

SCU FACULTY/STAFF PROGRAM COORDINATOR

PREPAREDNESS PLAYBOOK

GLOBAL ENGAGEMENT

Overview

This is a resource for all Santa Clara University representatives. It is not intended to cover every situation. It provides guidelines for common and critical situations. No two emergencies are alike, and the exact steps to follow will vary depending on the event, local circumstances, etc. Protocols are meant to be flexible, simple to adapt to local conditions, and able to accommodate contingencies of any kind.

The guide includes tools and graphics to help you:

- 1) assess and reduce risks,
- 2) better prepare for potential emergencies,
- 3) manage emergencies effectively, in the best interest of the traveler(s) and their family, and
- 4) identify resources to help throughout the emergency cycle.

When an emergency occurs, the priority is always the traveler's welfare followed by reducing the impact on programming. The response must consider local customs and characteristics of the area and be transparent, responsible, and reasoned.

During the program, it is important to foster collective awareness among all travelers that everyone has a role in safety and risk management.

The Handbook has three purposes:

1. Explain how Program Coordinators (PCs) and Santa Clara University staff collaborate in an emergency,
2. Guide PCs in completing the [SCU Critical Incident Preparedness & Response Plan Template](#) and
3. Provide hands-on, situation-specific tools and resources to use when preparing for and responding to a critical incident.

How to use this handbook?

Review this handbook annually to update contact details and verify whether protocols will work in the local program environment. Use this handbook as a resource as you update your international program proposal.

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SCU Partners in Emergency Management and Response

Santa Clara University works with Chubb and International SOS to provide international emergency medical, travel, and security assistance to students, staff, faculty, and any other sponsored SCU traveler on [university-sponsored international travel](#). Chubb is the insurance company and International SOS is the travel assistance provider. Insurance covers the SCU dates of the sponsored activity/program abroad, including 14 days of personal deviation coverage before and 14 days after the activity/program.

In addition to this coverage provided by the University, student travelers are required to maintain additional health insurance in the U.S., either by keeping the SCU-sponsored Student Health Insurance Plan (SHIP) during their time abroad, or by demonstrating that they have private U.S. health insurance in accordance with SCU sponsored SHIP waiver policies. SCU's emergency medical insurance and travel assistance coverage through Chubb Insurance and International SOS do not allow travelers to waive SHIP.

[Chubb Insurance Coverage Benefits](#)

While abroad, the emergency medical travel insurance policy through Chubb should be considered as primary for emergency medical expenses in cases of accident and/or illness. Travelers should note that preventative care such as physicals, routine exams, vaccinations, and COVID tests in the absence of symptoms are NOT covered. Highlights of the Chubb Insurance benefits include:

- Emergency medical benefits
- Trip interruption benefit, trip delay coverage
- Emotional support coverage
- Security and emergency medical evacuation
- Accidental death and dismemberment
- Repatriation of remains
- Emergency reunion benefit

Student travelers are required to maintain health insurance in the U.S., either by keeping the SCU-sponsored Student Health Insurance Plan (SHIP) during their time abroad, or by having private U.S. health insurance in accordance with SHIP waiver policies. The travel insurance policy does not allow travelers to waive SHIP. The deadline and [process to waive out](#) is set by SCU.

[International SOS](#)

International SOS travel assistance is only valid internationally; it is not valid for travel in the U.S or its territories. Before or during international travel, travelers can contact International SOS directly, 24 hours a day, year-round, for services including:

- Emergency medical, security, and emotional support services.
- 24-hour assistance clinics and remote-site medical facilities outside the U.S. Call-in interpretation assistance with medical providers or local transport providers.
- Location Guides that contain medical and security advice and recommendations for your destination (available on the Assistance App and Member Portal).
- Information on current security and medical alerts and required immunizations.
- Location based alerts: Sign up to receive critical safety information in the event of an incident at your destination.

Access to Support - Before You Go

Contact International SOS for medical or security advice or create an account on the International SOS Assistance App or Member Portal prior to travel for destination advice. There is no need to contact Intl.SOS in advance to register your trip. To ensure access to support abroad, prior to travel students, faculty and staff should:

- Download the [Santa Clara International SOS Membership card](#) and take it with you
- Sign up for safety and security email alerts for your destination(s) through [the International SOS Member Portal](#) with [your SCU email or membership number](#). Register with your SCU email. If you do not have a SCU email, use member ID #401GDA1067661IT.
- Download the [International SOS Assistance App](#) on your phone. You can use the app to get travel alerts from your current location, call for assistance with one click, link to important medical and travel security information, and [live chat](#) directly with a 24/7 medical and security specialist. Use the same login credentials that you use for the Member Portal. See: How to [sign up to receive current security and medical alerts](#).

