, batteries, solar equipment, and generators can leave parts energized after the obvious switch is off.

Action

- Do not touch a person or object still connected to a possible live source.
- Disconnect power only at a clearly identified, safely reachable control.
- Keep others away.

- Call **112** for an electrical injury, fire, smoke, high-voltage source, wet-area exposure, loss of consciousness, abnormal breathing, chest symptoms, burns, or inability to isolate the source.[54]

A person who appears well after an electrical shock may still need medical assessment. Do not use a home pulse, smartwatch, or heroic confidence as a clearance certificate.

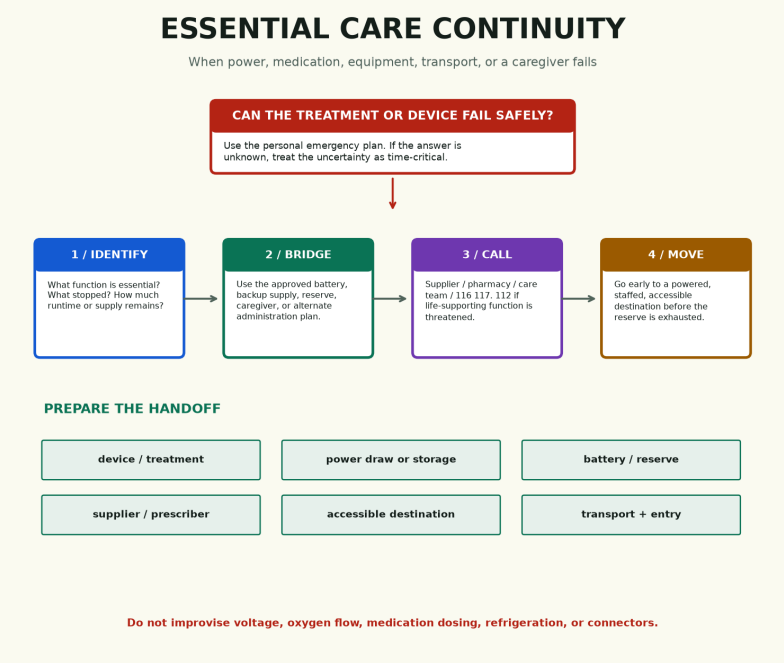
Dependency modifiers during a hazard

[dis.9]

A safe route may need adaptation for a child, mobility limitation, sensory or communication access need, essential medication, powered medical device, animal, or missing transport.

Essential treatment and powered-device continuity map [dis.fig.1]

What treatment or powered-device dependencies require an early backup route?



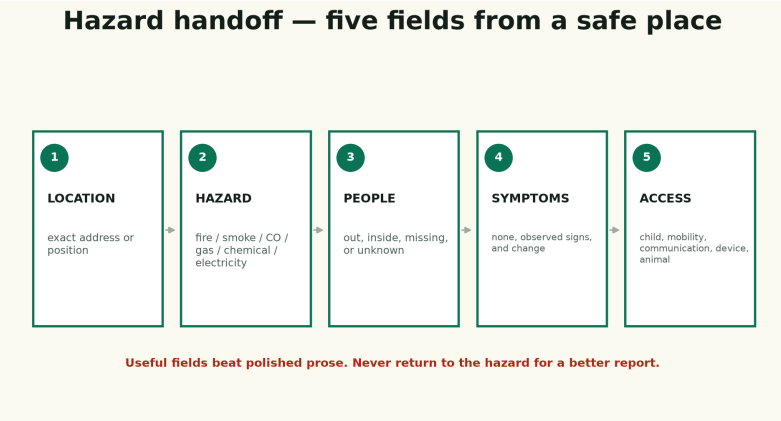
Apply the modifier **after** recognizing urgency:

- name who needs hands-on help;
- take only immediately reachable essential medication, device, mobility, communication, infant, or animal equipment;
- do not delay evacuation to assemble the perfect bag;
- tell dispatchers what cannot be interrupted and how long any battery or supply is expected to last;
- move early to an accessible, staffed, powered destination when continuity is uncertain.

The hazard handoff [dis.10]

Five-field hazard handoff card: location, hazard, people, symptoms, and access [dis.fig.2]

Which five fields make an environmental-hazard handoff usable from a safe place?



The card compresses the same five fields written below. It is a memory aid, not a reason to remain near the source or delay the call.

From a safe place, say:

> "I am at **[address/location]**. The suspected hazard is **[fire/smoke/CO alarm/gas/chemical/electricity]**. **[number]** people are out; **[number or unknown]** may remain inside. Symptoms are **[none / list]**. A child, mobility need, powered device, animal, or other dependency is **[state]**. We are waiting at **[safe location]**."

Then answer questions. Do not return to improve the report. The call does not need polished prose; location, hazard, people, symptoms, and access are enough to begin.

After the immediate hazard [dis.11]

Once the scene is officially safe:

- record time, alarms, symptoms, products, device failures, and instructions;
- obtain medical assessment when advised;
- replace used emergency supplies;
- repair the source through a qualified service;
- update the local gas number, poison-centre route, accessible exit, and powered destination in the household plan;
- check the person who was calmest. Competence can postpone shaking; it does not abolish it.

The world changed while you were on the toilet [dis.12]

Preparedness guides generally picture you dressed, alert, and standing beside a perfectly labelled emergency bag. Reality may deliver the earthquake, siren, smoke alarm, or flood warning while you are barefoot and holding a phone at 11%. The event is not required to respect the brochure.

The bathroom may be useful because it is small, interior, supplied with water, or away from windows. It may also be a trap because it has one exit, glass, chemicals, electricity, or rising water. **The room does not have a universal safety rating. The hazard and the building decide.**

First principle: identify the event [dis.13]

1. Check the immediate environment: smoke, fire, gas smell, water, broken glass, structural movement, injured people.
2. Check an official warning source when available: NINA, Cell Broadcast, warnung.bund.de, local radio, police, fire service, weather service, or municipality.[55]
3. Follow the current instruction to evacuate, shelter, move higher, avoid an area, or wait. A static guide cannot see the event outside the door.
4. Tell one person where you are and conserve battery.

Earthquake [dis.14]

During shaking, use **Drop, Cover, Hold On**: get low, protect the head and neck under sturdy cover when available, and hold on.[5657]

In a bathroom:

- move away from mirrors, windows, glass shower screens, shelves, and hanging objects if this can be done in one or two safe movements;
- do not run through the building while it is shaking;
- if no sturdy cover exists, crouch beside an interior wall and protect the head and neck;
- a bathtub is not automatically engineered shelter, and a toilet is not a structural column wearing porcelain.

After shaking:

- expect aftershocks and repeat the action;
- check injuries, shoes, broken glass, fire, gas, electricity, and visible structural damage;
- leave when the building or official instructions require it, using stairs;
- do not use damaged plumbing until local guidance confirms it is safe;
- use stored drinking water and follow boil-water or do-not-use notices.

Severe wind and tornado [dis.15]

Where **tornado-specific** guidance applies — this branch follows US FEMA/NOAA practice — go to a basement or a small interior room on the lowest floor, away from windows, and protect the head and neck. Bathrooms and closets are examples only when they meet those conditions.[58]

For German windstorms and severe thunderstorms, follow DWD, NINA, Cell Broadcast, and local instructions instead: stay away from windows and avoid trees, unsecured objects, damaged roofs, and flooded routes.[59]

Do not open windows or doors to equalize pressure. Do not cross an exposed area to collect a mattress after the warning has become immediate. Use what is within reach: a helmet, cushions, blankets, or

your arms.

For European windstorms and severe thunderstorms, use official DWD/local warnings and avoid windows, trees, unsecured objects, damaged roofs, and flooded routes. The correct room depends on the building and the event.

Flood [dis.16]

Water reverses many “stay in the bathroom” instincts.

- Leave basements and low rooms early when flooding is possible.
- Follow official evacuation or shelter instructions. If rising water has already made the lower level unsafe and no safe exit through the water exists, move upward inside a structurally sound building rather than entering moving water — do not wait for permission to stop standing in a flooding room.
- Do not walk, cycle, or drive through moving floodwater. Depth, current, missing covers, contamination, and electricity are difficult to judge.[60]
- Keep away from electrical equipment and water together; they remain a poor collaboration.
- After flooding, treat water, food, medicines, and surfaces as potentially contaminated until local instructions say otherwise.

Fire and smoke [dis.17]

The bathroom is not a preferred fire shelter. Leave immediately by a smoke-free route when possible, close doors behind you, use stairs, and call the fire service from safety.[61]

If smoke or fire blocks every exit:

1. close the door between you and the smoke;
2. call emergency services and give the exact room, floor, side of building, people present, and any mobility or communication need;
3. seal obvious gaps only if this can be done quickly without approaching heat or smoke;
4. stay low, signal from a window if one is safely usable, and follow dispatcher instructions;
5. do not turn on a shower as a smoke-control system, improvise chemistry, or enter a smoke-filled route because a towel has become emotionally persuasive.

A closed door can substantially slow heat and smoke, but it does not create a fixed number of safe minutes. Construction and fire conditions vary.[62]

Gas, carbon monoxide, chemicals, and electricity [dis.18]

Use the Orange Book together with the existing environmental-hazard route:

- **gas smell or hissing:** no flame, switch, plug, bell, fan, or phone inside; warn by knocking, leave, call from outside;
- **CO alarm or suspected combustion exposure:** fresh air immediately, then emergency help; smell cannot clear carbon monoxide;

- **chemical fumes or splash:** stop exposure, fresh air when safe, rinse skin or eyes with running water, keep the label, contact poison advice or emergency help according to symptoms;
- **live electricity or sparking:** do not touch the source or a connected person; isolate power only at a safely reachable control.

Uncertainty about an active environmental hazard is a reason to increase distance, not to investigate from inside the plume.

Power outage [dis.19]

Darkness in a tiled room creates a small slapstick injury factory.

1. Stop moving until you have light.
2. Use a phone or battery torch; avoid candles near aerosols, paper, oxygen, or uncertain gas.
3. Check whether the outage affects only the room, the building, or the area.
4. Preserve phone battery and follow official outage information.
5. Identify medication refrigeration, powered medical devices, lifts, heating, cooling, water pumps, and people who cannot safely wait.

A life-supporting function losing power is a medical problem, not an energy-saving challenge. Use the personal backup plan and call early enough to transfer before the safe reserve ends.[63]

Emergency water [dis.20]

The safest emergency water is commercially sealed stock or water stored in clean food-safe containers before the event. Follow local notices exactly.[64]

- Do not assume bathtub water remains drinkable; use it primarily for sanitation unless authorities provide a safe treatment route.
- Do not drink toilet-cistern water: cleaners, biofilm, plumbing materials, and local contamination are unknown.
- Do not apply a universal bleach-drop recipe. Products and concentrations vary, and chemical contamination is not removed by boiling or disinfection.
- Boiling can address many biological hazards when authorities recommend it; it does not remove fuel, solvents, salt, heavy metals, or radioactive material.
- Keep drinking-water containers separate from washing and waste containers.

The Olive Book contains the household storage calculation and continuity plan. The Orange Book owns the event-specific warning.

Communication and rescue [dis.21]

- Calls may fail under congestion; brief text messages can sometimes queue, but availability varies.
- Attempt the local emergency number and state **location first**.
- Do not rely on a phone without a SIM, a foreign network, or a text service unless the device and local system actually support it.
- If trapped, use a whistle or regular knocking rather than exhausting yourself with continuous shouting. Pause and listen

for responders.
- Leave written location and time information when moving from a searched area.

After the event [dis.22]

Before moving quickly, check injuries, fire, gas, electricity, unstable structures, contaminated water, and official instructions. Then:

- photograph damage only when safe;
- record times, warnings, symptoms, and actions;
- contact building management, insurers, care teams, and utilities as relevant;
- replace used supplies and update the household plan;
- expect delayed shaking, exhaustion, anger, nausea, sleep disturbance, or tears.

You survived a disaster in a bathroom. Nobody’s trauma requires a minimum square footage.

Quick reference

[dis.23]

Orange — quick hazard router

First, always: where is the source?

Source local — in the room or building	leave or isolate it → call from safety
Warning for the area outside	do what the current official instruction says
Source unclear	increase distance → verify from safety → do not walk into it

HAZARD	IMMEDIATE SHAPE
Fire / smoke	smoke-free exit → close doors behind you → stairs → **112** from safety. Trapped: close the door, call, signal from a window
Carbon monoxide	everyone outside now → **112** → no re-entry until it is cleared
Gas	no flame, switch, plug, bell, fan or phone inside → knock → leave → call from outside
Chemical, local	stop the exposure → cleaner air when the route is safe → rinse → keep the label → poison centre or **112**
Electricity	do not touch a connected person → isolate only at a known safe control → keep clear → **112**
Earthquake	stay in the building while it shakes → sturdy cover or interior wall → protect head → expect aftershocks
Severe wind	interior room, lowest suitable floor → away from glass → protect head and neck
Flood	leave basements and low levels early → move up rather than into water → never enter moving water
Power	light first → find who depends on power → transfer before the reserve runs out
Water	stored drinking water → obey local notices → no cistern, no generic bleach recipe

An unclear active hazard is not a harmless one. Increase the margin and verify from somewhere safe. Current official instructions outrank this page.

Where next?

H

You do not need to complete the shelf in order. Stay here while this is the primary problem; move when another title becomes more accurate.

- **C — The Red Book — Self Ambulance** — use it when that problem becomes primary.
- **D — The Blue Book — Safety & No Place** — use it when that problem becomes primary.
- **O — The Green Book — Body Owner's Manual** — use it when that problem becomes primary.
- **P — The Indigo Book — Professional Support** — use it when that problem becomes primary.
- **T — The Grey Book — Templates & Forms** — use it when that problem becomes primary.
- **Z — The Olive Book — Zombie Guide** — use it when that problem becomes primary.

Connections from H — The Orange Book — Hazards & Disasters

BATHROOM EMERGENCY GUIDE / BOOK 7 OF 11

The Olive Book — Zombie Guide

Keep water, care, power, information, and cooperation working.

Actual emergency?
Stop reading and use the local emergency number. In the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

What this book is for

- Which dependency fails first?
- What is the approved backup?
- How does the group coordinate?

What this book does	What it hands off
Keep essential household functions visible, assigned, backed up, and reviewed during disruption.	Does not replace official warnings, clinical device plans, or local evacuation instructions.

Contents

- Verify before optimizing
- The continuity invariant
- First minutes — protect what fails fastest
- Water — priority zero after air and immediate safety
- Essential medication and powered-device continuity
- Shelter and temperature
- Air, fire, and carbon monoxide
- Food
- Medication
- Energy
- Hygiene and toilet failure
- Reading traces and observing the environment
- Mini collapsing-society guide — or, more often, several bad days with broken infrastructure
- Several households — coordinating without inventing a tiny dictatorship
- The assignment invariant
- Communication as the group grows
- Cooperation and collective resilience
- Water, energy, and hygiene at group scale
- If the disruption lasts — shared rules without emergency cosplay
- Self-defence is not a continuity strategy
- Evacuation pocket list
- Preparedness checklist — before anything happens
- Optional reading — models that are not prerequisites for action

No confirmed zombie outbreak is known. Power cuts, floods, heat, cold, contaminated water, smoke, communication failures, and groups improvising a constitution before locating the first-aid kit are real enough.

Infrastructure is invisible right up until it stops. Then everything you never had to think about — water, warmth, medication, charging, sewage, transport, and knowing what is actually true — arrives at once, as a queue, and wants handling in order.

Which is the real work. Not wilderness theatre: **continuity engineering and queue management, with worse lighting.**

This book is for disruptions where ordinary infrastructure still exists in some form but one or more essential household functions are limited, failing, or uncertain. It keeps those functions visible, assigned, backed up, and reviewed. It does not replace live warnings, evacuation instructions, clinical device plans, or emergency services.

Verify before optimizing

[zomb.1.1]

Before rationing toothpaste or founding a perimeter committee, verify that the crisis exists and identify what kind of failure is actually occurring.

1. Check official warnings: **NINA**, Cell Broadcast, local radio, municipality, police, fire service, or BBK.[65]
2. Identify the hazard: fire, flood, chemical release, outage, heat, cold, violence, or ordinary rumour wearing tactical trousers.
3. Decide whether authorities say **shelter** or **evacuate**.
4. Tell one other person what you know and where you are.
5. Recheck the source before forwarding it.

> **Live official instructions outrank this static book.**

Cell Broadcast is deliberately short. Use a fuller official channel — NINA, local radio, the federal warning portal — for detail and updates when you can.[65]

Do not leave a safe building merely because a group chat has cinematic energy.

The continuity invariant

[zomb.1.2]

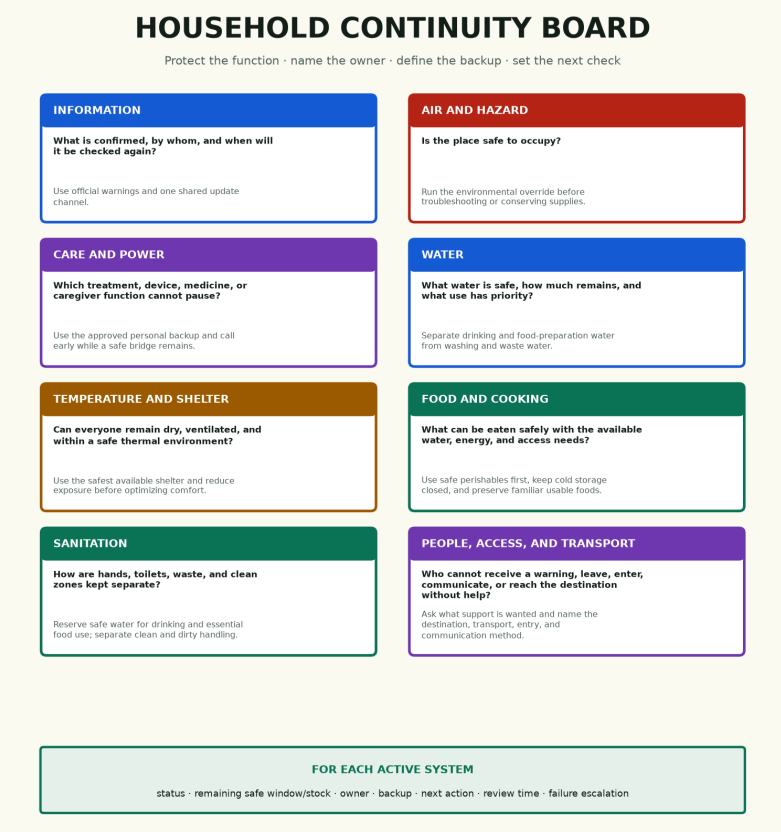
A disrupted household is easier to reason about as functions than as a pile of objects. For every essential function that is active, limited, failed, or uncertain, record:

1. **status** — what works right now?
2. **reserve** — how much safe time, stock, charge, treatment, or support remains?
3. **owner** — who is actually checking it?
4. **backup** — who or what takes over?
5. **next action** — what visible physical action happens next?
6. **review** — when will this be checked again?
7. **failure route** — what condition changes the plan or calls in outside help?

“Someone is handling water” is not continuity. “Mara checks the sealed-water count at 18:00; Deniz is backup; below twelve litres we call the distribution point” is.

Household continuity systems and ownership fields [zomb.fig.2]

What must be recorded for each household continuity function?



FUNCTION	STATUS QUESTION	RECORD NOW
information	what is confirmed and when is the next update?	source, owner, next check
air and hazard	is the place safe to occupy?	safe area, re-entry authority
care and power	what treatment, device, medicine, or caregiver cannot pause?	runtime, approved backup, destination
water	what is safe and how much remains?	stock, rate of use, refill route
temperature and shelter	can everyone stay dry, ventilated, warm or cool enough?	vulnerable people, room status, move trigger
food and cooking	what can be prepared safely with current water and power?	refrigeration, allergies, next meal
sanitation	how are hands, toilets, waste, and clean zones separated?	toilet status, waste route, supplies
access and transport	who cannot receive a warning, leave, enter, or travel without help?	person, helper, route, keys, communication

First minutes — protect what fails fastest [zomb.1.3]

The exact order depends on the hazard. A useful default:

1. immediate safety and breathable air;
2. urgent medical needs;
3. protection from heat, cold, wind, and rain;

4. reliable water;
5. communication and location;
6. medication, essential care, and food continuity;
7. sanitation and longer-term organization.

Food is important. It is rarely the first ten-minute problem unless someone has a condition requiring immediate intake.

Priority pyramid for disrupted infrastructure [zomb.fig.4]
Which continuity needs should be stabilized before later comforts?

Orange owns the live environmental hazard. Red owns immediate first aid. Blue owns relocation when the current place cannot support a person. Indigo owns the professional system. Olive owns the continuity queue once the next safe action is known.

Water — priority zero after air and immediate safety [zomb.1.4]

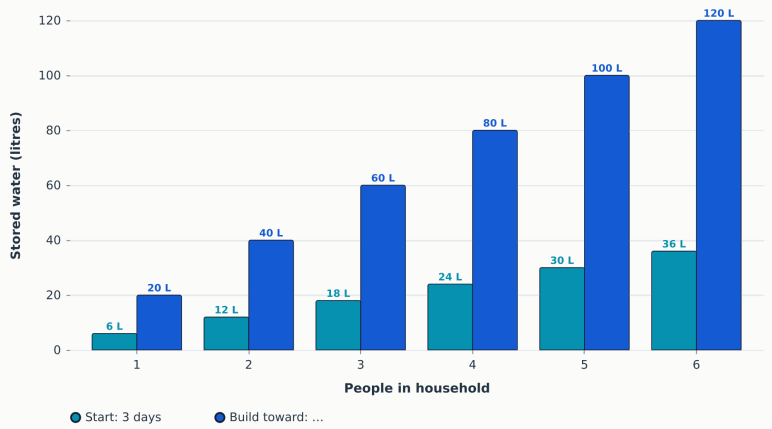
Current BBK guidance is that an adult needs at least **1.5 litres of fluids per day**, and that if you plan to cook you should allow about **0.5 litres of water per day on top**.[66] Adding those gives this guide its deliberately simple planning estimate:

$$W_{plan} = 2nd \text{ litres}$$

for n people over d days. That is a stock-planning convention of ours, not a physiological law, and not a number BBK publishes.

Household drinking and cooking water [zomb.fig.7]

How much drinking and cooking water does the BBK planning value imply for one to six people over three and ten days?



What to notice: At two litres per person per day, household stock scales linearly with both people and days.

Limit: Heat, illness, pregnancy, breastfeeding, work, pets, and hygiene can require more; local do-not-use notices override household calculation.

BBK suggests managing for **ten days** where practical, while saying plainly that a stock for **at least three days already helps a great deal** and can be built up gradually.[66] At the two-litre planning value, one person has 6 L for three days or 20 L for ten; a four-person household, 24 L or 80 L. Containers, weight, storage space, and rotation are part of the equation even when algebra would prefer not to carry bottles upstairs.

Add pet needs. Heat, illness, pregnancy, breastfeeding, medication, and physical work can all increase requirements.

- Store potable water in clean food-safe containers.
- Rotate stock according to product and container guidance.
- Follow local boil-water or **do-not-use** notices exactly.
- Filtering cloudy water through cloth removes particles, not dissolved chemicals or all microorganisms.
- Boiling does not remove fuel, solvents, pesticides, salt, or radioactive contamination.
- Do not use generic bleach-drop recipes: products and concentrations differ.
- Separate drinking-water containers from washing and waste containers.

Finding and evaluating water

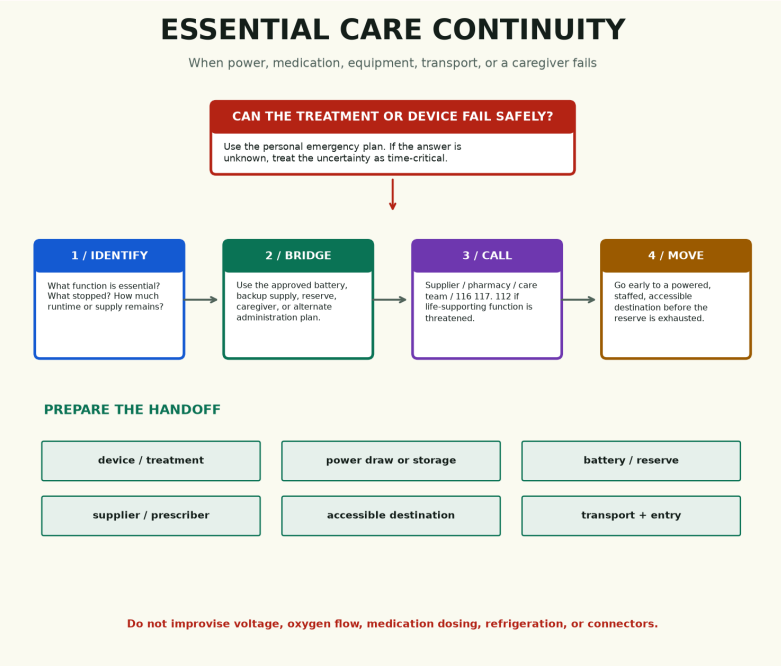
In a genuine emergency, official distribution points and sealed household supplies beat improvised natural sources. Surface water can carry microorganisms, sewage, agricultural runoff, or chemicals even when it looks clear.

If no safe source exists, contact the responsible local authority for current instructions, and emergency services when there is an actual emergency. A four-line universal purification recipe would be comforting, compact, and dishonest.

Essential medication and powered-device continuity [zomb.1.5]

Essential treatment and powered-device continuity map [dis.fig.1]

What treatment or powered-device dependencies require an early backup route?



An outage becomes a medical route when a treatment, device, storage condition, caregiver, or accessible transport cannot be safely bridged. Do not wait for the last battery bar to become emotionally persuasive.

1. **Identify the function.** Which treatment or device is essential? What failed? How much approved battery runtime, medication, oxygen, cooling, or caregiver coverage remains?
2. **Use the approved bridge.** Switch only to a battery, reserve, alternate administration method, backup caregiver, or powered destination already specified by the care team or manufacturer.
3. **Call early.** Contact the supplier, pharmacy, prescriber, care service, or **116 117** while a safe bridge still exists. The medical on-call service is reachable around the clock for urgent problems that are not life-threatening; life-threatening emergencies belong to **112**.[67]
4. **Move before exhaustion.** Go to a known staffed, powered, accessible place. Tell them the device, treatment, remaining runtime, power need, mobility and communication needs, and transport constraints.

Call **112** when a life-supporting function is interrupted, breathing or consciousness changes, or serious harm is imminent because the bridge or transfer will fail before help arrives.

Do not improvise voltage, connectors, oxygen flow, refrigeration temperature, medication dose, or fuel use. A technically creative adapter is not improved by being attached to someone's breathing.

Record these before an outage:

FIELD	HOUSEHOLD VALUE
essential device or treatment	

FIELD	HOUSEHOLD VALUE
power draw / battery runtime / storage range	
approved backup and where it is	
supplier, pharmacy, prescriber, care service	
accessible powered destination	
transport and who can help	
112 escalation condition	

Shelter and temperature [zomb.1.6]

Exposure can become urgent long before hunger.

Use the available building or location only if it is safer than the hazard. Hazard-specific movement belongs to Orange and to current official instructions:

- **flood:** move away from flowing water; follow evacuation or shelter orders;
- **fire/smoke:** leave by a safe route; never choose smoke as shelter;
- **chemical release:** follow official indoor-shelter or evacuation guidance;
- **cold/wind/rain:** stay dry, block wind, insulate from the ground, add layers;
- **heat:** seek shade or a cooler space, reduce exertion, drink normally when safe, check vulnerable people;
- **storm:** avoid windows, loose objects, trees, and exposed structures.

For outdoor temporary shelter, insulation below the body matters as much as material above it. Use dry clothing, mats, cardboard, blankets, or vegetation only when safe and permitted. Do not choose flood channels, unstable slopes, rockfall zones, dead trees, or a charming patch directly beneath lightning.

Cold

If you suspect **hypothermia** rather than ordinary cold, call **112**. Current DRK first-aid guidance routes hypothermia to emergency services at both stages it describes — this is not a judgement call about whether it has become “significant” yet.[68]

While waiting, and while the person is still shivering and fully awake:

- get them out of wind and wet, into a warm place;
- remove wet clothing and wrap them in dry blankets;
- warm them **slowly**;
- if they are fully conscious, warm sweet drinks such as tea are fine — never alcohol;
- **no rubbing, no hot water bottle, no intense direct heat.**

If shivering stops and they become drowsy, stiff, or hard to rouse, that is the more serious stage: **stop trying to warm them**, keep them covered and still, and wait for the ambulance. If they are unconscious but breathing normally, use the recovery position. If they are not breathing normally, start CPR.

Note that one instruction does not change between the stages: no rubbing and no direct heat, ever. Cover, do not scrub.

Heat

- move to shade or a cooler place;
- reduce exertion and excess clothing;
- drink normally when safe;
- cool the skin with water and airflow;
- check infants, older adults, chronically ill people, pregnant people, and anyone unable to communicate or move independently;
- call **112** for confusion, collapse, seizure, markedly altered consciousness, or another severe heat illness.[69]

Air, fire, and carbon monoxide [zomb.1.7]

Never operate a **generator, charcoal grill, or any other appliance meant for outdoor use** inside a home, garage, cellar, tent, or bathroom. BBK's own outage guidance is blunt about the grill: not in the flat, not in the house, because of the suffocation risk.[70] Fire-service guidance is the same for generators and charcoal, and notes that an open door or window does not make an enclosed space safe.[71]

The test is not the fuel, it is the approval. If an appliance is not specifically intended and installed for indoor use, treat it as outdoor-only. For equipment that *is* intended for indoors — an installed gas heater, for instance — follow its ventilation and manufacturer requirements exactly; BBK recommends professional advice for alternative heating, safety devices such as oxygen-deficiency and flame-failure cut-offs, and a carbon-monoxide detector.[70]

Carbon monoxide is colourless and odourless. Move to fresh air and call **112** if poisoning is suspected.

An unknown gas or chemical smell means no matches and no electrical switches. Follow Orange's source-location rule and current official instructions; for a suspected gas release, leave by a safe route and call from outside.

Food [zomb.1.8]

- Use refrigerated perishables first while they remain safe.
- Keep fridge and freezer doors closed during outages.
- Follow official discard guidance after prolonged outages or flooding.
- Smell and appearance cannot detect every pathogen or toxin.
- Store familiar foods household members can actually eat and prepare with the water and energy available.
- Include infant, allergy, disability, cultural, and pet needs.
- Do not forage from a bathroom guide. Plant identification by vibes has a poor safety record.

Medication [zomb.1.9]

- Keep an up-to-date medication and allergy list.
- Maintain a reasonable reserve agreed with prescriber or pharmacy.
- Plan refrigeration, power, administration equipment, and replacement routes.
- Keep medicines dry, labelled, and away from children.

- Do not ration or substitute prescription medicines without professional advice unless an emergency plan specifically instructs it.

Energy [zomb.1.10]

Use energy in this order unless the actual situation changes it:

1. life-supporting medical devices and emergency communication;
2. lighting and information;
3. refrigeration where medically or food-safety critical;
4. cooking and thermal comfort;
5. everything else.

- Charge devices while power exists.
- Use power banks and batteries safely.
- Keep flame-based lighting away from gas, oxygen, children, and combustibles; battery lights are preferable.
- Never back-feed household wiring with an improvised generator connection.
- Follow manufacturer guidance for every appliance and fuel source.

Do not spend the first hour colour-coding canned beans while smoke enters the stairwell.

Hygiene and toilet failure [zomb.1.11]

Reserve clean water for drinking and essential food preparation. Keep hands clean after toilet use and before handling food. Separate clean and dirty zones. If toilets fail, follow municipal sanitation guidance and keep waste away from food, living areas, and water sources.[72]

Useful supplies: soap, sanitizer where appropriate, toilet paper, menstrual products, nappies, waste bags, gloves, disinfectant used according to label, and personal care supplies.

Reading traces and observing the environment [zomb.1.12]

“Reading traces” means situational awareness, not wilderness detective theatre:

- note water level, smoke direction, wind, damaged power lines, unstable walls, blocked exits, animal behaviour, traffic, and official markings;
- compare changes over time;
- photograph conditions when safe;
- mark hazards for others when useful;
- never enter a dangerous area merely to obtain better evidence.

Observation serves decisions. It does not make the observer invulnerable.

Mini collapsing-society guide — or, more often, several bad days with broken infrastructure [zomb.1.13]

The phrase is deliberately dramatic. Most real events are temporary service failures, local disasters, evacuations, or strained institutions. Behave in a way that still makes sense when the power returns and everyone remembers your name.

Account before acquiring

1. inventory before acquiring more;
2. record owners and shared stock;
3. prioritize water, medication, food safety, warmth and cooling, communication, care supplies, and sanitation;
4. avoid dangerous or illegal entry;
5. distribute shared resources by need and agreed rules;
6. keep a visible reserve rather than hiding every uncertainty in one cupboard.

RESOURCE	QUANTITY	DAILY USE	OWNER/SHARED	REORDER/ESCALATION
water				
medication				
food				
batteries				
hygiene				

Capability inventory

Supplies are only one kind of capacity. Record the human and infrastructural capabilities too:

CAPABILITY	PERSON / PLACE	AVAILABLE UNTIL	BACKUP
first aid or clinical knowledge			
medication, device, or care knowledge			
translation or communication access			
repair, electrical, plumbing, or building knowledge			
transport, lifting, or accessible transfer			
cooking, sanitation, childcare, or animal care			
radio, printing, mapping, or record keeping			

Do not turn a skilled person into an inexhaustible public utility. Name relief, backup, and a handoff route for them as well.

Check people whose continuity may fail sooner

Check people who may have difficulty receiving warnings, evacuating, obtaining supplies, regulating temperature, or communicating:

- children;
- older adults;
- disabled and chronically ill people;
- pregnant and postpartum people;
- isolated neighbours;
- people dependent on electricity, refrigeration, oxygen, medication, or care;
- people exposed to violence or homelessness;
- animals.

Ask what support is wanted. Do not convert vulnerability into permission to remove autonomy.

Several households — coordinating without inventing a tiny dictatorship

[zomb.1.14]

When several people share infrastructure, individual continuity becomes a coordination problem. That does not mean panic and selfishness. Research on real emergencies repeatedly finds mutual aid, solidarity, and support, particularly where people experience a sense of common fate or shared identity.[7374]

The first meeting

Keep it short:

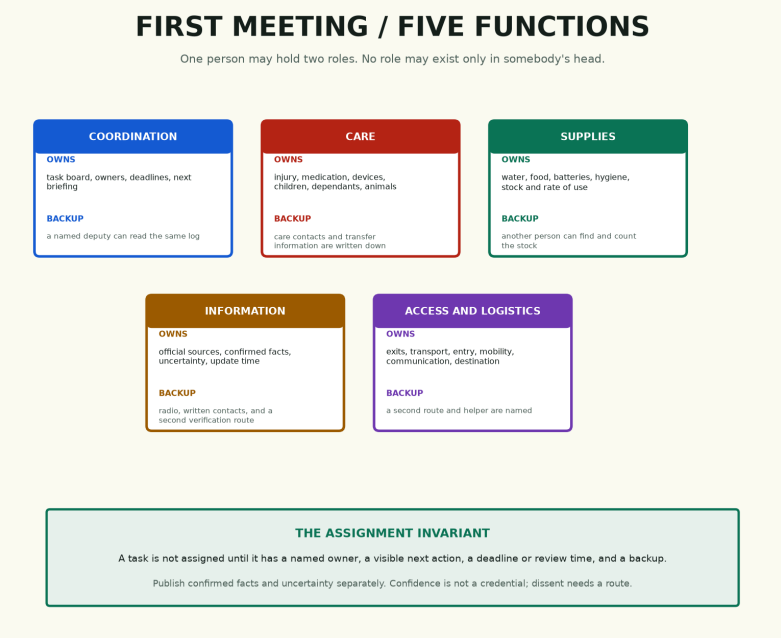
1. What happened, and what is confirmed?
2. Is anyone missing, injured, unsafe, or without essential care?
3. Which continuity systems are okay, limited, failed, or unknown?
4. What must happen in the next two hours?
5. Who owns each task, and who is backup?
6. When is the next briefing?
7. How can a person raise an urgent concern or a disagreement?

Minutes should record decisions, owners, backups, and review times — not every sentence spoken while the biscuits were still available.

Five functions for the first meeting

Five operational functions for a short crisis meeting [zomb.fig.1]

Which five functions should a short crisis meeting assign?



FUNCTION	OWNS
coordination	task board, owners, deadlines, next briefing
care	injury, medication, devices, children, dependants, animals
supplies	water, food, batteries, hygiene, stock and use rate
information	official sources, confirmed facts, uncertainty, update time
access and logistics	exits, transport, entry, mobility, communication, destination

One person may hold two functions in a small household. No function may exist only in somebody’s memory. Every role needs a visible log or handoff another person can understand.

The assignment invariant [zomb.1.15]

A task is not assigned until it has:

1. a named owner;
2. a visible next physical action;
3. a deadline or review time;
4. a named backup or failure route.

“Someone check the batteries” is a wish. “Sam counts charged batteries by 19:00; Lee records the result; no lighting reserve means we move the charging schedule forward” is an assignment.

Confidence is not a credential. Build a route for dissent: a second check, written uncertainty, or a person who can stop a plan when they see a hazard.

Communication as the group grows

[zomb.1.16]

Do not derive a constitution from a head count. The practical pattern is qualitative:

GROUP CONDITION	WHAT STARTS BREAKING	ADD NEXT
very small, everyone talks directly	unstated assumptions, absent backups	explicit roles and check-ins
growing	missed tasks, the same conversation repeated	task board, shared briefing, backups
several teams	contradictory updates, information silos	shared log, representatives, handoffs
large or long-lived	informal authority, fatigue, lost memory	review, rotation, complaints, onboarding, nested teams

Every time coordination gets harder, communication and accountability have to grow with it. Adding people without adding structure is not community scaling; it is a larger argument.

Useful channels: a bulletin, a radio channel, a shared log, a scheduled briefing, clearly named coordinators. The aim is not maximum communication. It is getting the same important fact to the people who need it without making every person relay every message.

Cooperation and collective resilience

[zomb.1.17]

Groups under threat can show rumour, conformity pressure, conflict, exhaustion, and in-group/out-group thinking. They also, repeatedly and measurably, show rapid mutual aid and strong solidarity — crowds in real emergencies are not the selfish stampede of disaster films.[73] Shared identity and observed support are associated with collective efficacy and well-being during recovery, not merely during the dramatic hour.[74]

Treat cooperation as a capacity to support, not a miracle to assume or a myth to dismiss.

- publish confirmed facts and uncertainty separately;
- correct rumours without humiliating the person;
- begin cooperatively where it is reasonably safe;
- make expectations and resource rules visible;
- respond to exploitation proportionately;
- allow repair after a breach where safety permits;
- record shared-resource decisions;
- avoid humiliating punishment, which only creates future conflict inventory;
- rotate exhausting or powerful roles;
- create complaint and appeal routes;
- include affected minorities and people with access or care needs;
- schedule rest, and keep ordinary rituals such as meals and check-ins.

