



Greater Vancouver Extreme Weather Response
Volunteer Training Manual

June 2007

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With thanks to Surrey Extreme Weather Response who developed the original version of this manual.

HOMELESS

Who are the Homeless?

Over the past decade or two, people have begun to live outside all across Canada. Anywhere land values have risen, we will see people who have been unable to secure housing. Wages have been decreasing relative to the cost of living, and the social safety net no longer protects all Canadians.

The people who live outside are the poorest, and most vulnerable in our society. At least 50% were raised in foster care and have no family to return to. Many have FASD – minds and bodies that were injured by alcohol before they were born. Many have been caught by addiction and cannot find a way out. About 1/3 of the people sleeping in the streets are mentally ill, and are without the care and support they need. Some of the homeless carry their hardhat and boots with them. They are working, but for wages so low, they cannot afford rent and a security deposit.

As the cost of land increases and wages no longer cover rent, more and more of us will become homeless. We see now working families with children living in their cars in the suburbs. Young professionals were found sleeping on the sidewalks in Vancouver following the dot com crash in the '90s. Homelessness can happen quickly and unexpectedly to anyone. Rental housing is disappearing and seniors are having great difficulty finding a place they can afford to call home.

Once people become homeless, they find themselves unable to access the things we have always taken for granted – water to drink, regular nutritious meals, toilets, showers and laundry facilities. Anything they own they must carry with them. They must try to navigate through a myriad of services and agencies without a personal phone number or address.

When the homeless appear at the door of our Extreme Weather shelter, they will be exhausted, hungry, sore and stressed. If we can provide warm and tender hospitality, a hot meal and a safe place to sleep, in from the cold, we will have met their most immediate physical needs. And if we can lend a listening ear, we make it possible for them to remember themselves, from the time they lived indoors. Our listening opens their hope that they will live indoors again.

Safety for Staff/Volunteers

Personal safety is paramount. A worker is unable to come to the aid of others if his/her own safety is compromised.

Key Points

- Make a safety plan with another staff (who will call 911, who will deal with the client).
- Never be alone with a client.
- Always give client lots of personal space.
- Do not turn your back on an angry client.
- Stand with a relaxed posture with your hands at your sides, never behind your back or out of sight.
- Always know where you are, and have an escape route (never back yourself into a corner or against a wall).
- Always be aware of where the clients are at all times.
- When in doubt, talk to staff person
- If the situation continues to escalate, call Police - 911

Remember

- Listen to the client.
- Empathize with their situation.
- Attempt to change their focus.
- If a client is extremely agitated or high, DO NOT MAKE EYE CONTACT! Focus on their chin; you can still see what they are doing but they will not perceive you as a threat.
- Do not attempt to counsel;
- Less words are more effective, keep you voice low, quiet and calm
- Never attempt to physically restrain a person
- Remember to listen

LISTEN

When I ask you to listen to me
and you start giving advice
you have not done what I asked.

When I ask you to listen to me
and you begin to tell me why I shouldn't feel that way;
you are trampling on my feelings.

When I ask you to listen to me
and you feel you have to do something to solve my problem,
you have failed me, strange as that may seem.

Listen! All I asked, was that you listen,
not talk or do – just hear me.
advice is cheap: 50 cents will get you both Dear Abby and Billy Graham in the same
newspaper.
I can do for myself; I'm not helpless.
Maybe discouraged and faltering, but not helpless.

When you do something for me that I can and need to do for myself,
you contribute to my fear and weakness.

But, when you accept as a simple fact that I do feel what I feel,
no matter how irrational, then I can quit trying to convince you and get about the business
of understanding what's behind that irrational feeling.

And, when that's clear, the answers are obvious and I don't need advice.

Perhaps that's why prayer works, for some people. God is there to listen and support and then
He let's you work it out.

So, please listen and just hear me. And, if you want to talk, wait a minute for your turn and I'll
listen to you.

Anonymous

Exposure to Body Fluids, Needle Stick

The following exposure incidents are potentially harmful:

- Skin is punctured with a contaminated sharp
- A mucous membrane (eyes, nose or mouth) is splashed with blood and certain body fluids
- Non-Intact skin is splashed with blood and certain body fluids

1. Get First Aid Immediately

- If the mucous membranes are affected, flush with lots of clean water at a sink or eyewash station.
- If there is a needle stick, allow the wound to bleed freely. Then wash the area with non-abrasive soap and water.
- If an area of non-intact skin is affected, wash the area with non-abrasive soap and water.

2. Report the Incident

Report the incident as soon as possible to your supervisor. There should not be significant delay in seeking medical attention.

3. Seek Medical Attention Immediately

Seek medical attention immediately – ***preferably within two hours*** – at the **closest hospital emergency room.**

Helpful Tips

- All clothing, bedding and baggage have the potential to contain syringes; handle them with caution.
- Crack pipes often have sharp edges; again, protect yourself.

When handling syringes, always:

- Wear waterproof (latex) gloves
- Have a sharps container handy
- If you have tongs, use them
- If you don't have tongs, with your gloved hand pick up the shaft of the syringe with the pointed end away from you, and insert into the container.
- Remove and discard gloves, as trained
- Wash your hands with soap and water

Never:

- Never try to put a cap back on a syringe
- Never bend or cut syringes
- Never separate the device by removing the needle from the plastic part

When to Call the Police

Post the address of the Shelter clearly on the wall

When to Call 911

The Shelter brings many people together who normally have much more space around them. The closer contact presents opportunities for violence to erupt. It is important to be vigilant and diffuse small altercations as these can quickly escalate into major incidents. Consistency in the enforcement of shelter rules will assist clients in knowing their boundaries.

The following is a list of situations when 911 **should** be called. Note that each situation requires a degree of judgement on your part:

- Call 911 ambulance when someone is having a seizure
- Call 911 ambulance when someone is having difficulty breathing
- Call 911 police when there are threats of violence with intent (that is, there is fear that violence will erupt very soon and it is not an idle threat)
- Call 911 police if violence erupts

After calling the police, let the clients know that police will be arriving shortly. This accomplishes two things:

- It helps re-assure the clients not involved
- The escalating client may choose to leave rather than deal with the police

NEVER attempt to restrain a client “until police arrive”.

Remember these are guidelines. If you feel unsure of when to call, discuss it with another staff member. If you feel threatened, **CALL**.

How to Call the Police

- dial 911
- remain calm
- state the location, including address
- state the problem
- give your name and phone number
- give a complete description of the persons involved
- if they've left, it's helpful to know in which direction they traveled (not required)
- stay on the line, do not hang up
- follow the instructions of the police operator.
- although it may seem as though they are asking a lot of questions it is imperative that you respond clearly, calmly and accurately. In most cases, the police will be sending a response while you are still on the phone.

Giving an Accurate Description

It can be very stressful dealing with a crisis. Many people have difficulty remembering details. On the next page is a list to help you remember what the person looked like.

Description of Person

Male Female Age _____

Height _____ Weight _____

Hair color _____ Length _____

Facial hair? Yes No

Glasses? Yes No Color _____

Color and description of clothing:

Shirt _____

Pants _____

Coat _____

Other _____

Jewellery _____

Other distinguishing features: _____

Vehicle description:

Make _____ Model _____

Color _____ Style _____

Year _____ License _____

Other distinguishing features: _____

Direction of travel:

North South East West (compass direction)

On _____ (street name)

These may be signs of a Medical Emergency

- sweating
- unable to rouse
- shallow or difficulty breathing
- paling of skin
- blue lips
- seizure
- loss of consciousness
- vomiting

What to Do if You Suspect a Medical Emergency

If unconscious...

- Try to rouse the person
- If unsuccessful, have another staff member call 911 (ambulance) and follow their instructions
- Ensure the client is in the recovery position
- Stay with the client and keep talking to them
- If they lapse into unconsciousness, try to rouse again by speaking to them

If still conscious...

- Ask them if they might be overdosing and what drugs they have used today (the ambulance needs this information)
- Have another staff member call 911 (ambulance)
- Get them to lay down on the floor in the recovery position and place something under their head.
- Often a cloth placed on the back of their neck will sooth them
- Keep them talking to you
- If they start to lose consciousness, arouse by speaking to them
- Often if you call them by name, they will arouse more quickly

NOTE:

Most addicts will not want you to call the ambulance.

Do what you think is right. You may save their life!

(Define Recovery Position) [clip art](#)

Dealing with Challenging Behaviours

It is important to be aware that there are particular stages which occur in aggression and violence. Having a clear understanding of these stages and how they progress is important for those trying to prevent an aggressive outburst or to get control of an outburst currently taking place.

There are 4 stages of violence as identified by the National Crisis Prevention Institute; these phases describe how a crisis escalates. The four phases are:

1. Anxiety
2. Defensiveness
3. Acting out
4. Tension reduction

Anxiety Phase

This phase indicates a marked change in the client's behaviour. The client will present early warning signs to be aware of. Signs of anxiety include verbal challenges, i.e., arguing, refusing to follow instructions, questioning authority.

Statements may be made like, "You can't tell me what to do!" The statement may be accompanied by finger pointing, which would suggest anger is increasing. Other signs to watch for would be floor pacing, intense staring and refusing to sit down to name a few.

In a situation as just described, the client may respond to gentle directives such as "Let's talk and see if we can work it out." Or, "Okay settle down, I'm willing to listen, let's talk about it."

Empathy – showing you have a clear understanding of the client's problem is helpful.

Guilt – used in statements like, "You need to settle down because you're upsetting others or scaring others with your behaviour", can often be very effective to defuse a situation.

In recognizing the anxiety phase it's important to use your own intuition which will often give you red flags that all is not well. Stay calm and in control during this anxiety phase as it helps you project your controlled behaviour to the anxious client.

This is the most important of the four phases to deal with appropriately; if you can defuse the situation at this time, it will not progress to violence.

Defensiveness Phase

This is the late warning stage. It is indicating that the client is about to lose control. The client will become more belligerent, more forceful and more verbally challenging. Clear indicators are the clenching of fists, grasping a weapon, or showing signs of attack. It is very important to intervene at this time, however, it is equally important for the volunteer not to mirror the same behaviour back to the client or the situation could very easily escalate out of control.

Decreasing eye contact may be appropriate with some clients. It is also important to increase the physical distance between one's self and the client.

Avoid physical contact. Don't try to calm a client by touching their shoulder in a well-meaning gesture as this will often backfire. Most important is to stay calm in voice and in actions as this will often rub off on the client.

Good communication at this stage is statements like,

- "I really want to help you out."
- "Let's work out a solution together"
- "What can we do to make that happen?"

Acting Out Phase

At this stage the client has lost control. Your first concern is the safety of yourself and others. Stay in front of the client; do not turn your back to them. Again, increase your distance from them. You will need assistance from others whether it is a staff member, or the police.

Tension Reduction Phase

During this stage the client will start to settle down and relax. It is still important to stay focused and calm during this stage to ensure the client's aggression does not flare up again. Once calmed down, re-establish communication with the client to show that all is well.

Cultural Differences

Although we have invited homeless people into our buildings during an Extreme Weather Response, it is important to remember that in doing so, we have become a guest in their world for the night. Because of this there are a number of things we need to be aware of so that both our and their experience will be as pleasant as possible.

First, as with the rest of the population of Vancouver, people who are homeless come from a variety of cultural backgrounds. This means that you and they may have different understandings of: how to show respect, the amount of eye contact that is appropriate (or even if it is appropriate at all), and how much silence to leave between speakers in a conversation, among many other things. It is easy to think these differences are disrespectful or rude, but important to remember that behaviours from these understandings are not intended to offend.

The second thing to be aware of is that different groups of people use language differently. What is acceptable and common on the street may be incredibly shocking and uncommon for you. It is important to try and discern if the language being used is that person's everyday common language or if it is intended to rouse a reaction from you. If it is intended to rouse a reaction, you need to decide if you want to allow yourself to buy into the attempt to rouse you, or if there is a way of diffusing the situation. The next section goes into this in more detail.

Verbal Abuse and Foul Language

This has been one of the most difficult sections of the manual to put together. We have tried to find a balance between information and shock. Hopefully, we have succeeded.

One of the first things you may notice about the homeless population is that they swear a lot. Profanity is commonplace. We've compiled a list of the most common profanities we hear. We would like you to read these and understand that they are the norm for the population you will be working with.

Fuck	Goof	Dickbreath
Skank	Cocksucker	Shithead
Whore	Douchebag	Bitch
Faggot	Ditchpig	Bastard
Motherfucker	Asshole	

And, of course, the worst possible thing you can call a woman is CUNT. This, however, is used quite frequently on the street.

Note: Most clients will never use just one of these words but will string a few choice ones together.

TRAINING EXERCISES

Profanity Exercise

Open the envelope that has been given to you. Read it, and then write down the first emotion you feel. Was it anger, embarrassment, fear?

When dealing with difficult clients you must be able to put these feelings aside and deal with the issue at hand. This can be a challenging task. Remember, most clients are frustrated, cold, and hungry. Don't take it personally; it isn't about you. Try to respond in a supportive way that recognizes the issue under the words used rather than the surface of the words.

Ignore the words used, be more aware if a person's voice becomes **LOUDER**. This may signal the onset of aggressive behaviour.

Behaviour Modification Exercise

A client will not get out of the bathroom. You have been knocking on the door for over 10 minutes and have other clients waiting to use it. When they finally come out, they start screaming obscenities at you.

What is your response?

A client is still sleeping and you have been attempting to rouse them for 20 minutes. Finally, they jump up and come towards you in a threatening manner. How do you handle this?

Two clients have begun to banter insults back and forth at each other. What do you do?

An extremely high girl will not settle down and go to sleep. She is disturbing the other clients. How do you handle this?

There is a fight at your shelter! What do you do?