

D

- **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



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

1. 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/>↵
2. 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/>↵
3. 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/>↵
4. 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/>↵
5. 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/>↵
6. Behördennummer 115, nationwide administration information, staffed on published weekday hours: <https://www.115.de/>↵↵
7. 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/>↵↵↵
8. 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>↵↵
9. TelefonSeelsorge Germany, 116 123 and its other published numbers, available day and night: <https://www.telefonseelsorge.de/telefon/>↵
10. 115 sign-language video service, published on its own schedule and requiring internet and a camera-capable device: <https://www.115.de/gebaerdensprache/>↵
11. Hilfetelefon "Gewalt gegen Frauen," sign-language and written-language access routes: <https://www.hilfetelefon.de/das-hilfetelefon/beratung/beratung-in-gebaerdensprache/>↵

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

Name the unsafe person or place and move toward a confirmed destination with a backup.

What it hands off

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
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- Children and young people without a safe adult
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- 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.

FIELD NOTE 01

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;¹
- **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:

or whether an accessible room can support today's equipment, so review the fields locally.

FIELD NOTE 13

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**.

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.⁶¹⁰ The **116 016** service publishes sign-language, written-language, online, multilingual, and easy-language access routes.¹¹

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

FIELD NOTE 11

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.

FIELD NOTE 12

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	
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,

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



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.

FIELD NOTE 02

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?

LOOK CLOSER / MAP · EVIDENCE · DIAGRAM

A SAFE PLACE IS CONFIRMED, NOT MERELY NAMED

Obtain enough operational detail to arrive, enter, and recover when the first route fails.

1 / DESTINATION

name + exact place

2 / AVAILABLE

open · permitted · staffed

3 / ACCESS

entry · stairs · lift · transfer

4 / ARRIVAL

time · entrance · who to ask for

5 / BACKUP

second destination or service

6 / ESCALATE

condition that changes the route

"TRY SOMEWHERE ELSE" IS NOT YET A DESTINATION, BACKUP, OR ARRIVAL INSTRUCTION.

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.**

FIELD NOTE 03

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.

FIELD NOTE 04

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.

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.⁷

FIELD NOTE 10

Communication and access card

[safe.10]

Communication-access adaptations

[safe.fig.1]

Which communication adaptation helps with which barrier?

LOOK CLOSER / MAP · EVIDENCE · DIAGRAM

COMMUNICATION IS PART OF THE ROUTE

Ask what works. Adapt the channel; do not lower the urgency threshold.

BLIND / LOW VISION

ADAPT read aloud · describe obstacles

CONFIRM mobility aid stays with person

DEAF / HARD OF HEARING

ADAPT write · text · visual alert · relay

CONFIRM confirm the reply was understood

SPEECH / LANGUAGE

ADAPT point · yes/no · text · chosen partner

CONFIRM person answers when they can

COGNITIVE OVERLOAD

ADAPT one speaker · literal short sentence

CONFIRM one action, then repeat

MOBILITY / FATIGUE / PAIN

ADAPT accessible route · trained transfer help

CONFIRM equipment and position stay safe

SENSORY / PANIC / NEURODIVERGENCE

ADAPT reduce stimulation · ask before touch

CONFIRM offer a non-breath option

ONE SPEAKER · ONE SENTENCE · ONE QUESTION · ONE NEXT ACTION · WRITE IT DOWN

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.

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.

FIELD NOTE 08

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;⁹
- **116 111** — child and youth counselling during published hours, plus online counselling; also not a placement service;⁷
- **116 117** for an urgent medical problem that is not life-threatening;⁸
- 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.

FIELD NOTE 09

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

- 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.

FIELD NOTE 05

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;²
- **0800 1239900** — Hilfetelefon Gewalt an Männern: telephone counselling during its published service hours, plus online counselling;³
- a specialist shelter, a local victim-support service, or the nationwide refuge search when applicable.⁴

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.⁵

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.

FIELD NOTE 06

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.⁶

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.⁷

FIELD NOTE 07

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

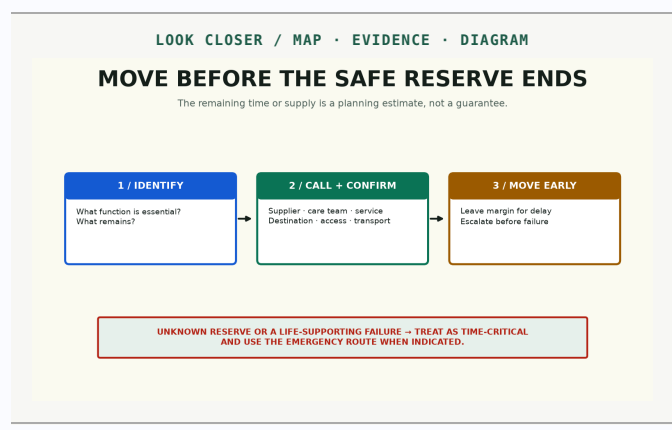
Name the failed function rather than saying only “not accessible”:

- 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.⁸

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.