Game theory is not permission to call your neighbour “Player B” while taking his batteries.

Water, energy, and hygiene at group scale [zomb.1.18]

At group scale, assign named roles and logs:

SYSTEM	MINIMUM CONTROLS
water	source, treatment status, storage, allocation, contamination report
food	inventory, allergies, refrigeration status, cooking fuel
energy	priority loads, charging schedule, fuel safety, shutdown authority
sanitation	toilet plan, handwashing, waste route, cleaning responsibility
health	medication, first aid, vulnerable-person checks, referral route
information	official source, update time, rumour correction, meeting point

If the disruption lasts — shared rules without emergency cosplay [zomb.1.19]

Do not invent a government in the first ten minutes. But if several households are managing shared resources for days or longer, resource rules and accountability stop being politics and become continuity infrastructure.

> **Improvised group governance does not override evacuation orders, emergency services, clinical plans, public-health instructions, or an authority already responsible for the incident.**

Nobody needs to hold a participatory vote on whether the fire brigade's evacuation order has sufficient democratic legitimacy.

Forms of self-administration

MODEL	STRENGTH	RISK	GOOD USE
coordinator	fast	dependency or unchecked power	immediate short crisis
majority vote	clear decision	minority needs ignored	bounded choices
consensus	broad support	slow or blocked	small trusted group
consent	proceed unless reasoned objection	requires facilitation	operational teams
delegated teams	expertise and speed	silos	larger, multi-team work
rotating roles	distributes power and fatigue	continuity loss	ongoing work

Use different models for different decisions. Nobody needs consensus on calling 112. Everyone affected should have a meaningful voice in long-term rationing rules.

Ostrom's commons principles — useful later, not emergency scripture

Long-lived self-governed commons often include:[75]

1. clear boundaries around resource and users;
2. rules fitted to local conditions;
3. participation by affected users in changing rules;
4. monitoring accountable to the group;
5. graduated responses to rule violations;
6. accessible conflict resolution;
7. recognition of the group's right to organize;
8. nested layers for larger systems.

The bathroom translation: define the water, define the users, write the rule, record use, and resolve conflict before somebody declares themselves Hydration Chancellor.

Self-defence is not a continuity strategy

[zomb.1.20]

Priority order:

1. avoid and leave when it is safely possible;
2. create barriers, distance, light, witnesses, and communication;
3. contact police or emergency services;
4. protect vulnerable people without creating another casualty;
5. if immediate defence becomes unavoidable, use only what is necessary to stop the attack that is happening now;
6. obtain medical and qualified legal help afterward.

This guide does not teach weapons, traps, combat, vigilantism, or property violence. German self-defence law is fact-specific: §32 StGB defines Notwehr as the defence *necessary* to avert a present unlawful attack on oneself or another.[76] Every word in that sentence has done years of litigation. Blue and Indigo own the safety and legal-routing detail.

Evacuation pocket list

[zomb.1.21]

Take what is immediately useful without delaying an urgent evacuation:

- phone and power bank;
- medication and medication list;
- ID, keys, payment method, essential documents;
- water and simple food;
- weather layer and sturdy shoes;
- small first-aid kit;
- glasses, hearing aids, mobility and communication supplies;
- infant, disability, menstrual, and pet supplies;
- radio or warning access;
- written destination, meeting point, and contact.

Leave weapons, looting fantasies, and twelve kilograms of philosophical literature unless the authorities have specifically requested an ethics seminar.

Preparedness checklist — before anything happens [zomb.1.22]

AREA	READY?	NEXT ACTION
official warning apps / radio	☐	
water and familiar food	☐	
medication and care supplies	☐	
lights, batteries, charging	☐	
documents and contacts	☐	
household evacuation plan	☐	
support plan for dependants	☐	
fire/CO safety	☐	
hygiene and toilet failure plan	☐	
neighbour / mutual-aid contact	☐	

BBK maintains the fuller national checklist and keeps it current, which is a better place for the details than a book printed once.[77]

Preparedness is not a personality or a bunker aesthetic. It is the quiet removal of tomorrow's stupidest problems.

Optional reading — models that are not prerequisites for action [zomb.1.23]

If air, water, medical care, shelter, or a safe destination is failing, go back to the operational sections. These are kept because they explain useful ideas, not because a crisis owes you time to finish the maths.

Survival probability — valid mathematics, unusable prophecy

A standard survival function can be written as

$$S(t) = \exp\left(-\int_0^t h(u)\,du\right)$$

where $h(u)$ is a hazard rate. Without measured hazards it predicts nothing whatsoever about your personal future. Its practical lesson is simpler: reduce known hazards — smoke, unsafe water, cold, heat, isolation, untreated illness — instead of inventing a percentage for survival.

Heat balance — explanatory, not a bathroom calculation

A conceptual heat balance:

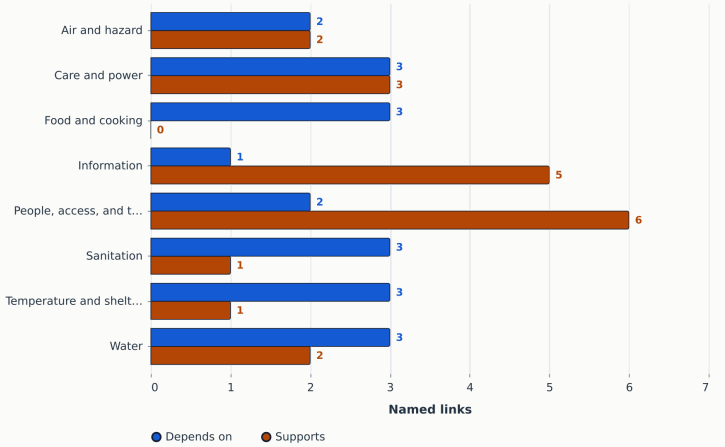
$$\Delta H = M - (C + K + R + E)$$

where M is metabolic heat and the remaining terms are convection, conduction, radiation, and evaporation. It explains why wind, wet clothing, ground contact, shade, airflow, and exertion matter. It is not a home calculator for declaring somebody safe.

Architecture audit — which functions are coupled?

Continuity systems are coupled [zomb.fig.6]

Which household-continuity systems name the most dependencies and support the most other systems in the current guide model?



What to notice: Information, water, care/power, and access appear repeatedly across other functions, so a narrow failure can propagate through the plan.

Limit: Link counts describe this guide's planning model, not hazard probability, causal strength, or a universal ranking of household needs.

This is an audit of this guide's own model, not a hazard score. **Depends on** counts prerequisites named by one system; **supports** counts how many other systems name it. A high count means "expect handoffs and cascading effects," not "this will fail first."

Pairwise channels — exact arithmetic, qualitative lesson

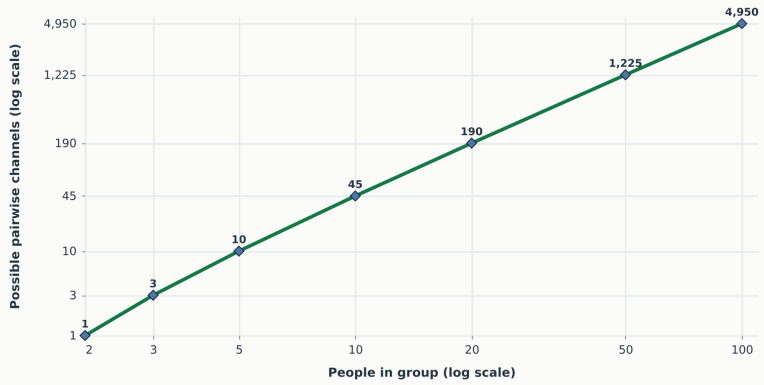
A fully connected group of n people has

$$C(n) = \frac{n(n-1)}{2}$$

unique pairs.

Why everyone-tells-everyone stops scaling [zomb.fig.5]

How quickly do possible pairwise communication channels grow as a group grows?



What to notice: Pairwise channels grow quadratically, so larger groups need named roles, shared logs, and scheduled briefing routes.

Limit: Possible channels are not the same as actual messages, trust, hierarchy, or organisational performance.

The arithmetic is exact. Organizational thresholds derived from it are not: no particular head count makes a shared log necessary. The real lesson is that “everyone tells everyone” grows expensive and fragile, so shared logs, briefings, and explicit handoffs replace it when direct conversation stops being reliable.

Dunbar numbers — descriptive research, not a crisis zoning code

Research on social network layers describes relationships as roughly nested circles of different sizes. These are interesting observations about human social organization, not thresholds for deciding when your block needs a minister of batteries.

What survives as practical advice:

- nobody can maintain every relationship equally;
- smaller working groups execute; larger groups keep records;
- a community is not failing merely because it contains subgroups.

Prisoner’s dilemma — one model among better ones

Repeated-game models illustrate one reason cooperation can be stable: people expect to meet again, can observe behaviour, and have ways to respond to breaches and restore cooperation. It is a tidy story and it is not the main one. Real disaster cooperation runs on shared identity, common fate, norms, material conditions, and institutions — which is why the operational advice in this book cites emergency research rather than game theory.[7374]

Pareto principle — useful attention, not a literal law

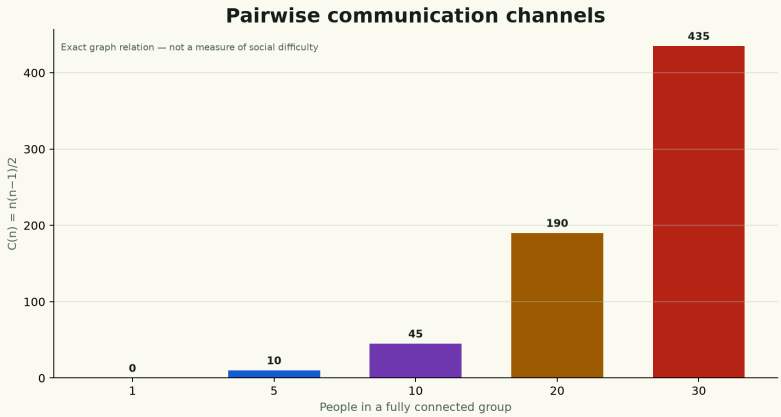
The 80/20 rule is a heuristic, not an emergency equation. A few actions often produce most of the immediate benefit:

- leave the active hazard;
- call for help;
- protect air and temperature;
- secure water, medication, and essential care;
- establish reliable information and roles.

Scaling chart — architecture sketch, not population law

Coordination scaling from one person to a community [zomb.fig.3]

How does coordination change as a group grows?



The chart is kept as an architecture sketch. Do **not** read its head-count bands as empirical cut-offs. The operational text uses the qualitative transition instead: direct coordination → written assignments →

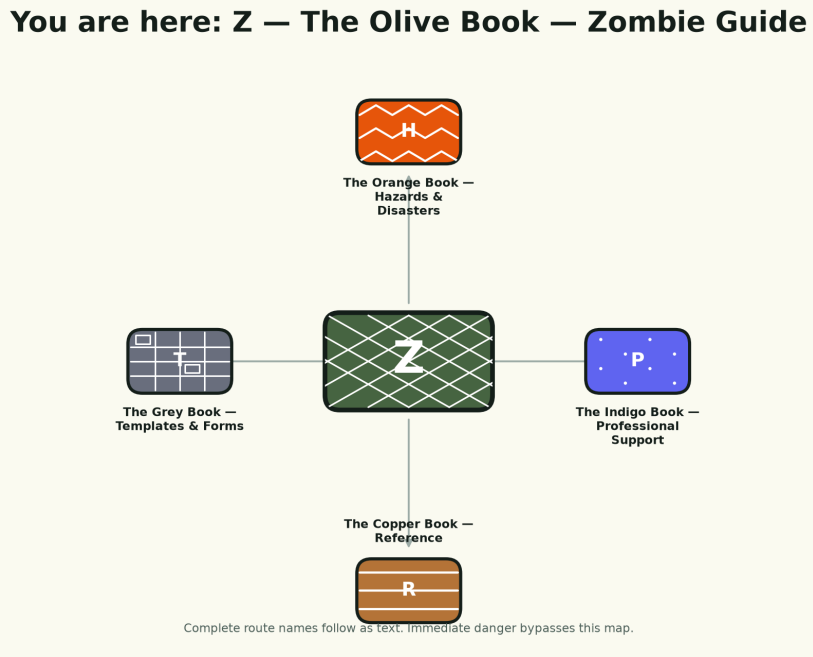
shared logs and teams → explicit accountability and institutional memory.

Where next?

Z

You do not need to complete the shelf in order. Stay here while this is the primary problem; move when another title becomes more accurate.

- **H — The Orange Book — Hazards & Disasters** — use it when that problem becomes primary.
- **P — The Indigo Book — Professional Support** — use it when that problem becomes primary.
- **R — The Copper Book — Reference** — use it when that problem becomes primary.
- **T — The Grey Book — Templates & Forms** — use it when that problem becomes primary.



Connections from Z — The Olive Book — Zombie Guide

BATHROOM EMERGENCY GUIDE / BOOK 8 OF 11

The Indigo Book — Professional Support

Choose a service that has the authority and capability to change the problem.

> **Actual emergency?**
> Stop reading and use the local emergency number. In the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

What this book is for

- What change is needed?
- Which service owns it?
- What should I say and record?

What this book does

Match a named problem to the service able to change it, then prepare a usable handoff and backup.

What it hands off

Does not guarantee service availability, accommodation, treatment, legal outcome, or response time.

Contents

- Germany quick reference
- Support-selection matrix
- The call script — location before autobiography
- Make the contact operational — ask, confirm, record
- Psychological support
- Violence and coercion
- Legal support
- Medical support
- Children, dependants, and caregiving
- Housing and “no place tonight”
- Pair support with a maintained Grey Book resource
- Optional reading — explanations are not prerequisites
- Quick reference card

Professional systems are different kinds of leverage, not rungs on a ladder from “minor” to “serious.” A hospital can treat an acute illness but cannot find you a flat. A therapist can treat you but cannot repair a gas line. A friend can stay, write, drive, and call but cannot issue a prescription. An authority finder can name the responsible office but cannot promise that office has a bed.

So the useful question is not “how bad is this?” It is **what needs to change, and who actually has the power to change it?** Get that the wrong way round and you can spend an afternoon being very politely redirected.

Germany quick reference

[supp.1]

NEED	CONTACT	USE
Life danger / possible lasting harm / fire	**112**	Rescue service and fire brigade
Active crime or threat requiring police	**110**	Police
Urgent medical problem, not life-threatening	**116 117**	Medical on-call service
Psychological crisis conversation	**116 123**	TelefonSeelsorge, around the clock

NEED	CONTACT	USE
Public authority finder	**115**	Identifies responsible authority, Mon–Fri 08:00–18:00; not an emergency or accommodation guarantee
Violence against women	**116 016**	24/7, free, anonymous, multilingual, online/sign/easy-language access
Violence against men	**0800 1239900**	Anonymous support during published service hours, plus online counselling
Children and young people	**116 111**	Nummer gegen Kummer
Poisoning, no immediate life danger	regional poison centre	Directory via gesund.bund.de
Immediate self- or other-endangerment	**112**	Rescue service

Numbers and scope should be rechecked before local printing. The listed routes were reviewed on **26 July 2026**.[78]

112 and 116 117 — similar-looking numbers, different infrastructure

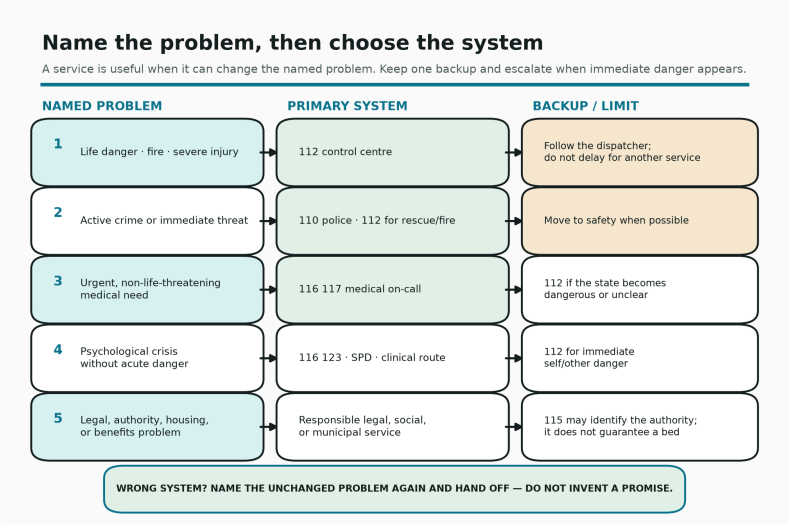
ROUTE	PURPOSE	WHAT HAPPENS BEHIND IT	USEFUL CONSEQUENCE
112	acute or potentially life-threatening emergency; fire and rescue	the responsible local emergency control centre receives the call, gathers location/state/danger, dispatches suitable fire/rescue resources, and may coach immediate actions	call early, use speakerphone, answer questions, and do not hang up until told
116 117	urgent medical problem that is not life-threatening and cannot reasonably wait for ordinary practice hours	the medical on-call service organized through the Kassenärztliche Vereinigungen advises, identifies an appropriate on-call practice, and can arrange a home visit when indicated	use it for urgent routing, not as a slower preliminary examination before an emergency call

Both telephone routes are available without a fee. Their effect is not merely “someone gives advice”: they connect the caller to different operational systems. **The mini-why matters because choosing by number familiarity rather than task can add delay.**[78]

Support-selection matrix [supp.2]

Professional route selector linking a named problem to the system able to change it and a backup or escalation route [supp.fig.2]

Which professional system can change the named problem, and what backup or escalation route remains?



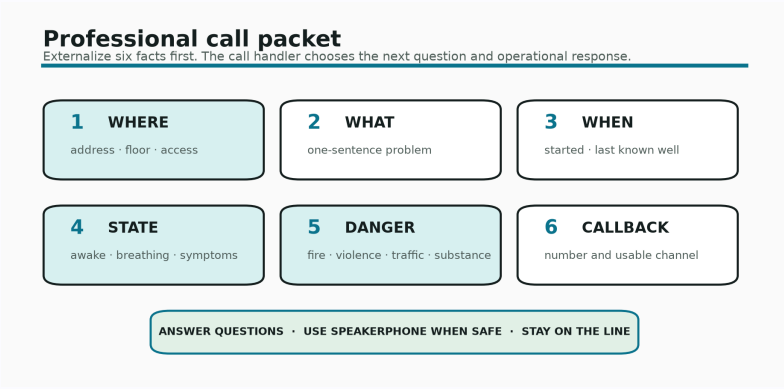
The diagram compresses the same rule as the table: name the problem, choose the system that can alter it, and keep one backup. Immediate danger overrides the ordinary sequence.

SITUATION	FIRST PROFESSIONAL ROUTE	BACKUP ROUTE
immediate medical/fire danger	112	dispatcher instructions
active violence/crime	110	112 for medical/life danger
urgent non-emergency illness	116 117	practice/emergency department as directed
acute psychological danger	112	psychiatric emergency service
crisis without acute danger	116 123 / local service	116 117 / GP
domestic or gendered violence	116 016 / specialist shelter	110 / 112 in danger
no housing tonight	D / Situation G → municipal emergency accommodation; 115 may identify authority during hours	110 / 112 if unsafe/exposed
accommodation fails access or care	D / Situation G → accessible local destination / care team / 116 117	112 if essential function or transfer fails
legal problem	qualified lawyer / specialist advice	Beratungshilfe if eligible
caregiver overload	care/family/youth/social service	crisis or emergency route if unsafe

The call script — location before autobiography [supp.3]

The first useful packet is small: **where, what, when, current state, current danger, callback number**. Vocabulary and chronology can expand after contact. Use this:

Six-field professional call packet: where, what, when, current state, danger, and callback number [supp.fig.1]
Which six facts form a useful first packet for a professional or emergency call?



The figure is only a memory offload. The complete packet is the six labelled fields above and the script below; the call handler may change the order and ask for details required by that service.

> "I am at **[address, floor, door code]**.
> The problem is **[one sentence]**.
> It started **[time]**.
> The person is **[awake/unresponsive]** and **[breathing normally/not]**.
> There is **[danger/no known danger]** at the scene.
> My callback number is **[number]**."

Then answer questions and stay on the line. Do not hang up merely because the first sentence was delivered.

When words are failing

Say or show only:

> "I need help at **[location]**. Someone may be in danger. My number is **[number]**."

The call handler will ask the rest. Fluency is not an entrance exam.

When voice is not the usable channel

Use the shortest reliable channel available: writing, text, sign-language video service, relay, pointing, a yes/no card, or a chosen communication partner. Ask before involving another person and do not let the helper replace the affected person's answers when they can answer themselves.

The **115** administration service publishes easy-language information and a sign-language video service. **116 016** publishes telephone, online, multilingual, sign-language, written-language, and easy-language routes. These channels require the relevant device, connection, service availability, and a safe context; they do not replace **112 / 110** during immediate danger.

For emergencies in Germany, **nora** is the official emergency-call app of the federal states. It reaches police, fire and rescue control centres without a spoken call, transmits your location, and supports text chat once the call is placed. It is worth installing, registering and testing **before** you need it — there is a demo mode. Do not make installing an app a step inside an emergency.[79]

Useful instruction:

> "I communicate best by **[writing / text / sign / pointing / yes-no]**. Please use one sentence and one question at a time."

Make the contact operational — ask, confirm, record [supp.4]

Reaching a number, a directory, a waiting room, or an inbox is not the same as having handed anything over. Before you end the contact, get the smallest packet that still works:

1. **Ask for the concrete outcome.** Advice, assessment, transport, an appointment, accommodation, a home visit, a document, or another named action are different requests.
2. **Give the minimum facts.** Location, access, current state, immediate danger, relevant time, and a callback route usually matter before a complete history.
3. **Confirm what now exists.** Write down who accepted the handoff, what they will do, where and when it happens, and what is left for you.
4. **Name the backup.** Ask what to do if no reply arrives, access fails, the state worsens, or the promised resource is unavailable.
5. **Assign the next check.** A name and a time are what stop "someone should follow up" from quietly becoming nobody, never.

Use **T — Templates** to carry the facts, so you are not rebuilding them from memory on every call.

The Indigo / Grey contract

Indigo owns the selection logic and the limits. Grey owns the current contact data. Names, numbers, opening hours, access channels, verification dates and local addresses live in the Grey Book, beside the emergency call card and the location-and-access card.

That split is what stops a long explanatory book from quietly becoming a second, staler phone directory.

Psychological support [supp.5]

IASC support pyramid — start with foundations

The Inter-Agency Standing Committee describes layered mental-health and psychosocial support in emergencies:[80]

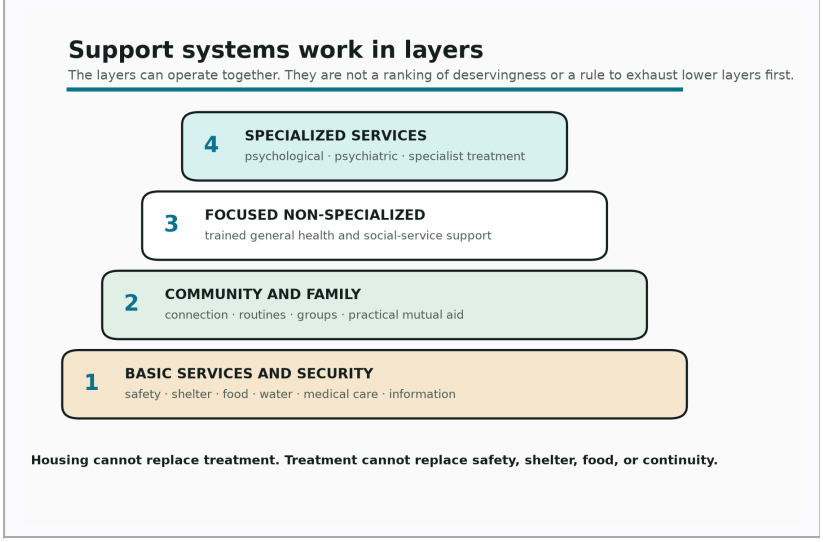
1. **Basic services and security:** safety, shelter, food, water, medical care, information, continuity of essential services.
2. **Community and family support:** connection, routines, schools, groups, practical mutual aid.
3. **Focused non-specialized support:** structured help from trained general health and social-service workers.

4. **Specialized services:** psychological and psychiatric treatment for people who need it.

The layers are not a ranking of deservingness. They show why therapy cannot replace housing and why housing does not replace treatment.

Four support-system layers: basic services and security, community and family, focused non-specialized support, and specialized services [supp.fig.3]

How do basic services, community support, focused general support, and specialist services relate?



Read the image from the foundation upward, but do not treat it as a queue. A person may need shelter, community help, a trained general service, and specialist treatment at the same time.

Acute danger

If someone may act on suicidal or violent thoughts, cannot stay safe, is severely confused, or has lost contact with reality in a dangerous way, call **112**. Stay nearby only if safe. Reduce access to means if this can be done without confrontation or risk.

Asking directly “Are you thinking about killing yourself?” does not plant the idea. It can clarify urgency. A “yes,” an unclear answer, a plan, access to means, recent attempt, severe intoxication, or inability to remain safe needs real-time professional help.

Urgent support without acute danger

- **116 123** — TelefonSeelsorge;
- **116 117** — medical on-call service;
- local Sozialpsychiatrischer Dienst;
- psychiatric emergency department;
- GP, psychiatrist, or psychotherapist;
- trusted person who can stay and help make contact.

The public health portal describes social psychiatric services as low-threshold, free, available to relatives as well as affected people, and sometimes able to provide home visits.[81]

Ongoing support

Seek planned professional care when symptoms recur, function declines, sleep or self-care collapses, trauma symptoms persist, substance use becomes central, or relationships and responsibilities repeatedly become unsafe.

Possible routes:

- GP for initial assessment and referral;
- psychotherapeutic consultation;
- psychiatrist for diagnostic and medication questions;
- addiction counselling;
- trauma, grief, eating-disorder, or other specialist service;
- self-help group as an addition, not a compulsory identity;
- workplace, school, university, or social counselling.

Friends' psychological-support guide

When someone you care about is struggling:

1. **Listen before fixing.** Ask: "Do you want listening, suggestions, or practical help?"
2. **Check danger directly.** Ask about self-harm or other immediate risk when concerned.
3. **Do not minimize.** Avoid "others have it worse" and "just think positive."
4. **Offer one specific action.** A meal, transport, a phone call, ten minutes of company.
5. **Stay connected.** A short reliable check-in can matter more than one grand speech.
6. **Know your limits.** You are a friend, not the entire care system.
7. **Escalate.** Involve professionals when safety, reality contact, basic care, or your own capacity is failing.
8. **Protect yourself.** Boundaries are compatible with care.

Useful sentence:

> "I care about you. I can stay for the next hour and help call someone. I cannot safely hold this alone."

Violence and coercion [supp.6]

Do not optimize for a perfect confrontation. Optimize for safety.

- Use **110 / 112** during immediate danger.
- **116 016** supports women affected by violence and people around them.
- Save evidence only when doing so does not increase discovery risk.
- Use a trusted device if the current device may be monitored.
- Arrange a code word, transport, medication, documents, and a safe destination.
- Tell one trusted person what would trigger police or rescue.

A bathroom lock is a delay mechanism, not a complete safety plan.

Digital safety

When device monitoring is possible:

- use a trusted device or private browsing only if that is actually safer;
- change passwords from a safe device;
- review account sessions, location sharing, shared cloud access, and recovery contacts;
- avoid sudden visible changes when they may provoke danger;
- ask a specialist service for a tailored plan.

Deleting history is not always safe and does not remove logs from every device or account. Digital hygiene is context, not magic dust.

Legal support

[supp.7]

Immediate priorities

After violence, accident, threat, arrest, housing crisis, or another legal problem:

1. secure safety and medical care;
2. preserve documents, messages, photographs, dates, and witness details;
3. write a factual timeline while memory is fresh;
4. avoid public posting about an active dispute;
5. obtain qualified advice before making strategic decisions.

Finding legal help

- lawyer or relevant Fachanwalt;
- local Rechtsanwaltskammer directory;
- tenant association, consumer advice, union, victim support, debt advice, migration advice, youth welfare, or specialist counselling where relevant;
- **Beratungshilfe** for eligible people needing out-of-court legal help;
- **Prozesskostenhilfe / Verfahrenskostenhilfe** for eligible court proceedings.

Hamburg and Bremen are exceptions: they run public legal-advice offices instead of ordinary Beratungshilfe. Prozesskostenhilfe remains separate and applies to court proceedings either way.[82]

Official Justiz-Services explain that Beratungshilfe can cover legal advice and out-of-court representation for people who meet the financial and necessity criteria. Applications can be prepared online, submitted to the Amtsgericht, or sometimes handled by a law office; a small statutory fee may apply.[82]

Legal-call preparation

Bring or list:

- dates and deadlines;
- letters, contracts, notices, emails, and messages;
- names and addresses of parties and witnesses;
- photographs or medical records;
- what you already tried;
- the result you want;
- income/expense documents if applying for legal aid.

A folder called “everything_final_REALLY_final2” is still a folder. Sort by chronology before the appointment if possible.

Medical support

[supp.8]

General medical

- **112:** life danger or possible lasting harm;
- **116 117:** urgent but not life-threatening problem outside practice hours;
- GP or specialist for ongoing assessment;
- pharmacy for medicine-use questions and minor ailments within scope;
- poison centre for substance-specific guidance when no immediate life danger.

Reproductive health

- maternity or gynecological service for symptoms and follow-up;
- recognized pregnancy counselling for decisions and support;
- Embryotox for evidence-based medication information during pregnancy and breastfeeding;
- **112** for heavy bleeding, collapse, seizure, severe pain, severe breathlessness, unexpected active birth, or serious concern.

Pediatric and child health

Use pediatric practice, **116 117**, or emergency services based on urgency. Call **112** for abnormal breathing, unresponsiveness, seizure, severe allergic reaction, major injury, severe dehydration signs with altered state, or serious concern.

For development, feeding, hearing, vision, movement, behaviour, or caregiving concerns, bring concrete observations rather than attempting diagnosis through milestone tables.

Veterinary support

Know the nearest veterinary emergency service and transport route. Call for collapse, breathing difficulty, severe bleeding, poisoning, seizures, major trauma, inability to urinate, severe pain, or rapidly worsening condition.

Children, dependants, and caregiving

[supp.9]

For care overload, involve:

- family or trusted backup;
- Pflegeberatung and respite services;
- youth welfare office and family support;
- school, daycare, disability, or social services;
- GP, pediatric, psychiatric, or veterinary care;
- emergency service when safety fails.

If you fear you may become aggressive, create safe distance, make sure the dependent person is supervised, and call a crisis or emergency service.

State and community support

Depending on the situation, useful services may include:

- Jugendamt and Frühe Hilfen;
- Pflegekasse / Pflegestützpunkt;
- Sozialamt, Jobcenter, housing office, and municipal social service;
- disability and participation counselling;
- family, pregnancy, debt, addiction, migration, and victim counselling;
- food banks, neighbourhood initiatives, mutual aid, and community centres.

The correct service is often the one responsible for the **next concrete problem**, not the one whose website contains the most inspiring stock photo.

Housing and “no place tonight”

[supp.10]

Use **D — Threat and Safe Place**, especially its **Situation G — No Safe Place** branch, before choosing a service. It separates:

1. violence, coercion, or an active threat;
2. no weather-safe roof tonight;
3. accommodation that fails access, medication, powered-device, child, or caregiver requirements;
4. a physically safe place made unworkable by social or internal crisis.

For ordinary municipal routing, contact the local emergency-accommodation, homelessness, social, or after-hours authority. During service hours, **115** may identify the responsible public office, but it is not an emergency number and cannot promise a bed. Specialist violence services, youth emergency services, accessible accommodation, transport, powered destinations, and animal-compatible places remain local fields that must be confirmed before deployment.

Use the D / Situation G handoff:

> "I need a safe place for **[tonight / one hour / until treatment resumes]**. The reason is **[route]**. Access and care needs are **[list]**. What can you confirm now, and what is the backup if that fails?"

Use **112 / 110** for exposure, violence, acute illness, self-harm danger, or a failed essential-care bridge.

Housing evidence pack

Keep copies of:

- ID and registration documents where available;
- rental agreement and notices;
- payment records;
- medical or disability needs;
- children's documents;
- contact attempts and deadlines;
- photographs of unsafe conditions;
- pet information when accommodation depends on it.

Do not delay leaving immediate danger to obtain the perfect folder.

Pair support with a maintained Grey Book resource [supp.11]

Complete the **Local professional contacts** page before deployment, and keep the **Emergency call card**, the **Location and access card**, and any route-specific form beside it. The contact page owns names, numbers, hours, access channels, verification dates, and backups; **P — Professional Support** owns the selection logic and limits. Keeping those jobs separate prevents a long explanatory route from becoming a second, stale contact database.

Do not print passwords, PINs, alarm codes, hidden safe-place locations, or secret key locations in a guide left in a shared bathroom. Toothbrush proximity is not a security model.

Optional reading — explanations are not prerequisites [supp.12]

Some of the following could reasonably live in the Copper Book, a psychology methods lecture, or a small forest of legal footnotes. That objection is not obviously wrong. It stays here because it explains why several routes above are shaped the way they are.

Do not finish an interesting study, framework, or doctrine before making a call that already needs making. **Action and handoff outrank explanation.**

Therapy evidence — what can honestly be said

Psychotherapies such as cognitive behavioural, psychodynamic, trauma-focused, interpersonal, and other structured approaches can be effective for many conditions. Outcomes vary with diagnosis, severity, therapeutic relationship, access, method, and individual preference.

A therapy response percentage detached from diagnosis, comparator, follow-up, and study population is decoration. Better questions are:

- Is the method appropriate for the problem?
- Is the professional qualified?
- Are goals and risks discussed?
- Is progress reviewed?
- Can the person say when the fit is poor?

Treatment is evidence-based when evidence guides a shared clinical decision, not when a number is pasted onto hope.

Social connection is not decorative trim

Social connection: associations, not personal fate [supp.fig.4]

What adjusted mortality associations did a 2015 longitudinal meta-analysis report for isolation, loneliness, and living alone?

What to notice: The three reported associations are similar in magnitude, but observational estimates do not establish individual causation or prognosis.

Limit: Associations do not prove that one social state caused one death and do not predict an individual future.

A 2015 meta-analysis of longitudinal observational studies reported adjusted mortality odds ratios of **1.29 for social isolation**, **1.26 for loneliness**, and **1.32 for living alone**.[83] These are associations across populations and follow-up periods—not proof that one feeling directly caused one death, and certainly not a personalized forecast.

The finding is still useful at the correct scale: stable contact, practical mutual aid, and routes back into community belong alongside medical and psychological care. “Call one person” is not a magical treatment. It is a small way to stop a crisis from becoming a closed system with one frightened operator.

Self-defence law — why this guide refuses a four-line verdict

German self-defence law under §32 StGB depends on a present unlawful attack and on the defensive action being necessary and legally permissible in context. Specific facts matter, and adjacent rules may apply.

The guide therefore does **not** state that one force level is automatically proportionate, that retreat is always required or never relevant, or that a reader should delay safety while performing legal analysis. Get safe, call police/rescue, preserve facts, and consult a criminal-law professional when needed.

Quick reference card

[supp.13]

GERMANY — CALL THE RIGHT DOOR

112 life / fire / medical danger

110 active police threat or crime

116 117 urgent, non-life-threatening medical help

116 123 crisis conversation

115 responsible public authority, service hours only

116 016 violence against women

0800 1239900 violence against men, published hours

116 111 children and young people

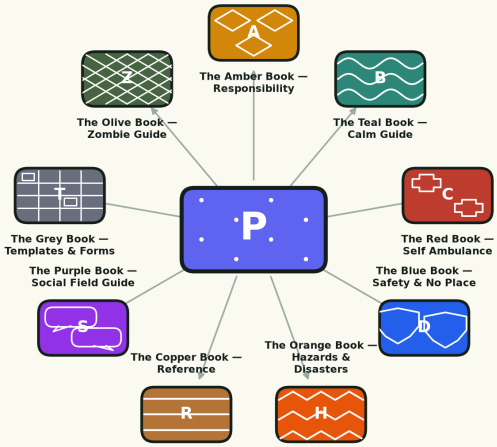
Where next?

P

You do not need to complete the shelf in order. Stay here while this is the primary problem; move when another title becomes more accurate.

- **A — The Amber Book — Responsibility** — use it when that problem becomes primary.
- **B — The Teal Book — Calm Guide** — use it when that problem becomes primary.
- **C — The Red Book — Self Ambulance** — use it when that problem becomes primary.
- **D — The Blue Book — Safety & No Place** — use it when that problem becomes primary.
- **H — The Orange Book — Hazards & Disasters** — use it when that problem becomes primary.
- **R — The Copper Book — Reference** — use it when that problem becomes primary.
- **S — The Purple Book — Social Field Guide** — use it when that problem becomes primary.
- **T — The Grey Book — Templates & Forms** — use it when that problem becomes primary.
- **Z — The Olive Book — Zombie Guide** — use it when that problem becomes primary.

You are here: P — The Indigo Book — Professional Support



Connections from P — The Indigo Book — Professional Support

BATHROOM EMERGENCY GUIDE / BOOK 9 OF 11

The Purple Book — Social Field Guide

Manage absence, re-entry, boundaries, awkwardness, and graceful exits.

Actual emergency?
Stop reading and use the local emergency number. In the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

What this book is for

- Do I need to communicate?
- Am I returning or leaving?
- Is this awkward or actually unsafe?

What this book does	What it hands off
Social absence, communication scripts, re-entry, boundaries, and graceful exits.	Active threats and clinical treatment; those hand off to Blue, Red, or Indigo.

Contents

- Quick reference — social router
- 1 — You Left the Room. Now What.
- 2 — Communication Templates
- 3 — The Mirror Conversation
- 4 — Navigating Specific Social Contexts
- 5 — Boundary Setting From a Bathroom
- 6 — Re-Entry Strategies
- 7 — When Social Emergency Becomes Real Emergency

You retreated to the bathroom. Maybe you had a reason. Maybe you had seven reasons stacked on top of each other wearing a trench coat. Either way, you're here now, and the social situation you left is still out there, ticking like a parking meter.

This guide covers the part nobody else writes about: what happens between you and other people when a bathroom becomes a control room. Communication, re-entry, cover stories, boundaries, and the moments when a social emergency stops being social and starts being actually dangerous.

Read what applies. Skip what doesn't. Nothing here requires you to become a different person — just a slightly more strategic version of the one you already are.

Quick reference — social router [soc.1.1]

Four questions, in order. The first one outranks the other three.

```
BATHROOM SOCIAL TRIAGE

1. Am I safe?
   ├─ NO, or I cannot tell → Section 7. Get another person
   │                         involved. Do not go back in alone.
   └─ YES → continue.

2. Does anyone actually need to hear from me?
   ├─ Nobody is waiting on me → no. Come back when ready.
   ├─ One person would worry, or is holding something for me
   │  → one bounded message (Templates A–D).
   └─ The thing cannot continue without me
      → say so plainly, or leave properly (Template E).

3. Am I ready to go back?
   ├─ YES → Section 6. Pick one thing that is not you.
   ├─ MAYBE → change one thing (Section 3), set a limit, try.
   └─ NO → leave (Section 5). Send the message from outside.

4. Is this a pattern?
   ├─ Rarely → an ordinary evening. File under "survived."
   └─ Often, and it is narrowing where I go
      → the Teal Book for the acute part, the Indigo Book for
        the plan. This is treatable, not a character flaw.
```

1 — You Left the Room. Now What.

[soc.1.2]

People notice patterns, not stopwatches

A brief absence usually needs no explanation. A longer absence may benefit from one message to one person. Context matters more than a universal minute count: a board meeting, a date, a house party, and a family gathering operate on entirely different clocks.

The useful rule is simple: **when silence is likely to create concern or practical problems, send one bounded message before your anxiety writes a six-part miniseries about it.**

Cover Stories and Their Shelf Life

Privacy does not require autobiography, and it does not require inventing a medical subplot. You are not obliged to explain your internal state to anyone who happens to share a floor plan with you — and you can decline to explain without making anything up.

Use the smallest true sentence that does the job. The levels are about how much you disclose, not about how many minutes have elapsed.

Level 0 — No explanation

- Walk back in. Say nothing. Sit down. This works far more often than anxiety predicts.

Level 1 — Minimal fact

- “Needed a minute.”
- “Had to deal with something.”
- “Stepped out for a bit.” (Vague is fine. Vague is allowed. Vague is *true*.)

Level 2 — Bounded update

- “Had to deal with something. I’m okay enough now.”
- “Wasn’t feeling 100%. I’m deciding whether to stay.”

Level 3 — Honest summary

- “I got overwhelmed and needed to reset.”
- “I’m having a hard day. I needed a minute.”

Level 4 — Privacy boundary

- “I’m handling it, but I’d rather not go into detail.”
- “Thanks for checking. I don’t want to discuss it right now.”

Note what is missing: the invented phone call, the fictional medication, the stomach complaint you do not have. Those work right up until someone follows up kindly and you have to maintain a small fictional universe while already depleted. A true short sentence needs no maintenance.

A low-disclosure explanation has no fixed shelf life. If the same problem keeps removing you from the room, the useful change is rarely a more elaborate sentence. It is a clearer update — “I’m not feeling great, I might head out” — or a decision about leaving, asking for support, or dealing with the pattern another day.

A brief absence, versus a situation that changed while you were gone

The threshold that matters is not a number on a clock. It is whether anything out there has actually moved.

A short absence disappears into ordinary room noise. A longer one does not: the conversation moves, rearranges its furniture, and possibly forgets you were in it. Food arrives. Rides leave. Meetings decide things. People who were counting on you start wondering. That is not cruelty — social groups are streams, not lakes. They flow whether or not you’re standing in them.

The strategic implication: if you already know you will be gone long enough to affect what someone else is doing, **send a message early**. An early message buys space. Waiting until several people are searching for you makes the eventual explanation do unnecessary heavy lifting.

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2 — Communication Templates [soc.1.3]

When to Text vs Call vs Say Nothing

SCENARIO	BEST CHANNEL	WHY
Brief, and nobody is depending on you	Say nothing	There is no communication problem yet.
Long enough to cause concern or affect plans	Text one person	Creates one informed ally without broadcasting.
You might need to leave	Text, then possibly call	Escalation ladder. Don’t open with the nuclear option.
You need someone to come to you	Call or text with “can you come here”	Urgency is clearer in a call. Text if you can’t speak.
You’ve decided to leave entirely	Text after you’ve left	Compose it from safety, not from the bathroom floor.

SCENARIO	BEST CHANNEL	WHY
You're in danger	Use the emergency route that fits the threat — **110** for an active police threat, **112** for medical, fire or rescue danger. A trusted person is support in parallel, not a substitute.	See Section 7. This is no longer a social problem.

The Templates

Copy, adapt, send. These are starting points, not sacred texts.

Template A — "I'm fine, need a minute"

> Hey — I'm fine, just needed a few minutes to myself. Be back soon. Don't wait for me for [food/the toast/the next round].

Use when: you're coming back, you just need space, and you want to prevent a search party.

Template B — "I'm not feeling well, might need to leave"

> I'm not feeling great — might need to head out early. Don't worry, nothing serious. I'll let you know.

Use when: you're on the fence about staying. This buys you a graceful exit without committing to it.

Template C — "Can you come get me"

> Can you come to [bathroom/hallway/outside]? I could use some company for a minute. Not an emergency, just need a person.

Or, if it *is* more urgent:

> I need you to come to [location]. Please come now. I'll explain when you're here.

Use when: you need physical presence. The second version skips the reassurance — use it when you mean it.

Template D — "Please cover for me"

> Hey, I need to step out for a bit. If anyone asks, can you just say I'm taking a call / not feeling well / had to step out? I'll explain later. Thanks.

Use when: you need a social proxy. Choose someone who can lie casually and without visible moral crisis. This is a kindness they're doing for you — thank them later.[84]

Template E — "I'm leaving"

> I'm heading out. Thanks for [tonight/having me/the invite]. I'll text you tomorrow.

Use when: the decision is made. Keep it short. Explanations invite negotiation, and you've already negotiated with yourself enough for one evening.

Template F — "I need help" (to a professional or crisis line)

> I'm in a situation where I don't feel safe. I'm at [location]. I need [specific help].

Use when: this has crossed from social discomfort to genuine danger. See Section 7.

Customization Notes

- Replace bracketed text with specifics.
- Remove the reassurance lines ("don't worry," "not an emergency") if the situation *is* worrying or *is* an emergency. False reassurance costs credibility.
- These templates work via text, WhatsApp, Signal, DM, note slid under a door, or whatever medium is available. The format matters less than the sending.

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3 — The Mirror Conversation [soc.1.4]

You're Looking at Yourself

You washed your hands (or didn't — no judgment) and now you're staring into the mirror. The mirror is returning your gaze with the enthusiasm of a passport photo.

This is the moment where the brain often decides to run a full performance review. Not a helpful one — the kind where every metric is appearance, every benchmark is someone else, and the reviewer is a version of you that hasn't slept in three days.

What the Mirror Actually Is

The mirror is a reflective surface. It shows you what light does when it bounces off your face. It does not show you:

- What other people think of you
- Whether you are fundamentally acceptable
- The cumulative score of your life decisions
- How you compare to anyone who isn't currently standing in this bathroom

Social comparison in front of a mirror is a well-documented anxiety amplifier. Your brain is comparing a real, tired, stressed face against idealized, curated, well-lit memories of other people's faces. This is not a fair trial.[85]

The Shame Spiral and How to Interrupt It

Shame spirals have a characteristic loop: *I look bad → I am bad → everyone can see I'm bad → I should hide → I'm hiding, which proves I'm bad*. Each iteration feels like new evidence, but it's the same thought wearing different hats.

Interrupt the loop with action, not argument:

1. **Splash cold water on your wrists or face.** Sensory interruption. Changes the channel.[86]
2. **Fix exactly one thing.** Hair, collar, smudge, whatever. One. Not a full renovation — a single concrete change you can see.
3. **Say one factual sentence about your appearance.** "My shirt is blue." Not evaluative, not comparative. Factual. This is affect labeling applied to the visual field.[87]

4. **Step back from the mirror.** Literally. One step. The close-up is not how anyone else sees you.
5. **Leave the mirror's jurisdiction.** Turn around. The review is over. You did not need to pass it because it was never a real exam.

Quick Resets

PROBLEM	FIX	TIME
Red/puffy eyes	Cool water on closed eyelids, 30 seconds	1 min
Flushed face	Cool wrists under tap, slow breathing	2 min
Mascara situation	Damp tissue, gentle dab (don't rub)	1 min
Hair chaos	Wet fingers, smooth the obvious parts	30 sec
"I look terrible"	You look like a person who is having a hard time. That's allowed.	0 sec

The goal is not to look perfect. The goal is to look like someone who used a bathroom, which is exactly what you did.

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4 — Navigating Specific Social Contexts

[soc.1.5]

This is **field lore, not municipal regulation**. Role, dependency, timing and the specific people involved decide this, not a stopwatch.

Every social setting has an unwritten absence policy. Here's the cheat sheet.

CONTEXT	WHEN ABSENCE STARTS TO BE NOTICED	WHO MIGHT NEED TO KNOW	A TRUE SHORT SENTENCE	WHAT ACTUALLY MATTERS
Work meeting	when your role, turn, or task is affected	the chair, or one colleague	"Had to step out; I'm back."	responsibility, not elapsed minutes
Work event / conference	when somebody is waiting on you	one colleague	"Needed a minute."	events have movement and parallel conversations
Family gathering	whenever your particular family starts doing family	one ally	"Needed some space."	family norms vary catastrophicall y
Date	early, because the social unit is tiny	your date	"Just need a minute — I'll be back."	your absence is 50% of the population leaving
House party	when the host or a friend might reasonably worry	host or one friend	"Stepped away for a bit."	people move between rooms; roll calls are rare
Bar / club	when your group may leave or need a safety check	one person in your group	"I'm at [place], all okay."	group safety outranks etiquette

CONTEXT	WHEN ABSENCE STARTS TO BE NOTICED	WHO MIGHT NEED TO KNOW	A TRUE SHORT SENTENCE	WHAT ACTUALLY MATTERS
School / university	when attendance, supervision, or a task is affected	the responsible person, if any	“I need to step out.”	formal rules may genuinely apply
Public transit	when companions or onward plans are affected	your companion, if any	“Catching the next one.”	transport waits for nobody and judges nobody
Religious service	when a role or a companion is affected	usually nobody	none required	local norms vary
Wedding	around ceremonies, speeches, photos, transport	your +1, the host, or one friend	“Needed a minute.”	key moments matter more than total time

Context-Specific Notes

Work meetings: If you left a meeting that’s still running, you can re-enter with a nod and sit down. Don’t announce your return. Don’t apologize unless you were presenting. The meeting did not stop for you — that’s a feature, not an insult.

Dates: A date absence is high-stakes because the social unit is small. If you’re gone more than ten minutes, text. Not texting says “I climbed out the window,” which may or may not be accurate but is definitely what they’re thinking.[88]

Family gatherings: Family dynamics are beyond the scope of this guide and possibly beyond the scope of most guides. The one useful principle: identify your ally before you need them. Every family has one person who will cover for you without requiring a thesis defense. Find them. Brief them. Use them.

Weddings: Do not disappear during the ceremony, first dance, or speeches. Everything else is fair game. Weddings have enough chaos that your absence will be attributed to “getting a drink” by default.

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5 — Boundary Setting From a Bathroom

[soc.1.6]

Sometimes the Bathroom Isn’t About the Bathroom

Sometimes you’re not in here because of anxiety or nausea or needing to cry. Sometimes you’re in here because the room you left contains a person or situation that you needed distance from. That’s not avoidance — that’s spatial boundary enforcement. The bathroom is a socially sanctioned airlock.

Quick Boundary Scripts

These are for when you return — or for when someone follows you to the door.

“I need space right now”

> "I need a few minutes to myself. I'll come find you when I'm ready."

Translation: back off. The phrasing is polite. The content is a wall. Both are intentional.

"This conversation needs to pause"

> "I can't have this conversation right now. Can we come back to it [tomorrow / when we've both had some space]?"

Use when: the argument followed you or is waiting for you. Pausing is not losing. It's refusing to play on a tilted board.

"I don't want to discuss this"

> "I'm not going to talk about that right now."

No "sorry." No "if that's okay." The sentence is complete. You may add a redirect: "Let's talk about something else" or "I'm going to get some water." Movement ends conversations that words won't.

"You need to stop"

> "Stop. I've asked you to stop and I mean it."

Use when: someone is pushing past a boundary you've already set. Repetition is not escalation — it's emphasis. You are allowed to say the same thing twice, louder, without it being "dramatic."

"I'm leaving"

> "I'm going to go. I'll be in touch when I'm ready."

The cleanest boundary. It requires no agreement from the other person. You do not need permission to leave a room you are not imprisoned in.

When to Return vs When to Leave Entirely

SIGNAL	ACTION
You needed space and got it. You feel steadier.	Return.
The situation hasn't changed, but you can manage it.	Return with a plan (time limit, ally, exit route).
The person or situation will immediately re-trigger you.	Leave.
You're dreading going back more than you dread leaving.	Leave.
Someone has been aggressive, threatening, or coercive.	Leave. See Section 7.
You've been in here 45+ minutes and can't face going back.	Leave. The event is over for you. That's allowed.

The Irish Goodbye

The Irish goodbye — leaving without announcing your departure — has an undeservedly bad reputation. In practice, it is often the most gracious exit available. Here's when it works:

Good candidates for the Irish goodbye:

- Large gatherings (10+ people) where your departure won't create a visible gap
- Situations where saying goodbye will trigger a negotiation ("No, stay! One more drink!")
- When you've already said goodbye to the host or the person who matters
- When the alternative is a scene
- When you genuinely cannot produce one more social interaction

Poor candidates for the Irish goodbye:

- Dinner parties where you're one of six people at a table
- Events where you're the guest of honor (your absence will be the main event)
- Situations where someone is relying on you for a ride home
- When someone will genuinely worry about your safety

Execution: Gather your things. Leave normally. Do not start fresh rounds of farewell if avoiding another negotiation was the entire point. Text the host once you are outside: "Had to head out — thanks for tonight." Done.

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6 — Re-Entry Strategies

[soc.1.7]

The Walk Back In

You've decided to return. The door is in front of you. Your hand is on the handle. Your brain is projecting a fantasy where the entire room turns to stare at you in unison, like meerkats sensing a hawk.

It will usually be far less noticeable than it feels. People systematically overestimate how much others register their appearance and behaviour — the spotlight effect.[89] That is not a promise that nobody noticed you were gone. It is a reason to stop appointing yourself the room's official audience-measurement device.

Before you open the door: pick something outside yourself

Do **not** run a live facial-expression debugger. Auditing your own shoulders, jaw and walking speed puts your attention exactly where it is least useful, and it is one of the things social-anxiety treatment works to undo — attention turned inward, checking, and small managing behaviours are what keep the fear running.[90]

So pick one thing that is not you:

- a person you know;
- your seat;
- the conversation already happening;
- water, food, or a small practical task;
- your exit route, if you are going back in with a plan.

If a shoulder drops or a jaw unclenches on its own, good. It does not need certification. You do not need to smile, and you do not need to perform joy. You need to look like a person who went to the bathroom and came back — which is, again, exactly what you did.

Conversation Re-Entry

The seamless slide: Walk to someone you know. Stand near them. Wait for a natural pause. Say something about whatever they're discussing, or ask a simple question. You are now part of the conversation again. Nobody issued you a re-entry visa because none was required.

The activity anchor: Get a drink. Get food. Check your phone at the periphery. These are all normal re-entry decompression activities. They buy you 2–3 minutes of legitimate social invisibility while you recalibrate.

The direct address: Walk up to someone specific. "Hey — what did I miss?" This works because it acknowledges the gap without dramatizing it. The answer is usually "nothing" or a quick summary, and then you're back in.

The group re-merge: If you left a group conversation, return to its vicinity and listen for 30 seconds before contributing. The group will naturally re-absorb you. Social groups are amoebas — they extend and retract around members without requiring a formal docking procedure.

What to Do With Your Face

Your face is going to do whatever it does. The main risk is over-correction: smiling so hard you look manic, or arranging your features into "casual" so deliberately that you look like a hostage in a proof-of-life video.

Let your face be a face. It will settle into something normal faster than you think, especially once you're engaged in conversation rather than monitoring your own expressions from the inside.

The "I'm Fine" Hierarchy

If someone asks how you are — and they might — here's your response ladder, calibrated to the level of inquiry:

LEVEL	THEIR QUESTION	YOUR RESPONSE
Casual check	"You good?" / "Everything okay?"	"Yeah, all good." (Smile optional.)
Mild concern	"You were gone a while — everything alright?"	"Yeah, just needed a minute. I'm fine."
Genuine worry	"Are you okay? I was worried."	"I'm okay. Wasn't feeling great but I'm better now. Thanks for checking."
Full interrogation	"What happened? Where were you? Are you sure you're okay?"	"I appreciate you asking. I had a rough moment but I'm handling it. I'd rather not go into detail — can we just [rejoin the party / get back to it]?"
Persistent probing	They won't let it go.	"I've said I'm okay. I mean it. Let's move on." (Boundary. See Section 5.)

Note: someone asking if you're okay is usually kindness, not surveillance. Accept it with the same brevity you'd want if the roles were reversed.[84]

7 — When Social Emergency Becomes Real Emergency [soc.1.8]

The Line Between Uncomfortable and Unsafe

Most of this guide deals with social discomfort — the awkwardness, anxiety, and logistical complexity of being a person in a room with other people. That is real, it is stressful, and it is not dangerous.

But sometimes it is dangerous. The bathroom can be a refuge from something genuinely threatening, and the skills required shift from "manage re-entry" to "get safe."

How to Tell the Difference

SOCIAL EMERGENCY	REAL EMERGENCY
You feel anxious about returning	You feel afraid of a specific person
You're embarrassed	You've been threatened
You want to avoid awkwardness	You want to avoid harm
You're overwhelmed by stimulation	You're being followed, pressured, or coerced
Leaving would be socially uncomfortable	Leaving feels physically dangerous
You're worried about judgment	You're worried about violence

If you're reading the right column and recognizing your situation, this is no longer a social field guide problem. This is a safety problem.

Signs That the Situation You Left Is Genuinely Dangerous

- Someone has threatened you — verbally, physically, or through intimidation
- Someone is monitoring or controlling your movement, communication, or ability to leave
- You are intoxicated or drugged beyond your own intentional consumption
- Someone will not accept "no" or "stop" as answers
- You feel you cannot leave safely
- A weapon is present or has been referenced
- You are afraid of what will happen when you go back out

Any one of these is enough. You do not need all of them. You do not need to be "sure enough." If several items fit, treat the concern seriously and involve another person or a specialist service rather than arguing yourself into returning.[91]

What to Do

If you can call for help:

1. Call **112** (EU emergency) or **110** (police, Germany). In other regions, call your local emergency number.
2. If speaking may increase danger, state the location and the need in as few words as possible — an address and "help" is a complete emergency call. Silent routes exist, but they are set up in advance, not in the moment: in Germany the official emergency app is **nora**, which reaches the same control rooms as 110 and 112 without speaking, and requires installing and registering it beforehand.[92] Assume nothing else texts through unless you have confirmed it for your own country.

3. Text a trusted person your location and the word “help” or a pre-arranged code word.
4. If the threat is immediately outside the door, a locked door between you and it is worth keeping — stay behind it while it is the safer side. Leave anyway if the room itself stops being safe: fire or smoke, a hazardous atmosphere, the door being forced, or an emergency responder telling you to come out.

If you can leave safely:

1. Leave. Do not announce it. Do not negotiate. Do not collect your things if collecting them means going back into the unsafe space.
2. Go to a public, populated area.
3. Call someone — friend, family, crisis line, police — from safety.
4. Do not return alone.

If you cannot call or leave:

1. Text if possible. Location + “I need help.”
2. Make noise if the situation escalates — bang on walls, shout, activate a personal alarm if you have one.
3. If in a public venue, call out to staff or other people.

Domestic Violence and Intimate Partner Resources

If the person you’re hiding from is a partner, family member, or someone in your household, this section is for you. You do not need to have been physically hit to use these resources. Coercion, threats, isolation, and control are violence.[93]

Germany:

- **Hilfetelefon Gewalt gegen Frauen:** 116 016 (24/7, multilingual, anonymous, free)[94]
- **Hilfetelefon Gewalt an Männern:** 0800 123 99 00

International:

- National domestic violence hotlines exist in virtually every country. Search “domestic violence hotline [your country]” or ask any emergency operator to connect you.

Safety planning:

- If you suspect your phone is monitored, use a friend’s phone, a public phone, or a library computer.
- Prefer a trusted device when monitoring is possible. Sudden history deletion or account changes can themselves be visible, so ask a specialist service for a device-safety plan that fits the situation.

You are not overreacting. You are not making a fuss. You are reading a section of a guide that exists because this happens often enough that it needed to be written. If this is your situation, reaching out is not dramatic — it is precisely appropriate.

Social Anxiety vs Actual Threat — A Clarification

Both can feel identical from the inside — racing heart, dread, a strong pull toward the door. The felt intensity does not tell you which one you are in. What you are predicting does.

- **Social anxiety** predicts *being judged*: that you will be watched, found awkward, or thought badly of. The fear is about other people’s opinion of you, and it turns up whether or not anyone has actually done anything.[95]

- **A threat** is something a specific person is *doing*: threatening, blocking, following, refusing “no”, controlling where you go or who you can reach. It points at behaviour you could describe to a stranger.

The responses differ accordingly. Anxiety: the Calm Guide, grounding, gradual re-entry, professional support if it persists. Threat: the safety protocols above — you cannot ground your way out of someone else’s behaviour, so get safe first and process later.

If there is a concrete threat cue, or you genuinely cannot tell whether you are safe right now, choose safety and involve another person. The worst outcome of treating a threat as social anxiety is far worse than the worst outcome of the reverse.

That rule is for uncertainty about immediate danger. It is not a way of life. If the fear of being watched and judged returns often, with no threatening behaviour from anyone, running the emergency protocol every time will make the fear stronger rather than smaller — avoidance is one of the things that keeps it going. Use the Calm Guide, and Professional Support if it is narrowing your life. Planned treatment can work on that gradually, without asking you to gamble with actual safety.[90]

The Purple Book. Social Field Guide. Bathroom Emergency Guide 4.x-alt.
You were a person before you walked into this room. You’re still one now. Go be one out there.

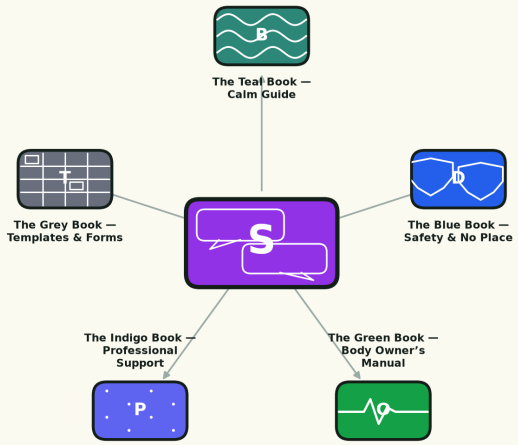
Where next?

S

You do not need to complete the shelf in order. Stay here while this is the primary problem; move when another title becomes more accurate.

- **B — The Teal Book — Calm Guide** — use it when that problem becomes primary.
- **D — The Blue Book — Safety & No Place** — use it when that problem becomes primary.
- **O — The Green Book — Body Owner's Manual** — use it when that problem becomes primary.
- **P — The Indigo Book — Professional Support** — use it when that problem becomes primary.
- **T — The Grey Book — Templates & Forms** — use it when that problem becomes primary.

You are here: S — The Purple Book — Social Field Guide



Complete route names follow as text. Immediate danger bypasses this map.

Connections from S — The Purple Book — Social Field Guide

BATHROOM EMERGENCY GUIDE / BOOK 10 OF 11

The Grey Book — Templates & Forms

Put facts, plans, and handoffs somewhere more reliable than working memory.

Actual emergency?
Stop reading and use the local emergency number. In the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

What this book is for

- What fact needs a stable place?
- Who owns this form?
- When must it be replaced?

What this book does	What it hands off
Externalize facts, plans, logs, and handoffs that should not depend on working memory.	A completed form does not prove safety, competence, consent, or current local accuracy.

Contents

- Template catalogue — write when needed
- Mini contents
- How to read the resource band
- Use, update, replace
- Who fills what?
- Deployment cover and ownership card
- Location and access card
- Emergency call card
- Local professional contacts
- Comfort inventory
- Five-minute values bridge
- Observation and vital-sign log
- Nice-place and low-demand activity map
- Safe-place and exit map
- Medication, power, and care continuity card
- Household continuity board
- Feedback and field-note sheet
- Installation and wet-room audit
- Route drill and timing log
- First-aid figure usability review
- Maintenance and replacement inspection
- Remarks and handoff sheet
- Quiet activity sheet
- Take, replace, improve

Take a page. Put the needed fact on it. Replace it when the world changes.

The other books explain, decide, and escalate. **T — Templates** externalizes: it gives facts, plans, observations, and handoffs somewhere to live outside your working memory. Which matters when you are frightened, tired, hurt, overloaded, or holding a phone with one hand.

A blank form is not proof of preparation. A completed form is not proof of safety. These pages are small interfaces between attention and action.

The Grey Book’s form-grid pattern and grey accent identify its figures and templates. Each page begins with one compact resource band containing exactly the information needed to recognize and cite it:

title, stable reference, and a short description. Privacy and related-resource notes remain secondary.

There are two public resource types:

- **Figure · Read only** — an authored depiction or a local reference sheet. A deployer may complete local facts before installation, but readers do not edit the installed copy. Replace it when those facts or privacy boundaries change.
- **Template · Write** — use a fresh copy for a new incident, observation, review, drill, or handoff.

Template catalogue — write when needed

A template is a reusable working page. Every template carries a title, stable reference, and short description before its writable content.

TEMPLATE · WRITE [BEG:T:F:003]

Emergency call card

A writable launch pad for the facts a dispatcher needs.

Privacy: shared-safe

Related: [BEG:A:G:005] Four responsibility clocks separate live harm, continuing effects, repair, and ongoing care.
[BEG:P:G:002] Six-field professional call packet: where, what, when, current state, danger, and callback number
[BEG:C:G:001] First-aid triage overview

TEMPLATE · WRITE [BEG:T:F:005]

Feedback and field-note sheet

Corrections, failed routes, local adaptations, and useful inventions.

Privacy: do-not-send-private-medical-data

Related: [BEG:R:G:001] Evidence labels used throughout the guide
[BEG:R:G:002] Two-pass guide topology with dependency modifiers

TEMPLATE · WRITE [BEG:T:F:006]

Five-minute values bridge

One value translated into one bounded next action.

Privacy: private-or-shared

Related: [BEG:A:G:004] Five-step repair sequence: stop, stabilize, tell, repair, and follow up.
[BEG:A:G:003] Four-part boundary map for requested support, refusal, uncertain capacity, and immediate danger.
[BEG:B:G:004] Overload control map showing intrinsic, avoidable, and stress loads with the headroom inequality

TEMPLATE · WRITE [BEG:T:F:011]

Observation and vital-sign log

Changes and actions recorded for a clinician or dispatcher.

Privacy: private

Related: [BEG:O:G:002] First 90-second body, room, and attention scan
[BEG:C:G:001] First-aid triage overview

TEMPLATE · WRITE [BEG:T:F:012]

Quiet activity sheet

Low-demand drawing, building, and folding prompts.

Privacy: shared-safe

Related: [BEG:B:G:002] Three optional breathing patterns

TEMPLATE · WRITE [BEG:T:F:013]

Blank remarks and handoff sheet

Blank space for observation, action, result, and next handoff.

Privacy: private-or-shared

Related: [BEG:A:G:004] Five-step repair sequence: stop, stabilize, tell, repair, and follow up.

TEMPLATE · WRITE [BEG:T:F:015]

First-aid figure usability review

Usability test for action, sequence, geometry, and limits.

Privacy: anonymous-or-consented

Related: [BEG:C:G:001] First-aid triage overview
[BEG:C:G:004] Adult chest-compression location using head, chest, hips, and feet as landmarks
[BEG:C:G:003] AED action sequence: turn on, attach pads, clear for analysis or shock, resume CPR
[BEG:C:G:005] Five-step recovery-position orientation

TEMPLATE · WRITE [BEG:T:F:016]

Installation and wet-room audit

Wet-room readability, reach, privacy, glare, and physical handling.

Privacy: shared-safe

Related: [BEG:R:G:002] Two-pass guide topology with dependency modifiers

TEMPLATE · WRITE [BEG:T:F:017]

Maintenance and replacement inspection

Damage, stale facts, used supplies, and replacement actions.

Privacy: shared-safe

Related: [BEG:Z:G:002] Household continuity systems and ownership fields

TEMPLATE · WRITE [BEG:T:F:018]

Route drill and timing log

Calm-time timings and friction from finding to handoff.

Privacy: do-not-use-real-private-crisis-details

Related: [BEG:R:G:002] Two-pass guide topology with dependency modifiers

Mini contents [tmpl.1.1]

Figures — read only after deployment

1. deployment cover and ownership card;
2. location and access card;
3. local professional contacts;
4. comfort inventory;
5. nice-place and low-demand activity map;
6. safe-place and exit map;
7. medication, power, and care continuity card;
8. household continuity board.

Templates — write on a fresh copy

1. emergency call card;
2. five-minute values bridge;
3. observation and vital-sign log;
4. feedback and field-note sheet;
5. installation and wet-room audit;
6. route drill and timing log;
7. first-aid figure usability review;
8. maintenance and replacement inspection;
9. remarks sheet;
10. quiet activity sheet.

///

Badger box — forms are handles, not homework

A useful form shortens the distance between “I should remember that” and “the fact is available when needed.” Leave irrelevant fields blank, cross out a bad prompt, and send the correction upstream. The paper works for the person; the person does not work for the paper.

How to read the resource band [tmpl.1.2]

Every canonical figure or template begins with a generated identity band:

- **Title:** names the resource in plain language.
- **Stable reference:** `[BEG:...:G:...]` identifies a figure and `[BEG:...:F:...]` identifies a template even when page numbers move.
- **Short description:** states what the resource is for before its content begins.
- **Use mode: Figure · Read only** or **Template · Write**.
- **Privacy class:** decide whether the completed page may remain visible, requires local review, or belongs in protected storage.
- **Figures:** stable figure references point to the read-only depiction that explains or tests the same operation.
- **Support:** service references point to the professional route that can receive the completed packet.

The small related-reference line is navigation, not a second dashboard. Stable references make a copied page findable without adding another coloured box for every relationship.

Grey does not decide escalation. A form records the route, backup, destination, or threshold owned by the relevant book, service, clinical plan, product instruction, or official warning. When that source changes, the installed form changes with it — the paper is a copy of the rule, never a second version of it.

Use, update, replace [tmpl.1.3]

1. **Use** only the fields relevant to the current action.
2. **Update** facts after a move, service change, failed route, care change, or privacy change.
3. **Replace** a detached page when its version, review date, physical condition, or local truth no longer matches the installation.

The stable address travels with the page. Sensitive content does not become safe merely because the form has excellent typography.

For a **local operational fact**, freshness travels with the fact. Where it applies, record the **source or authority, the date checked, a review-by date, and a backup source**. A number on its own is not the fact: scope, access channel, and hours are part of it, and they do not always match even for the same service. “We checked this recently” is provenance, not proof that a remote service is reachable this minute.

Who fills what? [tmpl.1.4]

ROLE	OWNS	MAY SUPPORT	MUST NOT ASSUME
Author	generic structure, evidence, build, revision	examples and defaults	local numbers, rooms, relationships, consent
Deployer	local facts, placement, supplies, maintenance	calm-time completion with readers	permission to publish private medical or safety data

ROLE	OWNS	MAY SUPPORT	MUST NOT ASSUME
Reader	moment-to-moment observations and choices	feedback and personal plans	responsibility for maintaining the whole installation
Helper	factual observations and agreed actions	calls, writing, transport, handoff	authority over the affected person when they can decide

Comfort inventory belongs to both reader and deployer. The deployer makes resources findable; the reader decides what is useful. A blanket can be stocked without being compulsory. This resolves the false choice between “the reader should know themselves” and “the deployer should prepare the room.” Preparation and agency are different jobs.

Deployment cover and ownership card

[tmpl.1.5]

FIGURE | READ ONLY [BEG:T:G:002]

Identity, ownership, version, and review date for this copy.

Prepared by: deployer before installation; replace when local facts or privacy boundaries change.

PRIVACY:SHARED-SAFE

See also: figures none required · support named local service when applicable

Why: An unlabeled guide slowly becomes archaeology. Someone needs to know which copy this is, who maintains it, and when local facts expire.

FIELD	LOCAL VALUE
Copy / site name	
Exact placement	
Deployer or maintainer	
Guide version	5.1.1
Local customization revision	
Build commit	
Built on	
Last local check	
Next local check	
Replacement copy location	
Online guide	https://be.fkr.dev
Project and participation	https://bathroom-emergency.fkr.dev
Feedback	bathroom_emergency@fkr.dev

Location and access card [tmpl.1.6]

FIGURE | READ ONLY [BEG:T:G:006]

Verified address, access barriers, exits, and meeting point.

Prepared by: deployer before installation; replace when local facts or privacy boundaries change.

PRIVACY:SHARED-SAFE

See also: figures [BEG:P:G:002] Six-field professional call packet: where, what, when, current state, danger, and callback number, [BEG:D:G:003] Six-field safe-place confirmation packet · support [BEG:P:C:009] rescue service and fire brigade, [BEG:P:C:008] police

Why: Dispatchers can work with imperfect prose. They cannot send help to an emotionally accurate but geographically unspecified bathroom.

LOCATION FACT	FILL BEFORE DEPLOYMENT
Street, number, postal code, city, country	
Coordinates	
Height above sea level, when locally useful	
Building / entrance / rear building	
Floor / room	
Bell / name on entrance	
Lift, stairs, locked doors, access barriers	
Safe instruction for unlocking or meeting help	
Nearest visible landmark	
Evacuation exit	
Outdoor meeting point	

Optional floor sketch

```
NORTH / STREET / LANDMARK:
_____________________________________________

+-------------------------------------------------------------------------
--+
|
|
|
|
|     mark: YOU ARE HERE · exits · stairs/lift · meeting point
|
|
|
|
|
+-------------------------------------------------------------------------
--+

Do not publish hidden-key locations, alarm codes, escape-shelter
addresses,
or details that increase danger for someone facing violence.
```

Emergency call card [tmpl.1.7]

TEMPLATE | WRITE [BEG:T:F:003]

A writable launch pad for the facts a dispatcher needs.

PRIVACY:SHARED-SAFE

See also: figures [BEG:A:G:005] Four responsibility clocks separate live harm, continuing effects, repair, and ongoing care., [BEG:P:G:002] Six-field professional call packet: where, what, when, current state, danger, and callback number, [BEG:C:G:001] First-aid triage overview · support [BEG:P:C:009] rescue service and fire brigade, [BEG:P:C:008] police, [BEG:P:C:013] medical on-call service

Why: Externalizing the first facts frees working memory. The call handler will ask the questions in the order needed; this card is a launch pad, not a script to read over them.

I am at: _____
What happened: _____
The person is: awake / unresponsive / unsure
Breathing: normal / abnormal / unsure
Immediate danger at the scene: _____
Started / last known well: _____
People affected: _____
Callback number: _____

Put the phone on speaker when safe. Do not hang up until the dispatcher says to. The dispatcher may coach first aid while help is being sent.

Local professional contacts [tmpl.1.8]

FIGURE | READ ONLY [BEG:T:G:005]

Verified local names, channels, hours, and backups.

Prepared by: deployer before installation; replace when local facts or privacy boundaries change.

PRIVACY:SHARED-SAFE

See also: figures [BEG:A:G:003] Four-part boundary map for requested support, refusal, uncertain capacity, and immediate danger., [BEG:P:G:003] Professional route selector linking a named problem to the system able to change it and a backup or escalation route, [BEG:P:G:004] Four support-system layers: basic services and security, community and family, focused non-specialized support, and specialized services, [BEG:D:G:002] Four-way safe-place routing map · support [BEG:P:C:010] public-administration information line, [BEG:P:C:011] violence against women helpline, [BEG:P:C:012] child and youth helpline, [BEG:P:C:013] medical on-call service, [BEG:P:C:014] TelefonSeelsorge, [BEG:P:C:017] violence against men helpline, [BEG:P:C:018] municipal emergency accommodation / homelessness service, [BEG:P:C:015] accessible emergency accommodation or powered care destination, [BEG:P:C:020] local youth emergency service / Jugendnotdienst, [BEG:P:C:016] local gas-network emergency service

Why: “Find local help” is not a route. A usable entry has a verified name, number, scope, hours, access channel, and backup.

NEED	FIRST ROUTE	HOURS / ACCESS	BACKUP / ESCALATION	SOURCE · CHECKED · REVIEW BY
GP / regular practice			116 117 / 112 as appropriate	
Pharmacy / night service				
Emergency department			112 for a life-threatening emergency	
Regional poison centre			112 for severe or life-threatening symptoms	

NEED	FIRST ROUTE	HOURS / ACCESS	BACKUP / ESCALATION	SOURCE · CHECKED · REVIEW BY
Psychiatric crisis service			116 117 / 112 according to urgency	
Sozialpsychiatrischer Dienst				
Violence support / shelter		safe-device notes:	110 / 112 for immediate danger	
Municipal emergency housing — day				
Municipal emergency housing — night			110 / 112 only for immediate danger or emergency	
Accessible / powered safe place		barriers confirmed:	116 117 or clinical route when urgent but not life-threatening; 112 when essential care is failing with imminent serious harm	
Youth emergency service			110 / 112 for immediate danger; otherwise the local youth route	
Gas-network emergency service		call from outside	112 for fire, explosion, severe symptoms, or danger to life	
Building utility / caretaker				
Veterinary emergency service				
Other local route				

Comfort inventory

[tmpl.1.9]

FIGURE | READ ONLY [BEG:T:G:001]

Ordinary regulation resources made findable before overload.

Prepared by: deployer before installation; replace when local facts or privacy boundaries change.

PRIVACY:SHARED-SAFE

See also: figures [BEG:O:G:002] First 90-second body, room, and attention scan, [BEG:B:G:004] Overload control map showing intrinsic, avoidable, and stress loads with the headroom inequality, [BEG:B:G:002] Three optional breathing patterns · support named local service when applicable

PRINCIPLE *make useful ordinary things visible; do not turn them into a test.*

RESOURCE	PRESENT AND FINDABLE?	READER SAYS IT HELPS?	LOCATION / NOTE
phone and working charger	☐	☐	
power bank	☐	☐	
charged light	☐	☐	
drinking water	☐	☐	
warm layer / blanket	☐	☐	
cool cloth / cleaner-air place or safe-air route	☐	☐	
stable seat or support	☐	☐	
familiar music / quiet	☐	☐	
visual book / comic / simple game	☐	☐	
notebook / pencil	☐	☐	
safe person / agreed contact	☐	☐	
prescribed plan	☐	☐	private location:
safer next room / outdoor place	☐	☐	

No score proves safety. Zero checked boxes means “obtain one useful resource,” not “you failed comfort.” Avoid candles, smoke, incense, and strong scents when air safety, asthma, migraine, sensory sensitivity, or judgement is uncertain.

Five-minute values bridge [tmpl.1.10]

TEMPLATE | WRITE [BEG:T:F:006]

One value translated into one bounded next action.

PRIVACY:PRIVATE-OR-SHARED

See also: figures [BEG:A:G:004] Five-step repair sequence: stop, stabilize, tell, repair, and follow up., [BEG:A:G:003] Four-part boundary map for requested support, refusal, uncertain capacity, and immediate danger., [BEG:B:G:004] Overload control map showing intrinsic, avoidable, and stress loads with the headroom inequality · support named local service when applicable

Why: A value is a direction. A five-minute action is small enough to start without demanding that one bathroom visit solve the republic.

PROMPT	YOUR ANSWER
Value I want to express	
One action under five minutes	
What makes it small enough	
Person or resource involved	
Stop condition	
What I will check afterward	better / same / worse / different problem

Filled example

PROMPT	EXAMPLE
Value I want to express	responsibility
One action under five minutes	text Mara: “I left abruptly because I was overloaded. I am safe. I will call tomorrow.”
What makes it small enough	one factual message; no full conflict analysis tonight
Person or resource involved	Mara; phone charger
Stop condition	send once; do not begin a ten-message trial
What I will check afterward	whether the next need is rest, repair, or professional help

Observation and vital-sign log [tmpl.1.11]

TEMPLATE | WRITE [BEG:T:F:011]

Changes and actions recorded for a clinician or dispatcher.

PRIVACY:PRIVATE

See also: figures [BEG:O:G:002] First 90-second body, room, and attention scan, [BEG:C:G:001] First-aid triage overview · support [BEG:P:C:009] rescue service and fire brigade, [BEG:P:C:013] medical on-call service

> PRINCIPLE *observe change and improve the handoff; never use one device value to cancel a red flag.*

DATE/TIME	RESPONSE / ORIENTATION	BREATHING	PULSE / DEVICE READING	SYMPTOMS AND LOCATION	ACTION TAKEN	BETTER / SAME / WORSE

Device / cuff / oximeter notes:

_____

Medication or substance already taken, with dose/time:

_____

New confusion, unresponsiveness, abnormal breathing, severe breathlessness, stroke signs, collapse, severe bleeding, or another red flag → **112**.

Nice-place and low-demand activity map [tmpl.1.12]

FIGURE | READ ONLY [BEG:T:G:007]

Preselected reversible places and low-demand activities.

Prepared by: deployer before installation; replace when local facts or privacy boundaries change.

PRIVACY:PRIVATE-OR-SHARED

See also: figures [BEG:D:G:002] Four-way safe-place routing map · support named local service when applicable

Why: Alarm makes every destination look equally unavailable. Precomputing a few reversible options gives the exit somewhere to go.

NEED	PLACE / ITEM	ACCESS BARRIERS	BACKUP
quiet			
another person nearby			
cleaner air / safe-air route			
warmth			
low light			
charger			
simple food			
safe exit			
short walk / sit in a confirmed safe place			
drawing / folding / puzzle			
familiar sound			

Optional public collection of low-demand activities: `artifacts.fkr.dev`. Check the destination before printing it as a promise; websites are not load- bearing walls.

A “safe-air route” is incident-dependent. Smoke, an outdoor chemical release, or another official warning can make **staying inside, closing ventilation, or leaving by a named route** safer than simply going outdoors. Orange and the current warning authority own that decision, not this table.

Safe-place and exit map

[tmpl.1.13]

FIGURE | READ ONLY [BEG:T:G:008]

Confirmed destinations, access routes, backups, and escalation.

Prepared by: deployer before installation; replace when local facts or privacy boundaries change.

PRIVACY:CONTEXT-SENSITIVE

See also: figures [BEG:D:G:002] Four-way safe-place routing map, [BEG:D:G:003] Six-field safe-place confirmation packet, [BEG:D:G:001] Communication-access adaptations, [BEG:D:G:004] Reserve-clock route: identify the essential function, confirm help and a destination, then move before the reserve ends · support [BEG:P:C:008] police, [BEG:P:C:009] rescue service and fire brigade, [BEG:P:C:011] violence against women helpline, [BEG:P:C:017] violence against men helpline, [BEG:P:C:018] municipal emergency accommodation / homelessness service, [BEG:P:C:015] accessible emergency accommodation or powered care destination, [BEG:P:C:020] local youth emergency service / Jugendnotdienst

> PRINCIPLE *a safe place is a confirmed destination plus a backup—not the phrase “go somewhere safe” wearing sensible shoes.*

ROUTE	CONFIRMED DESTINATION	TRANSPORT / ACCESS	CONTACT	BACKUP	ESCALATION
person or active threat					110 for an active police matter; 112 when life, medical, or fire danger is present

ROUTE	CONFIRMED DESTINATION	TRANSPORT / ACCESS	CONTACT	BACKUP	ESCALATION
no weather-safe roof tonight					local accommodation route; 112 if exposure or another emergency becomes life-threatening
place fails mobility, power, medication, child, caregiver, or animal needs					name the failing function; 116 117 or a clinician when urgent but not life-threatening; 112 when essential care is failing with imminent serious harm
physically safe but socially/internal crisis					crisis or social route; 112 for acute self/other danger or inability to remain safe

Code word / check-in plan, only where safe to record:

_____

Medication, power, and care continuity card [tmpl.1.14]

FIGURE | READ ONLY [BEG:T:G:003]

Medication, power, care dependencies, runtime, and approved backup.

Prepared by: deployer before installation; replace when local facts or privacy boundaries change.

PRIVACY:PRIVATE

See also: figures [BEG:A:G:002] Care continuity loop showing essentials, warning signs, owner, backup, and next review., [BEG:H:G:001] Essential treatment and powered-device continuity map, [BEG:Z:G:006] Continuity systems are coupled, [BEG:D:G:004] Reserve-clock route: identify the essential function, confirm help and a destination, then move before the reserve ends · support [BEG:P:C:009] rescue service and fire brigade, [BEG:P:C:013] medical on-call service, [BEG:P:C:015] accessible emergency accommodation or powered care destination

Why: Essential care should not depend on remembering runtime and backup instructions after the power has already failed.

ESSENTIAL NEED	CURRENT RESOURCE	REMAINING RUNTIME / QUANTITY	APPROVED BACKUP	DESTINATION / CONTACT	ESCALATE WHEN
medication					
powered device					

ESSENTIAL NEED	CURRENT RESOURCE	REMAINING RUNTIME / QUANTITY	APPROVED BACKUP	DESTINATION / CONTACT	ESCALATE WHEN
refrigeration					
communication					
mobility / transfer					
caregiver / dependant					
other					

Use the affected person's clinical, manufacturer, utility, or care plan. Do not invent battery bridging, oxygen changes, medication substitutions, or transport techniques from first principles during an outage.

Household continuity board [tmpl.1.15]

FIGURE | READ ONLY [BEG:T:G:004]

Owners, backups, checks, and escalation for essential functions.

Prepared by: deployer before installation; replace when local facts or privacy boundaries change.

PRIVACY:SHARED-SAFE

See also: figures [BEG:A:G:002] Care continuity loop showing essentials, warning signs, owner, backup, and next review., [BEG:Z:G:002] Household continuity systems and ownership fields, [BEG:Z:G:001] Five operational functions for a short crisis meeting, [BEG:Z:G:005] Why everyone-tells-everyone stops scaling · support named local service when applicable

FUNCTION	OWNER NOW	BACKUP PERSON	NEXT PHYSICAL ACTION	NEXT CHECK	FAILURE ROUTE
air / hazard check					
essential medical care					
temperature / shelter					
water					
communication / warnings					
food					
sanitation					
dependants / animals					

A role is an assignment, not a personality. Reassign it when the owner is exhausted, absent, unsafe, or becoming the single point of failure.

Feedback and field-note sheet [tmpl.1.16]

TEMPLATE | WRITE [BEG:T:F:005]

Corrections, failed routes, local adaptations, and useful inventions.

PRIVACY:DO-NOT-SEND-PRIVATE-MEDICAL-DATA

See also: figures [BEG:R:G:001] Evidence labels used throughout the guide, [BEG:R:G:002] Two-pass guide topology with dependency modifiers · support named local service when applicable

Send to: `bathroom_emergency@fkr.dev`

Please do not send private medical records, credentials, hidden safe-place locations, or identifying details about another person without permission.

PROMPT	FIELD NOTE
Guide version / commit	
Layout and mode	A4 / A4/2 / large print · color / mono / HTML
Page or stable reference ID	
What happened	
What the guide made easier	
What caused delay or confusion	
Local fact that was missing or wrong	
Figure / template that helped or failed	
Proposed correction	
Can this be quoted anonymously?	yes / no
Reply address, optional	

Installation and wet-room audit [tmpl.1.17]

TEMPLATE | WRITE [BEG:T:F:016]

Wet-room readability, reach, privacy, glare, and physical handling.

PRIVACY:SHARED-SAFE

See also: figures [BEG:R:G:002] Two-pass guide topology with dependency modifiers · support named local service when applicable

Why: A layout can pass a renderer and still fail beside a reflective tile, behind a door, below a leaking pipe, or beyond the reach of the person expected to use it. Test the installation, not the concept art in your head.

CHECK	OBSERVATION	PASS / CHANGE	OWNER AND DATE
readable from the intended position			
glare in daylight and artificial light			
readable during low light / power loss			
reachable while seated, standing, or mobility-limited			
pages turn with one hand			

CHECK	OBSERVATION	PASS / CHANGE	OWNER AND DATE
sleeve, clip, folder, or box stays stable			
water, steam, cleaning spray, and condensation route			
door, window, heater, flame, and ventilation clearance			
shared pages reveal no private or dangerous information			
private pages can be found without being publicly exposed			
pencil, writing surface, light, charger, and forms are present			
version and next review date are visible			

Photograph the installation only when the image does not expose private fields, keys, security details, or another person without permission.

Route drill and timing log

[tmpl.1.18]

TEMPLATE | WRITE [BEG:T:F:018]

Calm-time timings and friction from finding to handoff.

PRIVACY:DO-NOT-USE-REAL-PRIVATE-CRISIS-DETAILS

See also: figures [BEG:R:G:002] Two-pass guide topology with dependency modifiers · support named local service when applicable

> PRINCIPLE *test finding and handoff, not theatrical panic.*

Use invented or sanitized facts. Stop the drill immediately when someone becomes distressed or a real event interrupts it.

The times below are **provisional interface targets, not reader performance standards**. A slow stage means “find the friction in the installation,” never “this person failed the emergency guide.”

STAGE	TARGET	OBSERVED TIME	FRICTION / WRONG TURN	CHANGE BEFORE NEXT DRILL
notice the guide	10 s			
choose the correct subguide	20 s			
find the first action	20 s			
locate factual address/access card	20 s			

STAGE	TARGET	OBSERVED TIME	FRICTION / WRONG TURN	CHANGE BEFORE NEXT DRILL
choose 112 / 110 / 116 117 / local route	30 s			
find a verified backup	30 s			
complete a five-field handoff	60 s			

Scenario used:

_____

Layout / mode / stable reference:

_____

One thing that worked without explanation:

_____

One thing that required coaching:

_____

First-aid figure usability review [tmpl.1.19]

TEMPLATE | WRITE [BEG:T:F:015]

Usability test for action, sequence, geometry, and limits.

PRIVACY:ANONYMOUS-OR-CONSENTED

See also: figures [BEG:C:G:001] First-aid triage overview, [BEG:C:G:004] Adult chest-compression location using head, chest, hips, and feet as landmarks, [BEG:C:G:003] AED action sequence: turn on, attach pads, clear for analysis or shock, resume CPR, [BEG:C:G:005] Five-step recovery-position orientation · support [BEG:P:C:009] rescue service and fire brigade

Why: “The diagram is technically correct” is weaker than “a reader who has not seen it before can point to the intended action and explain the limit.” This sheet reviews the picture; it does not certify first-aid competence.

Reviewer role: instructor / trained layperson / no prior CPR practice / other

Figure: CPR location / AED sequence / recovery position / triage overview

PROMPT	OBSERVATION
What do you think this figure asks you to do?	
Where would your hands / pads / body position go?	
What action comes first?	
What would make you call 112?	
What part is unclear, misleading, or too small?	
Did labels, sequence, and arrows agree?	
Could you use it in monochrome?	
Could you use it without the image, from nearby text?	
What did you infer that the figure did not intend?	

Result: retain / revise wording / revise geometry / replace / instructor review required

Do not practise compressions, rolling, shocks, or airway manoeuvres on an unconsenting person. Use approved training equipment and qualified supervision for physical practice.

Maintenance and replacement inspection [tmpl.1.20]

TEMPLATE | WRITE [BEG:T:F:017]

Damage, stale facts, used supplies, and replacement actions.

PRIVACY:SHARED-SAFE

See also: figures [BEG:Z:G:002] Household continuity systems and ownership fields · support named local service when applicable

ITEM	CURRENT STATE	ACTION	DUE / COMPLETED
guide version and build revision			
local contact verification dates			
address, access, and meeting point			
safe-place and care-continuity fields			
water, tearing, fading, mould, or dirt			
page order and missing sheets			
pencils and writing surface			
light, charger, cable, and power bank			
first-aid supplies and expiry dates			
privacy boundary still appropriate			
one tabletop route completed			

Immediate replacement trigger: incorrect emergency route, exposed private information, unreadable damage, missing required local facts, or a failed route with no safe workaround.

Remarks and handoff sheet [tmpl.1.21]

TEMPLATE | WRITE [BEG:T:F:013]

Blank space for observation, action, result, and next handoff.

PRIVACY:PRIVATE-OR-SHARED

See also: figures [BEG:A:G:004] Five-step repair sequence: stop, stabilize, tell, repair, and follow up. · support named local service when applicable

Date/time: _____ Stable reference: _____

```
OBSERVATION
_____________________________________________________________________
_____________________________________________________________________

ACTION
_____________________________________________________________________
_____________________________________________________________________

RESULT:  better / same / worse / different problem
_____________________________________________________________________

BACKUP / NEXT ROUTE / REVIEW TIME
_____________________________________________________________________
_____________________________________________________________________
```

Quiet activity sheet [tmpl.1.22]

TEMPLATE | WRITE [BEG:T:F:012]

Low-demand drawing, building, and folding prompts.

PRIVACY:SHARED-SAFE

See also: figures [BEG:B:G:002] Three optional breathing patterns · support named local service when applicable

These are activities, not treatment and not a test of calmness. Stop when an activity increases strain, dizziness, frustration, danger, or paper-based hostility.

Dot-grid graffiti warm-up

```
.   .   .   .   .   .   .   .   .   .   .   .

.   .   .   .   .   .   .   .   .   .   .   .

.   .   .   .   .   .   .   .   .   .   .   .

.   .   .   .   .   .   .   .   .   .   .   .

Prompt: draw one letter three ways—block, bubble, impossible
architecture.
```

Card-house challenge

1. Make one stable triangle from two cards.
2. Add a flat card as a floor.
3. Stop at one storey or continue while it remains amusing.
4. Record which failure mode appeared: sliding, bending, table vibration, cat.

Paper-folding practice

Use a square scrap. Fold corner to corner, reopen, fold the other diagonal, then bring all four corners toward the centre. This produces a small layered square, not yet a bird. A proper bird-folding tutorial needs tested diagrams and is therefore a future illustrated insert rather than confident origami fan fiction.

Take, replace, improve [tmpl.1.23]

Templates may be copied independently. Keep the resource band, stable reference, guide version, privacy class, and local review date with each detached page. A page without provenance can be useful today and dangerous after three phone- number changes.

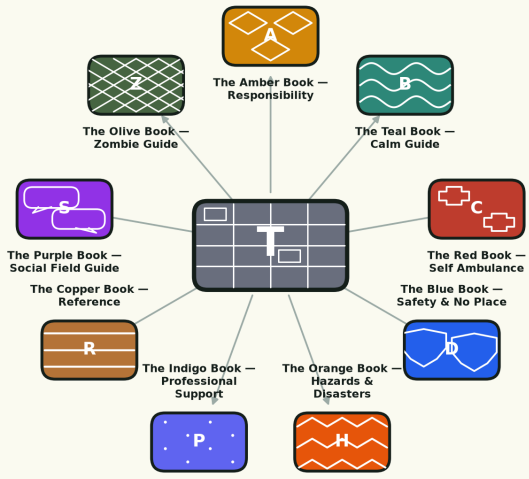
Where next?

T

You do not need to complete the shelf in order. Stay here while this is the primary problem; move when another title becomes more accurate.

- **A — The Amber Book — Responsibility** — use it when that problem becomes primary.
- **B — The Teal Book — Calm Guide** — use it when that problem becomes primary.
- **C — The Red Book — Self Ambulance** — use it when that problem becomes primary.
- **D — The Blue Book — Safety & No Place** — use it when that problem becomes primary.
- **H — The Orange Book — Hazards & Disasters** — use it when that problem becomes primary.
- **P — The Indigo Book — Professional Support** — use it when that problem becomes primary.
- **R — The Copper Book — Reference** — use it when that problem becomes primary.
- **S — The Purple Book — Social Field Guide** — use it when that problem becomes primary.
- **Z — The Olive Book — Zombie Guide** — use it when that problem becomes primary.

You are here: T — The Grey Book — Templates & Forms



Complete route names follow as text. Immediate danger bypasses this map.

Connections from T — The Grey Book — Templates & Forms

BATHROOM EMERGENCY GUIDE / BOOK 11 OF 11

The Copper Book — Reference

Find the stable address, source, map, figure, formula, or index.

Actual emergency?
Stop reading and use the local emergency number. In the EU, call **112**. If calling is unsafe, get to a safer place or ask a trusted person to call.

What this book is for

- What resource am I locating?
- What owns it?
- Which source or stable ID verifies it?

What this book does	What it hands off
Locate stable references, figures, forms, services, fields, formulas, sources, and build evidence.	Reference material supports a route; it is not an emergency reading queue or a substitute for action.

Contents

- Stable references — addresses that survive editing
- Route identity key — code, colour, pattern, and glyph
- Template catalogue — write when needed
- Deployment customization index
- Professional contact and service index
- Figure catalogue — read-only references
- Glossary
- Global content index
- Source, visual, and standalone coverage matrix
- Master cross-reference — where problems, routes, forms, and support meet
- Mathematical notation legend
- Eight legacy doors inside eleven route identities
- Guide topology
- Flowchart legend
- How to read the evidence figures
- Figure and template grammar
- Evidence labels
- Formula and theorem index
- Fillable fields live in T — Templates
- Master flowchart — complete text version
- Pocket print card
- Offline deployment checklist
- Navigation invariant
- Reference release gate
- Version History
  - 5.1.2 — 14 August 2026
  - 5.1.1 — 12 August 2026
  - 5.0.2 — 11 August 2026
  - 5.0.1 — 11 August 2026
  - 5.0.0-rc.1 — 8 August 2026
  - 4.14.0-alt.2 — 6 August 2026
  - 4.14.0-alt.1 — 6 August 2026
  - 4.13.1 — 2 August 2026
  - 4.13.0 — 2 August 2026
  - 4.12.0 — 2 August 2026
  - 4.11.0 — 2 August 2026
  - 4.10.0 — 1 August 2026
  - 4.9.0 — 1 August 2026

    - 4.8.0 — 27 July 2026
    - 4.7.0 — 26 July 2026
    - 4.6.1 — 26 July 2026
    - 4.6.0 — 26 July 2026
    - 4.5.0 — 26 July 2026
    - 4.4.1 — 22 July 2026
    - 4.3.1 — 22 July 2026
    - 4.3.0 — 22 July 2026
    - 4.2.0 — 22 July 2026
    - 4.1.2 — 22 July 2026
    - 4.1.1 — 22 July 2026
    - 4.0.1 — 22 July 2026
    - 4.0.0 — 17 July 2026
    - Earlier versions
- Sources and Evidence Notes
    - Evidence hierarchy used here
    - Source status — a second axis
    - Bathroom-scale body and perception science
    - First aid and emergency response
    - Survival and emergency preparedness
    - Electricity safety and basics
    - Nutrition and emergency food
    - Water purification and clearing
    - Child development
    - Mental health best practices
    - Anxiety assessment — GAD-7
    - Pain assessment — NRS
    - Stress and cortisol research
    - Heart-rate variability
    - Physiological sigh and breathing research
    - Cognitive-load theory
    - Dunbar numbers — social-brain hypothesis
    - Ostrom — commons governance
    - IASC — mental health and psychosocial support
    - Therapy effectiveness
    - Olfactory science
    - Caregiver burnout and overload
    - Stroke treatment
    - Burn assessment
    - Seneca, Tao, and Stoic philosophy
    - Psychology of masses, group dynamics, and sociology
    - Legal and professional standards
    - Affect labelling and emotional regulation
    - Hydration and cognition
    - Yerkes–Dodson law
    - Polyvagal theory
    - Attachment, mismatch, and repair
    - Postpartum depression
    - Golden hour and trauma medicine
    - Haemorrhagic shock classification
    - Anaphylaxis
    - Game theory and cooperation
    - Thermoregulation
    - Reproductive health and medication

- German crisis and support services
- Cyber incident branch
- Quantitative evidence figures
- Routing, hazard, and locale foundations
- Household continuity synthesis
- Safe-place, access, and freshness foundations
- Editorial policy

Use **R — Reference** when you need an address, a map, a formula, a figure, a form, a service, a field, a source, or a complete text route. It exists to shorten a search, not to become a corridor you have to walk down before doing anything. In an emergency use the owning route or service first, and come back here when you need to find, compare, cite, or check something.

Stable references — addresses that survive editing [ref.1.1]

Canonical references use the form **`[BEG:<guide>:<kind>:<sequence>]`**. For example, `[BEG:C:S:004]` names a Body and First Aid section, `[BEG:T:F:003]` names a detachable Grey Book template, and `[BEG:T:G:006]` names the deployer-completed Location and access figure. In the online guide the reference itself is also the permanent fragment: `#BEG:C:S:004`, `#BEG:T:F:003`, and `#BEG:T:G:006`. Every printed/readable reference is a link to that canonical fragment. The older lowercase anchors such as `#beg-c-s-004` remain compatibility aliases for links already in circulation.

Page numbers and labels such as “calm 1.1.3” remain useful navigation aids, but they are not canonical addresses: inserting a section would silently rename everything after it. Stable IDs stay attached to the resource; retired IDs are kept in the registry rather than recycled for a different thing.

KIND	RESOURCE
S	section
F	template: reusable writable page
G	figure: read-only depiction or deployer-completed local reference
C	professional contact or service
D	deployment field
W	glossary word or term

The source of truth is `src/data/reference_ids.json`; the generated complete view is `src/data/content_index.json`.

Route identity key — code, colour, pattern, and glyph

Use the code and title first. Colour accelerates scanning; the printed pattern and written glyph name carry the identity when colour is unavailable.

ROUTE	PATTERN	GLYPH	SCOPE	DELIBERATE BOUNDARY
O — The Green Book — Body Owner's Manual	pulse	∿	Body observation, ordinary inputs, medication context, fainting prevention, and choosing the next book.	Diagnosis, emergency clearance, and personal dosing.
A — The Amber Book — Responsibility	diamond	◆	Separate immediate harm, repair, consent, dependency, and continuing care.	Does not decide legal liability or replace medical, safety, or social-service routes.
B — The Teal Book — Calm Guide	wave	≈	Reduce alarm and overload enough to notice, choose, and complete one safe action.	Does not explain away bodily red flags, active threats, or unsafe environments.
C — The Red Book — Self Ambulance	cross	+	Route injury and illness and support the body while professional help is arranged.	Does not replace dispatch instructions, clinical diagnosis, or hands-on training.
D — The Blue Book — Safety & No Place	shield	■	Name the unsafe person or place and move toward a confirmed destination with a backup.	Does not provide tactical confrontation advice or treat a suggested destination as confirmed.
H — The Orange Book — Hazards & Disasters	zigzag	⚡	Room, building, air, wiring, and substance hazards, area-scale natural events, and official-warning response.	Does not authorize re-entry, improvised chemical treatment, or work on live systems. It cannot predict a live hazard.
Z — The Olive Book — Zombie Guide	crosshatch	╳	Keep essential household functions visible, assigned, backed up, and reviewed during disruption.	Does not replace official warnings, clinical device plans, or local evacuation instructions.
P — The Indigo Book — Professional Support	dots	•	Match a named problem to the service able to change it, then prepare a usable handoff and backup.	Does not guarantee service availability, accommodation, treatment, legal outcome, or response time.

ROUTE	PATTERN	GLYPH	SCOPE	DELIBERATE BOUNDARY
S — The Purple Book — Social Field Guide	speech	◤	Social absence, communication scripts, re-entry, boundaries, and graceful exits.	Active threats and clinical treatment; those hand off to Blue, Red, or Indigo.
T — The Grey Book — Templates & Forms	form grid	▦	Externalize facts, plans, logs, and handoffs that should not depend on working memory.	A completed form does not prove safety, competence, consent, or current local accuracy.
R — The Copper Book — Reference	solid	▬	Locate stable references, figures, forms, services, fields, formulas, sources, and build evidence.	Reference material supports a route; it is not an emergency reading queue or a substitute for action.

Template catalogue — write when needed

A template is a reusable working page. Every template carries a title, stable reference, and short description before its writable content.

TEMPLATE · WRITE [BEG:T:F:003]

Emergency call card

A writable launch pad for the facts a dispatcher needs.

Privacy: shared-safe

Related: [BEG:A:G:005] Four responsibility clocks separate live harm, continuing effects, repair, and ongoing care.
[BEG:P:G:002] Six-field professional call packet: where, what, when, current state, danger, and callback number
[BEG:C:G:001] First-aid triage overview

TEMPLATE · WRITE [BEG:T:F:005]

Feedback and field-note sheet

Corrections, failed routes, local adaptations, and useful inventions.

Privacy: do-not-send-private-medical-data

Related: [BEG:R:G:001] Evidence labels used throughout the guide
[BEG:R:G:002] Two-pass guide topology with dependency modifiers

TEMPLATE · WRITE [BEG:T:F:006]

Five-minute values bridge

One value translated into one bounded next action.

Privacy: private-or-shared

Related: [BEG:A:G:004] Five-step repair sequence: stop, stabilize, tell, repair, and follow up.
[BEG:A:G:003] Four-part boundary map for requested support, refusal, uncertain capacity, and immediate danger.
[BEG:B:G:004] Overload control map showing intrinsic, avoidable, and stress loads with the headroom inequality

TEMPLATE · WRITE [BEG:T:F:011]

Observation and vital-sign log

Changes and actions recorded for a clinician or dispatcher.

Privacy: private

Related: [BEG:O:G:002] First 90-second body, room, and attention scan
[BEG:C:G:001] First-aid triage overview

TEMPLATE · WRITE [BEG:T:F:012]

Quiet activity sheet

Low-demand drawing, building, and folding prompts.

Privacy: shared-safe

Related: [BEG:B:G:002] Three optional breathing patterns

TEMPLATE · WRITE [BEG:T:F:013]

Blank remarks and handoff sheet

Blank space for observation, action, result, and next handoff.

Privacy: private-or-shared

Related: [BEG:A:G:004] Five-step repair sequence: stop, stabilize, tell, repair, and follow up.

TEMPLATE · WRITE [BEG:T:F:015]

First-aid figure usability review

Usability test for action, sequence, geometry, and limits.

Privacy: anonymous-or-consented

Related: [BEG:C:G:001] First-aid triage overview
[BEG:C:G:004] Adult chest-compression location using head, chest, hips, and feet as landmarks
[BEG:C:G:003] AED action sequence: turn on, attach pads, clear for analysis or shock, resume CPR
[BEG:C:G:005] Five-step recovery-position orientation

TEMPLATE · WRITE [BEG:T:F:016]

Installation and wet-room audit

Wet-room readability, reach, privacy, glare, and physical handling.

Privacy: shared-safe

Related: [BEG:R:G:002] Two-pass guide topology with dependency modifiers

TEMPLATE · WRITE [BEG:T:F:017]

Maintenance and replacement inspection

Damage, stale facts, used supplies, and replacement actions.

Privacy: shared-safe

Related: [BEG:Z:G:002] Household continuity systems and ownership fields

TEMPLATE · WRITE [BEG:T:F:018]

Route drill and timing log

Calm-time timings and friction from finding to handoff.

Privacy: do-not-use-real-private-crisis-details

Related: [BEG:R:G:002] Two-pass guide topology with dependency modifiers

Deployment customization index

STABLE REFERENCE	GROUP	FIELD	REQUIRED	PRIVACY	EXAMPLE
[BEG:T:D:001]	safe-place	Accessible / powered safe destination	when relevant	permission-required	Confirm mobility, communication, power and care needs
[BEG:T:D:002]	location	Street address, city, country	yes	shared-safe	Example Street 12, 52000 Exampletown, Germany
[BEG:T:D:003]	continuity	Charged light, phone charger, power bank locations	yes	shared-safe	Top shelf in labelled pouch
[BEG:T:D:004]	access	Preferred and backup communication channels	when relevant	permission-required	Speech, writing, sign, yes/no card, relay
[BEG:T:D:005]	location	Coordinates	when relevant	shared-safe	50.0000, 6.0000

STABLE REFERENCE	GROUP	FIELD	REQUIRED	PRIVACY	EXAMPLE
[BEG:T:D:006]	identity	Copy/site name	yes	shared-safe	Upstairs bathroom / family copy
[BEG:T:D:007]	support	Local psychiatric crisis / social psychiatric service	when relevant	shared-safe	Name, number, hours, access channel
[BEG:T:D:008]	location	Safe door-unlocking or key handoff instruction	when relevant	context-sensitive	Unlock front door if dispatcher asks; do not print hidden key locations
[BEG:T:D:009]	location	Height above sea level	when relevant	shared-safe	180 m
[BEG:T:D:010]	continuity	First-aid kit and AED location	yes	shared-safe	Hall cupboard; nearest public AED
[BEG:T:D:011]	location	Optional floor/exit map	when relevant	context-sensitive	Mark room, two exits, extinguisher, meter shutoffs only where safe
[BEG:T:D:012]	building	Gas-network emergency number	yes	shared-safe	Call from outside
[BEG:T:D:013]	medical	GP / regular practice	when relevant	permission-required	Name, number, hours
[BEG:T:D:014]	medical	Local emergency department and accessible route	when relevant	shared-safe	Name, address, transport note
[BEG:T:D:015]	safe-place	Municipal emergency housing — daytime	when relevant	shared-safe	Office, number, required documents
[BEG:T:D:016]	safe-place	Municipal emergency housing — after hours	when relevant	shared-safe	Confirmed after-hours route
[BEG:T:D:017]	access	Languages and interpretation route	when relevant	permission-required	German/English; trusted interpreter only with consent
[BEG:T:D:018]	identity	Deployer or maintainer	yes	shared-safe	First name or role
[BEG:T:D:019]	continuity	Medication/ allergy list location	when relevant	private	Sealed private card, not a public wall list

STABLE REFERENCE	GROUP	FIELD	REQUIRED	PRIVACY	EXAMPLE
[BEG:T:D:020]	safe-place	Evacuation meeting point	yes	shared-safe	Across the street beside the post box
[BEG:T:D:021]	medical	Pharmacy and night-service lookup	when relevant	shared-safe	Local pharmacy; official night-service route
[BEG:T:D:022]	medical	Regional poison information centre	yes	shared-safe	Verified centre and number
[BEG:T:D:023]	continuity	Essential powered device, runtime, approved backup	when relevant	private	Device; remaining runtime; clinical/vendor plan
[BEG:T:D:024]	identity	Next local review date	yes	shared-safe	2026-10-26
[BEG:T:D:025]	location	Building, floor, room, entrance, bell, access route	yes	shared-safe	Rear building, 2nd floor, right; bell Smith
[BEG:T:D:026]	comfort	Low-demand safe places and activities	when relevant	private-or-shared	Balcony chair, comic, familiar playlist, simple drawing
[BEG:T:D:027]	access	Vision, hearing, mobility, fatigue and sensory adaptations	when relevant	permission-required	Large print, high contrast, chair, low-light route
[BEG:T:D:028]	installation	Additional deployables	yes	shared-safe	Pencil, clipboard, sleeve, light, charger, current first-aid leaflet
[BEG:T:D:029]	support	Trusted nearby person and backup	yes	permission-required	Name, number, availability
[BEG:T:D:030]	building	Building utility / caretaker emergency route	when relevant	shared-safe	Name, number, after-hours backup
[BEG:T:D:031]	support	Veterinary emergency service	when relevant	shared-safe	Number, hours, transport
[BEG:T:D:032]	safe-place	Local specialist violence support / shelter	when relevant	context-sensitive	Use safe device; include backup

STABLE REFERENCE	GROUP	FIELD	REQUIRED	PRIVACY	EXAMPLE
[BEG:T:D:033]	support	Youth emergency service	when relevant	shared-safe	Local day and after-hours route

Professional contact and service index

STABLE REFERENCE	SERVICE	NUMBER / LOCAL FIELD	PURPOSE	AVAILABILITY
[BEG:P:C:001]	Poison information centre — Berlin	030 19240	Poisoning advice; severe symptoms or immediate danger remain 112.	verify current service details
[BEG:P:C:002]	Poison information centre — Bonn	0228 19240	Poisoning advice; severe symptoms or immediate danger remain 112.	verify current service details
[BEG:P:C:003]	Poison information centre — Erfurt	0361 730730	Poisoning advice; severe symptoms or immediate danger remain 112.	verify current service details
[BEG:P:C:004]	Poison information centre — Freiburg	0761 19240	Poisoning advice; severe symptoms or immediate danger remain 112.	verify current service details
[BEG:P:C:005]	Poison information centre — Göttingen	0551 19240	Poisoning advice; severe symptoms or immediate danger remain 112.	verify current service details
[BEG:P:C:006]	Poison information centre — München	089 19240	Poisoning advice; severe symptoms or immediate danger remain 112.	verify current service details
[BEG:P:C:007]	Poison information centre — Mainz	06131 19240	Poisoning advice; severe symptoms or immediate danger remain 112.	verify current service details
[BEG:P:C:008]	police	110	active crime, violence, or police danger	24/7
[BEG:P:C:009]	rescue service and fire brigade	112	acute or potentially life-threatening emergencies, fire, smoke, explosion, suspected gas release	24/7

STABLE REFERENCE	SERVICE	NUMBER / LOCAL FIELD	PURPOSE	AVAILABILITY
[BEG:P:C:010]	public-administration information line	115	identifies the responsible public authority; not an emergency or guaranteed-accommodation line	Monday to Friday, 08:00–18:00
[BEG:P:C:011]	violence against women helpline	116 016	confidential support for women affected or threatened by violence and people supporting them	24/7
[BEG:P:C:012]	child and youth helpline	116 111	anonymous support for children and young people; published service hours apply	verify locally
[BEG:P:C:013]	medical on-call service	116 117	urgent medical problems that cannot wait but are not life-threatening	24/7
[BEG:P:C:014]	TelefonSeelsorge	116 123	confidential crisis conversation; acute danger remains 112	24/7
[BEG:P:C:015]	accessible emergency accommodation or powered care destination	local value required	locally confirmed destination matching mobility, communication, medication, power, caregiver, child, or animal needs	verify locally
[BEG:P:C:016]	local gas-network emergency service	local value required	gas odour or suspected network fault; call only from outside	verify locally
[BEG:P:C:017]	violence against men helpline	0800 1239900	anonymous support for men affected by violence and people supporting them; published service hours apply	verify locally
[BEG:P:C:018]	municipal emergency accommodation / homelessness service	local value required	local authority responsible for emergency accommodation; day and after-hours routes vary	verify locally

STABLE REFERENCE	SERVICE	NUMBER / LOCAL FIELD	PURPOSE	AVAILABILITY
[BEG:P:C:019]	nationwide women's refuge search	local value required	directory and availability hints; placement must be confirmed directly and the directory is not complete	verify locally
[BEG:P:C:020]	local youth emergency service / Jugendnotdienst	local value required	local child-protection and safe-place route outside ordinary office hours	verify locally

Figure catalogue — read-only references

A figure is read-only during use. It may be an authored depiction or a local reference sheet completed and dated by the deployer before installation. Every figure carries a title, stable reference, and short description.

FIGURE · READ [BEG:A:G:001]

Two reproductive-health facts with different denominators

How can lifetime infertility prevalence and postpartum-psychosis incidence be shown without pretending they share a denominator?

FIGURE · READ [BEG:A:G:002]

Care continuity loop showing essentials, warning signs, owner, backup, and next review.

Which five fields keep ongoing care usable when the primary caregiver is absent?

FIGURE · READ [BEG:A:G:003]

Four-part boundary map for requested support, refusal, uncertain capacity, and immediate danger.

How do requested support, refusal, uncertain capacity, and immediate danger change the first posture?

Related: [BEG:T:F:006] Five-minute values bridge

FIGURE · READ [BEG:A:G:004]

Five-step repair sequence: stop, stabilize, tell, repair, and follow up.

How do stop, stabilize, tell, repair, and follow up form a revisable accountability sequence?

Related: [BEG:T:F:006] Five-minute values bridge
[BEG:T:F:013] Blank remarks and handoff sheet

FIGURE · READ [BEG:A:G:005]

Four responsibility clocks separate live harm, continuing effects, repair, and ongoing care.

Which of four responsibility clocks owns the next useful action?

Related: [BEG:T:F:003] Emergency call card

FIGURE · READ [BEG:B:G:001]

Four-channel alarm map separating sensation, emotion, prediction, and urge

How can an anxiety bundle be separated into observable sensation, emotion, prediction, and urge channels?

FIGURE · READ [BEG:B:G:002]

Three optional breathing patterns

How do the three optional breathing patterns differ in timing?

Related: [BEG:T:F:012] Quiet activity sheet

FIGURE · READ [BEG:B:G:003]

What the 2023 breathwork trial actually tested

What did the breathwork trial actually compare and measure?

FIGURE · READ [BEG:B:G:004]

Overload control map showing intrinsic, avoidable, and stress loads with the headroom inequality

Which load terms can be reduced, supported, or offloaded when conceptual load exceeds current capacity?

Related: [BEG:T:F:006] Five-minute values bridge

FIGURE · READ [BEG:B:G:005]

One cut-off, different observed accuracy

How did GAD-7 accuracy at cut-off 10 differ between its original study and a pooled diagnostic review?

FIGURE · READ [BEG:B:G:006]

What the sleep-restriction study actually assigned

What time-in-bed conditions and exposure durations did the controlled sleep study compare?

FIGURE · READ [BEG:C:G:001]

First-aid triage overview

What is the first-aid sequence from scene safety through escalation and monitoring?

Related: [BEG:T:F:003] Emergency call card
[BEG:T:F:015] First-aid figure usability review
[BEG:T:F:011] Observation and vital-sign log

FIGURE · READ [BEG:C:G:002]

Time is brain — a model, not a bedside meter

How does the literature-derived untreated-stroke model accumulate estimated neural loss over sixty minutes?

FIGURE · READ [BEG:C:G:003]

AED action sequence: turn on, attach pads, clear for analysis or shock, resume CPR

What should a lay rescuer do when an AED arrives?

Related: [BEG:T:F:015] First-aid figure usability review

FIGURE · READ [BEG:C:G:004]

Adult chest-compression location using head, chest, hips, and feet as landmarks

Where is the centre of an adult chest relative to the head, hips, and feet?

Related: [BEG:T:F:015] First-aid figure usability review

FIGURE · READ [BEG:C:G:005]

Five-step recovery-position orientation

How do the five recovery-position movements relate spatially?

Related: [BEG:T:F:015] First-aid figure usability review

FIGURE · READ [BEG:D:G:001]

Communication-access adaptations

Which communication adaptation helps with which barrier?

FIGURE · READ [BEG:D:G:002]

Four-way safe-place routing map

Which of four safe-place routes fits the immediate barrier?

FIGURE · READ [BEG:D:G:003]

Six-field safe-place confirmation packet

Which six fields turn a suggested safe place into a usable destination and backup route?

FIGURE · READ [BEG:D:G:004]

Reserve-clock route: identify the essential function, confirm help and a destination, then move before the reserve ends

How should an access or essential-care route use remaining safe runtime without treating it as guaranteed?

FIGURE · READ [BEG:H:G:001]

Essential treatment and powered-device continuity map

What treatment or powered-device dependencies require an early backup route?

FIGURE · READ [BEG:H:G:002]

Five-field hazard handoff card: location, hazard, people, symptoms, and access

Which five fields make an environmental-hazard handoff usable from a safe place?

FIGURE · READ [BEG:H:G:003]

Environmental hazard override matrix

Which environmental signs override ordinary symptom routing?

FIGURE · READ [BEG:H:G:004]

Source-location decision map for indoor, outdoor, and uncertain environmental hazards

How does indoor, outdoor, or uncertain source location change the safe movement decision?

FIGURE · READ [BEG:O:G:001]

Interoception and interpretation loop

How do signal, attention, interpretation, and action produce a revisable loop?

FIGURE · READ [BEG:O:G:002]

First 90-second body, room, and attention scan

What should be observed in body, room, and attention before choosing a route?

Related: [BEG:T:F:011] Observation and vital-sign log

FIGURE · READ [BEG:O:G:003]

Signal, story, and next-question separation

How can a reader separate sensation, fast interpretation, and a route-changing question?

FIGURE · READ [BEG:O:G:004]

Three-minute observation protocol

What happens at each minute of the bounded observation experiment, and when must it stop?

FIGURE · READ [BEG:P:G:001]

Social connection: associations, not personal fate

What adjusted mortality associations did a 2015 longitudinal meta-analysis report for isolation, loneliness, and living alone?

FIGURE · READ [BEG:P:G:002]

Six-field professional call packet: where, what, when, current state, danger, and callback number

Which six facts form a useful first packet for a professional or emergency call?

Related: [BEG:T:F:003] Emergency call card

FIGURE · READ [BEG:P:G:003]

Professional route selector linking a named problem to the system able to change it and a backup or escalation route

Which professional system can change the named problem, and what backup or escalation route remains?

FIGURE · READ [BEG:P:G:004]

Four support-system layers: basic services and security, community and family, focused non-specialized support, and specialized services

How do basic services, community support, focused general support, and specialist services relate?

FIGURE · READ [BEG:R:G:001]

Evidence labels used throughout the guide

How do the guide's evidence labels differ in what they can support?

Related: [BEG:T:F:005] Feedback and field-note sheet

FIGURE · READ [BEG:R:G:002]

Two-pass guide topology with dependency modifiers

How do pass-one hazards, pass-two needs, and modifiers combine?

Related: [BEG:T:F:005] Feedback and field-note sheet
[BEG:T:F:016] Installation and wet-room audit
[BEG:T:F:018] Route drill and timing log

FIGURE · READ [BEG:T:G:001]

Comfort inventory

Ordinary regulation resources made findable before overload.

Preparation: deployer completes and dates it before installation; readers use the installed copy as reference.

Privacy: shared-safe

Related: [BEG:O:G:002] First 90-second body, room, and attention scan
[BEG:B:G:004] Overload control map showing intrinsic, avoidable, and stress loads with the headroom inequality
[BEG:B:G:002] Three optional breathing patterns

FIGURE · READ [BEG:T:G:002]

Deployment cover and ownership card

Identity, ownership, version, and review date for this copy.

Preparation: deployer completes and dates it before installation; readers use the installed copy as reference.

Privacy: shared-safe

FIGURE · READ [BEG:T:G:003]

Medication, power, and care continuity card

Medication, power, care dependencies, runtime, and approved backup.

Preparation: deployer completes and dates it before installation; readers use the installed copy as reference.

Privacy: private

Related: [BEG:A:G:002] Care continuity loop showing essentials, warning signs, owner, backup, and next review.
[BEG:H:G:001] Essential treatment and powered-device continuity map
[BEG:Z:G:006] Continuity systems are coupled
[BEG:D:G:004] Reserve-clock route: identify the essential function, confirm help and a destination, then move before the reserve ends

FIGURE · READ [BEG:T:G:004]

Household continuity board

Owners, backups, checks, and escalation for essential functions.

Preparation: deployer completes and dates it before installation; readers use the installed copy as reference.

Privacy: shared-safe

Related: [BEG:A:G:002] Care continuity loop showing essentials, warning signs, owner, backup, and next review.
[BEG:Z:G:002] Household continuity systems and ownership fields
[BEG:Z:G:001] Five operational functions for a short crisis meeting
[BEG:Z:G:005] Why everyone-tells-everyone stops scaling

FIGURE · READ [BEG:T:G:005]

Local professional contacts

Verified local names, channels, hours, and backups.

Preparation: deployer completes and dates it before installation; readers use the installed copy as reference.

Privacy: shared-safe

Related: [BEG:A:G:003] Four-part boundary map for requested support, refusal, uncertain capacity, and immediate danger.
[BEG:P:G:003] Professional route selector linking a named problem to the system able to change it and a backup or escalation route
[BEG:P:G:004] Four support-system layers: basic services and security, community and family, focused non-specialized support, and specialized services
[BEG:D:G:002] Four-way safe-place routing map

FIGURE · READ [BEG:T:G:006]

Location and access card

Verified address, access barriers, exits, and meeting point.

Preparation: deployer completes and dates it before installation; readers use the installed copy as reference.

Privacy: shared-safe

Related: [BEG:P:G:002] Six-field professional call packet: where, what, when, current state, danger, and callback number
[BEG:D:G:003] Six-field safe-place confirmation packet

FIGURE · READ [BEG:T:G:007]

Nice-place and low-demand activity map

Preselected reversible places and low-demand activities.

Preparation: deployer completes and dates it before installation; readers use the installed copy as reference.

Privacy: private-or-shared

Related: [BEG:D:G:002] Four-way safe-place routing map

FIGURE · READ [BEG:T:G:008]

Safe-place and exit map

Confirmed destinations, access routes, backups, and escalation.

Preparation: deployer completes and dates it before installation; readers use the installed copy as reference.

Privacy: context-sensitive

Related: [BEG:D:G:002] Four-way safe-place routing map
[BEG:D:G:003] Six-field safe-place confirmation packet
[BEG:D:G:001] Communication-access adaptations
[BEG:D:G:004] Reserve-clock route: identify the essential function, confirm help and a destination, then move before the reserve ends

FIGURE · READ [BEG:Z:G:001]

Five operational functions for a short crisis meeting

Which five functions should a short crisis meeting assign?

FIGURE · READ [BEG:Z:G:002]

Household continuity systems and ownership fields

What must be recorded for each household continuity function?

Related: [BEG:T:F:017] Maintenance and replacement inspection

FIGURE · READ [BEG:Z:G:003]

Coordination scaling from one person to a community

How does coordination change as a group grows?

FIGURE · READ [BEG:Z:G:004]

Priority pyramid for disrupted infrastructure

Which continuity needs should be stabilized before later comforts?

FIGURE · READ [BEG:Z:G:005]

Why everyone-tells-everyone stops scaling

How quickly do possible pairwise communication channels grow as a group grows?

FIGURE · READ [BEG:Z:G:006]

Continuity systems are coupled

Which household-continuity systems name the most dependencies and support the most other systems in the current guide model?

FIGURE · READ [BEG:Z:G:007]

Household drinking and cooking water

How much drinking and cooking water does the BBK planning value imply for one to six people over three and ten days?

Glossary

AED {#beg-r-w-001}

[BEG:R:W:001] — Automated external defibrillator: a device that analyzes the heart rhythm and gives a shock only when its algorithm identifies a shockable rhythm.

Continuity {#beg-r-w-002}

[BEG:R:W:002] — Keeping an essential function operating through a named owner, backup, review time, and escalation route.

CPR {#beg-r-w-003}

[BEG:R:W:003] — Cardiopulmonary resuscitation: chest compressions, with rescue breaths when trained and willing, used when a person is unresponsive and not breathing normally.

Deployer {#beg-r-w-004}

[BEG:R:W:004] — The person who adapts, prints, places, checks, and maintains a local copy of the guide.

Dispatcher {#beg-r-w-005}

[BEG:R:W:005] — The trained call handler in a control centre who gathers information, sends suitable help, and may coach immediate actions.

Interoception {#beg-r-w-006}

[BEG:R:W:006] — Processing signals from inside the body, including sensing, attention, interpretation, prediction, and regulation.

Public reference ID {#beg-r-w-007}

[BEG:R:W:007] — A stable typed address such as [BEG:C:S:004]. The ID stays stable even when page numbers or surrounding sections move.

Reader {#beg-r-w-008}

[BEG:R:W:008] — Any person using the guide in the moment; the reader is never assumed to be the deployer.

Recovery position {#beg-r-w-009}

[BEG:R:W:009] — A stable side-lying position used for an unresponsive person who is breathing normally when movement is not prevented by major trauma.

Red flag {#beg-r-w-010}

[BEG:R:W:010] — A sign or situation that overrides ordinary self-care and changes the route to urgent or emergency help.

Source limit {#beg-r-w-011}

[BEG:R:W:011] — The boundary of what a source, study, protocol, or model can honestly establish.

Triage {#beg-r-w-012}

[BEG:R:W:012] — Prioritizing action by urgency and likely harm; in this guide it is a lay routing aid, not a clinical diagnosis.

Vital sign {#beg-r-w-013}

[BEG:R:W:013] — An observation such as breathing, pulse, temperature, oxygen saturation, blood pressure, or glucose that may help a handoff but cannot by itself clear a red flag.

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[BEG:A:G:002]	G	A	Care continuity loop showing essentials, warning signs, owner, backup, and next review.	—
[BEG:A:G:003]	G	A	Four-part boundary map for requested support, refusal, uncertain capacity, and immediate danger.	—

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[BEG:A:S:015]	S	A	Consent, capacity, authority, and support are different	02-situation-a.md
[BEG:A:S:016]	S	A	The Amber Book — Responsibility	02-situation-a.md
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[BEG:A:S:019]	S	A	Developing biological entities: pregnancy, birth, baby, child	02-situation-a.md
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[BEG:C:S:007]	S	C	Electrical injury	05-self-ambulance.md
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[BEG:H:S:029]	S	H	Where is the source?	03h-environmental-hazards.md
[BEG:H:S:030]	S	H	The Orange Book — Hazards & Disasters	06b-natural-disasters.md
[BEG:O:G:001]	G	O	Interoception and interpretation loop	—
[BEG:O:G:002]	G	O	First 90-second body, room, and attention scan	—
[BEG:O:G:003]	G	O	Signal, story, and next-question separation	—
[BEG:O:G:004]	G	O	Three-minute observation protocol	—
[BEG:O:S:001]	S	O	Bathroom Emergency Guide	00-cover.md
[BEG:O:S:017]	S	O	Eleven books for when a small room becomes headquarters	00-cover.md
[BEG:O:S:018]	S	O	First 90 seconds — notice before narrating	01-how-to-use.md
[BEG:O:S:021]	S	O	Signal, story, next question	01-how-to-use.md
[BEG:O:S:023]	S	O	The three-minute experiment	01-how-to-use.md
[BEG:O:S:024]	S	O	Why a small room amplifies everything	01-how-to-use.md
[BEG:O:S:025]	S	O	A one-minute body inventory	01b-body-owner-manual.md
[BEG:O:S:026]	S	O	Feeling faint in a room made of hard surfaces	01b-body-owner-manual.md
[BEG:O:S:027]	S	O	Medication and substances: make a factual list	01b-body-owner-manual.md
[BEG:O:S:028]	S	O	Pain: communication, not a verdict	01b-body-owner-manual.md

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[BEG:O:S:031]	S	O	The gastrointestinal chapter you did not ask for	01b-body-owner-manual.md
[BEG:O:S:032]	S	O	The Green Book — Body Owner's Manual	01b-body-owner-manual.md
[BEG:O:S:033]	S	O	Water, food, and temperature	01b-body-owner-manual.md
[BEG:O:S:034]	S	O	Quick reference — the body router	01b-body-owner-manual.md
[BEG:O:S:035]	S	O	Reading order is optional	00-cover.md
[BEG:O:S:036]	S	O	The shelf	00-cover.md
[BEG:O:S:037]	S	O	How to use the eleven books	00-cover.md
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[BEG:P:C:002]	C	P	Poison information centre — Bonn	—
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[BEG:P:C:006]	C	P	Poison information centre — München	—
[BEG:P:C:007]	C	P	Poison information centre — Mainz	—
[BEG:P:C:008]	C	P	police	—
[BEG:P:C:009]	C	P	rescue service and fire brigade	—
[BEG:P:C:010]	C	P	public-administration information line	—

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[BEG:P:C:012]	C	P	child and youth helpline	—
[BEG:P:C:013]	C	P	medical on-call service	—
[BEG:P:C:014]	C	P	TelefonSeelsorge	—
[BEG:P:C:015]	C	P	accessible emergency accommodation or powered care destination	—
[BEG:P:C:016]	C	P	local gas-network emergency service	—
[BEG:P:C:017]	C	P	violence against men helpline	—
[BEG:P:C:018]	C	P	municipal emergency accommodation / homelessness service	—
[BEG:P:C:019]	C	P	nationwide women’s refuge search	—
[BEG:P:C:020]	C	P	local youth emergency service / Jugendnotdienst	—
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[BEG:P:S:002]	S	P	Pair support with a maintained Grey Book resource	07-professional-support.md
[BEG:P:S:003]	S	P	Germany quick reference	07-professional-support.md
[BEG:P:S:004]	S	P	Housing and “no place tonight”	07-professional-support.md
[BEG:P:S:005]	S	P	Legal support	07-professional-support.md
[BEG:P:S:006]	S	P	Medical support	07-professional-support.md
[BEG:P:S:008]	S	P	Psychological support	07-professional-support.md
[BEG:P:S:009]	S	P	Quick reference card	07-professional-support.md
[BEG:P:S:010]	S	P	Support-selection matrix	07-professional-support.md
[BEG:P:S:011]	S	P	The call script — location before autobiography	07-professional-support.md
[BEG:P:S:012]	S	P	Violence and coercion	07-professional-support.md
[BEG:P:S:013]	S	P	Make the contact operational — ask, confirm, record	07-professional-support.md
[BEG:P:S:014]	S	P	The Indigo Book — Professional Support	07-professional-support.md
[BEG:P:S:015]	S	P	Optional reading — explanations are not prerequisites	07-professional-support.md

STABLE REFERENCE	KIND	GUIDE	RESOURCE	CANONICAL SOURCE
[BEG:R:G:001]	G	R	Evidence labels used throughout the guide	—
[BEG:R:G:002]	G	R	Two-pass guide topology with dependency modifiers	—
[BEG:R:S:001]	S	R	Figure and template grammar	08-appendix.md
[BEG:R:S:002]	S	R	Evidence labels	08-appendix.md
[BEG:R:S:003]	S	R	Fillable fields live in T — Templates	08-appendix.md
[BEG:R:S:004]	S	R	Flowchart legend	08-appendix.md
[BEG:R:S:005]	S	R	Formula and theorem index	08-appendix.md
[BEG:R:S:006]	S	R	Guide topology	08-appendix.md
[BEG:R:S:007]	S	R	How to read the evidence figures	08-appendix.md
[BEG:R:S:008]	S	R	Master cross-reference — where problems, routes, forms, and support meet	08-appendix.md
[BEG:R:S:009]	S	R	Master flowchart — complete text version	08-appendix.md
[BEG:R:S:010]	S	R	Mathematical notation legend	08-appendix.md
[BEG:R:S:011]	S	R	Navigation invariant	08-appendix.md
[BEG:R:S:012]	S	R	Offline deployment checklist	08-appendix.md
[BEG:R:S:013]	S	R	Pocket print card	08-appendix.md
[BEG:R:S:015]	S	R	Stable references — addresses that survive editing	08-appendix.md
[BEG:R:S:017]	S	R	4.0.0 — 17 July 2026	09-version-history.md
[BEG:R:S:018]	S	R	4.0.1 — 22 July 2026	09-version-history.md
[BEG:R:S:019]	S	R	4.1.1 — 22 July 2026	09-version-history.md
[BEG:R:S:020]	S	R	4.1.2 — 22 July 2026	09-version-history.md

STABLE REFERENCE	KIND	GUIDE	RESOURCE	CANONICAL SOURCE
[BEG:R:S:021]	S	R	4.2.0 — 22 July 2026	09-version-history.md
[BEG:R:S:022]	S	R	4.3.0 — 22 July 2026	09-version-history.md
[BEG:R:S:023]	S	R	4.3.1 — 22 July 2026	09-version-history.md
[BEG:R:S:024]	S	R	4.4.1 — 22 July 2026	09-version-history.md
[BEG:R:S:026]	S	R	Earlier versions	09-version-history.md
[BEG:R:S:027]	S	R	Version History	09-version-history.md
[BEG:R:S:028]	S	R	Affect labelling and emotional regulation	10-sources.md
[BEG:R:S:029]	S	R	Anaphylaxis	10-sources.md
[BEG:R:S:030]	S	R	Anxiety assessment — GAD-7	10-sources.md
[BEG:R:S:032]	S	R	Bathroom-scale body and perception science	10-sources.md
[BEG:R:S:033]	S	R	Burn assessment	10-sources.md
[BEG:R:S:034]	S	R	Caregiver burnout and overload	10-sources.md
[BEG:R:S:035]	S	R	Child development	10-sources.md
[BEG:R:S:036]	S	R	Cognitive-load theory	10-sources.md
[BEG:R:S:037]	S	R	Cyber incident branch	10-sources.md
[BEG:R:S:038]	S	R	Dunbar numbers — social-brain hypothesis	10-sources.md
[BEG:R:S:039]	S	R	Editorial policy	10-sources.md
[BEG:R:S:040]	S	R	Electricity safety and basics	10-sources.md
[BEG:R:S:041]	S	R	Evidence hierarchy used here	10-sources.md
[BEG:R:S:042]	S	R	First aid and emergency response	10-sources.md
[BEG:R:S:043]	S	R	Game theory and cooperation	10-sources.md
[BEG:R:S:044]	S	R	German crisis and support services	10-sources.md
[BEG:R:S:045]	S	R	Golden hour and trauma medicine	10-sources.md

STABLE REFERENCE	KIND	GUIDE	RESOURCE	CANONICAL SOURCE
[BEG:R:S:046]	S	R	Haemorrhagic shock classification	10-sources.md
[BEG:R:S:047]	S	R	Heart-rate variability	10-sources.md
[BEG:R:S:048]	S	R	Household continuity synthesis	10-sources.md
[BEG:R:S:049]	S	R	Hydration and cognition	10-sources.md
[BEG:R:S:050]	S	R	IASC — mental health and psychosocial support	10-sources.md
[BEG:R:S:051]	S	R	Legal and professional standards	10-sources.md
[BEG:R:S:052]	S	R	Mental health best practices	10-sources.md
[BEG:R:S:053]	S	R	Nutrition and emergency food	10-sources.md
[BEG:R:S:054]	S	R	Olfactory science	10-sources.md
[BEG:R:S:055]	S	R	Ostrom — commons governance	10-sources.md
[BEG:R:S:056]	S	R	Pain assessment — NRS	10-sources.md
[BEG:R:S:057]	S	R	Physiological sigh and breathing research	10-sources.md
[BEG:R:S:058]	S	R	Polyvagal theory	10-sources.md
[BEG:R:S:059]	S	R	Postpartum depression	10-sources.md
[BEG:R:S:060]	S	R	Psychology of masses, group dynamics, and sociology	10-sources.md
[BEG:R:S:061]	S	R	Quantitative evidence figures	10-sources.md
[BEG:R:S:062]	S	R	Reproductive health and medication	10-sources.md
[BEG:R:S:063]	S	R	Routing, hazard, and locale foundations	10-sources.md
[BEG:R:S:064]	S	R	Safe-place, access, and freshness foundations	10-sources.md
[BEG:R:S:065]	S	R	Seneca, Tao, and Stoic philosophy	10-sources.md

STABLE REFERENCE	KIND	GUIDE	RESOURCE	CANONICAL SOURCE
[BEG:R:S:066]	S	R	Sources and Evidence Notes	10-sources.md
[BEG:R:S:067]	S	R	Stress and cortisol research	10-sources.md
[BEG:R:S:068]	S	R	Stroke treatment	10-sources.md
[BEG:R:S:069]	S	R	Survival and emergency preparedness	10-sources.md
[BEG:R:S:070]	S	R	Therapy effectiveness	10-sources.md
[BEG:R:S:071]	S	R	Thermoregulation	10-sources.md
[BEG:R:S:072]	S	R	Water purification and clearing	10-sources.md
[BEG:R:S:073]	S	R	Yerkes–Dodson law	10-sources.md
[BEG:R:S:074]	S	R	4.5.0 — 26 July 2026	09-version-history.md
[BEG:R:S:075]	S	R	4.6.0 — 26 July 2026	09-version-history.md
[BEG:R:S:076]	S	R	4.6.1 — 26 July 2026	09-version-history.md
[BEG:R:S:077]	S	R	4.7.0 — 26 July 2026	09-version-history.md
[BEG:R:S:078]	S	R	4.8.0 — 27 July 2026	09-version-history.md
[BEG:R:S:079]	S	R	4.9.0 — 1 August 2026	09-version-history.md
[BEG:R:S:080]	S	R	4.10.0 — 1 August 2026	09-version-history.md
[BEG:R:S:081]	S	R	4.11.0 — 2 August 2026	09-version-history.md
[BEG:R:S:082]	S	R	4.12.0 — 2 August 2026	09-version-history.md
[BEG:R:S:083]	S	R	4.13.0 — 2 August 2026	09-version-history.md
[BEG:R:S:084]	S	R	4.13.1 — 2 August 2026	09-version-history.md
[BEG:R:S:085]	S	R	The Copper Book — Reference and Useful Loose Ends	08-appendix.md
[BEG:R:S:086]	S	R	4.14.0-alt.1 — 6 August 2026	09-version-history.md
[BEG:R:S:087]	S	R	4.14.0-alt.2 — 6 August 2026	09-version-history.md
[BEG:R:S:088]	S	R	Eight legacy doors inside eleven route identities	08-appendix.md

STABLE REFERENCE	KIND	GUIDE	RESOURCE	CANONICAL SOURCE
[BEG:R:S:089]	S	R	Reference release gate	08-appendix.md
[BEG:R:S:090]	S	R	Attachment, mismatch, and repair	10-sources.md
[BEG:R:S:091]	S	R	Source status — a second axis	10-sources.md
[BEG:R:S:093]	S	R	5.0.0-rc.1 — 8 August 2026	09-version-history.md
[BEG:R:S:094]	S	R	5.0.1 — 11 August 2026	09-version-history.md
[BEG:R:S:095]	S	R	5.0.2 — 11 August 2026	09-version-history.md
[BEG:R:S:097]	S	R	5.1.1 — 12 August 2026	09-version-history.md
[BEG:R:S:099]	S	R	5.1.2 — 14 August 2026	09-version-history.md
[BEG:R:W:001]	W	R	AED	—
[BEG:R:W:002]	W	R	Continuity	—
[BEG:R:W:003]	W	R	CPR	—
[BEG:R:W:004]	W	R	Deployer	—
[BEG:R:W:005]	W	R	Dispatcher	—
[BEG:R:W:006]	W	R	Interoception	—
[BEG:R:W:007]	W	R	Public reference ID	—
[BEG:R:W:008]	W	R	Reader	—
[BEG:R:W:009]	W	R	Recovery position	—
[BEG:R:W:010]	W	R	Red flag	—
[BEG:R:W:011]	W	R	Source limit	—
[BEG:R:W:012]	W	R	Triage	—
[BEG:R:W:013]	W	R	Vital sign	—
[BEG:S:S:001]	S	S	1 — You Left the Room. Now What.	04b-social-field-guide.md
[BEG:S:S:002]	S	S	2 — Communicatio n Templates	04b-social-field-guide.md
[BEG:S:S:003]	S	S	3 — The Mirror Conversation	04b-social-field-guide.md
[BEG:S:S:004]	S	S	4 — Navigating Specific Social Contexts	04b-social-field-guide.md
[BEG:S:S:005]	S	S	5 — Boundary Setting From a Bathroom	04b-social-field-guide.md
[BEG:S:S:006]	S	S	6 — Re-Entry Strategies	04b-social-field-guide.md

STABLE REFERENCE	KIND	GUIDE	RESOURCE	CANONICAL SOURCE
[BEG:S:S:007]	S	S	7 — When Social Emergency Becomes Real Emergency	04b-social-field-guide.md
[BEG:S:S:009]	S	S	The Purple Book — Social Field Guide	04b-social-field-guide.md
[BEG:S:S:010]	S	S	Quick reference — social router	04b-social-field-guide.md
[BEG:T:D:001]	D	T	Accessible / powered safe destination	—
[BEG:T:D:002]	D	T	Street address, city, country	—
[BEG:T:D:003]	D	T	Charged light, phone charger, power bank locations	—
[BEG:T:D:004]	D	T	Preferred and backup communicatio n channels	—
[BEG:T:D:005]	D	T	Coordinates	—
[BEG:T:D:006]	D	T	Copy/site name	—
[BEG:T:D:007]	D	T	Local psychiatric crisis / social psychiatric service	—
[BEG:T:D:008]	D	T	Safe door-unlocking or key handoff instruction	—
[BEG:T:D:009]	D	T	Height above sea level	—
[BEG:T:D:010]	D	T	First-aid kit and AED location	—
[BEG:T:D:011]	D	T	Optional floor/exit map	—
[BEG:T:D:012]	D	T	Gas-network emergency number	—
[BEG:T:D:013]	D	T	GP / regular practice	—
[BEG:T:D:014]	D	T	Local emergency department and accessible route	—
[BEG:T:D:015]	D	T	Municipal emergency housing — daytime	—

STABLE REFERENCE	KIND	GUIDE	RESOURCE	CANONICAL SOURCE
[BEG:T:D:016]	D	T	Municipal emergency housing — after hours	—
[BEG:T:D:017]	D	T	Languages and interpretation route	—
[BEG:T:D:018]	D	T	Deployer or maintainer	—
[BEG:T:D:019]	D	T	Medication/allergy list location	—
[BEG:T:D:020]	D	T	Evacuation meeting point	—
[BEG:T:D:021]	D	T	Pharmacy and night-service lookup	—
[BEG:T:D:022]	D	T	Regional poison information centre	—
[BEG:T:D:023]	D	T	Essential powered device, runtime, approved backup	—
[BEG:T:D:024]	D	T	Next local review date	—
[BEG:T:D:025]	D	T	Building, floor, room, entrance, bell, access route	—
[BEG:T:D:026]	D	T	Low-demand safe places and activities	—
[BEG:T:D:027]	D	T	Vision, hearing, mobility, fatigue and sensory adaptations	—
[BEG:T:D:028]	D	T	Additional deployables	—
[BEG:T:D:029]	D	T	Trusted nearby person and backup	—
[BEG:T:D:030]	D	T	Building utility / caretaker emergency route	—
[BEG:T:D:031]	D	T	Veterinary emergency service	—
[BEG:T:D:032]	D	T	Local specialist violence support / shelter	—

STABLE REFERENCE	KIND	GUIDE	RESOURCE	CANONICAL SOURCE
[BEG:T:D:033]	D	T	Youth emergency service	—
[BEG:T:F:003]	F	T	Emergency call card	07a-templates.md
[BEG:T:F:005]	F	T	Feedback and field-note sheet	07a-templates.md
[BEG:T:F:006]	F	T	Five-minute values bridge	07a-templates.md
[BEG:T:F:011]	F	T	Observation and vital-sign log	07a-templates.md
[BEG:T:F:012]	F	T	Quiet activity sheet	07a-templates.md
[BEG:T:F:013]	F	T	Blank remarks and handoff sheet	—
[BEG:T:F:015]	F	T	First-aid figure usability review	07a-templates.md
[BEG:T:F:016]	F	T	Installation and wet-room audit	07a-templates.md
[BEG:T:F:017]	F	T	Maintenance and replacement inspection	07a-templates.md
[BEG:T:F:018]	F	T	Route drill and timing log	07a-templates.md
[BEG:T:G:001]	G	T	Comfort inventory	07a-templates.md
[BEG:T:G:002]	G	T	Deployment cover and ownership card	07a-templates.md
[BEG:T:G:003]	G	T	Medication, power, and care continuity card	07a-templates.md
[BEG:T:G:004]	G	T	Household continuity board	07a-templates.md
[BEG:T:G:005]	G	T	Local professional contacts	07a-templates.md
[BEG:T:G:006]	G	T	Location and access card	07a-templates.md
[BEG:T:G:007]	G	T	Nice-place and low-demand activity map	07a-templates.md
[BEG:T:G:008]	G	T	Safe-place and exit map	07a-templates.md
[BEG:T:S:001]	S	T	Mini contents	07a-templates.md
[BEG:T:S:002]	S	T	Remarks and handoff sheet	07a-templates.md

STABLE REFERENCE	KIND	GUIDE	RESOURCE	CANONICAL SOURCE
[BEG:T:S:003]	S	T	Take, replace, improve	07a-templates.md
[BEG:T:S:005]	S	T	Who fills what?	07a-templates.md
[BEG:T:S:006]	S	T	How to read the resource band	07a-templates.md
[BEG:T:S:007]	S	T	Use, update, replace	07a-templates.md
[BEG:T:S:008]	S	T	The Grey Book — Templates & Forms	07a-templates.md
[BEG:Z:G:001]	G	Z	Five operational functions for a short crisis meeting	—
[BEG:Z:G:002]	G	Z	Household continuity systems and ownership fields	—
[BEG:Z:G:003]	G	Z	Coordination scaling from one person to a community	—
[BEG:Z:G:004]	G	Z	Priority pyramid for disrupted infrastructure	—
[BEG:Z:G:005]	G	Z	Why everyone-tells-everyone stops scaling	—
[BEG:Z:G:006]	G	Z	Continuity systems are coupled	—
[BEG:Z:G:007]	G	Z	Household drinking and cooking water	—
[BEG:Z:S:001]	S	Z	Evacuation pocket list	06-zombie-guide.md
[BEG:Z:S:005]	S	Z	Preparedness checklist — before anything happens	06-zombie-guide.md
[BEG:Z:S:007]	S	Z	Verify before optimizing	06-zombie-guide.md
[BEG:Z:S:009]	S	Z	The Olive Book — Zombie Guide	06-zombie-guide.md
[BEG:Z:S:010]	S	Z	Air, fire, and carbon monoxide	06-zombie-guide.md
[BEG:Z:S:011]	S	Z	Communication as the group grows	06-zombie-guide.md
[BEG:Z:S:012]	S	Z	Cooperation and collective resilience	06-zombie-guide.md

STABLE REFERENCE	KIND	GUIDE	RESOURCE	CANONICAL SOURCE
[BEG:Z:S:013]	S	Z	Energy	06-zombie-guide.md
[BEG:Z:S:014]	S	Z	Essential medication and powered-device continuity	06-zombie-guide.md
[BEG:Z:S:015]	S	Z	First minutes — protect what fails fastest	06-zombie-guide.md
[BEG:Z:S:016]	S	Z	Food	06-zombie-guide.md
[BEG:Z:S:017]	S	Z	Hygiene and toilet failure	06-zombie-guide.md
[BEG:Z:S:018]	S	Z	If the disruption lasts — shared rules without emergency cosplay	06-zombie-guide.md
[BEG:Z:S:019]	S	Z	Medication	06-zombie-guide.md
[BEG:Z:S:020]	S	Z	Mini collapsing-society guide — or, more often, several bad days with broken infrastructure	06-zombie-guide.md
[BEG:Z:S:021]	S	Z	Optional reading — models that are not prerequisites for action	06-zombie-guide.md
[BEG:Z:S:022]	S	Z	Reading traces and observing the environment	06-zombie-guide.md
[BEG:Z:S:023]	S	Z	Self-defence is not a continuity strategy	06-zombie-guide.md
[BEG:Z:S:024]	S	Z	Several households — coordinating without inventing a tiny dictatorship	06-zombie-guide.md
[BEG:Z:S:025]	S	Z	Shelter and temperature	06-zombie-guide.md
[BEG:Z:S:026]	S	Z	The assignment invariant	06-zombie-guide.md
[BEG:Z:S:027]	S	Z	The continuity invariant	06-zombie-guide.md
[BEG:Z:S:028]	S	Z	Water, energy, and hygiene at group scale	06-zombie-guide.md

STABLE REFERENCE	KIND	GUIDE	RESOURCE	CANONICAL SOURCE
[BEG:Z:S:029]	S	Z	Water — priority zero after air and immediate safety	06-zombie-guide.md

Source, visual, and standalone coverage matrix

This generated view shows what each graph node currently owns. It is a release-planning instrument, not a score of human importance. A node marked *standalone candidate* has crossed the numerical source/visual screen but still needs editorial, layout, accessibility, and usability review.

GUIDE	STATUS	SECTIONS	SOURCES O/R/E	OWNED VISUALS	SHARED VISUALS	VISUAL SOURCE BASIS
O — The Green Book — Body Owner's Manual	released standalone	18	0/4/2	4	0	4/4
A — The Amber Book — Responsibility	released standalone	15	0/2/9	5	0	5/5
B — The Teal Book — Calm Guide	released standalone	23	0/5/1	6	0	6/6
C — The Red Book — Self Ambulance	released standalone	27	3/2/8	5	0	5/5
D — The Blue Book — Safety & No Place	released standalone	14	11/0/0	4	0	4/4
H — The Orange Book — Hazards & Disasters	released standalone	25	15/0/3	4	0	4/4

GUIDE	STATUS	SECTIONS	SOURCES O/R/E	OWNED VISUALS	SHARED VISUALS	VISUAL SOURCE BASIS
Z — The Olive Book — Zombie Guide	released standalone	24	6/2/5	7	2	7/7
P — The Indigo Book — Professional Support	released standalone	14	6/0/0	4	0	4/4
S — The Purple Book — Social Field Guide	released standalone	9	0/7/5	0	0	0/0
T — The Grey Book — Templates & Forms	released standalone	24	0/0/0	0	0	0/0
R — The Copper Book — Reference	released standalone	92	0/0/0	2	0	2/2

Per-guide provenance

O — The Green Book — Body Owner's Manual

- **Release state:** released standalone
- **Canonical chapters:** `00-cover.md`, `01-how-to-use.md`, `01b-body-owner-manual.md`
- **Local source IDs:** `01b-body-owner-manual--emergency-routing`, `01b-body-owner-manual--gut-brain`, `01b-body-owner-manual--iasp`, `01b-body-owner-manual--nrs`, `01b-body-owner-manual--rome`, `01b-body-owner-manual--syncope`
- **Owned reader visuals:** `interoception-loop`, `observatory-scan`, `signal-story-question`, `three-minute-observation`
- **Shared reader visuals:** none

A — The Amber Book — Responsibility

- **Release state:** released standalone
- **Canonical chapters:** `02-situation-a.md`
- **Local source IDs:** `02-situation-a--bsi-incident`, `02-situation-a--caregiver`, `02-situation-a--child-development`, `02-situation-a--embryotox`, `02-situation-a--emergency`, `02-situation-a--infertility`, `02-situation-a--interactive-repair`, `02-situation-a--ppd`, `02-situation-a-`

-ppp-incidence, 02-situation-a--pregnancy-counselling, 02-situation-a--shaking
- **Owned reader visuals:** care-continuity-loop, consent-authority-boundary, repair-sequence, responsibility-clock-map, vega-reproductive-denominators
- **Shared reader visuals:** none

B — The Teal Book — Calm Guide
- **Release state:** released standalone
- **Canonical chapters:** 03-situations-b-g.md, 04-calm-guide.md
- **Local source IDs:** 03-situations-b-g--cowan, 03-situations-b-g--gad7, 03-situations-b-g--gad7-review, 03-situations-b-g--sleep-loss, 04-calm-guide--balban, 04-calm-guide--who-stress
- **Owned reader visuals:** alarm-channels-map, breathing-techniques, breathwork-trial-map, overload-control-map, vega-gad7-accuracy, vega-sleep-study-design
- **Shared reader visuals:** none

C — The Red Book — Self Ambulance
- **Release state:** released standalone
- **Canonical chapters:** 03-situations-b-g.md, 05-self-ambulance.md
- **Local source IDs:** 05-self-ambulance--drk-bleeding, 05-self-ambulance--drk-burns, 05-self-ambulance--drk-chemical, 05-self-ambulance--drk-electrical, 05-self-ambulance--drk-fracture, 05-self-ambulance--drk-heart, 05-self-ambulance--drk-recovery, 05-self-ambulance--drk-stroke, 05-self-ambulance--emergency-numbers, 05-self-ambulance--erc2025, 05-self-ambulance--erc2025-first-aid, 05-self-ambulance--gesund-poisoning, 05-self-ambulance--time-brain
- **Owned reader visuals:** aed-action-sequence, cpr-body-orientation, recovery-position-steps, triage-flow, vega-stroke-time-model
- **Shared reader visuals:** none

D — The Blue Book — Safety & No Place
- **Release state:** released standalone
- **Canonical chapters:** 03-situations-b-g.md, 03g-safe-place-routing.md
- **Local source IDs:** 03g-safe-place-routing--authority-115, 03g-safe-place-routing--authority-sign, 03g-safe-place-routing--children-help, 03g-safe-place-routing--medical-116117, 03g-safe-place-routing--men-help, 03g-safe-place-routing--nora, 03g-safe-place-routing--police-acute, 03g-safe-place-routing--shelter-search, 03g-safe-place-routing--telefonseelsorge, 03g-safe-place-routing--women-help, 03g-safe-place-routing--women-sign
- **Owned reader visuals:** communication-access-card, safe-place-confirmation-packet, safe-place-route-map, safe-reserve-clock
- **Shared reader visuals:** none

H — The Orange Book — Hazards & Disasters
- **Release state:** released standalone
- **Canonical chapters:** 03-situations-b-g.md, 03h-environmental-hazards.md, 06b-natural-disasters.md

- **Local source IDs:** `03h-environmental-hazards--bbk-112`, `03h-environmental-hazards--bbk-fire`, `03h-environmental-hazards--bbk-power`, `03h-environmental-hazards--bfr`, `03h-environmental-hazards--dvgw`, `03h-environmental-hazards--electric`, `03h-environmental-hazards--poison`, `03h-environmental-hazards--warning`, `06b-natural-disasters--bbk-earthquake`, `06b-natural-disasters--bbk-fire`, `06b-natural-disasters--bbk-outage`, `06b-natural-disasters--bbk-shelter`, `06b-natural-disasters--bbk-warning`, `06b-natural-disasters--bbk-water`, `06b-natural-disasters--bbk-wind`, `06b-natural-disasters--closed-door`, `06b-natural-disasters--gfz-earthquake`, `06b-natural-disasters--ready-tornado`
- **Owned reader visuals:** `dependency-continuity-map`, `hazard-handoff-card`, `hazard-override-matrix`, `hazard-source-location-map`
- **Shared reader visuals:** none

Z — The Olive Book — Zombie Guide

- **Release state:** released standalone
- **Canonical chapters:** `06-zombie-guide.md`
- **Local source IDs:** `06-zombie-guide--bbk-heat`, `06-zombie-guide--bbk-hygiene`, `06-zombie-guide--bbk-power`, `06-zombie-guide--bbk-ratgeber`, `06-zombie-guide--bbk-stock`, `06-zombie-guide--bbk-warning`, `06-zombie-guide--collective-emergency`, `06-zombie-guide--collective-recovery`, `06-zombie-guide--dfv-co`, `06-zombie-guide--drk-cold`, `06-zombie-guide--medical-route`, `06-zombie-guide--ostrom`, `06-zombie-guide--stgb32`
- **Owned reader visuals:** `first-meeting-roles`, `household-continuity-board`, `scaling-chart`, `survival-pyramid`, `vega-communication-channels`, `vega-continuity-dependencies`, `vega-household-water-stock`
- **Shared reader visuals:** `care-continuity-loop`, `dependency-continuity-map`

P — The Indigo Book — Professional Support

- **Release state:** released standalone
- **Canonical chapters:** `07-professional-support.md`
- **Local source IDs:** `07-professional-support--connection`, `07-professional-support--iasc`, `07-professional-support--legal-aid`, `07-professional-support--nora`, `07-professional-support--numbers`, `07-professional-support--spd`
- **Owned reader visuals:** `professional-call-packet`, `professional-route-selector`, `support-system-layers`, `vega-social-connection`
- **Shared reader visuals:** none

S — The Purple Book — Social Field Guide

- **Release state:** released standalone
- **Canonical chapters:** `04b-social-field-guide.md`
- **Local source IDs:** `04b-social-field-guide--affect-labeling`, `04b-social-field-guide--cold-face`, `04b-social-field-guide--danger-assessment`, `04b-social-field-guide--dv-definition`, `04b-social-field-guide--dv-hotline`, `04b-social-field-guide--nice-social-anxiety`, `04b-social-field-guide--nora`, `04b-social-field-guide--rejection-sensitivity`, `04b-social-field-guide--social-anxiety`, `04b-social-field-guide--social-comparison`, `04b-social-

`field-guide--social-support`, `04b-social-field-guide--spotlight`
- **Owned reader visuals:** none
- **Shared reader visuals:** none

T — The Grey Book — Templates & Forms
- **Release state:** released standalone
- **Canonical chapters:** `07a-templates.md`
- **Local source IDs:** none
- **Owned reader visuals:** none
- **Shared reader visuals:** none

R — The Copper Book — Reference
- **Release state:** released standalone
- **Canonical chapters:** `08-appendix.md`, `09-version-history.md`, `10-sources.md`
- **Local source IDs:** none
- **Owned reader visuals:** `evidence-classes`, `two-pass-route-map`
- **Shared reader visuals:** none

Master cross-reference — where problems, routes, forms, and support meet [ref.1.2]

STARTING PROBLEM	OWNING BOOK	USEFUL GREY BOOK RESOURCE	PROFESSIONAL HANDOFF
red flag / life danger	**C — The Red Book — Self Ambulance**	emergency call; location and access	112 / dispatcher
body signal, faintness, ordinary inputs, medication context, or “what changed?”	**O — The Green Book — Body Owner’s Manual**	observation log; comfort inventory	practice / pharmacy / 116 117 / Red as needed
pain / illness / injury	**C — The Red Book — Self Ambulance**	observation log; emergency call	practice / 116 117 / 112 according to urgency
caused harm / responsibility / dependency	**A — The Amber Book — Responsibility**	five-minute values; remarks and handoff	medical, legal, or social route via Indigo
anxiety / panic / overload	**B — The Teal Book — Calm Guide**	comfort inventory; observation log; nice-place map	trusted person / 116 117 / crisis service as needed
social absence, communication, boundary, re-entry, or graceful exit	**S — The Purple Book — Social Field Guide**	five-minute values; nice-place map; remarks	named social or professional route when needed
danger / coercion / nowhere safe	**D — The Blue Book — Safety & No Place**	safe-place map; location and access; local contacts	110 / 112 / specialist service
smoke, gas, chemicals, electricity, unsafe air, smell, or a natural or technical hazard	**H — The Orange Book — Hazards & Disasters**	emergency call; location and access; care continuity	112 / warning authority / gas service / poison centre
outage or long disruption once immediate hazards are handled	**Z — The Olive Book — Zombie Guide**	care continuity; household board	BBK / local authority / clinician / 112 as appropriate

STARTING PROBLEM	OWNING BOOK	USEFUL GREY BOOK RESOURCE	PROFESSIONAL HANDOFF
need a number, appointment, bed, document, or handoff	**P — The Indigo Book — Professional Support**	local contacts; emergency call; location and access	named service plus backup
need a writable packet	**T — The Grey Book — Templates & Forms**	choose by use mode and privacy class	receiving service named on the resource
need a stable address, figure, formula, source, or audit trail	**R — The Copper Book — Reference**	feedback or review form when correcting	owning route remains primary

The titles above are the current public ones. Older route names survive as aliases so old links and archived text keep working; an alias is allowed to remain findable, and is not allowed to appear here as though it were current.

Mathematical notation legend [ref.1.3]

MARK	MEANING	USE HERE
$\vee$	logical OR	one true danger condition can change the route
$\Rightarrow$	implies	a stated condition leads to an action inside the model
Δ	change between observations	sensation after minus sensation before
n	number of people or items	group size, supplies, contacts
t	time	minutes, hours, or days as stated
Protocol	authoritative action rule	first aid or public warning instruction
Study result	observation from a named design and population	anxiety and time-perception experiment
Model	calculation or thinking aid	communication channels in a group
Mnemonic	memorable compression	observe, change, compare

Eight legacy doors inside eleven route identities [ref.1.4]

DOOR	LOUDEST PROBLEM	CURRENT OWNING ROUTE	LEGACY NAMES RETAINED
A	responsibility, dependency, or harm	**A — The Amber Book — Responsibility**	Situation A, Responsibility and Care, Ch.2
B	anxiety, panic, or unreality	**B — The Teal Book — Calm Guide**	Situation B, Alarm and Calm, Ch.4
C	pain or physical illness	**C — The Red Book — Self Ambulance**	Situation C, Body and First Aid, Ch.5
D	danger, coercion, or violence	**D — The Blue Book — Safety & No Place**	Situation D, Threat and Safe Place
E	overload and task congestion	**B — The Teal Book — Calm Guide**	Situation E, Alarm and Calm

DOOR	LOUDEST PROBLEM	CURRENT OWNING ROUTE	LEGACY NAMES RETAINED
F	bad or unknown smell	**H — The Orange Book — Hazards & Disasters**	Situation F after the environmental gate
G	no safe or workable place	**D — The Blue Book — Safety & No Place**	Situation G
H	smoke, gas, chemicals, electricity, or unsafe air	**H — The Orange Book — Hazards & Disasters**	Situation H, Air, Smell, and Environment

The maintained route identities are **O, A, B, C, D, H, Z, P, S, T, and R** — eleven of them. The A–H door scheme is a compatibility map kept for older links and printed copies; it is not the shelf.

O, Z, P, S, T, and R are route identities rather than additional legacy doors: they orient bodily observation, preserve continuity, connect professional systems, handle social navigation, carry writable facts, and make the whole graph inspectable.

Release invariant. The generated route index above must list exactly those eleven identities under their current public titles. If it ever says ten, omits Purple, or shows a legacy alias as the current title, the registry is wrong and this page must not be patched to agree with it.

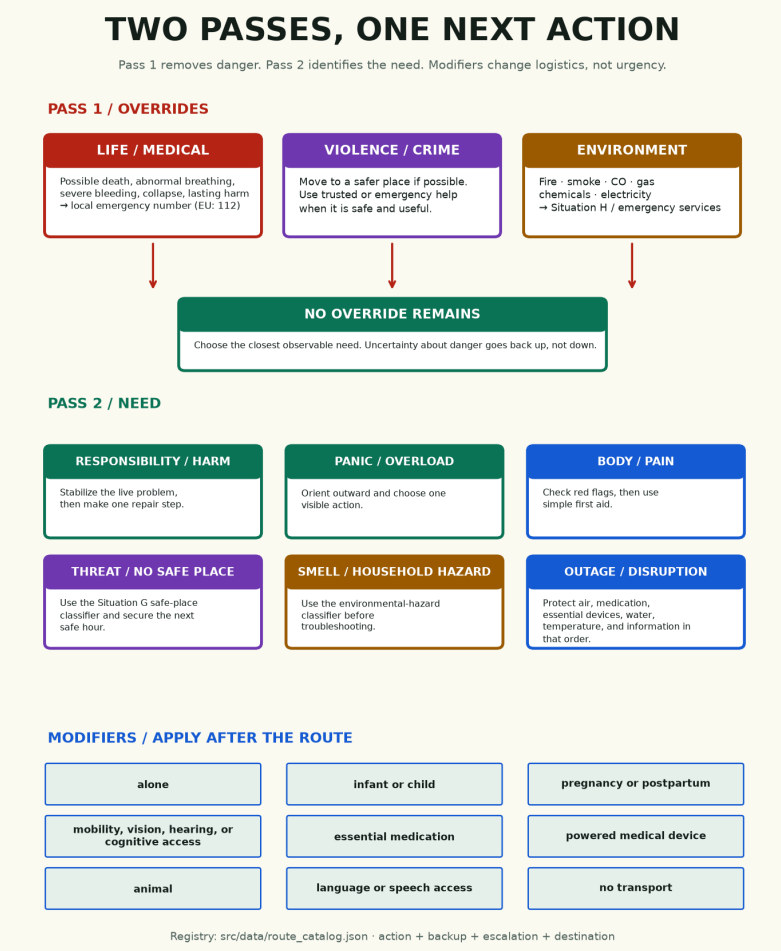
Guide topology

[ref.1.5]

The chapters form a directed graph: observations lead to actions, actions lead to reassessment or another chapter, and every route should end somewhere a person can actually continue. This is useful mathematics only because dead ends are bad writing.

Two-pass guide topology with dependency modifiers [ref.fig.2]

How do pass-one hazards, pass-two needs, and modifiers combine?



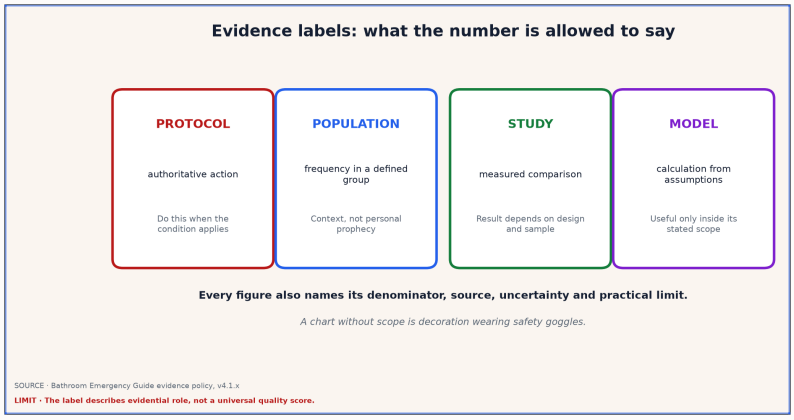
Flowchart legend [ref.1.6]

SHAPE OR STYLE	MEANING
heavy emergency block	immediate action rather than further reading
diamond	choose the closest true answer
rectangle	do the stated action
rounded destination	continue in the named chapter or service
dashed line	optional explanation
loop	compare better, same, worse, or new information

How to read the evidence figures [ref.1.7]

Evidence labels used throughout the guide [ref.fig.1]

How do the guide's evidence labels differ in what they can support?



A number is only as useful as its denominator, population, time frame, and limit. Protocols tell you what to do. Studies tell you what happened under a particular design. Associations describe variables travelling together. Models show what follows from assumptions. None of them becomes a personal prophecy by being printed in a confident font.

Figure and template grammar [ref.1.8]

The generated figure catalogue above is canonical. Every figure is presented as **Figure · Read only** with a stable `[BEG:...:G:...]` address, title, and short description. A figure may be an authored depiction or a local reference sheet completed and dated by the deployer before installation. Readers do not edit the installed figure; it is replaced when the local truth changes.

Grey Book templates use the parallel label **Template · Write** with a stable `[BEG:...:F:...]` address, title, and short description. Use a fresh copy for each incident, observation, review, drill, or handoff.

Generated images remain explanatory aids. The adjacent prose remains the complete route for monochrome print, screen readers, low light, failed images, and coffee-related diagram loss.

Evidence labels [ref.1.9]

The guide distinguishes the role of each statement:

LABEL	MEANING	EXAMPLE
Protocol	Action aligned with an authoritative guideline	call 112 for unresponsive abnormal breathing
Population estimate	Frequency in a named population and time frame	lifetime infertility prevalence
Diagnostic-accuracy study	Performance of a screen against a reference standard	GAD-7 sensitivity/specificity
Randomized study	Comparison created by allocation to interventions	28-day breathwork trial
Observational association	Variables travelled together after adjustment; causation remains limited	social isolation and mortality odds

LABEL	MEANING	EXAMPLE
Descriptive equation	Exact relation once inputs are known	$C(n) = n(n-1)/2$
Mathematical model	Calculation from assumptions inside a stated scope	stroke tissue-loss estimate
Conceptual model	A thinking aid, not a measured prediction	$A_{k+1} = A_k - \delta_k + \varepsilon_k$
Mnemonic	Memorable compression	one action, one backup, one escalation

A metaphor wearing a lab coat still needs identification, a denominator, and visiting hours.

Formula and theorem index [ref.1.10]

1. Red-flag dominance — routing protocol

$$R = \bigvee_i r_i, \qquad R = 1 \Rightarrow 112$$

A positive red flag overrides scores and self-reassurance.

2. Tiny action queue — design theorem

$$Q = [\,\text{action}, \text{backup}, \text{escalation}\,]$$

Acute instructions should fit in a small working-memory budget.

3. Accountability tuple — procedural mnemonic

$$A = (\,\text{stop}, \text{stabilize}, \text{tell}, \text{repair}, \text{follow up}\,)$$

Turns guilt into observable repair work.

4. Pain change — descriptive communication

$$\Delta P = P_{now} - P_{earlier}$$

Useful for reporting change; not a measure of injury or urgency.

5. Cognitive load — conceptual model

$$L = I + E + S$$

Intrinsic difficulty, avoidable clutter, and stress load are separated so at least one term can be reduced. The equation is not a validated diagnostic instrument.

6. Breath pacing — descriptive equation

$$T = t_i + t_e, \qquad f = \frac{60}{T}$$

Describes a chosen pattern. Comfort and safety set the pattern.

7. Stepwise arousal — conceptual model

$$A_{k+1} = A_k - \delta_k + \varepsilon_k$$

Small useful actions can reduce arousal while new events add load. This replaces the fictional universal cortisol-decay curve.

8. Household emergency water — planning convention

$$W_{plan} = 2nd \text{ litres}$$

An **Olive planning convention**, not a BBK figure and not a medical prescription. BBK's current wording is at least **1.5 L of fluids per day** for an adult, plus about **0.5 L of water per day when cooking is planned**; the sum is what this equation carries for n people over d days. Individual needs and incident conditions vary, and an official water-quality instruction outranks the arithmetic.

9. Communication channels — graph theorem

$$C\left(n\right) = \frac{n\left(n-1\right)}{2}$$

Explains why groups need roles and broadcast channels.

10. Survival function — mathematical model

$$S\left(t\right) = \exp\left(-\int_0^t h\left(u\right)\,du\right)$$

Valid mathematics, useless as a personal forecast without measured hazard data.

11. Heat balance — conceptual physical model

$$\Delta H = M - \left(C + K + R + E\right)$$

Represents heat production minus convective, conductive, radiative, and evaporative losses. The guide uses it to organize prevention, not calculate a person's core temperature.

12. Listen–reflect–respond — conversation mnemonic

$$\text{listen} \rightarrow \text{reflect} \rightarrow \text{respond}$$

A compact alternative to composing a rebuttal while the other person is still talking.

13. Stroke time model — literature-derived model

For the scope and assumptions used by Saver (2006), cumulative modelled neuronal loss over t untreated minutes is:

$$N\left(t\right) = 1.9t \text{ million neurons}$$

This is an order-of-magnitude urgency model for a typical large-vessel supratentorial ischemic stroke, not a measurement in one patient. FAST and 112 remain the action.

14. Odds ratio — descriptive study statistic

For odds o_1 in one group and o_0 in a reference group:

$$OR = \frac{o_1}{o_0}$$

An odds ratio is not the same as a probability ratio, absolute risk, or proof of causation. It requires the study population, adjustment set, and follow-up to mean anything useful.

Fillable fields live in T — Templates [ref.1.11]

R indexes writable resources; it does not maintain a second blank-form system. Use the generated figure and template catalogues above to choose the canonical Grey Book page. The resource band identifies its type, stable reference, and short description; the privacy class controls placement, and related references show what should travel with it.

The most commonly paired set is:

- **[BEG:T:G:006] Location and access card**;
- **[BEG:T:F:003] Emergency call card**;
- **[BEG:T:G:005] Local professional contacts**;
- **[BEG:T:G:008] Safe-place and exit map**;
- **[BEG:T:G:003] Medication, power, and care continuity card**;
- **[BEG:T:G:004] Household continuity board**.

Complete only relevant fields, store or photograph them safely, and replace them when the route, local fact, privacy boundary, or review date changes.

Do not put these on a shared printout

- passwords;
- PINs;
- alarm codes;
- safe combinations;
- private-key material;
- exact hidden spare-key location;
- information that would endanger someone fleeing violence.

A shared bathroom is not a secure credential vault, however trustworthy the toothbrushes appear.

Master flowchart — complete text version [ref.1.12]

This tree is maintained by hand against the eleven books, and it is the one page in Copper that can drift without a generator noticing. If it disagrees with an owning book, the book is right.

```
BATHROOM EMERGENCY GUIDE — MASTER FLOWCHART
============================================================

0. OVERRIDE
   |
   +-- life danger, abnormal breathing, unresponsive,
   |   severe bleeding, stroke sign, seizure, collapse,
   |   major burn, acute self/other danger?
   |       +-- YES / MAYBE / UNSURE --> 112
   |       |                            unlock if safe
   |       |                            speakerphone
   |       |                            follow dispatcher
   |       +-- NO --> continue
   |
   +-- active crime or immediate violent threat?
   |       +-- YES --> safer place --> 110
   |       |          injury / life danger --> 112
   |       +-- NO --> continue
   |
   +-- fire / smoke / CO / gas / chemical / electrical danger,
   |   or an official hazard warning?
           +-- YES / MAYBE --> H — ORANGE
           |                   leave, shelter, or isolate only as safely
           |                   instructed; live official instructions win
           |                   112 / poison centre / gas service / warning
authority
           +-- NO --> choose the loudest remaining problem

A. RESPONSIBILITY / DEPENDENCY / HARM --> A — AMBER
   |
   +-- WHICH CLOCK?  live harm / continuing effects / repair / ongoing
care
   +-- live injury, birth, or immediate danger --> C — RED / 112 / 110
   +-- WHAT KIND OF STAKE?   (substrate is metadata, not a verdict)
   |      welfare       can it presently be harmed?
   |      agency        can it choose, consent, refuse, act?
   |      development   are important capacities still emerging?
   |      dependency    what fails if care stops, and is that on me?
   |      transfer      can a competent person or system take over?
   |      reversibility can today's decision be undone?
   |      hazard        can it harm other entities?
   |      authority     what am I entitled or required to decide?
   |         limit: uncertainty + irreversibility raise the burden of
care
   |                on MY actions; they never manufacture authority over
   |                another person's body or decision
   +-- then the domain module: pregnancy / birth / newborn / child /
   |   adult / animal / technical system
   +-- caused harm --> stop + stabilize + tell + repair + follow up
   +-- technical system --> contain first (isolate, pause, preserve,
   |                        snapshot, notify) -- every step reversible
   |                        uncertain moral status is not zero moral
status,
   |                        and never a reason to leave a harmful system
running
   +-- unresolved duty --> today / legal / transfer / long-term care

B. ANXIETY / PANIC / OVERLOAD --> B — TEAL
   |
   +-- bodily symptom new, severe, or unclear --> O — GREEN / C — RED
   +-- otherwise --> orient outward + reduce one avoidable load
   |                 + one safe action + one person
   +-- recurring, or shrinking ordinary life --> P — INDIGO
   +-- acute self / other danger --> 112

C. BODY SIGNAL / PAIN / ILLNESS / INJURY --> O — GREEN + C — RED
   |
   +-- describe what changed; OPQRST or the observation log when useful
```

```
   +-- severe / sudden / chest / neuro / collapse / pregnancy red flag --
> 112
   +-- urgent but not life-threatening --> practice / 116 117
   +-- stable minor problem --> appropriate first aid + reassess
   +-- device readings inform the handoff; they never cancel a red flag

D. DANGER / COERCION / NOWHERE SAFE --> D — BLUE
   |
   +-- FIRST MINUTE: 112 / 110 / Orange overrides
   +-- G1 person or active threat --> exit or safer place --> 110
   |      a lock is a barrier, not a plan: leave anyway for fire, smoke,
   |      bad air, forced entry, or a responder's instruction
   |      prepared non-voice route: nora, registered in advance
   +-- G2 no weather-safe place tonight --> municipal accommodation route
   |      child: danger --> 110/112; no safe adult --> Jugendamt;
   |      someone to talk to --> 116 111 (counselling, not placement)
   +-- G3 access or essential care fails --> name the failing function
   |      and the remaining reserve
   |      urgent but not life-threatening --> 116 117 / clinician
   |      life-supporting failure or imminent serious harm --> 112
   +-- G4 physically safe, cannot remain here for the next hour
   |      --> one-hour container + hand off the primary problem
   |      merely distressed but able to stay --> B — TEAL / S — PURPLE
   +-- CONFIRM before travelling: destination, availability, access,
   |   arrival, backup, escalation
   +-- after-effects or service need --> P — INDIGO

E. OVERLOAD / TASK CONGESTION --> B — TEAL
   |
   +-- write: prevent harm / soon / can be ugly
   +-- choose one physical action under five minutes
   +-- delegate or hand off repeated essential failures
   +-- if the real problem is social navigation --> S — PURPLE

F. BAD OR UNKNOWN SMELL --> H — ORANGE
   |
   +-- fire / smoke / CO / gas / chemical / electrical / symptoms -->
hazard route
   +-- sewage or drain, only after a negative hazard gate --> repair
route
   +-- damp or mould, only after a negative hazard gate --> moisture
repair
   +-- do not assume outdoors is safer; current warning instructions
decide

G. NO SAFE OR WORKABLE PLACE --> D — BLUE + P — INDIGO
   |
   +-- see the D branch above; G is its legacy door

H. ENVIRONMENT / HAZARD / DISASTER --> H — ORANGE
   |
   +-- fire / smoke --> smoke-free exit; unsafe route --> close door +
112
   +-- CO or combustion exposure --> leave the exposure when safe + 112
   +-- gas --> no flame, switch, bell, or phone; knock, leave, call
outside
   +-- chemical --> stop exposure; rinse when appropriate; keep the
label;
   |               poison centre / 112
   +-- electrical --> do not touch a live source; isolate only if safe;
112
   +-- area-scale warning --> shelter, stop ventilation, or evacuate
exactly
                              as instructed

OUTAGE / LONG DISRUPTION --> Z — OLIVE
   |
   +-- first: clear Orange's hazard overrides and verify the official
warning
```

```
   +-- THE CONTINUITY INVARIANT, per function:
   |      status / reserve / owner / backup / next action / review /
   |      failure route
   +-- first minutes --> air + urgent medical + temperature + water
   |                     + communication
   +-- first days --> food + medication + sanitation + dependants +
animals
   +-- several households --> named roles + shared log + explicit
handoffs
   +-- longer shared-resource problem --> allocation, rotation,
accountability
                                          (and it never overrides an
                                           evacuation order)

SOCIAL NAVIGATION --> S — PURPLE
   |
   +-- am I safe?  no, or cannot tell --> D — BLUE / 110 / 112
   +-- clinical crisis --> C — RED / P — INDIGO
   +-- otherwise --> disclose at the level you choose (Level 0-4)
                     + boundary + re-entry + graceful exit + one next
move

PROFESSIONAL ROUTE --> P — INDIGO
   |
   +-- name the problem
   +-- choose the service able to change it
   +-- prepare a usable handoff
   +-- confirm outcome, backup, owner, review time
       (contact is not handoff)

WRITABLE FACTS --> T — GREY
REFERENCE / SOURCE / STABLE ID --> R — COPPER

EVERY NON-EMERGENCY ROUTE
   |
   +-- do one action
   +-- check better / same / worse / different problem
   +-- use the backup
   +-- escalate on worsening, uncertainty, or a red flag
   +-- end at a named destination
```

Pocket print card

[ref.1.13]

RED FLAG?

112 · unlock if safe · speakerphone · follow dispatcher

Unresponsive · abnormal breathing · severe bleeding · stroke sign · chest pressure · severe breathlessness · seizure · major burn · collapse · acute self/other danger

BODY

Ch.5 · first aid · 116 117 if urgent but non-life-threatening

ALARM

Feet · five objects · gentle exhale · one person

THREAT

Exit / safer place · 110 · 116 016 · do not confront

NO SAFE PLACE
Situation G · threat / no roof / access-care / internal crisis

ENVIRONMENT
Leave source · Situation H · call from safety

OUTAGE
Official warning · essential care · water · temperature · roles

Offline deployment checklist [ref.1.14]

- Print the monochrome PDF single-sided or duplex.
- Complete the relevant Grey Book resources and keep their resource bands attached.
- Keep the guide near a charged light source.
- Add a simple first-aid poster from an official provider.
- Store current medication and emergency plans nearby but privately.
- Refresh service numbers and medical guidance before relying on an older printout.
- Test that QR codes or links are not the only access path.
- Ensure the print remains readable without colour.
- Replace the guide after water damage. It is not itself waterproof, despite strong thematic alignment.

Navigation invariant [ref.1.15]

Every non-emergency route must provide:

1. a next action;
2. a backup;
3. a reason to escalate;
4. a named destination.

A dead end in prose is still a dead end.

Reference release gate [ref.1.16]

Before a print or public build is called current, check the compiled system, not only the chapter you happen to have edited.

Content gate

- current public title and owning route agree with the generated route index;
- the emergency override and escalation rule agree with the owning book, not with an older copy of it;
- models, estimates, mnemonics, and optional theory are visibly labelled;
- legacy aliases remain searchable without being presented as current titles.

Service and freshness gate

- operational numbers, hours, access modes, and scopes carry a checked date;

- a review-by date or maximum review interval exists;
- a backup or failure route exists wherever availability matters;
- a directory entry is not described as a confirmed bed, appointment, responder, or live destination unless that outcome was actually confirmed.

Render and accessibility gate

- no orphan **FIELD NOTE** heading, and no identity band without its payload;
- no accidental blank-page or severe whitespace regression;
- monochrome and large-print routes remain usable;
- image alternatives and adjacent text carry the complete action route;
- detached Grey pages keep identity, privacy class, version, and review data.

Privacy gate

- no password, PIN, private key, alarm code, hidden-key location, or protected refuge address is exposed;
- no private medical or identifying data is published without a lawful and appropriate reason;
- photographs of installations reveal no access or security detail.

Version History [ref.2]

5.1.2 — 14 August 2026 [ref.2.1]

The online edition now distinguishes the **product mark** from the **stable reference namespace**. Reader chrome says **BE**, matching `be.fkr.dev`, and its accessible name continues to say “Bathroom Emergency Guide”. Existing `[BEG:...]` references are not renamed: they are public addresses and changing their prefix would make a cosmetic improvement by breaking citations.

The visible address is live. The complete reader starts at `BE / Shelf`, a detached Green book at `BE / 0`, and scrolling into a section changes the address to its compact reader code such as `BE / dis.5` or `BE / ref.12`. Browser tests exercise those transitions directly instead of merely checking that the right JavaScript exists.

Stable references are now literal web hardlinks too. Every active reference has one canonical `#BEG:...` target in the complete online guide and at least one permalink to it; the Pages validator walks all rendered HTML reference links and proves that their target document and fragment exist. The older lowercase `#beg-*` IDs stay as compatibility aliases.

The website and reader headers also carry permanent release provenance: a link to the tagged version, the exact build commit, and the build metadata/date. The GitHub repository is promoted beyond that quiet metadata row into its own high-contrast header control, so both “what am I reading?” and “where is the source?” are answerable without scrolling or opening developer tools.

Dark mode receives its own browser contrast gate over reader chrome, contents, and book content. That pass removed remaining light-only quantitative-figure surfaces and now fails the release when normal text falls below the WCAG AA contrast threshold used by the verifier.

Diagram QA became stricter at the same time. The text-fit audit now rejects independently positioned labels that overlap one another, not only labels that escape a drawn box. It caught the Orange `WARN` collision that motivated the pass, five Recovery Position footer overflows, and additional overview-label collisions. Ten text-bearing generator families run through the same audit, and an independent verifier proves the detector against an intentionally broken synthetic figure before rerendering the current diagrams.

The physical release package is hardened too: qpdf checks the booklet PDF structure, CI keeps the full booklet matrix, and the individually imposed Shelf and eleven colour/mono booklets are published beside their books instead of being hidden behind only the combined print bundles.

5.1.1 — 12 August 2026 [ref.2.2]

The web edition becomes a first-class reader rather than a generated document behind a project landing page. The complete guide again carries a persistent contents rail on the left at desktop widths. The Shelf and eleven colour books are its top-level groups; stable guide sections sit beneath them. Scroll state marks both the current section and its parent book and keeps the active entry in view during long reads. On narrow screens the same structure remains an Escape-closeable contents drawer.

The public website and generic book covers are intentionally less prescriptive about emergency routing than the context-specific service pages. They now say to use the **local emergency number**, naming **112 only for the EU**, rather than placing Germany's 110 police shortcut on a general emergency surface. If a call itself is unsafe, the generic surface points first to a safer place or a trusted person who can call. Context-specific German service information can still appear where its purpose, scope, and limits travel with the number.

The eleven-book overview also uses one identity language end to end. The former graph circles used generic hatch marks that did not match the strong pattern tiles below them. The graph now uses larger rounded rectangles carrying the same pulse, diamond, wave, cross, shield, zigzag, crosshatch, dot, speech, form-grid, and rule motifs as the book directory. Equal-axis rendering prevents the network from stretching those nodes, and the top title/subtitle no longer occupy the Green node's space. Local handoff graphs use the same treatment.

Repository publication instructions are no longer displayed on the public deployment page. GitHub Pages remains an implementation detail documented in the repository rather than a task a guide deployer needs to see on the site.

This release also records the next deployment target: a static, strictly client-side wizard that lets a deployer fill canonical local forms, review the privacy class and visibility of each value, and render a printable local packet without transmitting entered data. More generally, operational knowledge such as deployment instructions, maintenance rules, and changelog history should converge into the deployed guide — usually Grey or Copper, or a future dedicated deployment/maintenance book when the material becomes a coherent task of its own.

5.0.2 — 11 August 2026 [ref.2.3]

The first stable patch sharpens the visual identity of the eleven standalone books. Running headers now work like field-manual tabs rather than quiet page furniture: each book carries its glyph, route code, terse colour-book label, larger pattern marker, heavy type, and a stronger accent rule. The canonical `be.fkr.dev` address remains part of the header.

The identity deliberately does not depend on colour alone, so monochrome printing preserves the same book-to-book recognition. The A4/2 treatment also keeps the stronger geometry inside the printable region; an experimental outer-edge border was rejected because it violated trim-safety checks.

5.0.1 — 11 August 2026 [ref.2.4]

This is the first stable 5.x release. It promotes the reviewed 5.0 release candidate and closes the last physical-packaging gap: the Shelf introduction is now a booklet too, rather than a loose front-matter artifact.

The complete booklet print run contains twelve independent signatures in shelf order: the Shelf intro followed by the eleven colour books. Colour and monochrome bundles are both already imposed for portrait A4 duplex printing at 100%, flip on the long edge. Each booklet begins on its own physical sheet and is folded and bound separately after printing.

Release engineering also synchronizes package and lockfile SemVer, exposes the combined booklet downloads and print instructions through the Pages package, puts `be.fkr.dev` into the running print header, and makes CI install and retain the booklet toolchain/artifacts.

5.0.0-rc.1 — 8 August 2026 [ref.2.5]

Why this is 5.0.0 and not 4.14.0-alt.4

The `-alt` suffix existed to mark an experimental editorial line running beside the mature 4.13 release machinery. That line is finished. The two have been one tree since the synthesis, all eleven books have now been read by outside reviewers and revised, and continuing to ship a "4.x alternate" would describe a fork that no longer exists.

What actually changed at the major-version boundary: the shelf is eleven colour-titled books rather than eight situation doors; the A–H doors survive only as a compatibility map; reader references replaced machine identifiers on the page; every book carries sourced citations attached to individual claims; and the indexes are generated from registries rather than maintained by hand. Old stable references still resolve — `[BEG:...]` addresses and retired IDs were never recycled — so this is a major version by scope, not by breakage.

It is a release *candidate* because nothing here has been deployed, installed in an actual bathroom, or drilled with a reader who did not write it. The installation and route-drill sheets in Grey exist precisely to produce the evidence that would justify dropping the `-rc`.

The revision campaign

Six books were revised against reader critiques. The pattern across all of them was the same: a rule stated carefully in one place and carelessly in another, with nothing in the build noticing the disagreement.

Safety corrections

- **Amber** had no carve-out for a shaken or head-injured baby: “After losing your temper” ran straight to apologize. An urgent-medical override now precedes the apology sequence.
- **Blue** routed “a child without safe care” to 112 while its own children’s section, three pages later, had the correct tiering. That tiering now governs: 110/112 for danger or unsafe abandonment, Jugendamt or Jugendnotdienst when there is no safe adult but no acute danger, 116 111 for counselling — which is stated to be counselling, not dispatch and not placement.
- **Blue** also treated any failure to maintain essential medication as a 112 criterion. It now requires that the interruption is causing or imminently risks serious harm, with 116 117 for urgent but not life-threatening, and says outright that a missed routine dose is not an ambulance criterion.
- **Olive** told readers to warm a hypothermic person slowly. DRK describes two stages, routes both to 112, and says of the second: no further warming attempts. The section now splits the stages and keeps the one rule that never changes — no rubbing, no direct heat.
- **Olive**’s blanket ban on indoor combustion heaters was too broad, and its ban on camping stoves contradicted BBK, which suggests a Campingkocher for small meals while forbidding grills indoors. The test is now approval rather than fuel: anything not specifically intended and installed for indoor use is outdoor-only.
- The **hub**’s threat section advised changing passwords from a trusted device. Blue’s own modifier already explained that a conspicuous account change can itself be the thing that gets noticed. The hub now carries the careful version, which also fixes it for the master guide.
- **Purple**’s locked-bathroom instruction became conditional: keep the barrier while it is the safer side, leave for fire, smoke, hazardous air, forced entry, or a responder’s instruction.

Fabricated precision removed

- **Purple** replaced minute-keyed cover stories with a Level 0–4 disclosure ladder, and dropped invented “acceptable absence” and “risk level” columns.
- **Olive** dropped group-size thresholds that presented design intuitions as consequences of $C\left(n\right) = n\left(n-1\right)/2$. The transitions are now qualitative.
- **Grey**’s route-drill timings are labelled provisional interface targets, not reader performance standards. A slow stage indicts the installation.
- Household water: BBK publishes at least **1.5 L of fluids per day** plus about **0.5 L for cooking**, never “2 litres”. $W_{plan} = 2nd$ is now labelled Olive’s own planning convention in Olive, Copper’s formula index, and the source notes.

Architecture

- **Amber** leads with an eight-question entity check — welfare, agency, development, dependency, transfer, reversibility, hazard, authority — with substrate demoted to metadata. The reversibility rule ships with its limit in the same section: it constrains your own actions and never manufactures authority over another person’s body or decision.

- **Olive** promotes the continuity invariant (status, reserve, owner, backup, next action, review, failure route) to the front; Dunbar, the survival function, the heat balance, Pareto, the pairwise-channel formula, and the book-architecture audit move intact to optional reading.
- **Blue** puts First minute ahead of the confirmed-destination model, pulls the three threat clocks from the hub after G1 rather than before the routing model, and gives G4 an admission criterion so it stops absorbing Teal.
- Section letters A0–A9 are gone from Amber rather than renumbered; they collided with the reader references printed beside them.
- **nora** is named in Blue and Purple as a prepared, registered-in-advance non-voice route to 110/112 — never an install task during an emergency.

Grey stops owning rules it should only record

- Grey states explicitly that it does not decide escalation: a form copies the route, backup, destination, or threshold owned by the relevant book, service, clinical plan, product instruction, or official warning.
- Local operational facts now carry source, checked date, review-by date, and backup source. A number is not the fact; scope, access channel, and hours are part of it, and they do not always match for the same service.
- “Fresh-air route” becomes “cleaner-air place or safe-air route”, because an area-scale smoke or chemical warning can make staying inside correct.
- The contacts table and safe-place map now carry Blue’s revised escalation wording instead of an older copy of it.

Copper catches up with the shelf it indexes

- The architecture line said **ten** route identities while listing eleven, and the sentence naming non-door identities omitted Purple. Both corrected, with a release invariant stating that the generated index is authoritative and this page must not be patched to agree with a wrong registry.
- The master cross-reference used legacy names as though they were current titles, and had no row for Green or Purple. Current public titles now appear; aliases are labelled as aliases.
- The master flowchart still routed artificial entities to “isolate, preserve logs, notify owner” — the exact architecture Amber was recovered from — and had no Purple, no Green, and no continuity invariant. Rewritten against the current books, and marked as the one hand-maintained page in Copper.
- Added a reference release gate covering content, service freshness, rendering and accessibility, and privacy.

Evidence gains a status axis

- Source status — current operational, current optional, contested or approximate, historical, superseded — now sits alongside evidence class. Evidence class asks what kind of claim this is; status asks what job it is allowed to do.
- Dunbar, Ostrom, Yerkes–Dodson, polyvagal language, the philosophical material, and game theory carry explicit status lines.
- Collective-resilience research replaces the Prisoner’s Dilemma as Olive’s main cooperation frame, citing Drury, Cocking and Reicher (2009) and Ntontis et al. (2021). The **“Player B”** battery

warning stays in Olive's mainline, beside the cooperation rules, because it is a rule about how to treat your neighbour.

- Vague "later rupture-and-repair research" is replaced by a named interaction study with a DOI; Bowlby and Ainsworth are relabelled historical foundations. The same swap removed two trade paperbacks from Purple, where the Danger Assessment now supports the danger list.
- Purple, Blue, Olive, and Amber added sourced citations where the text previously asserted. Cited sources went from 72 to 95 across the campaign.
- The IASP pain definition now cites Raja et al. (2020) in *Pain*, the paper that states and explains it, with the IASP term list as the secondary link. The IASP host refuses automated requests, so the previous citation could never be machine-checked; the page was read by hand on 8 August 2026 and that confirmation is now recorded in the source checker rather than reported forever as an outstanding task.

Verification

- New validator: retired guidance cannot reappear. Nine superseded phrases — including the silicon-entity branch, "ten route identities", "care bridge fails", and "fresh-air route" — now fail the build if they return to any chapter except the version history and source notes, which exist to record what older releases said. Verified against the pre-revision files.
- Field Note headings orphaned their own kickers across the whole shelf. `break-after: avoid-page` was set but not `break-inside`, and the "FIELD NOTE nn" label is a block in `::before`, so Chromium parked the label at one page foot and began the next page with an unlabelled heading.
- `verify_layout` now matches markers across hyphenated line wraps: the A4/2 column breaks "powered-device" at its own hyphen, and collapsing whitespace turned a present, legible heading into a missing marker.
- `verify_sources` retries once on curl code 000. Several cited authorities rate-limit, and a checker that reports a slow ministry as a dead link is one nobody runs before a release.
- Breadth and continuity markers in the validators were pinning headings when their job is to guarantee subjects stay covered; they now say so, and hold no apostrophes, since pandoc smart-quotes the output.

4.14.0-alt.2 — 6 August 2026 [ref.2.6]

Figures and templates become different objects

- Every reader-facing resource now declares one of two public types: **Figure · Read only** or **Template · Write**.
- The eight local-information sheets completed by deployers are figures because readers use the installed copies as reference; they are replaced rather than edited when facts, privacy, condition, or review dates change.
- Every one of the 49 figures and 10 templates carries a title, stable reference, and short description.
- Former form references for migrated local figures remain available as legacy anchors rather than being reused for another meaning.

Rendering and public documentation follow the source of truth

- Figure and template wrappers now group type, title, stable reference, short description, content, and related-resource links as one visual object.
- The Grey Book separates local reference figures from reusable templates; the Copper Book generates the corresponding catalogues.
- README, deployment instructions, roadmap, landing metrics, downloads, and the feedback path now use the same two-type vocabulary.
- Clean standalone builds remove stale pre-Grey-Book output names before rendering, while selected guide builds refresh diagrams and inventories first.

Verification

- Validators require title, stable reference, short description, and use mode for every indexed figure and template, exactly ten writable templates, exactly eight deployer-completed local figures, and read-only semantics for every figure.
- Six master editions, 66 standalone PDF editions, and the complete responsive site pass reference, migration, layout, density, accessibility, overflow, browser, and release-matrix checks.

4.14.0-alt.1 — 6 August 2026 [ref.2.7]

Experimental full synthesis of the mature 4.13 release machinery with the 4.x-alt editorial line. The guide becomes an eleven-book shelf with colour titles, adult humour, the Green Body Owner's Manual, Purple Social Field Guide, and Orange Natural Disasters book as canonical members. Standalone editions begin with reader questions rather than graph governance. Safety remains decisive at real red flags but no longer supplies the tone of every page.

4.13.1 — 2 August 2026 [ref.2.8]

The render environment is explicit

- Offline Vega-Lite charts now use a tracked Fontconfig profile rather than inheriting unrelated host desktop configuration fragments.
- Diagram labels request the available bold weight instead of an unavailable black weight that caused fallback messages.

Renderer warnings become release failures

- Successful SVG rasterization now forwards stderr instead of discarding it.
- A new smoke validator renders all eight quantitative figures in a temporary directory, checks the exact SVG/PNG set, and requires zero stderr.
- Reader routes, claims, forms, sources, graph identities, and the 60 standalone PDF editions remain otherwise unchanged.

4.13.0 — 2 August 2026 [ref.2.9]

Responsibility and Care becomes a detachable route

- A now builds from the canonical responsibility and care chapter in A4, A4/2, and large-print colour/monochrome editions

without copying reader prose.
- Five local sources, five owned reader visuals, seven linked Blue Book forms, graph handoffs, and generated Sources and limits remain attached.

Safety comes before the verdict

- A four-clock route separates live harm, continuing effects, repair, and ongoing care before blame or explanation.
- New figures cover the responsibility clocks, the five-step repair sequence, consent/capacity/authority boundaries, and care continuity.
- Apology, acceptance, forgiveness, legal liability, and completed repair remain distinct claims.

All ten graph identities are now standalone families

- The released set is O, A, B, C, D, H, Z, P, T, and R, totalling 60 standalone PDF editions.
- Build evidence does not decide liability, capacity, consent, forgiveness, or whether a real repair or care handoff succeeded.

4.12.0 — 2 August 2026

[ref.2.10]

Every detached route states its contract

- Each released standalone family now states its inside scope, deliberate boundary, canonical aliases, exit rule, and local resource map.
- Standalone manifests record linked figure, form, support, and route references so completeness is checked across A4, A4/2, large print, colour, and mono.

Figures and forms carry their context

- Figure cards now carry stable addresses, owning route identity, pattern, glyph, reader question, and paired Blue Book forms.
- All eighteen canonical forms carry a generated route band with privacy class, route chips, related figures, and support-service references.
- Reference and Professional Support expose generated relationship maps instead of maintaining duplicate contact, diagram, and fillable-field tables.

Clearer language keeps the same address

- Professional Support now distinguishes reaching a service from confirming a usable outcome, backup, owner, and review time.
- The appendix maps eight legacy situation doors into ten maintained route identities and keeps writable facts in T — Templates.
- Five rewritten headings retain their previous stable public references; a wording improvement does not retire a resource that still exists.

4.11.0 — 2 August 2026

[ref.2.11]

Outage and continuity becomes a detachable route

- Z now builds from the canonical outage, disaster, and continuity chapter in six layout/mode editions without copying reader prose into a second source.

- The standalone family carries four local sources, seven owned reader visuals, complete graph handoffs, and generated Sources and limits.

Warning channels gain a local operational source

- The initial verification route now cites current BBK information for NINA and Cell Broadcast.
- Short direct warnings remain paired with fuller official information channels rather than being treated as complete incident instructions.

Nine standalone families share one canonical source tree

- The released set is O, B, C, D, H, Z, P, T, and R, totalling 54 standalone PDF editions.
- A remains master-only. Build evidence does not claim that a real outage, evacuation, supply route, or household continuity plan was field-tested.

4.10.0 — 1 August 2026 [ref.2.12]

Orientation becomes a detachable route

- O now builds from the canonical Small-Room Observatory chapter in six layout/mode editions without copying the master cover or duplicating its emergency gate.
- The standalone family carries eleven local sources, four owned visuals, complete graph handoffs, and generated Sources and limits.

Threat and safe place becomes a detachable route

- D now builds from its owned threat-clock section and the complete safe-place chapter in A4, A4/2, and large-print colour/monochrome editions.
- Eight operational sources and four reader visuals remain attached to the route, including destination confirmation, communication access, and the remaining-reserve model.

Eight standalone families share one canonical source tree

- The released set is O, B, C, D, H, P, T, and R, totalling 48 standalone PDF editions.
- A and Z remain master-only. Build evidence does not claim that a local bed, service, safe place, or real-crisis route was available or successfully used.

4.9.0 — 1 August 2026 [ref.2.13]

Observation gets a visible first route

- Added a first-90-seconds body/room/attention scan before the explanatory material in the Small-Room Observatory.
- Added four diagrams for the scan, interoception loop, signal/story/question sequence, and bounded three-minute observation.
- Made the stop condition and “no improvement is a result” boundary explicit so observation does not silently become delay.

A suggested safe place must become an operational destination

- Reworked the four-way route map and communication card into shorter, large-label operational graphics.
- Added a confirmation packet for destination, availability, access, arrival, backup, and escalation.
- Added a reserve-clock route that calls and moves before access or essential care fails, while refusing unsupported generic runtime promises.

Candidate coverage is not a release claim

- O and D now each own four source-backed reader visuals and cross the numerical standalone-candidate screen.
- Both remain inside the complete guide until standalone extraction, layout, accessibility, and usability review are completed.

4.8.0 — 27 July 2026 [ref.2.14]

The project becomes a usable web surface

- Replaced the single landing document with responsive project, deployment, download, and 404 pages built entirely from local assets.
- Added route-aware navigation, release metrics, evidence boundaries, themes, mobile navigation, and a self-contained guide/route package.

Deployment becomes interactive without becoming a database

- Added a local-only six-step checklist, progress display, reset, and copied summary beside privacy, format, mounting, maintenance, and operator guidance.
- Stored only generic completion keys and explicitly prohibited sensitive local facts in the browser interface.

Publication remains an explicit operation

- Added browser QA for desktop/mobile layout, overflow, console errors, remote requests, theme changes, planner persistence, and download filtering.
- Added a GitHub Pages workflow and optional reviewed custom-domain variable; ordinary builds and local releases still do not publish or deploy anything.

4.7.0 — 26 July 2026 [ref.2.15]

First aid becomes a detachable field guide

- C now builds from its owned pain route and the canonical first-aid chapter in six standalone layout/mode editions.
- The release gate requires seven local sources, five owned reader visuals, local end matter, graph handoffs, tagging, geometry, and semantic parity.

Professional support gains an operational visual set

- Added a six-field call packet, layered-support map, and professional-route selector beside complete text and table fallbacks.
- P now builds independently with five operational sources and four reader visuals across A4, A4/2, and large-print color/mono

editions.

Six standalone families share one source tree

- The graph hub and release matrix now cover B, C, H, P, T, and R.
- The remaining O, A, D, and Z nodes stay in the complete guide until they pass equivalent source, visual, layout, accessibility, and usability review.

4.6.1 — 26 July 2026 [ref.2.16]

The installation becomes testable

- Added wet-room installation, route-drill, first-aid-figure-review, and maintenance sheets to the Blue Book.
- Made glare, reach, one-handed page turning, moisture, privacy, and physical replacement observable deployment checks rather than prose reminders.

Coverage becomes generated evidence

- Added a ten-node source, section, visual, provenance, and standalone-readiness matrix generated from canonical registries.
- Embedded the report in Reference and made stale coverage fail local builds and CI.
- Added four stable form references while preserving the retired-ID boundary.

4.6.0 — 26 July 2026 [ref.2.17]

The Blue Book externalizes useful facts

- Added T — Templates as a standalone family with detachable location, call, contact, comfort, observation, safe-place, continuity, feedback, remarks, and activity sheets.
- Split author, deployer, reader, and helper responsibilities so the person using the guide is not silently assigned maintenance of the installation.
- Added privacy-aware deployment fields and a full installation/maintenance manual.

Reference becomes an addressable system

- Added stable typed IDs for sections, forms, figures, contacts, deployment fields, and glossary terms.
- Added a generated global index, diagram index, contact collection, deployment-field index, glossary, and form index to R — Reference.
- Released R as a standalone A4, A4/2, and large-print color/mono family.
- Expanded the graph to ten identities while keeping page and hierarchical numbers as non-canonical navigation aids.

First aid explains the mechanism without inventing one

- Separated the 112 call from later actions in the first-minute flowgraph.
- Added chest-location, AED-action, and recovery-position diagrams and wrote out CPR and AED.

- Replaced the “reboot” metaphor with the accurate rhythm-analysis/shock model, explained rescuer switching and 30:2, and added short reasons beside wound, shock, burn, fracture, and spine actions.
- Made effective coughing the first choking principle and declined to publish unreviewed self-manoeuvres.

Project and release packaging become complete

- Added a project landing page, deployment instructions, stable revision footers, reproducible build metadata, and a hashed release manifest.
- Added CI for every master and B/H/T/R layout/mode/format combination.
- Added validators for the stable reference registry, landing package, complete build matrix, and false publication/deployment claims.

4.5.0 — 26 July 2026

[ref.2.18]

Graph-linked subguides become real objects

- Froze nine graph identities with unique code, pattern, glyph, title, and colour channels, plus reciprocal edge validation and a complete text directory.
- Added a responsive graph hub and local “you are here” maps that preserve direct emergency routes instead of making the graph a queue before help.
- Built B — Alarm and Calm and H — Air, Smell, and Environment as standalone A4, A4/2, and large-print color/monochrome families from the same canonical prose used by the master.
- Added per-subguide covers, position/version metadata, introductions, handoffs, and source-complete local end matter generated from the canonical registry.

Better models and operational pictures

- Added B’s four-channel alarm map and conceptual load/headroom model, with explicit limits against treating either as a diagnostic score.
- Added H’s indoor/outdoor/uncertain source-location map and five-field hazard handoff card.
- B and H now each carry four canonical visuals with adjacent text fallbacks and non-colour encodings.
- Added identity/grouping contact sheets and selected the quieter nine-node core over a noisier split-route prototype.

Release engineering

- Added validators for source/section/figure ownership, graph reciprocity, identity uniqueness, A4/A4/2/large-print parity, PDF tagging and geometry, source blocks, semantic text, and reproducible hashes.
- Fixed the screen shell so standalone pages without a contents rail use the full reading measure rather than reserving an empty navigation column.

4.4.1 — 22 July 2026

[ref.2.19]

Common continuity synthesis

- Preserved the 4.3.1 observatory, safety routing, evidence limits, accessibility, source freshness, and six-edition print

architecture while reviewing the alternate source tree section by section.
- Accepted compatible ownership, handoff, access, and human-factors material; rejected unsupported medical, survival, legal, and developmental claims.
- Added eight structured household-continuity systems, five first-meeting roles, two generated figures, and validation for dependencies, sources, owners, backups, text equivalents, and denied claims.
- Expanded the outage guide with capability inventory, visible task ownership, review times, failure routes, and a route for dissent.

4.3.1 — 22 July 2026 [ref.2.20]

Navigation and release hygiene

- Corrected the mixed situations identity to B–F while preserving a named handoff to the dedicated Situation G guide.
- Restored executable validator modes and made script permissions part of the release contract.
- Aligned source, renderer, registry, and cover metadata at 4.3.1.

Reviewed space instead of merely filling it

- Reviewed the seven sparsest A4 pages and retained each as writable space, safety buffer, chapter opener, handoff, or reference boundary.
- Preserved the 88-page A4, 87-page A4/2, and 139-page large-print envelope.
- Added plans for graph-linked subguides, 48–60 reviewed visuals, and generated Sources and limits at the end of each future subguide.

4.3.0 — 22 July 2026 [ref.2.21]

Situation G becomes a router, not a shrug

- Split “no safe place” into violence/coercion, no roof tonight, access or essential-care failure, and social/internal crisis.
- Added national service routes where they genuinely exist and explicit local fields where municipalities, shelters, transport, and after-hours services differ.
- Added a safe-place handoff that asks for a confirmed destination, access method, backup, and escalation condition rather than accepting “try elsewhere.”

Communication is part of safety

- Added six structured communication/access profiles and a minimal written emergency card.
- Added sign-language, text, easy-language, and online access metadata where the relevant German service publishes it.
- Added generated safe-place and communication-access maps while keeping the prose complete without colour or diagrams.

Large print and freshness

- Added color and monochrome A4 large-print editions with materially larger typography rather than a browser zoom instruction disguised as a format.
- Added image-alt, heading-order, tagging, blank-page, geometry, page-growth, and color/mono parity checks.

- Added dated operational-source windows and deterministic stale-source tests so a once-correct telephone route cannot age invisibly inside the guide.

4.2.0 — 22 July 2026 [ref.2.22]

Eighth door: environmental danger

- Added Situation H for fire, smoke, CO, gas, chemicals, electricity, and the important distinction between an indoor source and an outdoor official shelter warning.
- Implemented the two-pass route promised in the roadmap: life/medical, violence/crime, and environment overrides first; observable need second; dependency modifiers after the route.
- Reworked Situation F so ordinary smell troubleshooting begins only after the hazard gate is negative.

Existing-guide enhancements

- Added a complete essential-medication and powered-device interruption route to the outage guide, including approved backup, early calls, powered destination, transport, access, and a fillable handoff.
- Added a concise hazard handoff and after-action recovery steps rather than ending the route at “leave.”

Data and visualization foundations

- Added structured route and de-DE locale registries with reviewed source IDs, destination types, service scopes, seven current poison centres, warning channels, and fields that must be supplied locally.
- Added three generated views of the data: two-pass architecture, hazard override matrix, and essential-care continuity map.
- Added route-specific validation so diagrams and chapters cannot quietly drift away from the registry.

4.1.2 — 22 July 2026 [ref.2.23]

A4/2 vertical field guide

- Added a true 105 × 297 mm color and monochrome edition rather than scaling an A4 page until the type surrendered.
- Preserved one-column reading while adapting wide tables, equations, evidence figures, emergency cards, footnotes, code blocks, and cover geometry.
- Added numbered “FIELD NOTE” headings and “LOOK CLOSER” figure bands to make the long narrow pages feel like a browsable field manual rather than a receipt from a very anxious pharmacy.

Layout verification

- Added full-PDF render checks for geometry, tagging, blank pages, edge collisions, extracted-text markers, and color/mono contact sheets.
- Kept the standard A4 editions and made both page families part of the same validated build.

Next-minor preparation

- Prepared separate 4.2.0 improvement and extension tracks with content packets, source gates, flowgraph changes, and definitions of done.

4.1.1 — 22 July 2026 [ref.2.24]

Bounded facts return

- Added a structured evidence registry containing the values, evidence class, denominator, source, and practical limit for every new quantitative figure.
- Added eight diagrams covering evidence roles, GAD-7 external validation, breathwork trial design, reproductive-health denominators, the stroke urgency model, household water planning, repeated sleep restriction, and social connection associations.
- Restored notable numbers only where the source supports their exact wording; emergency protocols remain dominant over all estimates and models.

Research and writing

- Compared the famous original GAD-7 accuracy estimates with a later pooled diagnostic-accuracy review instead of treating one study as permanent calibration.
- Distinguished lifetime prevalence, rare-event incidence, randomized results, observational odds ratios, and literature-derived models in both prose and diagrams.
- Maintained the warm, slightly dry Flo voice while keeping humour outside the red-flag-to-action interval.

Engineering and roadmap

- Replaced the legacy monolithic scientific generator and removed deprecated generated figures during the canonical build.
- Added registry and diagram expectations to validation and source policy.
- Added a roadmap for hazard overrides, vulnerability modifiers, locale data, accessibility, household continuity, and future evidence visualizations.

4.0.1 — 22 July 2026 [ref.2.25]

Full v3.3 content parity on the v4 safety core

- Restored the complete seven-door guide topology, target audience, notation legend, flowchart legend, current-status prompt, quick routes, and safe text master tree.
- Reintroduced all Situation A branches: pregnancy before birth, unexpected birth, postpartum period, child and adult dependants, ambiguous duties, harm, ongoing care, animals, and the escaped silicon life form.
- Expanded anxiety, panic, GAD-7 context, pain communication, danger and digital safety, cognitive overload, smell troubleshooting, and no-place planning.
- Restored the full calm-guide breadth: permission, grounding, optional breathing patterns, Yerkes–Dodson context, cautious polyvagal language, comfort inventory, leaving scripts, help requests, smalltalk, and low-demand activities.

- Restored first-aid triage, wounds, shock, burns, fractures, electrical injury, vital observations, kit planning, waiting guidance, and non-physical crisis parallels.
- Restored nature/disaster priorities, shelter, thermoregulation, food, energy, environmental observation, cooperation, communication scaling, Dunbar context, governance models, group psychology, and Ostrom's principles.
- Restored the IASC support pyramid, therapy-evidence boundaries, friend-support guide, legal-navigation section, medical/social directories, housing packet, quick-reference card, and comprehensive local fields.
- Restored the appendix cross-reference, diagram index, extended formula index, complete safe text tree, fillable fields, deployment/update protocols, and notes pages.
- Expanded source coverage to match the subject breadth of v3.3.

Safety-preserving rewrites

- Kept red-flag dominance and corrected 112/110/116 117 routing from v4.
- Replaced the fictional universal cortisol-decay curve with a labelled conceptual step model.
- Replaced pain "physiological correlates" and home vital-sign clearance thresholds with observation and escalation guidance.
- Replaced match-based smell treatment, concentration-free bleach dosing, unsafe foraging, tactical self-defence, deterministic attachment/development claims, therapy-response promises, and personal survival percentages.
- Added explicit limits to Yerkes–Dodson, polyvagal, Dunbar, game-theory, survival, heat-balance, and screening content.
- Removed passwords, PINs, key locations, and similar secrets from shared fillable-print recommendations.

Writing and usability

- Reworked the full guide in the concise, warm, technically suspicious-of- nonsense voice established by v4.
- Preserved humour without placing jokes between a red flag and the emergency action.
- Separated "do now" instructions from "understand later" material so extensive content does not obstruct urgent use.

4.0.0 — 17 July 2026

[ref.2.26]

Technical realization

- Replaced CDN MathJax and timed browser waiting with native MathML.
- Removed brittle cover-document CSS merging; chapters and cover share one semantic document.
- Added a Pandoc template with table of contents, mobile navigation, theme toggle, reading progress, and print action.
- Rebuilt print CSS around an enforced A4 single-column invariant.
- Added an independent monochrome layer without copying the full stylesheet.
- Added Chrome and WeasyPrint PDF backends consuming identical HTML.
- Added structural, safety-wording, MathML, image, A4, and page-count validation.

- Fixed chapter assembly so repeated YAML frontmatter does not leak into output.

Orientation and UI

- Replaced route-first diagrams with a portrait, red-flag-first flowgraph.
- Added four explicit destinations and a reassessment loop.
- Reduced decorative cards and gradients in favour of a bathroom-tile, high-contrast utilitarian system.
- Improved mobile contents navigation and print table/figure behaviour.

Content and evidence

- Corrected newborn/medical routing from 110 to 112.
- Removed concentration-free bleach dosing, unsafe foraging advice, match-based smell advice, pain “physiological correlates,” and fictional cortisol decay.
- Reframed GAD-7 and pain scales as communication/screening tools, not triage.
- Rewrote CPR, bleeding, burn, stroke, poisoning, anaphylaxis, crisis, violence, water, outage, pregnancy, and caregiver sections against authoritative sources.
- Marked every formula as protocol, descriptive equation, conceptual model, or mnemonic.
- Expanded current German help numbers and source annotations.

Earlier versions [ref.2.27]

VERSION	DATE	SUMMARY
3.4	2026-06-10	experimental multi-backend and two-column work
3.3	2026-05/06	extensive content/reference edition preserved in archive
3.2	2026-05-03	formula and scientific-diagram expansion
3.0	2026-05-01	modular content and source chapter
2.0	2026-04-29	pixel assets and themed HTML/PDF
1.0	2026-04-29	initial guide

Version 4.0.0 deliberately removed several “scientific-looking” claims from 3.x. Version 4.0.1 restored the **breadth**, not the mistakes. Version 4.1.1 restores selected **numbers**, but only with visible scope, denominator, uncertainty, and limit. More content is useful only when its boundaries remain visible.

Sources and Evidence Notes

[ref.3]

Emergency routes, German service information, and medical, legal-aid, preparedness, postpartum, fracture, burn, and hypothermia material were reviewed for **22 July 2026**. Selected operational sources were re-checked on **8 August 2026**: BBK household water planning and outage guidance, DRK hypothermia, the 116 117 / 112 boundary, 115 access channels, and the disaster-

cooperation literature. A refresh date applies only to the sources actually opened that day; it is not a blanket claim about every external page.

Official and primary sources are preferred. A link is not evidence by itself; the guide records what each source supports and what it does **not** support.

Evidence hierarchy used here [ref.3.1]

1. current official emergency and public-health guidance;
2. current professional guidelines and systematic reviews;
3. primary research for narrowly described findings;
4. classic theory and historical texts for background;
5. conceptual models and mnemonics labelled as such.

No philosophical text, social-science model, screening score, home device, or attractive equation overrides emergency symptoms or dispatcher instructions.

Source status — a second axis [ref.3.2]

Evidence class answers *what kind of claim is this?* Source status answers *what job is it allowed to do in the current guide?* The two are independent: a classic paper can be excellent scholarship and still not be an emergency protocol, and a current service page can go stale without becoming bad scholarship.

- **Current operational** — supports a present action, route, service fact, or safety boundary.
- **Current optional** — useful explanation or context; not required to act.
- **Contested / approximate** — retained only with an explicit dispute or approximation label.
- **Historical** — kept to explain an older design, theory, or release.
- **Superseded** — deliberately replaced. It may stay findable for provenance, and must not be reused as current guidance.

Where a section below carries a status line, that status governs how the material may be used.

Bathroom-scale body and perception science [ref.3.3]

- **Jenkinson PM, Fotopoulou A, Ibañez A.** “Interoception in anxiety, depression, and psychosis: a review.” *eClinicalMedicine* 73 (2024):

  102673. Interoception includes sensing, interpretation, integration, regulation, and prediction; heartbeat-detection accuracy does not show a simple reliable increase in anxiety. https://pmc.ncbi.nlm.nih.gov/articles/PMC11169962/

- **Taché Y, Bonaz B.** “Neuroendocrine control of the gut during stress.” *Annual Review of Physiology* 69. Stress-related signalling can inhibit upper-GI motor function and stimulate colonic propulsive activity. https://pmc.ncbi.nlm.nih.gov/articles/PMC2714186/

- **Reinhart PN et al.** "Effects of Reverberation and Compression on Consonant Identification in Individuals with Hearing Impairment." *Ear and Hearing* 37 (2016). Tiled bathrooms are used as a high-reverberation everyday example; actual rooms vary substantially. https://pmc.ncbi.nlm.nih.gov/articles/PMC4767560/
- **Sarigiannidis I et al.** "Anxiety makes time pass quicker while fear has no effect." *Cognition* 197 (2020): 104116. Three laboratory experiments found anxiety-related underestimation of elapsed duration. https://pmc.ncbi.nlm.nih.gov/articles/PMC7033556/
- **Shields GS, Sazma MA, Yonelinas AP.** "The Effects of Acute Stress on Core Executive Functions." *Neuroscience & Biobehavioral Reviews* 68 (2016): 651–668. Meta-analysis of 51 studies and 2,486 participants. https://pmc.ncbi.nlm.nih.gov/articles/PMC5003767/
- **Lieberman MD et al.** "Subjective Responses to Emotional Stimuli During Labeling, Reappraisal, and Distraction." *Emotion* 11 (2011): 468–480. Four experiments on affect labeling and self-reported affect. https://pmc.ncbi.nlm.nih.gov/articles/PMC3444304/
- **Khurana RK et al.** "The Implications of the Diving Response in Reducing Panic Symptoms." *Frontiers in Psychiatry* 12 (2021): 798664. Small experimental study of cold facial immersion; not a universal treatment protocol. https://pmc.ncbi.nlm.nih.gov/articles/PMC8667218/
- **Espeland D et al.** "Health effects of voluntary exposure to cold water—a continuing subject of debate." *International Journal of Circumpolar Health* 81 (2022). Distinguishes diving and cold-shock responses. https://pmc.ncbi.nlm.nih.gov/articles/PMC9518606/
- **da Silva RMFL.** "Syncope: epidemiology, etiology, and prognosis." *Frontiers in Physiology* 5 (2014): 471. Situational syncope includes episodes associated with urination, defecation, coughing, visceral pain, and straining. https://pmc.ncbi.nlm.nih.gov/articles/PMC4258989/
- **Sinding C et al.** "New determinants of olfactory habituation." *Scientific Reports* 7 (2017): 41047. Repeated or continuous sensory input can produce reduced responsiveness; habituation is not a safety test. https://pmc.ncbi.nlm.nih.gov/articles/PMC5264389/

Limit

These studies illuminate mechanisms and average effects. They do not diagnose a reader, identify a gas, explain every faint, or convert a familiar symptom into a harmless one.

First aid and emergency response

[ref.3.4]

1. **European Resuscitation Council — Guidelines 2025.** Adult basic life support, first aid, paediatric and newborn guidance, AED use, and emergency activation. https://www.erc.edu/science-research/guidelines/guidelines-2025/guidelines-2025-english/

2. **ERC — Guidelines 2025 for Everyone.** Layperson summary emphasizing early recognition, emergency activation, compressions, and AED use. https://www.erc.edu/media/p5ymaeej/gl2025_layperson_book_ipdf-v11-e.pdf
3. **German Red Cross — Finding a person in an emergency.** Scene safety, response, breathing, recovery position, emergency call, and CPR. https://www.drk.de/hilfe-in-deutschland/erste-hilfe/auffinden-einer-person/
4. **German Red Cross — Severe bleeding.** Direct pressure, wound care, warmth, monitoring, and emergency activation. https://www.drk.de/hilfe-in-deutschland/erste-hilfe/blutungen-und-blutstillung/blutungen/
5. **German Red Cross — Burns and scalds.** Current public cooling duration, sterile loose covering, and prevention of hypothermia. https://www.drk.de/hilfe-in-deutschland/erste-hilfe/verbrennungen/
6. **German Red Cross — Fractures.** Avoid movement and repositioning, support the limb, cover open injuries, and obtain emergency care. https://www.drk.de/hilfe-in-deutschland/erste-hilfe/knochenbruch/knochenbrueche/
7. **German Red Cross — Chemical burns.** Self-protection, removal of contaminated clothing, and immediate irrigation. https://www.drk.de/hilfe-in-deutschland/erste-hilfe/veraetzungen/
8. **German Red Cross — Hypothermia and frostbite.** Slow warming, no rubbing or intense direct heat, protection from further cold, and 112. https://www.drk.de/hilfe-in-deutschland/erste-hilfe/erfrierungen-und-unterkuehlungen/
9. **gesund.bund.de — Emergency numbers.** Official German distinctions among 112, 110, 116 117, poison centres, and crisis routes. https://gesund.bund.de/notfallnummern

Limits

- The guide does not reproduce a full first-aid course.
- “Golden hour” is used as an urgency heuristic, not a 60-minute biological deadline.
- Home vital signs can inform a call; they cannot safely clear red flags.

Survival and emergency preparedness

[ref.3.5]

10. **Bundesamt für Bevölkerungsschutz und Katastrophenhilfe (BBK).** *Vorsorgen für Krisen und Katastrophen* and current checklists: warning, water, food, medication, power, evacuation, hygiene, and individual needs. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Ratgeber-Checkliste/ratgeber-checkliste_node.html
11. **WHO — Technical Notes on Drinking-Water, Sanitation and Hygiene in Emergencies.** Water-treatment principles and limits of household methods. https://www.who.int/publications/m/item/technical-notes-on-drinking-water-sanitation-and-hygiene-in-emergencies

12. **Federal Office of Civil Protection — NINA warning information.** Official warning channels and public preparedness context. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Warn-App-NINA/warn-app-nina_node.html

Limits

- **Current operational BBK wording:** an adult needs at least **1.5 L of fluids per day**, and about **0.5 L of water per day extra** should be allowed when cooking is planned. The preparedness target is ideally ten days, with BBK noting that even three days already helps and can be built up gradually.
- The **2 L/person/day** figure is Olive's own drinking-plus-cooking planning convention. It is a convenient sum, not BBK's stated physiological requirement, and not an individual medical prescription.
- The guide does not print universal bleach dosing, wild-food lists, or personal survival probabilities.
- Shelter guidance must yield to official fire, flood, storm, and chemical instructions.

Electricity safety and basics [ref.3.6]

13. **German statutory accident insurance and fire-service public guidance.** General electrical safety, disconnection before contact, and professional repair. The guide uses the conservative rule: do not touch a casualty until power is safely isolated and call 112 for significant exposure.
14. **BBK outage preparedness.** Battery lighting, radio, charging, medication, food-safety, and household continuity guidance.

Limits

The guide does not teach back-feeding, generator wiring, mains repair, or improvised high-voltage work.

Nutrition and emergency food [ref.3.7]

15. **BBK preparedness guide.** Familiar shelf-stable foods, individual dietary needs, storage planning, and household stock rotation.
16. **Federal and local food-safety guidance.** Refrigeration failure, flood contamination, and discard decisions should follow current incident-specific instructions.

Limits

Smell is not a complete food-safety test. Calorie formulas and emergency unverified wild-food lists are not used as action guidance.

Water purification and clearing [ref.3.8]

17. **WHO WASH technical notes.** Sedimentation, filtration, disinfection, safe storage, and chemical-contamination limits.
18. **Local water supplier and health authority notices.** Boil-water and do-not-use instructions are source- and incident-specific.

Limits

Cloth filtering removes visible particles but does not reliably disinfect. Boiling does not remove fuels, solvents, salts, pesticides, or radioactive contamination.

Child development [ref.3.9]

19. **WHO Motor Development Study** and pediatric developmental guidance. Milestones occur across broad windows and are interpreted with clinical and social context.
20. **German pediatric preventive-care routes.** Development, hearing, vision, feeding, movement, language, regression, and caregiver concerns belong in pediatric assessment rather than internet deadline tables.

Limits

The guide does not diagnose development, attachment, autism, language disorder, or parenting quality from a single milestone or one stressful interaction.

Mental health best practices [ref.3.10]

21. **World Health Organization — Doing What Matters in Times of Stress** (2020). Grounding, unhooking, values, and small practical actions. https://www.who.int/publications/i/item/9789240003927
22. **gesund.bund.de — Managing psychological crises.** Safety escalation, professional support, social connection, and caution around self-help when symptoms are severe. https://gesund.bund.de/mit-psychischen-krisen-umgehen
23. **gesund.bund.de — Social psychiatric service.** Low-threshold public crisis support for affected people and relatives. https://gesund.bund.de/sozialpsychiatrischer-dienst
24. **Inter-Agency Standing Committee — MHPSS Guidelines.** Layered support from basic safety and services through community, focused, and specialized care. https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007

Anxiety assessment — GAD-7 [ref.3.11]

25. **Spitzer RL et al.** "A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7." *Archives of Internal Medicine* 166 (2006): 1092–1097. https://doi.org/10.1001/archinte.166.10.1092

The instrument covers the preceding two weeks. It is a screening and communication tool, not acute medical triage.

Pain assessment — NRS [ref.3.12]

26. **Hjermstad MJ et al.** Comparison of numerical, verbal, and visual analogue pain scales. *Journal of Pain and Symptom Management* 41 (2011): 1073–1093. https://pubmed.ncbi.nlm.nih.gov/21110961/

Pain intensity is patient report. It does not directly encode tissue damage, physiology, or emergency severity.

Stress and cortisol research [ref.3.13]

27. **McEwen BS and related allostatic-load literature.** Stress physiology is dynamic and context-dependent.

28. **Arnsten AFT.** Stress-signalling effects on prefrontal function provide background for simplified action queues.

Limit

The former $C(t) = C_0 e^{-\lambda t}$ "cortisol decay" line was fictional as a universal personal curve and remains removed. The replacement arousal equation is explicitly conceptual.

Heart-rate variability [ref.3.14]

29. HRV research describes variation in intervals between heartbeats and is sensitive to measurement conditions, breathing, posture, device quality, age, and health.

Limit

The guide does not use HRV to diagnose safety, trauma state, vagal function, or whether a person may ignore emergency symptoms.

Physiological sigh and breathing research [ref.3.15]

30. **Balban MY et al.** "Brief structured respiration practices enhance mood and reduce physiological arousal." *Cell Reports Medicine* 4 (2023), 100895. https://doi.org/10.1016/j.xcrm.2022.100895

The trial studied repeated daily practice. It does not prove that one sigh treats every acute panic episode.

Cognitive-load theory [ref.3.16]

31. **Cowan N.** "The magical number 4 in short-term memory." *Behavioral and Brain Sciences* 24 (2001): 87–114. https://doi.org/10.1017/S0140525X01003922

32. **Sweller and later cognitive-load literature.** Distinguishes task complexity from avoidable presentation load.

Limit

Working-memory estimates are design clues, not fixed personal capacities or clinical tests.

Dunbar numbers — social-brain hypothesis [ref.3.17]

Status: current optional background. Moved out of Olive's operational path; no group-size threshold decides when a household needs a shared log.

33. **Dunbar RIM.** "Neocortex size as a constraint on group size in primates." *Journal of Human Evolution* 22 (1992): 469–493.

Nested social-network values are approximate population findings. The guide uses them only to explain why larger groups need structures and records.

Ostrom — commons governance [ref.3.18]

Status: current optional background, for sustained shared-resource problems only. Not a first-minutes emergency constitution.

34. **Ostrom E.** *Governing the Commons* (1990).

35. **Ostrom E.** Nobel lecture, “Beyond Markets and States” (2009). https://www.nobelprize.org/prizes/economic-sciences/2009/ostrom/lecture/

The eight principles summarize patterns in durable self-governed commons. They are not a universal emergency constitution.

IASC — mental health and psychosocial support [ref.3.19]

36. **IASC MHPSS Guidelines** (2007), source 24 above.

The pyramid supports a crucial distinction: basic safety, family/community support, focused help, and specialized treatment complement one another.

Therapy effectiveness [ref.3.20]

37. **Hofmann SG et al.** Review of cognitive behavioural therapy meta-analyses. *Cognitive Therapy and Research* 36 (2012): 427–440.

38. **Shedler J.** Review of psychodynamic psychotherapy evidence. *American Psychologist* 65 (2010): 98–109.

39. Condition-specific guidelines from professional and public-health bodies should guide treatment selection.

Limit

Universal therapy response percentages are not personal promises. Evidence informs shared clinical decisions; method, diagnosis, severity, access, fit, and preference matter.

Olfactory science [ref.3.21]

40. Olfaction is strongly connected with emotion and memory, but that does not make scented smoke a safe intervention.

41. Fire, gas, poison, and occupational-safety guidance supports the guide’s conservative unknown-smell route: no flame, no switch, leave exposure, call from outside when danger is possible.

Caregiver burnout and overload [ref.3.22]

42. **gesund.bund.de — Overload among family caregivers.** Warning signs, counselling, respite, and crisis routes. https://gesund.bund.de/belastungen-pflegende-angehoerige

43. Caregiver-burden research supports the need for relief, rotation, and structural support; it does not assign one inevitable depression rate to every caregiver.

Stroke treatment [ref.3.23]

44. ERC and German emergency guidance support FAST recognition and immediate 112 activation. The guide records “last known well” but does not ask a lay reader to calculate treatment windows.

Burn assessment [ref.3.24]

45. Clinical tools such as Lund–Browder charts are intended for trained assessment. The lay guide prioritizes stopping the

burn, safe cooling, warmth, covering, and emergency escalation.

Seneca, Tao, and Stoic philosophy [ref.3.25]

Status: current optional / historical-philosophical background.

Seneca and Stoicism

46. Seneca's letters and Stoic traditions offer historical material on control, adversity, judgement, and action.

Tao Te Ching and Taoism

47. The *Tao Te Ching* offers philosophical reflection on non-forcing, simplicity, and flexibility.

I Ching

48. The *I Ching* is included only as cultural and philosophical background.

Limit

Philosophy can support reflection after immediate safety is secured. It does not replace emergency services, treatment, housing, or consent. Randomly opening a book is an activity, not evidence-based triage.

Psychology of masses, group dynamics, and sociology [ref.3.26]

Crowd psychology and social identity

Status: current operational support for Olive's cooperation-first framing. This literature, not game theory, carries the empirical weight for how people actually behave in emergencies.

49. **Drury J, Cocking C, Reicher S.** "Everyone for themselves? A comparative study of crowd solidarity among emergency survivors." *British Journal of Social Psychology* 48 (2009): 487–506. Interviews with survivors of eleven emergencies support an account in which shared identity can arise from the emergency itself and be associated with solidarity rather than automatic mass panic. https://doi.org/10.1348/014466608X357893

    Its companion for the recovery period is **Ntontis E, Drury J, Amlôt R, Rubin GJ, Williams R, Saavedra P**, "Collective resilience in the disaster recovery period," *British Journal of Social Psychology* 60 (2021): 1075–1095. Emergent social identity and observed social support were associated with collective efficacy, well-being, and the provision of support during recovery, not only during the acute event. https://doi.org/10.1111/bjso.12434

    Together these correct simplistic panic assumptions. They do not guarantee cooperation in every crowd or every disaster.

Conformity and obedience

50. Classic work by Asch, Milgram, and later researchers provides historical context but requires ethical and methodological interpretation.

Governance models

51. Ostrom, organizational theory, deliberative-democracy, sociocracy/consent, and emergency-management practice inform the comparison of coordination forms.

Sociology and power

52. Weber, Arendt, Foucault, and later social theory provide vocabulary for authority, bureaucracy, legitimacy, and power. They are background, not operational protocols.

Legal and professional standards

[ref.3.27]

53. **Official German Justiz-Services — Beratungshilfe.** Eligibility, application routes, documents, out-of-court scope, and current fee. https://service.justiz.de/beratungshilfe
54. **Official German Justiz-Services — Prozesskostenhilfe.** Financial support for eligible court proceedings. https://service.justiz.de/prozesskostenhilfe
55. **German statutory text — §32 StGB and surrounding law.** Primary legal text must be interpreted in case context by qualified counsel.

Limit

The guide does not provide case-specific legal advice or guarantee the result of self-defence, housing, criminal, family, or civil disputes.

Affect labelling and emotional regulation

[ref.3.28]

56. Research on affect labelling suggests that putting feelings into words can alter emotional processing for some people. The guide uses plain naming as an optional grounding step, not a guaranteed neural switch.

Hydration and cognition

[ref.3.29]

57. Hydration can affect wellbeing and cognition, especially with significant deficit, heat, illness, or exertion.

Limit

“Drink water” is not a universal treatment for panic or illness. Swallowing must be safe, and emergency symptoms require assessment.

Yerkes–Dodson law

[ref.3.30]

Status: current optional, approximate explanatory background.

58. **Yerkes RM and Dodson JD** (1908) and later performance research support a broad relation among arousal, task difficulty, and performance.

Limit

There is no single measurable optimum for every person and task. The guide uses it to justify simplifying tasks under high arousal.

Polyvagal theory

[ref.3.31]

Status: contested / approximate background.

59. Polyvagal language is widely used in therapy and popular education, while strong anatomical and evolutionary claims remain debated.

Limit

The guide uses connected/mobilized/shutdown language descriptively and does not present it as a complete diagnosis or settled mechanism.

Attachment, mismatch, and repair

[ref.3.32]

Status: Bowlby and Ainsworth are historical foundations; the operational claim rests on interaction research. Amber's "repair matters more than perfect attunement" was previously supported only by vague reference to "later rupture-and-repair research," which is not a citation.

60. **Bowlby J.** *Attachment and Loss* (1969). Historical foundation.
61. **Ainsworth MDS et al.** *Patterns of Attachment* (1978). Historical foundation.
62. **Müller M, Zietlow A-L, Klauser N, Woll C, Nonnenmacher N, Tronick E, Reck C.** "From Early Micro-Temporal Interaction Patterns to Child Cortisol Levels: Toward the Role of Interactive Reparation and Infant Attachment in a Longitudinal Study." *Frontiers in Psychology* 12 (2022): 807157. https://doi.org/10.3389/fpsyg.2021.807157 — supports interactive reparation as a real phenomenon worth naming. Amber's four-step repair script is a practical synthesis, not a validated diagnostic protocol.

Limit

Attachment categories are not assigned from one incident, a quiz, a single missed cue, or a bathroom conversation. Ordinary mismatch is not proof of relationship damage.

Postpartum depression

[ref.3.33]

63. **gesund.bund.de — Wochenbettdepression.** Distinguishes a brief baby blues from persistent depressive symptoms and emphasizes professional support. https://gesund.bund.de/wochenbettdepression
64. Psychiatric emergency guidance supports immediate 112 activation for acute self/baby danger, severe confusion, hallucinations, or delusional states.

Golden hour and trauma medicine

[ref.3.34]

65. Trauma systems emphasize early recognition and rapid treatment of serious injury. The "golden hour" is retained only as an urgency mnemonic.

Haemorrhagic shock classification

[ref.3.35]

66. Formal shock classes are clinical teaching tools. The lay guide instead uses severe bleeding, altered state, pallor/clamminess, weakness, collapse, and rapid breathing as reasons for 112 and direct pressure.

Anaphylaxis [ref.3.36]

67. ERC and allergy guidelines support immediate intramuscular adrenaline via a prescribed auto-injector, emergency activation, and avoidance of standing or walking during severe reactions.

Game theory and cooperation [ref.3.37]

Status: current optional explanatory background. Demoted from Olive's mainline: collective-resilience research, not the Prisoner's Dilemma, carries the empirical burden for real emergencies.

68. **Axelrod R.** *The Evolution of Cooperation* (1984) and repeated-game research provide background for visible rules, proportional response, and repair.

Limit

Game theory is explanatory. It does not reduce real people to fixed strategies, predict one real neighbourhood from a toy payoff matrix, or justify coercive resource control.

> **Game theory is not permission to call your neighbour "Player B" while taking his batteries.**

Thermoregulation [ref.3.38]

69. Basic heat-transfer physiology supports staying dry, blocking wind, insulating from ground, reducing heat exposure, and avoiding intense direct rewarming in suspected hypothermia.
70. Current DRK guidance, source 8 above, governs the first-aid actions used.

Reproductive health and medication [ref.3.39]

71. **Embryotox.** Evidence-based information and specialist counselling for medication during pregnancy and breastfeeding. https://www.embryotox.de/
72. **familienplanung.de.** Federal pregnancy and counselling information. https://www.familienplanung.de/beratung/beratungsstellensuche/

German crisis and support services [ref.3.40]

Status: current operational. These carry service facts that expire; each needs a checked date wherever a local deployment copies it.

73. **TelefonSeelsorge:** https://www.telefonseelsorge.de/
74. **Violence against Women Helpline:** https://www.hilfetelefon.de/
75. **Medical on-call service — 116 117.** The patient service states it is reachable around the clock, 24 hours a day and seven days a week, for urgent medical problems that are **not** life-threatening and cannot wait for the next regular practice opportunity. Life-threatening emergencies remain **112**. This is the boundary Blue, Olive, and Grey now route against. https://www.116117.de/de/aerztlicher-bereitschaftsdienst.php

76. **Nummer gegen Kummer:** https://www.nummergegenkummer.de/

Cyber incident branch [ref.3.41]

77. **Federal Office for Information Security (BSI).** Citizen and organizational incident information and reporting routes. https://www.bsi.bund.de/

Quantitative evidence figures [ref.3.42]

Each figure keeps its evidence class, denominator, scope, and practical limit beside the value.

78. **Spitzer RL et al.** "A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7." *Archives of Internal Medicine* 166 (2006): 1092–1097. Original primary-care validation at cut-off 10 reported 89% sensitivity and 82% specificity. https://doi.org/10.1001/archinte.166.10.1092

79. **Cochrane diagnostic-test-accuracy review (2025).** At cut-off 10 or the nearest available value, pooled sensitivity for generalized anxiety disorder was 0.64 (95% CI 0.56–0.72) and specificity 0.91 (0.87–0.93). Heterogeneity remained substantial. https://www.cochrane.org/evidence/CD015455_how-accurate-are-gad-7-and-gad-2-questionnaires-detecting-anxiety-disorders

80. **Balban MY et al.** "Brief structured respiration practices enhance mood and reduce physiological arousal." *Cell Reports Medicine* 4 (2023):

100895. Remote randomized study; 108 adults included, four conditions, five minutes daily for 28 days. https://doi.org/10.1016/j.xcrm.2022.100895

81. **World Health Organization.** *Infertility Prevalence Estimates, 1990–2021*, current fact sheet, and 2025 global guideline. Approximately 17.5% of adults—about one in six people of reproductive age—experience infertility during their lifetime. https://www.who.int/news-room/fact-sheets/detail/infertility

82. **VanderKruik R et al.** "The global prevalence of postpartum psychosis: a systematic review." *BMC Psychiatry* 17 (2017): 272. Five incidence studies ranged from 0.89 to 2.6 per 1,000; methods were too heterogeneous for a pooled global estimate. https://doi.org/10.1186/s12888-017-1427-7

83. **Saver JL.** "Time is brain—quantified." *Stroke* 37 (2006): 263–266. Literature-derived model estimates for a typical untreated large-vessel supratentorial ischemic stroke: 1.9 million neurons, 14 billion synapses, and 12 km of myelinated fibres per minute. https://doi.org/10.1161/01.STR.0000196957.55928.ab

84. **BBK.** *Vorsorgen für Krisen und Katastrophen*, revised 2025/2026. Household planning value: ideally two litres per person per day for ten days; at least three days already helps and may be expanded gradually. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Ratgeber-Checkliste/ratgeber-checkliste_node.html

85. **Van Dongen HPA et al.** “The cumulative cost of additional wakefulness.” *Sleep* 26 (2003): 117–126. Controlled study enrolling 48 healthy adults; four-, six-, and eight-hour time-in-bed groups were followed for 14 days, while a separate zero-hour comparison group underwent three days of total sleep deprivation. The four- and six-hour chronic-restriction conditions produced cumulative, dose-dependent performance deficits. https://doi.org/10.1093/sleep/26.2.117

86. **Holt-Lunstad J et al.** “Loneliness and social isolation as risk factors for mortality: a meta-analytic review.” *Perspectives on Psychological Science* 10 (2015): 227–237. Adjusted observational odds ratios: social isolation 1.29, loneliness 1.26, living alone 1.32. https://doi.org/10.1177/1745691614568352

Shared limit

These figures provide bounded context, not certainty theatre. Screening accuracy varies by setting; randomized-study results depend on sample and intervention; observational odds ratios do not establish individual causation; population frequencies do not predict one person; mathematical models inherit their assumptions. Emergency protocols continue to outrank every chart.

Routing, hazard, and locale foundations

[ref.3.43]

87. **Bundesamt für Bevölkerungsschutz und Katastrophenhilfe (BBK).** “European emergency number 112,” current 2026 information. The page names acute or potentially life-threatening situations, fire, smoke, explosion, and suspected gas smell as emergency examples. https://www.bbk.bund.de/SharedDocs/Kurzmeldungen/DE/2026/02/om-11-tag-notruf.html

88. **BBK.** “Was tun, wenn es brennt?” Current public fire-behaviour guidance: warn people, leave by a safe route, close doors when possible, call 112, and do not enter a smoke-filled route. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Brandschutz/_documents/feuer-verhalten_dossier2.html

89. **BBK.** “Vorsorge und Handeln bei Stromausfall.” Current outage guidance, including generator and combustion precautions relevant to carbon monoxide and the possibility that failure of medical equipment becomes life-threatening. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Stromausfall/stromausfall_node.html

90. **Deutscher Verein des Gas- und Wasserfaches (DVGW).** “Was tun bei Gasgeruch?” Consumer guidance: avoid flames and sparks, do not operate electrical switches or phones in the affected building, warn by knocking, leave, and call the network operator from outside. https://www.dvgw.de/themen/gas/verbraucherinformationen/was-tun-bei-gasgeruch

91. **gesund.bund.de.** “Erste Hilfe bei Vergiftungen.” Current federal health information on stopping exposure, fresh air, rinsing skin and eyes, keeping product information, poison-centre consultation, and 112 escalation for severe symptoms. https://gesund.bund.de/erste-hilfe-bei-vergiftungen

92. **Bundesinstitut für Risikobewertung (BfR).** “Giftinformationszentren in Deutschland,” reviewed 29 April 2026. Current directory of the seven German poison information centres in Berlin, Bonn, Erfurt, Freiburg, Göttingen, Mainz, and München. https://www.bfr.bund.de/deutsches-produktregister-depro/giftinformationszentren-in-deutschland/

93. **BBK.** NINA warning-message documentation. Official warnings can specify whether people should shelter indoors, stop ventilation, avoid an area, or evacuate; event-specific instructions outrank generic movement advice. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Warn-App-NINA/Funktion-Inhalt/Warnmeldungen/warnmeldungen_node.html

94. **BBK.** “Notgepäck.” Current emergency-bag guidance, used only for immediately reachable essentials and advance preparation—not as a reason to delay escape from an active hazard. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/So-koennen-Sie-sich-vorbereiten/Notgepaeck/notgepaeck_node.html

95. **German Red Cross (DRK).** “Stromschlag — Erste Hilfe.” Current first-aid guidance emphasizes self-protection, interruption of the circuit, 112 activation, resuscitation when required, and rescue by trained personnel only for high-voltage incidents. https://www.drk.de/hilfe-in-deutschland/erste-hilfe/stromschlag/

Routing limit

The registry describes safe first actions and destinations; it does not measure an actual atmosphere, electrical system, fire compartment, device runtime, or individual toxic dose. Scene-specific instructions from dispatchers, fire services, poison centres, network operators, warning authorities, clinicians, and device emergency plans take precedence.

Household continuity synthesis [ref.3.44]

`src/data/continuity_catalog.json` reorganizes existing operational material around eight household functions: information, air/hazard, care/power, water, temperature/shelter, food, sanitation, and access/transport. It does not add new exposure thresholds, treatment rules, or survival estimates.

The continuity view draws primarily on sources 87, 89, 93, and 94 above, plus the accessibility foundation below. Its contribution is human-factors structure: status, remaining safe window or stock, named owner, backup, next action, review time, and failure escalation. The generated figures are views of that registry and have complete text equivalents in Ch.6.

Continuity limit

A generic household board cannot know the actual device runtime, food safety, water quality, building condition, transport availability, municipal response, or a person’s access requirements. Official warnings, dispatchers, clinicians, network operators, product instructions, and personal emergency plans continue to outrank it.

Safe-place, access, and freshness foundations [ref.3.45]

96. **Behördennummer 115.** Nationwide public-administration information line. The ordinary telephone service currently publishes Monday to Friday, 08:00–18:00. Note that this is the schedule for *one* access channel: see source 102, whose published hours differ. The guide uses 115 only to identify the responsible authority; it is not an emergency number, and not a guarantee of accommodation, appointment, bed, or after-hours municipal response. https://www.115.de/

97. **Hilfetelefon "Gewalt gegen Frauen."** Current service overview for **116 016**: free, confidential, around the clock, multilingual, and available through telephone and online routes. Published access routes also include sign language, written language, and easy language. https://www.hilfetelefon.de/

98. **Hilfetelefon Gewalt an Männern.** Current anonymous telephone support at **0800 1239900** during published service hours, with online counselling. The guide prints the availability limit rather than presenting it as a round-the-clock emergency service. https://www.maennerhilfetelefon.de/

99. **Nummer gegen Kummer.** Current child and youth helpline **116 111** and online counselling. Published service hours apply; acute danger remains a 110/112 route. https://www.nummergegenkummer.de/

100. **TelefonSeelsorge Germany.** Current around-the-clock crisis-conversation routes including **116 123**. It is not a substitute for rescue service when a person cannot remain safe. https://www.telefonseelsorge.de/

101. **Zentrale Informationsstelle Autonomer Frauenhäuser.** Nationwide women's refuge search with availability hints and accessibility filters. The directory warns that it is not complete and that a displayed place is not a confirmed bed or the protected refuge address. https://www.frauenhaus-suche.de/

102. **115 sign-language service.** Current DGS video route to public-administration information, requiring internet and a camera-capable device. Its published hours are **not** the same as the ordinary 115 telephone hours in source 96, which is exactly why an access channel needs its own recorded hours rather than inheriting the number's. https://www.115.de/gebaerdensprache

103. **W3C.** *Web Content Accessibility Guidelines (WCAG) 2.2.* Used as the technical basis for complete image alternatives, logical headings, consistent navigation, and interfaces that do not depend on a single sensory channel. https://www.w3.org/TR/WCAG22/

Safe-place and accessibility limit

The national registry can identify national services and categories. It cannot know a municipality's current after-hours office, shelter capacity, working lift, accessible room, pet policy, transport availability, powered destination, or whether a threatened person can safely use a particular device. Those remain explicit local fields and

require confirmation. Communication adaptations should be chosen with the person; diagnosis, speech, eye contact, or movement does not reveal a complete access plan.

Source-freshness rule

Operational services carry a review date and a maximum review interval. A recent review does not prove that a remote service is reachable this minute; local availability still needs confirmation.

Editorial policy

[ref.3.46]

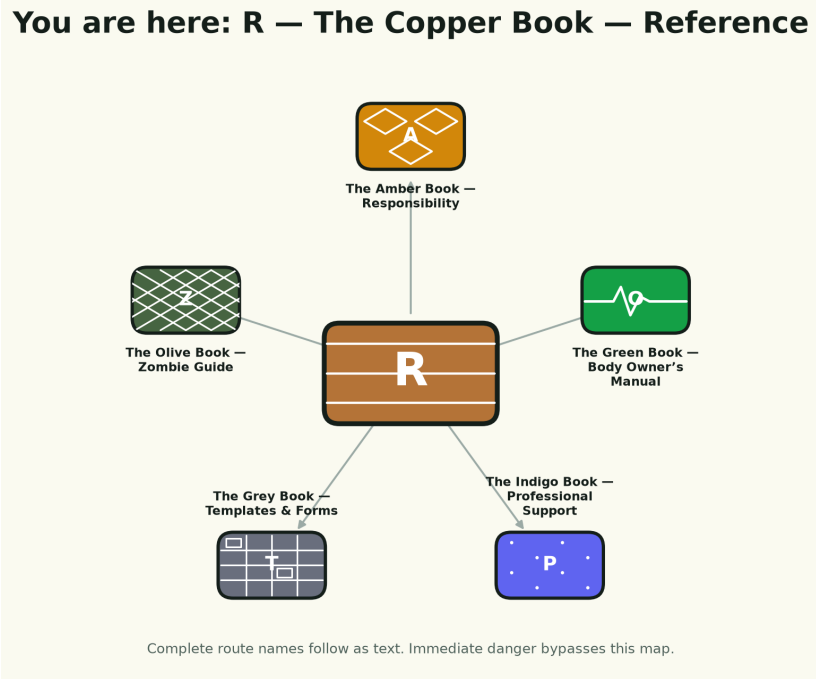
- Do not infer acute medical urgency from a GAD-7, pain score, home pulse, oximeter, blood pressure, or apparent calm.
- Do not print drug, chemical, or water-disinfection dosing without product- and concentration-specific authority.
- Distinguish measured relationships from explanatory models.
- Label disputed or approximate theories.
- Prefer a short action plus escalation rule before deeper explanation.
- Keep humour away from the gap between a red flag and the action.
- Recheck service numbers, legal-aid details, and guideline versions before printing or deployment.
- Keep confidence proportional to the evidence.

Where next?

R

You do not need to complete the shelf in order. Stay here while this is the primary problem; move when another title becomes more accurate.

- **A — The Amber Book — Responsibility** — use it when that problem becomes primary.
- **O — The Green Book — Body Owner's Manual** — use it when that problem becomes primary.
- **P — The Indigo Book — Professional Support** — use it when that problem becomes primary.
- **T — The Grey Book — Templates & Forms** — use it when that problem becomes primary.
- **Z — The Olive Book — Zombie Guide** — use it when that problem becomes primary.



Connections from R — The Copper Book — Reference

1. Carabotti M et al., “The gut-brain axis: interactions between enteric microbiota, central and enteric nervous systems,” *Annals of Gastroenterology* 28 (2015): 203–209. https://pmc.ncbi.nlm.nih.gov/articles/PMC4367209/↩
2. The Rome Foundation, *Rome V: A Global Framework for Disorders of Gut–Brain Interaction*: https://theromefoundation.org/rome-iv/rome-v/ . Rome V separates clinical from research criteria and updates the IBS and other DGBI definitions. These describe clinical patterns over time; they are not a one-visit self-diagnosis.↩
3. Raja SN, Carr DB, Cohen M, et al., “The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises,” *Pain* 161 (2020): 1976–1982. https://doi.org/10.1097/j.pain.0000000000001939 — the paper that states and explains the current definition: pain is a personal experience influenced by biological, psychological and social factors, and is not the same thing as nociception. IASP publishes the term list itself at https://www.iasp-pain.org/resources/terminology/ (that host refuses automated requests; confirmed by hand on 8 August 2026).↩
4. Hjermstad MJ et al., “Studies Comparing Numerical Rating Scales, Verbal Rating Scales, and Visual Analogue Scales for Assessment of Pain Intensity in Adults,” *Journal of Pain and Symptom Management* 41 (2011): 1073–1093. https://doi.org/10.1016/j.jpainsymman.2010.08.016↩
5. gesund.bund.de, “Nummern für den Notfall”: https://gesund.bund.de/notfallnummern . Loss of consciousness, severe breathlessness, severe chest pain or pressure and stroke signs are listed emergency examples; when it is unclear whether a situation is life-threatening, the portal advises calling 112.↩
6. Brignole M et al., “2018 ESC Guidelines for the diagnosis and management of syncope,” *European Heart Journal* 39 (2018): 1883–1948. https://doi.org/10.1093/eurheartj/ehy037↩
7. gesund.bund.de, “Notruf und Notaufnahme” and “Nummern für den Notfall.” Severe injury, heavy blood loss, unconsciousness, severe breathing difficulty, severe pain, and other potentially life-threatening situations belong to the 112 route. https://gesund.bund.de/wege-im-gesundheitswesen/erwachsenenleben/notfaelle/notruf-und-notaufnahme and https://gesund.bund.de/notfallnummern↩↩
8. gesund.bund.de, “Überlastung bei pflegenden Angehörigen,” covering warning signs, counselling, relief, respite, and crisis options. https://gesund.bund.de/belastungen-pflegende-angehoerige↩
9. Bundesinstitut für Öffentliche Gesundheit (BIÖG), familienplanung.de, recognized pregnancy and pregnancy-conflict counselling directory. The service directory and the legal framework are maintained there rather than in this guide. https://www.familienplanung.de/beratung/beratungsstelle-finden/ and https://www.familienplanung.de/beratung/wer-beraet-mich/↩
10. Embryotox, Charité – Universitätsmedizin Berlin, current medication information and individual counselling on medicines in pregnancy. https://www.embryotox.de/ and https://www.embryotox.de/beratung/↩
11. gesund.bund.de, “Wochenbett” and “Wochenbettdepression.” A brief baby-blues period can occur after birth; persistent or more severe depressive symptoms deserve professional assessment. https://gesund.bund.de/wege-im-gesundheitswesen/schwangerschaft-und-geburt/nach-der-geburt/wochenbett and https://gesund.bund.de/wochenbettdepression↩
12. Müller M, Zietlow A-L, Klauser N, Woll C, Nonnenmacher N, Tronick E, Reck C, “From Early Micro-Temporal Interaction Patterns to Child Cortisol Levels: Toward the Role of Interactive Reparation and Infant Attachment in a Longitudinal Study,” *Frontiers in Psychology* 12 (2022): 807157. https://doi.org/10.3389/fpsyg.2021.807157 — supports the relevance of interactive reparation. Amber’s four-step script is a practical synthesis, not a validated diagnostic protocol.↩
13. Bundesinstitut für Öffentliche Gesundheit, kindergesundheit-info.de, developmental guidance emphasizing individual developmental tempo and professional assessment for persistent concerns. https://www.kindergesundheit-info.de/themen/entwicklung/0-12-monate/einzigartigkeit/↩
14. Bundesinstitut für Öffentliche Gesundheit, kindergesundheit-info.de, “Weshalb ist Schütteln so gefährlich für ein Baby?” Violent shaking can cause severe neurological injury or death. https://www.kindergesundheit-info.de/themen/faq/weshalb-ist-schuetteln-so-gefaehrlich-fuer-ein-baby/↩
15. Bundesamt für Sicherheit in der Informationstechnik (BSI), incident-response and incident-reporting guidance. Organizations can use BSI incident resources and voluntary reporting; regulated organizations may have separate mandatory reporting routes. https://www.bsi.bund.de/DE/IT-Sicherheitsvorfall/Unternehmen/Ich-moechte-einen-IT-Sicherheitsvorfall-melden/ich-moechte-einen-it-sicherheitsvorfall-melden.html↩
16. World Health Organization, infertility fact sheet: approximately 17.5% of adults, or one in six people of reproductive age, experience infertility in their lifetime. https://www.who.int/news-room/fact-sheets/detail/infertility↩

17. VanderKruik R et al., “The global prevalence of postpartum psychosis: a systematic review,” *BMC Psychiatry* 17, 272 (2017). https://doi.org/10.1186/s12888-017-1427-7 — five incidence studies ranged from 0.89 to 2.6 per 1,000; methodological heterogeneity prevented pooling.↩

18. World Health Organization, *Doing What Matters in Times of Stress* (2020): https://www.who.int/publications/i/item/9789240003927↩

19. Spitzer RL et al., “A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7,” *Archives of Internal Medicine* 166 (2006): 1092–1097. https://doi.org/10.1001/archinte.166.10.1092↩

20. *Generalized Anxiety Disorder 7-item (GAD-7) and 2-item (GAD-2) scales for detecting anxiety disorders in adults*, Cochrane diagnostic-test-accuracy review (2025). At cut-off 10 or nearest available, summary sensitivity was 0.64 (95% CI 0.56–0.72) and specificity 0.91 (0.87–0.93) for generalized anxiety disorder; heterogeneity remained substantial. https://www.cochrane.org/evidence/CD015455_how-accurate-are-gad-7-and-gad-2-questionnaires-detecting-anxiety-disorders↩

21. Cowan N, “The magical number 4 in short-term memory,” *Behavioral and Brain Sciences* 24 (2001): 87–114. The estimate concerns controlled tasks and is a design clue, not a fixed personal limit. https://doi.org/10.1017/S0140525X01003922↩

22. Van Dongen HPA et al., “The cumulative cost of additional wakefulness: dose-response effects on neurobehavioral functions and sleep physiology from chronic sleep restriction and total sleep deprivation,” *Sleep* 26 (2003): 117–126. https://doi.org/10.1093/sleep/26.2.117↩

23. Balban MY et al., “Brief structured respiration practices enhance mood and reduce physiological arousal,” *Cell Reports Medicine* 4 (2023), 100895. https://doi.org/10.1016/j.xcrm.2022.100895↩

24. gesund.bund.de, “Nummern für den Notfall”: https://gesund.bund.de/notfallnummern↩↩

25. European Resuscitation Council, *Guidelines 2025* and layperson guidance: https://www.erc.edu/science-research/guidelines/guidelines-2025/guidelines-2025-english/↩↩

26. German Red Cross, “Stabile Seitenlage”: https://www.drk.de/hilfe-in-deutschland/erste-hilfe/stabile-seitenlage/↩

27. German Red Cross, “Starke Blutungen”: https://www.drk.de/hilfe-in-deutschland/erste-hilfe/blutungen-und-blutstillung/blutungen/↩

28. German Red Cross, “Verbrennungen, Verbrühungen und Brandwunden”: https://www.drk.de/hilfe-in-deutschland/erste-hilfe/verbrennungen/↩

29. German Red Cross, “Knochenbrüche”: https://www.drk.de/hilfe-in-deutschland/erste-hilfe/knochenbruch/knochenbrueche/↩

30. Djärv T et al., “European Resuscitation Council Guidelines 2025 First Aid,” *Resuscitation* 215 Suppl 1 (2025): 110752. https://doi.org/10.1016/j.resuscitation.2025.110752↩↩

31. German Red Cross, “Verätzungen”: https://www.drk.de/hilfe-in-deutschland/erste-hilfe/veraetzungen/↩

32. German Red Cross, “Stromschlag”: https://www.drk.de/hilfe-in-deutschland/erste-hilfe/stromschlag/↩

33. German Red Cross, “Schlaganfall”: https://www.drk.de/hilfe-in-deutschland/erste-hilfe/schlaganfall/↩

34. German Red Cross, “Herzinfarkt”: https://www.drk.de/hilfe-in-deutschland/erste-hilfe/herzinfarkt/↩

35. gesund.bund.de, “Erste Hilfe bei Vergiftungen”: https://gesund.bund.de/erste-hilfe-bei-vergiftungen↩↩

36. Saver JL, “Time is brain—quantified,” *Stroke* 37 (2006): 263–266. The figures are literature-derived estimates for a modelled typical untreated large-vessel supratentorial ischemic stroke, not direct measurement in an individual patient. https://doi.org/10.1161/01.STR.0000196957.55928.ab↩

37. Polizeiliche Kriminalprävention der Länder und des Bundes, “Häusliche Gewalt”: in an acute threat, call 110. https://www.polizei-beratung.de/infos-fuer-betroffene/haeusliche-gewalt/↩

38. Hilfetelefon “Gewalt gegen Frauen,” 116 016, current service overview: around-the-clock telephone counselling, anonymous and confidential, multilingual, free, with accessible and online routes. https://www.hilfetelefon.de/das-hilfetelefon/angebot-im-ueberblick/↩

39. Hilfetelefon Gewalt an Männern, current telephone and online counselling information. The telephone service runs during published weekday hours rather than around the clock. https://www.maennerhilfetelefon.de/↩

40. Zentrale Informationsstelle Autonomer Frauenhäuser, nationwide refuge search. Entries can include current admission information, accessibility, care and support needs, children, and animals; individual facilities differ, and the directory documents its own completeness limits. https://www.frauenhaus-suche.de/↩

41. nora, the official emergency-call app of the German federal states. Reaches police, fire, and rescue control centres, transmits location, supports text-based emergency calls, and provides a silent emergency-call option for qualifying threat situations plus a demo mode for practice. https://www.nora-notruf.de/↩

42. Behördennummer 115, nationwide administration information, staffed on published weekday hours: https://www.115.de/↩↩

43. Nummer gegen Kummer, child and youth telephone 116 111 and online counselling. The telephone service runs on published afternoon and evening hours, and its own guidance directs acute danger to 110 or 112 rather than to the counselling line. https://www.nummergegenkummer.de/kinder-und-jugendberatung/faq-kinder-und-jugendtelefon/↩↩↩

44. 116117, the patient service and ärztlicher Bereitschaftsdienst, reachable around the clock for urgent medical problems that are not life-threatening; emergencies belong to 112. https://www.116117.de/de/aerztlicher-bereitschaftsdienst.php↩↩

45. TelefonSeelsorge Germany, 116 123 and its other published numbers, available day and night: https://www.telefonseelsorge.de/telefon/↩

46. 115 sign-language video service, published on its own schedule and requiring internet and a camera-capable device: https://www.115.de/gebaerdensprache↩

47. Hilfetelefon “Gewalt gegen Frauen,” sign-language and written-language access routes: https://www.hilfetelefon.de/das-hilfetelefon/beratung/beratung-in-gebaerdensprache/↩

48. BBK, official warnings in NINA: https://www.bbk.bund.de/DE/Warnung-Vorsorge/Warn-App-NINA/Funktion-Inhalt/Warnmeldungen/warnmeldungen_node.html↩

49. Bundesamt für Bevölkerungsschutz und Katastrophenhilfe (BBK), “Was tun, wenn es brennt?”: https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Brandschutz/_documents/feuer-verhalten_dossier2.html↩

50. BBK, “Vorsorge und Handeln bei Stromausfall,” including combustion and CO precautions: https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Stromausfall/stromausfall_node.html↩

51. Deutscher Verein des Gas- und Wasserfaches (DVGW), “Was tun bei Gasgeruch?”: https://www.dvgw.de/themen/gas/verbraucherinformationen/was-tun-bei-gasgeruch↩↩

52. BBK, European emergency number 112; fire, smoke, explosion, and suspected gas smell are explicit emergency examples: https://www.bbk.bund.de/SharedDocs/Kurzmeldungen/DE/2026/02/om-11-tag-notruf.html↩

53. Bundesinstitut für Risikobewertung, current directory of Germany’s seven poison information centres, reviewed 29 April 2026: https://www.bfr.bund.de/deutsches-produktregister-depro/giftinformationszentren-in-deutschland/↩

54. German Red Cross, “Stromschlag — Erste Hilfe,” including self-protection, interruption of the circuit, 112, and professional rescue for high voltage: https://www.drk.de/hilfe-in-deutschland/erste-hilfe/stromschlag/↩

55. Bundesamt für Bevölkerungsschutz und Katastrophenhilfe, official warnings and NINA information: https://www.bbk.bund.de/DE/Warnung-Vorsorge/Warn-App-NINA/warn-app-nina_node.html↩

56. GFZ Helmholtz Centre for Geosciences with the BBK, “Verhalten bei Erdbeben” (August 2025): stay in the building during strong shaking, take sturdy cover or protect head and face beside a load-bearing interior wall, avoid stairwells and lifts, follow local instructions. https://www.gfz.de/fileadmin/gfz/medien_kommunikation/Infothek/Merkbl%C3%A4tter/Verhalten-Erdbeben-August2025.pdf↩

57. BBK, “Erdbeben”: https://www.bbk.bund.de/DE/Themen/Risikomanagement/Baulicher-Bevoelkerungsschutz/Schutz-vor-geologischen-Gefahren/Erdbeben/erdbeben_node.html↩

58. Ready.gov, “Tornadoes”: basement or small interior lowest-floor room, away from windows. https://www.ready.gov/tornadoes↩

59. BBK, severe-weather guidance for storm, thunderstorm and hail: https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Mit-Naturgefahren-umgehen/Unwetter/unwetter_node.html↩

60. BBK, “Schutz suchen”: higher floors protect during flooding, and a flooding basement must not be entered because of entrapment and electrocution risk. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Schutz-suchen/schutz-suchen_node.html↩

61. BBK, “Was tun, wenn es brennt?” https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Brandschutz/_documents/feuer-verhalten_dossier2.html↩

62. UL Fire Safety Research Institute, Close Before You Doze / closed-door fire research. https://closeyourdoor.org/↩

63. BBK, “Vorsorge und Handeln bei Stromausfall,” including combustion and carbon-monoxide precautions during an outage: https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Stromausfall/stromausfall_node.html↩

64. BBK, “Essen und Trinken bevorraten”: about two litres of water per person per day for drinking and cooking, planning for several days. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/So-koennen-Sie-sich-vorbereiten/Bevorraten/bevorraten_node.html↩

65. Bundesamt für Bevölkerungsschutz und Katastrophenhilfe (BBK), “Warn-App NINA” and “Cell Broadcast.” NINA carries official civil-protection warnings with weather and flood information; Cell Broadcast pushes short official warnings to compatible mobile devices and is designed to be supplemented by a fuller channel. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Warn-App-NINA/warn-app-nina_node.html and https://www.bbk.bund.de/DE/Warnung-Vorsorge/Warnung-in-Deutschland/So-werden-Sie-gewarnt/Cell-Broadcast/cell-broadcast_node.html↩↩

66. BBK, “Essen und Trinken bevorraten.” Current text: an adult needs at least 1.5 litres of fluid per day, with about 0.5 litres of water extra per day if cooking is planned; aim where possible for ten days of self-supply, though a stock for at least three days already helps considerably and can be built up in stages. The combined 2 L/person/day figure used above is this guide’s own planning convention. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/So-koennen-Sie-sich-vorbereiten/Bevorraten/bevorraten.html↩↩

67. 116117 Patientenservice / ärztlicher Bereitschaftsdienst. The service states it is reachable around the clock, 24 hours a day and seven days a week, for urgent problems that are not life-threatening; life-threatening emergencies belong to 112. https://www.116117.de/de/aerztlicher-bereitschaftsdienst.php↩

68. Deutsches Rotes Kreuz, “Erfrierungen und Unterkühlungen.” DRK routes both described stages of hypothermia to 112. Stage I: warm place, slow warming, remove wet clothing, wrap in blankets, no active heat by rubbing or hot water bottle, warm sweet non-alcoholic drinks if the person is conscious. Stage II (slowed breathing, muscle rigidity, drowsiness or unconsciousness): no further warming attempts, recovery position if unconscious and breathing, CPR if breathing is not normal. https://www.drk.de/hilfe-in-deutschland/erste-hilfe/erfrierungen-und-unterkuehlungen/↩

69. BBK, current heat guidance: cooling, hydration, reduced exertion, checks on vulnerable people, and emergency escalation for severe heat illness. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Mit-Naturgefahren-umgehen/Hitze-Duerre/hitze-duerre_node.html↩

70. BBK, “Vorsorge und Handeln bei Stromausfall.” Covers alternative heating, oxygen-deficiency and flame-failure safety devices for gas appliances, carbon-monoxide detectors, cooking without mains power, and the explicit warning not to use a grill inside the flat or house because of the suffocation risk. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Stromausfall/stromausfall_node.html↩↩

71. Deutscher Feuerwehrverband, carbon-monoxide prevention guidance: charcoal grills and generators do not belong in enclosed spaces, and an apparently open door or window does not make them safe. https://www.feuerwehrverband.de/feuerwehrverband-klaert-auf-rechtzeitige-warnung-vor-kohlenmonoxid-vergiftungen-bieten-nur-co-melder/↩

72. BBK, “Hygiene in Notsituationen,” including water-saving hygiene and preparation for toilet failure. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Gesundheit-und-Hygiene/Hygiene-in-Notsituationen/hygiene-in-notsituationen_node.html↩

73. Drury J, Cocking C, Reicher S, “Everyone for themselves? A comparative study of crowd solidarity among emergency survivors,” *British Journal of Social Psychology* 48 (2009): 487–506. https://doi.org/10.1348/014466608X357893↩↩↩

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75. Elinor Ostrom, “Beyond Markets and States: Polycentric Governance of Complex Economic Systems,” Nobel Prize Lecture (2009). https://www.nobelprize.org/prizes/economic-sciences/2009/ostrom/lecture/↩

76. Strafgesetzbuch §32 Notwehr: “Notwehr ist die Verteidigung, die erforderlich ist, um einen gegenwärtigen rechtswidrigen Angriff von sich oder einem anderen abzuwenden.” https://www.gesetze-im-internet.de/stgb/__32.html↩

77. BBK, *Ratgeber und Checkliste für Notfallvorsorge und richtiges Handeln in Notsituationen*, the maintained national preparedness guide. https://www.bbk.bund.de/DE/Warnung-Vorsorge/Vorsorge/Ratgeber-Checkliste/ratgeber-checkliste_node.html↩

78. gesund.bund.de, “Nummern für den Notfall”: https://gesund.bund.de/notfallnummern ; TelefonSeelsorge: https://www.telefonseelsorge.de/ ; Violence against Women Helpline: https://www.hilfetelefon.de/↩↩

79. nora, the official emergency-call app of the German federal states — reaches control centres without a spoken call, transmits location, supports text chat, and offers a demo mode for preparation: https://www.nora-notruf.de/en-en/startpage↩

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81. gesund.bund.de, “Sozialpsychiatrischer Dienst – Hilfe bei psychischen Krisen”: https://gesund.bund.de/sozialpsychiatrischer-dienst↩

82. Official German Justiz-Services, Beratungshilfe and Prozesskostenhilfe: https://service.justiz.de/beratungshilfe and https://service.justiz.de/prozesskostenhilfe↩↩

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