[International SOS Staff & Student FAQs.docx](#) / [International SOS Parent FAQs.docx](#)

SCU Critical Incident Response Levels

Some incidents are so minor that they are resolved almost immediately or do not require intervention or engagement with program/department/College/School leadership or Global Engagement. The [chart below](#) outlines the various critical incident response levels, examples, and responsibility of Levels 1 - 3

	<u>Critical Incident Response Levels</u>	<u>Examples of Critical Incidents</u>	<u>Responsibility</u>
Level One	Level 1 incidents have limited impact on the ability of travelers, but may still require assistance from the University. Typically, Level 1 incidents impact a single traveler, rather than multiple travelers.	Minor injury or illness	Program Coordinator manages the incident and may involve their department and/or program; does not require communication with Global Engagement.
	Management decisions for Level 1 incidents do not have implications for University policy or or public relations.	Lost or stolen passport	
		Student disciplinary issues	
		Theft with no injuries	
		Stolen wallet/backpack/laptop	
Level Two	Level 2 incidents that have significant impact to traveler(s) abroad and require significant or ongoing assistance from Santa Clara University.	Major illness or injury requiring hospitalization	Program Coordinator and the Program/Department lead the response; may communicate with Global Engagement, as needed to establish an incident commander and assign roles to plan for the incident response.
	Level 2 incidents typically require coordination of communication among internal SCU constituencies, IE program/department/Global Engagement and families.	Physical or sexual assault	
	Level 2 incidents are unlikely to have implications for University policy or public relations	Suicide ideation	

		Disruption of travel, terrorist attack, natural disaster, or other major event in the country/region of travel that may affect the travelers, e.g., major earthquake, civil unrest	
		Legal issues; Serious problems with travel logistics	
Level Three	Level 3 incidents have significant impact to travelers or organizations/partners/communities abroad and may impact the ability to carry out the objectives of the program/travel. Have additional impacts for the Santa Clara University community.	Natural disaster/terrorist incident	Program Coordinator and the Program/Department convene with Global Engagement to establish an incident commander and assign roles and to plan for incident response.
	Level 3 incidents are likely to have significant University policy implications and/or widespread impact to multiple programs/initiatives of the University, financial implications, and/or public relations concerns.	Hospitalization with life-threatening injury/illness	
	<u>Level 3 incidents involve Global Engagement and, as relevant, Global Engagement may involve the Crisis Abroad Response Team (CART) which makes decisions about a coordinated/consistent institutional response that may impact the University broadly.</u>	Severe injury or death	
	Level 3 incidents require approval from Global Engagement and CART, as relevant, to determine when to cancel or suspend University-sponsored travel because of significant health, safety or legal risks to participants, significant threat to the educational objectives of the travel, or risk to the University.	Infectious disease outbreak, natural disaster, act of war, political coup, or terrorist incident directly affecting SCU travelers.	
		Kidnapping/hostage situation or missing person.	

Critical Incident Protocol - Level 2/3 Emergency:

First Response Guide - When a Critical Incident/Emergency Happens

Take immediate action. Start traveler welfare check. Ask travelers to let you know whether they are with other travelers and ask them to contact their families about their whereabouts. Notify and consult on next steps with the Program Department.

Assess the situation. Consider potential threat exposure and impact to travelers and staff. Is it a real or perceived emergency? Separate facts from rumors.

- a. What kind of critical incident is it? Rate according to emergency levels 2 or 3.
 - a. What specific threats or dangers are present?
 - a. What immediate steps can be taken to reduce harm, danger or threat level?
 - a. Are travelers safer if they shelter in place or should they be moved?
 - a. What resources are needed
 - a. and long-term recovery issues and look also at secondary impacts. For example, the wave of reaction to an emergency can be quite overwhelming in terms of media attention and public response. Plans need to address how to handle this increased interest.
2. **Communicate.** Provide regular updates and instructions to travelers, program/department and Global Engagement.
 3. **Monitor local media reporting.** Monitor U.S. and world media, and official government announcements.
 4. **Keep a written log.** Include specific dates, times, actions taken, rationale for decisions, and all other relevant details, beginning with your first notice of the critical incident and continuing through its completion. Details sent by email to the Program Department/Global Engagement will suffice as a log.

After an emergency:

- Continue to communicate with travelers and staff as appropriate. Know how much you can share.
- Re-institute regular program in a phased, orderly fashion, when possible.
- Depending on the emergency, schedule a lessons-learned meeting with involved staff. Evaluate response actions, communications and the ultimate outcome. What went right? What can be improved?

Emergency Management Framework

Phase 1.	Prevention/Mitigation
Phase 2.	Preparedness
Phase 3.	Response
Phase 4.	Recovery

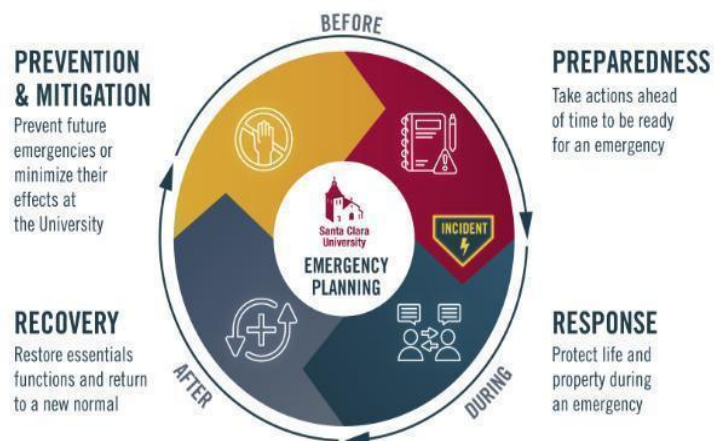
Continuity influences all four phases. It is the aspect of the policies, frameworks and procedures that facilitate simultaneous operations or the resumption of operations with minimal disruption.

The management of an emergency begins long before any critical incident begins and continues until normal program operations are restored. It begins when program staff and faculty think about potential risks.

By strategically managing risk, SCU representatives can reduce the chance of harm/loss, create greater financial and programmatic stability, and protect SCU resources.

Emergency preparedness is not achieved until the plan is exercised and proven to work. Effective training develops competencies, raises awareness about risks and emergencies, and normalizes the response.

FOUR PHASES OF EMERGENCY MANAGEMENT



Santa Clara's primary concern when managing any critical incident is to protect the safety and welfare of travelers, staff, and faculty.

Phase 1: Prevention and Mitigation: Designing a well-thought-out International Program.

Phase 2: Preparedness (Steps)

Program Coordinators have the broadest and deepest responsibility onsite to facilitate traveler/traveler welfare, particularly during an emergency. Follow these steps so you can be ready to fulfill your duties.

- ☐ 1. **Identify a Local Emergency Response Team**
 - Designate individuals to serve as team leader(s) and recorder of events. Don't do it alone.
 - Establish a clear set of roles and responsibilities for everyone involved. Assign alternates if possible.
 - Complete the [Program Coordinator Template: Emergency Contacts for Campus Safety and Global Engagement](#), listing the designated local emergency contacts who will be contacted if someone calls Campus Safety about your travelers or a crisis. Consider if anyone else on campus needs to have this list, such as the Office of Student Life.
- ☐ 2. **Develop a Local Emergency Response Plan**
 - Think carefully about potential threats, risks and vulnerabilities that travelers or the program may face.
 - Use the information in this handbook, as necessary. The local plan should include response strategies to some of the more likely, or more impactful, potential crises.
 - Share a copy with members of the Local Emergency Response Team/Program Department.
 - If this is an ongoing program, review and update the plan and all related materials every year.
- ☐ 3. **Create an Emergency Resource Bank**
 - Have a list of local emergency numbers, including partner institution information.
 - Include SCU assistance providers' contact information (International SOS).

- Create a list of staff names, 24-hour contact information, and a description of the role each person will play in an emergency.
- Reassess needs and update the lists annually, if an ongoing program.

☐ 4. **Maintain accurate contact lists, including:**

- Staff, host families (if applicable), residence halls, apartment managers, etc.
- U.S. Mission staff, diplomatic contacts and other governmental authorities – Include notes on when to contact each.
- Community resources including local emergency services, host institution 24/7 security, bilingual mental health counselors and a sexual assault/women's center/rape center (if available).
- Other external organizations who may provide information in a critical incident (other study abroad programs operating in the area, etc.)
- participant rosters with detailed contact information, updated continually.

☐ 5. **Develop an emergency communication plan/tree**

- Run a welfare check drill at the beginning of every program.
- Create a customized, local communication plan that defines how travelers will quickly and easily spread information among the group.
- Be redundant: Include multiple contact methods (e.g., a program-specific Facebook page, text messaging, communication apps such as WhatsApp, WeChat, Viber).
- Test the communication plan with all participants.

☐ 6. **Consider the possible need for critical incident headquarters**

- Identify an alternate location for managing the critical incident.
- Know where you would assemble and what kind of equipment you have or may need, including first aid equipment (if available, make sure you know how to use it) and how you can access enough cash for immediate needs.

☐ 7. **Ensure information redundancy**

- Does the onsite partner/organization have an emergency response plan? Have a copy of this handbook and the Local Emergency Response Plan, including traveler rosters with their emergency contacts that can be accessed off-line (i.e. paper copy and/or electronic version that can be accessed off-site if internet service is unavailable).
- Maintain electronic versions of information on secure platforms that can be accessed remotely. Only use data servers or cloud-hosted platforms approved by the SCU Information Technology team.
- **Share copies** of this information with your department.

☐ 8. **Address training needs and practice**

- Identify training needs for staff and emergency responders. Consult with the Global Engagement for training requests.
- Practice, practice, practice. Carry out emergency drills/exercises at least annually.

Local Emergency Response Plan

Develop a local emergency plan that include the following:

1. **Identify risks.** What are likely events, emergencies, and disasters that may affect this location? Is the area prone to inclement weather or flooding? Are service disruptions, including water and electricity, common? Is it earthquake prone? Are certain areas at higher risk for theft or crime? Are safety standards (e.g. fire safety) lower than travelers are accustomed to? Is in-patient emergency psychiatric care readily available or difficult to access at nights or on weekends? Include at least three risks that travelers in this program or geographic area could face.
2. **Assess risks.** For each identified risk, document the likelihood of occurrence (low, medium, high) and the impact severity if it were to occur. (e.g. fire in a residential building without adequate fire safety infrastructure can be greater than one in a building equipped with smoke detectors, alarms, and marked exit routes). Assign an emergency level. Would media attention be likely? Consider how the successful completion of the academic program may be affected (e.g. if flooding or civil unrest caused the partner institution to close temporarily) and would alternate accommodations be possible to help travelers finish their program.
3. **Identify preventative measures to reduce the risks.** Are there actions that could be taken now to reduce the likelihood of occurrence or consequences from the identified risks? Examples might include:
 - Sharing specific information during on-site orientation session
 - Increasing staff training
 - Providing smoke detectors and instructions to develop evacuation maps in the event of a residential fire
 - Developing a communication plan to describe provisions travelers should have on hand in case of an emergency
 - Working with the partner institution to improve safety conditions in certain areas of campus
4. **Incorporate partner institution and/or community emergency response plans.** Explore services and information that are available. If a 'campus alert' system is available, sign up. Meet with the staff and ask questions. For instance, if a host institution or community has identified shelters, it is important to know where they are located and to verify that SCU travelers can use them.
5. **Determine resources that will be necessary during critical incident management.** What supplies and information will need to be accessible during a critical incident? How much cash could be readily available to support travelers until external resources, such as International SOS or SCU, can step in? Are laptops needed to work remotely if the study center is inaccessible? What medical and other provisions should be stocked? Who has been trained to provide first aid?
6. **Identify sources of reliable information.** Assess and document the best internet and social media sites for initial reports and immediate reactions to events. Determine which television and radio news outlets you need to monitor when a critical incident occurs. Bookmark the host university and local government 'official announcements' web pages, to keep abreast of directives given to the campus community or the public during a critical incident or following a disaster.

7. **Identify your local Emergency Response Team.** Define the roles and responsibilities of all involved in a response. Consider partner institution or organization staff, qualified local medical or other service providers, and other community partners. Clarify the lines of authority and communication between key players. How will you be notified if there is a safety incident in the Program location? Consider all phases of critical incident management, including the recovery process. Divide tasks, delegate responsibilities and clearly define authority.
8. **Create back-up plans.** Review for gaps and establish backups in case something goes wrong. Remain flexible and know how you can improvise. What can be done in that case? (e.g., If cellular networks are unavailable, how should travelers and staff communicate with you? Can they use WhatsApp, Viber, etc.?) Plan for the unexpected. Develop contingencies.

Think of others who may be affected. How might other travelers in the program be affected by an individual traveler critical incident? How might travelers be affected by a security incident happening in the community or while traveling? Might there be copycat behavior, increased anxiety/fear, vicarious trauma, or survivor guilt? Could other program travelers be impacted negatively by the temporary focus of staff resources on the survivor(s)?

Communication Plan/Tree

Develop a communication plan at the start of each term to facilitate traveler welfare checks and information sharing with all travelers.

Commonly used emergency communication methods include:

1. Communication tree(s)
2. Email listserv or text messaging group
3. Social media messaging group (Facebook, Line, Twitter, WhatsApp, etc.)

The preferred method is the one that works for your location. Ensure that you have a backup plan including alternative communication methods. The only way to ensure that this works is to perform a test with *each new group of travelers*.

Consider whether a communication tree may work for your location:

- Designate several travelers as “first contacts.”
- Assign several backup “first contacts,” in case the primary “first contact” cannot be reached.
- Each “first contact” will be assigned a group of several travelers to contact.
- When an emergency occurs, or during a drill, contact each “first contact,” write down the time of the contact, and instruct them to contact the other travelers in their group with information and/or instructions. Keep records of calls and times to better assess effectiveness.
- When the “first contact” traveler has contacted each member of their group, they will report back to you (or other designated staff person). Consider who will track the responses and report back.

Diagram 11: Sample Communication Tree



TIPS for an effective communication tree:

- Include all possible means of communication (telephone, email, cell phone, social media and communication app usernames, etc.).

- Group the travelers by geography (i.e. travelers living near each other) so contact can be made in person if other communication lines are down. and
- Ensure that contact numbers are kept up-to-date and that travelers keep updated copies with them always. “First contacts” should keep contact details for their group members both on their cell phone and in printed form.
- Assess responsiveness by conducting a drill; include a timeline for the entire process.
- Practice the communication tree with travelers early in the program. If a traveler's response time is not acceptable, counsel the traveler why they should not have delayed in answering.
- Change the communication tree, or use a different approach, if completing a drill successfully continues to be problematic.

Using communication and social media apps in your communication plan:

Many travelers are relying on smartphones equipped with apps such as **Skype, iMessage, Viber, Line, WeChat, or Whatsapp** as their primary communication tool. These devices are frequently, though not always, reachable via a U.S. phone number that relies on WiFi. Communication plans need to be carefully developed and tested when travelers rely on communication apps. Although these tools provide benefits, including a quick and easy way to send out information, some of the drawbacks include the following:

- Limitations of WiFi.
- As there are dozens available to choose from, both/all parties must use the same app.
- To receive notice of a new message, the traveler must have the app running and/or have notification preferences set correctly in their device settings.
- The apps have varying degrees of information security.
- Messages sent using apps that primarily have a social networking focus, such as Twitter and Line, may get buried if the traveler is following hundreds of people.
- If the app has functionality to communicate outside of its network, such as making a Skype call to a landline, monetary credits must be carried on account.
- Unless the traveler maintains an international data service plan, the device may have to be within range of an accessible wireless internet network to receive and send messages.

Emergency Contact Information

- Be sure that you and your staff, if available, can communicate in an emergency.
- Store the relevant SCU contact numbers and local emergency phone numbers in your cell phone contacts. Keep paper copies in multiple locations (residence, office, etc.)
- Encourage travelers to carry an emergency contact list with them at all times that includes:
 - 1) Local Program Coordinator/ Representative 'on call' emergency telephone number
 - 2) Phone number for the SCU emergency assistance provider (International SOS)
 - 3) Program Coordinator 24-hour emergency number and their Departmental back-up.
 - 4) [Emergency phone number](#) for the local U.S. Mission (embassy/consulate)

Local Emergency Contacts

Maintain this information with accurate contact information for local services, as available.

Police:

Fire Department:

Partner Univ. 24/7 Emergency Services, if available:

Hospital(s):

Doctor(s) and Health Clinic(s) (bilingual):

Psychological services/Counselors (bilingual):

Psychiatric Hospital(s):

Community Resource Center(s): (E.g. Rape Crisis Center, Victim Support Center, Women's Health Center)

[Red Cross/Crescent](#), other disaster relief agency:

U.S. Mission: See the [U.S. Department of State Telephone Directory](#)

Main number:

24-hour number:

American Citizen Services in Washington DC: From outside U.S. call +1-202-501-4444

From within U.S. call 1-888-407-4747

Other:

Other countries' diplomatic missions:

Legal Services (bilingual):

Immigration:

Morgue/Coroner:

Other important contacts:

Phase 3: Response

First Response Protocol



1. **Take immediate action.** Start traveler welfare check. Ask travelers to let you know whether they are with other travelers and ask them to contact their families about their whereabouts. Notify and consult on next steps with SCU.
2. **Assess the situation.** Consider potential threat exposure and impact to travelers and staff. Is it a real or perceived emergency? Separate facts from rumors.
 - a. What kind of critical incident is it? Rate according to SCU level 1-3.
 - b. What specific threats or dangers are present?
 - c. What immediate steps can be taken to reduce harm, danger or threat level?
 - d. Are travelers and staff safer if they shelter in place or should they be moved?
 - e. What resources are needed?
 - f. Consider the immediate response and long-term recovery issues and look also at secondary impacts. For example, the wave of reaction to an emergency can be quite overwhelming in terms of media attention and public response. Plans need to address how to handle this increased interest.
3. **Communicate.** Provide regular updates and instructions to travelers, your Program Department, and partner organization/university contacts. Work as a team.
4. **Monitor local media reporting.** Global Engagement will monitor U.S. and world media, and official government announcements. Compare and contrast reports with colleagues.
5. **Keep a written log.** Include specific dates, times, actions taken, rationale for decisions, and all other relevant details, beginning with your first notice of the critical incident and continuing through its

completion.

After an emergency:

- Continue to communicate with staff and travelers as appropriate. Know how much you can share by consulting with Global Engagement.
- Depending on the emergency, schedule a lessons-learned meeting with staff. Evaluate response actions, communications and the ultimate outcome. What went right? What can be improved?

Response Protocols

The following protocols are intended to be useful in crises and emergency situations faced by SCU staff abroad who support participants. Each situation is different. Protocols should be customized to best fit the specifics of the incident and the local protocols and customs.

Robbery or Mugging

Definition – The taking or attempting to take anything of value from the care, custody, or control of a person or persons by force, threat of force, or by putting the victim in fear.

_____ **Respond immediately** and handle it as a level 1 incident. Assist the participant in locating medical care if there was any degree of physical assault, even if there are no obvious injuries. Be sensitive to emotional trauma they may have experienced.

_____ **Talk privately with the participant:**

- Let the participant know that you are there to help. *Genuine concern is important.*
- Ask participant for details about the event, withholding judgment. Document any contributing factors such as alcohol/drug use, time-of-day, etc.
- Ask participant what might help them feel safer. Improved lighting? Taking cabs? Changing roommates? Moving to a different location?
- Ask participant about their support network (friends, roommates, etc.) Recommend counseling.
- Advise the participant to file a police report within **24 hrs**. This is important if the participant will file a loss claim with the travel insurance company. Offer to go with them, particularly if there could be communication issues or cultural complexities.
- Help the participant understand how the laws and procedures may vary from those in the U.S. Consult local resources if necessary.

_____ Help the participant feel safe. For example, assist in relocating the participant temporarily or permanently, as appropriate to the situation and according to the participant's wishes.

_____ **Start a log.** Include conversations and decisions (including rationale for decisions), circumstances, discussions with law enforcement officials, information provided by others who were present, etc. Include factual information. Do not include conjecture, speculation or personal opinions.

_____ Send an email to the participant a few days after the incident. Include the following, as appropriate:

- Inquire about their current physical and emotional well-being.
- Encourage counseling. Provide the participant with a list of local support resources and/or English-speaking therapists.

- Link to the U.S. Embassy procedures to get a replacement passport, if applicable. If the participant is not a U.S. citizen, refer to the participant's home country embassy.
- File a claim for personal property through SCU Travel Insurance.

_____ Conduct incident wrap-up meetings with appropriate staff to review lessons learned. Evaluate the adequacy of critical incident and safety planning and make modifications as necessary.

Serious Injury or Illness

Examples: An illness that requires hospital admittance, any serious bone break/fracture, a serious injury that requires emergency ambulance services, a drug overdose or alcohol poisoning, physical assault or any other serious injury or illness.

_____ **Respond immediately. Assist the participant** in locating medical care. If necessary, arrange to have someone accompany the participant to the hospital particularly if communication may be an issue. Consult with International SOS. If the student is incapacitated and unable to give verbal consent, follow the [ISOS Protocol: Incapacitated Student Protocol](#).

_____ **Gather information** about the injury or illness from the participant, or if possible, from the treating physician. In the case of an accident, ask questions (if appropriate to the circumstances) about the events leading up to the accident, causes, contributing factors, etc. This may also be done at a later time. Use your best judgment.

_____ **Notify** appropriate leadership.

_____ If a serious injury took place in the partner business/campus or in housing controlled by a partner, notify the partner.

_____ **Start a log.** Include dates and times, circumstances, outcome of any discussions with physicians, conversations with SCU, family, etc. Update as the critical incident progresses. *It is important to handle and report these cases sensitively and with discretion.*

_____ If medical evacuation is being considered, Chubb-International SOS will initiate the necessary steps.



Travel to bedside for an immediate family member and medical evacuation costs will only be covered by the travel insurance plan if Chubb-International SOS makes all travel arrangements upon the medical recommendation of Chubb-International SOS doctors, in consultation with local, licensed treating physician(s).

If medical evacuation is not being considered at this time...

_____ Continue to monitor the participant and update relevant parties as needed.

- _____ If a participant will miss classes or needs extra time on assignments, notify the participant's academic department(s)/professor(s). Facilitate academic accommodations as necessary.
- _____ If the participant is conscious, facilitate the traveler's call to notify their parents/emergency contacts, or ask them whether SCU can notify their parents (or other emergency contact).
- _____ If the participant consents, provide a general statement to other participants in the program, if appropriate, bearing in mind confidentiality restrictions. Provide counseling referrals, or direct participants to the local U.S. Embassy medical lists.
- _____ Conduct incident wrap-up meetings with appropriate staff (when available) to review lessons learned. Evaluate the adequacy of critical incident and safety planning and make modifications as necessary.
- _____ Depending on the severity of the incident, schedule a long-distance debrief abroad with involved parties.

Participant in Distress

Possible Signs: Severe disruptive behavior, excessive class absences or sudden decline in academic performance, social withdrawal, significant weight change, significant change in physical appearance, confirmed or suspected alcohol or drug abuse, confirmed or suspected sexual assault or other victimization –or– you get a concerned report that the participant has been struggling emotionally or behaving strangely

See Something. Say Something. Do Something. You may be the first one to notice that something is clearly wrong. Your “gut feeling” may tell you that something is wrong. Know the best way to intervene effectively when a participant needs help. Do not take the role of a counselor: you are there to facilitate the participant getting the help they need.

Primary objectives when talking with a distressed participant:

- **Remain calm. Be genuine and non-judgmental.**
- **Assess for risk of suicide.**
- **Give reassurance and information.**
- **Encourage professional help (if participant is resistant, remain calm and understand that the participant has the right to decline help).**

Keep in mind:

- Race, ethnicity, cultural background, gender identity, sexual orientation, mental health, and many other factors influence a participant’s perceptions and reactions.
- Unless the participant is suicidal, the participant owns the recovery process.
- Your best intentions may not produce the desired result. Be patient. Try a different approach. You can only do your best.

_____ **Have a conversation with the participant.** Remain calm and positive; talk slowly. Let the participant do most of the talking. Listen attentively and empathetically. Listening is the most important step.

Suggested talking points:

- Express your concern in behavioral, caring, non-judgmental terms (e.g., “I’ve noticed you’ve been absent from class lately and I’m concerned.”)
- Convey that you want to help. Genuine concern can provide a human connection at a critical moment. Sometimes a participant only needs someone to listen to for a short time to clarify concerns and validate feelings. Ask the participant what they think would help.
- Focus on factual information and behavior. Help the participant focus on situations that can be controlled. Speak in an explicit, concrete, and concise manner. If the participant makes statements or has behaviors that may indicate that they are out of touch with reality or demonstrates severe disturbances in thinking, refer to the protocol for **Mental Health Crisis** below for additional information and guidance.

- Ask the participant directly and without judgement if they have thought about self-harm/suicide.
- Ask the participant about their support network (friends, roommates, etc.) Help them identify trustworthy people who may be willing to support them.
- Restate your concern. Help the participant design a plan by asking, “What do you need to do to get back on a healthy path?”

_____ If the participant is willing to accept help, assist the participant in locating psychological care. If necessary, arrange to have someone accompany the participant to the appointment.

_____ Be prepared for obstacles when helping a participant in distress. If a participant refuses to speak with a counselor, and you don’t see the potential for immediate harm, consider the following:

- Assess who might be better able to persuade the participant to seek counseling (friend, family member). Work with them, maintaining the participant’s confidentiality to the extent possible, given that safety is the primary concern.
- Call a professional to ask for advice and confer with the **Global Engagement**.
- Make a follow-up appointment with the participant in a day or two.

_____ **Notify Global Engagement if the situation escalates.** Report the current status, assess the situation, and discuss next steps. Determine whether the situation qualifies as a FERPA exception and, if so, who should contact the family/emergency contact. Follow up by email when possible after a verbal report.

_____ **Start a log.** Note information on the actual behavior exhibited and the history of the problem. Do not include personal comments or assumptions. Update as the situation progresses.

_____ Continue to encourage the participant to seek help. Explain travel insurance coverage. Share that they can speak to a confidential resource, Ashleigh Pezzoni, at apezzoni@scu.edu in the SCU Wellness Center.

_____ If relevant, establish behavioral limits and enforce them to the extent possible. Consider whether a safety health plan may be appropriate.

_____ Monitor the situation carefully and frequently.

_____ If disruptive, or potentially dangerous, behavior persists or increases, consult with the **Global Engagement** about next steps.

_____ If early program withdrawal is being considered or recommended by local treatment providers with the participant’s consent, note that **International SOS physicians must approve a ‘medical evacuation,’ in consultation with the local doctor, and International SOS must make all return travel arrangements**, if costs are going to be covered under the participant’s travel insurance policy. Otherwise, the participant is responsible for all costs. **International SOS** will issue the medical evacuation and travel recommendation in consultation with the local physician. **Refer to the Emergency Medical Evacuation** protocol below.

Conduct incident wrap-up meetings with appropriate staff to review lessons learned. Evaluate the adequacy of critical incident and safety planning and make modifications as necessary.

FERPA – Parental or Emergency Contact Notification

Due to privacy laws, parents/emergency contacts can be notified only if it is a “health or safety emergency” situation, meaning that the disclosure of the information is necessary to protect the health or safety of the participant or other individuals. Some factors to consider in deciding whether to disclose pursuant to the exemption include:



1. the severity of the threat to the health or safety of those involved
2. the need for the information (i.e. don't disclose lots of irrelevant information)
3. the time required to deal with the emergency (i.e. is it urgent or is there plenty of time?)
4. the ability of the parties to whom the information is to be given to deal with the emergency (i.e. are they in a position to help the situation?)

It is generally preferable for the participant to contact the parents/emergency contacts themselves, but if the criteria above are met, privacy laws would allow contacting parents/emergency contacts. When in doubt, note that guarding confidentiality is important but concern for a participant's welfare is more important. Given the choice of keeping information confidential versus keeping participants safe, opt for safety.

Sexual Violence and Sexual Harassment

The following behaviors are considered to be **Prohibited Conduct** under the [SCU Policy on Discrimination, Harassment, and Sexual Misconduct](#). Refer to the policy for more thorough descriptions.

- Sexual Violence:
 - o Sexual assault constitutes any sexual activity in the absence of affirmative, conscious, and voluntary consent.
 - o Domestic/Dating violence constitutes intentional or reckless acts by an individual that cause bodily injury or create a reasonable fear of serious bodily injury when the parties involved are current or past partners in a romantic or intimate relationship.
 - o Stalking is repeated conduct (e.g., following, monitoring, observing, threatening, communicating, or interfering with property) of a sexual or romantic nature that would cause a reasonable person to fear for their safety or to suffer substantial emotional distress.
- Sexual Harassment - unwelcome sexual advances and other verbal, nonverbal, or physical conduct of a sexual nature that creates an environment that is intimidating or offensive

- Retaliation – threats, intimidation, or adverse educational actions against a person based on their report of Prohibited Conduct
- Invasions of Sexual Privacy – watching or enabling others to watch a person without their consent in a place where that person has a reasonable expectation of privacy
- Sexual intercourse with a person under the age of 18
- Exposing one’s genitals in a public place for the purpose of sexual gratification
- Failing to comply with the terms of a no-contact order

As this definition encompasses a broad spectrum of conduct, not all of which constitutes sexual violence. The SCU Title IX Officer will determine whether the allegation should be treated as sexual violence or sexual harassment.

Allegations of sexual violence and sexual harassment must be addressed promptly and with empathy. Survivors are often confused, appear numb, worried or angry, and they may be unsure how to approach the situation. Some may be afraid of not being believed and/or of retaliation for reporting the behavior. Others may think that they are to blame for the situation. When a participant reports Prohibited Conduct to you, your first conversation with them can play a critical role in how they perceive themselves and SCU.

As the Title IX Liaison, you must report to SCU. Once an agent of the university, including anyone acting on behalf of the university, knows about the existence of potential Prohibited Behavior, SCU is officially “on notice,” and has a legal and moral obligation to respond in a timely manner.

_____ Have a private conversation with the participant(s) who reported the Prohibited Conduct. Remain calm and talk slowly. Take the claim seriously.

Suggested talking points:

- Listen with empathy and talk in a compassionate, non-judgmental, and professional way. Genuine concern can provide a human connection at a critical moment. **Refer to the Participant in Distress** protocol.
- Validate the participant’s feelings of fear, rage and guilt, as these are common and acceptable reactions.
- Ask the participant if you can take notes. Document what is reported to you, including behaviors exhibited and words said or written, including dates and times that incidents occurred. List witnesses
- If at any point in the conversation you discover that sexual assault has occurred, **refer to the Sexual Assault** protocol.
- Ask the participant what immediate actions would make them feel safer. For example, arranging for the participant to move or change class sections.
- Avoid promising confidentiality. Let the participant know that you will only divulge information to university officials who need to know.

- Carefully explain to the participant that you are a SCU Responsible employee and must report to those who need to know.
- Explain options available to the participant, which will vary depending on the alleged perpetrator's affiliation, host university policies and laws of the host country.
- Ask the participant about their support network (friends, family, roommates, etc.) Help the participant identify trustworthy individuals.
- Provide the participant with a written list of local support resources.
- Encourage the participant to seek psychological support but be prepared for the participant to decline and accept this choice.

_____ Notify the IX Liaison Report the current status, assess the situation, and discuss next steps.

_____ **Start a log.**

_____ Support the SCU response under the guidance of Global Engagement and the SCU Title IX Liaison. This may include:

- Consulting with partner university, SCU officials
- Providing contact information for the participant's SCU campus CARE advocate
- Providing information about partner university and community resources
- Facilitating changes in the participant's living arrangements or academic program
- Monitoring the participant's level of distress and academic progress

_____ Follow-up with the participant to make sure that the alleged perpetrator has stopped the behavior and to ask the participant about their personal and emotional needs. If you sense the participant is not managing well, **refer to the Participant in Distress** protocol

_____ Conduct incident wrap-up meetings with appropriate staff to review lessons learned. Evaluate the adequacy of current protocols; make modifications as necessary.

When the accused is a SCU participant

Cases in which the alleged perpetrator is also a SCU participant are particularly complex and can be challenging to manage. Generally, SCU will facilitate the process. The SCU campus Title IX Office will take over. Per the [SCU Sexual Violence and Sexual Harassment policy](#), a person alleged to have engaged in Prohibited Conduct and about whom a report of sexual violence, sexual harassment, other prohibited behavior or retaliation is made is called a **Respondent**.

A Respondent will be provided the following when a formal investigation proceeds:

- Written notification, or Skype call with the SCU campus Title IX investigator, with a summary of the allegations, the procedures that will be followed, and resources available to them
- Access to a 'Respondent Services Coordinator' at the SCU campus that facilitates fair and equitable services for the Respondent
- Due process, which includes the right to talk with the investigator, submit information and identify witnesses who may have relevant information

Sexual Violence: Sexual Assault

Definitions: Refer to the [SCU Policy on Discrimination, Harassment, and Sexual Misconduct](#).

Sexual assault constitutes any sexual activity without the affirmative consent of the survivor.

The term ‘survivor’ rather than ‘victim’ is typically used to describe a person who has been assaulted to emphasize the recovery process after an assault, instead of limiting a person’s experience to victimization.

Consent is affirmative, conscious, voluntary, and revocable. Consent to sexual activity requires both persons an affirmative, conscious, and voluntary agreement to engage in sexual activity. It is the responsibility of each person to ensure they have the affirmative consent of the other to engage in sexual activity. Lack of protest, lack of resistance, or silence, do not alone constitute consent. Affirmative consent must be ongoing and can be revoked at any time during sexual activity.

STEP 1: Create a local critical incident response plan, based on this framework, before a critical incident occurs.

_____ Become familiar with partner university and local laws and protocols related to sexual violence, including the following:

- Mandatory reporting requirements – In some countries, healthcare workers are required to report sexual assault if it is disclosed to them.
- Rape management protocols – What local agency should be contacted first following an assault? Are forensic examinations routinely done, and by whom? What do they entail? If a forensic exam is done, will the participant be required to report the crime to the police and follow up with prosecution? NOTE: In the U.S. a survivor does not have to report the crime to have an exam, but the process gives the survivor a chance to safely store the evidence should the survivor decide to report a later time.
- Investigation and prosecution protocols – Will the survivor be required to remain in or return to the country for prosecution to occur? Will the protocols for investigation or prosecution be different if the survivor is male or identifies as LGBT?

_____ Determine local medical protocols, including whether there is an antiretroviral (ARV) protocol and whether pregnancy prevention will be provided. Will the participant be expected to pay for assessments and treatment?

_____ Identify local healthcare practitioners that will provide the following (be aware that many female survivors may object to be examined by a male doctor):

- A supportive and respectful environment
- Assessment and prevention of sexually transmitted infections
- Assessment and prevention of pregnancy for female survivors
- Care of physical injuries

- Counseling referrals and/or follow up, and
- Collection of forensic evidence, with the survivor's consent.

_____ Develop a list of local resources that includes specialized services available for sexual assault survivors, such as medical/forensic examinations, rape crisis counseling, transportation, etc. Determine which facilities and practitioners will support male survivors. Ask whether there are costs for services provided, whether there are bilingual providers, and whether services are available 24/7.

STEP 2: Respond

_____ **Help the survivor immediately.** Determine the participant's immediate needs, condition and safety. Sexual assault is a traumatic experience and can be emotionally devastating. It may be difficult for the survivor to consider what steps to take. It is natural for the survivor to feel confused, frightened, embarrassed, powerless or angry. People process trauma in different ways. What is important is not to have a preconceived idea of how a survivor should act or have expectations of an ideal survivor (no alcohol, articulate, doesn't change story, etc.)

_____ Listen with empathy. Listening is the most important thing you can do. No one deserves this violation, regardless of the circumstances.

_____ Encourage the survivor to seek medical care, even if there are no obvious physical injuries. Do not force the survivor to do anything that they don't want to do. Respect their decisions. If they are willing to go, arrange to have them escorted by a trusted friend or staff member.

_____ **Title IX Reporting.** You can file a report by calling (408) 551-3043, by emailing titleixadmin@scu.edu or by filling out the [reporting form](#). If this is an emergency, contact 911.

_____ **Have a private conversation with the survivor,** ideally in person. If the survivor is more comfortable with a different staff member, arrange to have that person do it. Remain calm and talk slowly. Keep the following in mind:

DO:

- ✓ **Believe** what the survivor tells you. Listen with genuine empathy and care. Validate what the survivor is feeling.
- ✓ **Clearly but gently convey the importance of medical attention,** even if the survivor thinks they were not hurt, particularly if the survivor is studying in a country where there is a high incidence of HIV/AIDS.
- ✓ **Reassure the survivor.** Any and all feelings are normal. Assault was not their fault. Provide emotional support and relevant information about next steps to the survivor.
- ✓ **Encourage them to make the decision that is right for them.** Support that decision whether you agree or not. **It is not about you; it is about the survivor's sense of control.** The decision to report rests with the survivor.

- ✓ **Be patient.** It is difficult for the survivor to confide in someone whose reaction they cannot predict.

DO NOT:

- ⊗ Probe about the details of the incident. You are not an investigator.
- ⊗ Judge the survivor
- ⊗ Minimize the situation
- ⊗ Tell survivor to report or not. It is the survivor's decision
- ⊗ Act as a social worker, counselor or legal adviser
- ⊗ Promise secrecy
- ