

# Care Team Guide



Thank you again for helping us out at this event. This cheat sheet is to help you anticipate the best course of action in the event of an incident. You can also always check in with:

**[CARE TEAM LEAD NAME & NUMBER]**

## So I'm on the care team. What exactly does that mean?

As a care team volunteer, you're the organising team's eyes and ears. They can't be everywhere, so the care team helps by monitoring the dance floor and social spaces, providing emotional support to attendees and being a visible first point of contact for anyone in distress or requiring assistance.

The care team are *not acting as security or police officers*; it's up to the co-ordinators and organisers to enforce the safer spaces policy.

 <b>WHAT YOU ARE:</b>	 <b>WHAT YOU AREN'T:</b>
A friendly face and first point of contact for attendees	A free therapist (encourage attendees' friends to support them where possible)
A conduit to keep care-coordinators/organiser informed	A bouncer (event organisers will confront attendees about unacceptable conduct)
A monitor who records incidents in the event log.	A paramedic (gather information and locate trained first-aider, but do not attempt to treat injuries)

For emphasis: volunteers are not ultimately responsible for confronting or removing offenders. We want to keep you folks safe and comfortable too!

The [EVENT NAME] code of conduct should be read before you arrive on Friday, and can be found here: [LINK TO CODE OF CONDUCT HERE]

## Care team schedule

	Classes noon-5pm	Party 8-11.30pm	Party 11.30-3am
Friday			
Saturday			
Sunday			

# The cheat sheet

The following are some possible scenarios that we might encounter over the course of this event, and how we'd encourage you to respond. If in doubt, hit up the care team co-ordinators for support.

## EMOTIONAL WELFARE

### **Distress observed or reported**

*Can include crying, exhaustion, relationship difficulties, panic attacks, anxiety attacks or depressive episodes*

Volunteers should check in ("is there anything i can help with?"). Check whether attendee has eaten, drank enough water or slept recently. If appropriate, volunteers may escort to Quiet Room or similar and send someone to locate another care team member. Remain with the attendee to establish if any further support can be given (and check if there's another relevant section in this cheat sheet). Attendees may require ongoing support; establish who at this event is in their support network, a second volunteer should approach these people to provide routine support so that the team is not inundated.

### **Bad trip or come-down observed**

Volunteer should coax the attendee into a quieter area of event; volunteers should not leave the attendee on their own but send someone to alert the care co-ordinators or an organiser. The substance user may be non-verbal at this time; a good workaround is to ask "once for yes, twice for no" questions, and have them signal with hand squeezing, blinking or other simple gestures. **Volunteers should not touch the attendee without their explicit consent**, but can offer skin contact (e.g. holding hands or a hug), material contact (e.g. a soft item to hold or wear), or a non-alcoholic drink such as water or juice.

If hyperventilating, encourage them to 'match' your breath (in for four, hold for four, out for six or similar).

Other techniques:

- counting up to 20 and back
- clapping slowly
- tapping on arms, chest (body percussion)
- short walk around the venue (take your phone and wrap up)

Make small talk but do not expect answers - tell them about your day, travel plans, your dance journey, family or pets, favourite media or even just sing them a song.

They may ask you to stop - don't take this personally as some people need silence and reduced sensory stimuli.

Communicate your movement, eg. "I'm going to go and shut the blinds". Some individuals may wish to be left alone; suggest leaving them in quiet room with the door open and sit near the door; alternatively on the far side of the room. Check when they last ate/drank water/slept).

## **PHYSICAL SAFETY**

### **Unsafe dancing observed or reported**

*Unsafe dancing is any movement that puts anyone at an increased risk of physical injury. This includes, but is not limited to, yanking a partner around or unnecessarily forceful movement when leading or following (risk of shoulder, arm, and upper-back injuries), bending over a partner during a dip when leading (risk of lower back injuries), sudden weight-sharing when following (don't dip yourself), or any lift where both the follow's feet go above the lead's knees. It also includes movement around the dancefloor that creates sudden collision or trip hazards for other dancers.*

Check with the care team co-ordinator to see if action has been taken already; observe dancer discreetly - and if you feel comfortable, ask them to dance to ascertain details of unsafe dancing. If comfortable, provide feedback; if not, report your concerns to the care team co-ordinator who will convey them to the individual. If unsafe dancing continues, report again to the care team co-ordinator who will confer with organisers and inform the offender of an overnight (if drunk/impaired) or permanent ban.

### **Unwanted sexual attention at event reported**

*Includes but not limited to unwelcome comments, pestering for dances, pursuing around venue*

Get the reporter away from the dancefloor, ideally to Quiet Room. Remain with reporter. Listen without judgement: if the reporter chooses to identify the offender, ask whether they would like a warning to be issued. If so, write down a summary in incident log and pass on info to the care team co-ordinator, including if any other aspects of the code of conduct has been broken. If the reporter chooses to identify the individual and wishes for a warning to be issued, the organisers will take responsibility for relaying this.

### **Experience of sexual assault at event**

*Includes but not limited to deliberate groping, genital contact, penetration or removing another's clothing*

Get the reporter away from the dancefloor, ideally to Quiet Room. Remain with reporter but alert a volunteer to locate co-ordinator. The team will listen without judgement, **however the volunteer MUST advise the reporter that identifying the offender will result in that identity being passed along to the organising team, who may also contact the authorities if there is an immediate threat to other attendees.**

**If and only if the reporter chooses to identify the individual:** care team volunteer will flag to co-ordinator and organiser; organisers take responsibility for immediately removing the offender from the event. Organisers are to inform reporter of action taken and consider additional support, eg. Rape Crisis or authorities. **The volunteer is encouraged to stay with the reporter throughout this in order to provide continuity of care to a vulnerable person.**

### **Intoxication on dancefloor observed**

*Any impairment from drugs/alcohol that significantly affects their ability to monitor the immediate environment or move around the dancefloor safely.*

If no risk posed to themselves or others, the volunteer should provide them with non-alcoholic fluids (tea, coffee, water) and ask them to stay off the dancefloor until sobered up. If posing a risk to themselves or others, confer with the care team co-ordinator who will approach and advise them to go to bed.

### **Loud argument observed**

If you feel confident to approach, locate a second volunteer before engaging together and attempt to each walk the participants to separate areas. **Volunteers should not adjudicate the argument** but advise them that their interaction is disrupting the event and they may both be removed if the disruption continues.

Volunteers should then relay to co-ordinator or organiser, who are responsible for approaching to enforce a temporary ban from the venue if the disruption resumes.

### **Physical violence observed**

Volunteers should prioritise their own safety and immediately alert co-ordinator or organisers. Once separated, volunteers should advise those involved not to re-engage and remain with them until relieved. Organisers are responsible for advising and enforcing resulting bans and may contact the authorities at their discretion.

### **Minor injury sustained or aggravated**

*Note: any injury resulting from environmental hazards (slips, trips, etc.) should be reported to the organisers in order to make an immediate risk assessment.*

Volunteers should assist person in moving to safe place or Quiet Room/First Aid Station and locate the designated First Aider.

Consider if RICE (Rest, Ice, Compression, Elevation) appropriate. For minor abrasions, suggest self-treatment eg paracetamol, band-aids. **However volunteers who are not a designated first-aider should not offer medication or medical advice.**

### **Medical emergency**

*Note: Do not move the injured from the area; remain with them but send someone to locate an organiser immediately. If in doubt call 999.*

Initial triage:

- 1) ABC (Airway open, Breathing normally, Circulation not cut off)
- 2) Consciousness Check
- 3) Blood and Bones

If they are able to communicate, ask if any immediate action needed (eg. epi-pen or sugar to avoid hypoglycaemia)

If they are experiencing a seizure, clear space around individual but do not attempt to stop the seizure or restrain them. Once seizure has ceased, place something soft under head and cover with blanket. Establish how long they 'sleep' for. Periodically check ABC. When consciousness is regained ask individual if ambulance is needed. Ask if there is anyone they can contact for additional assistance.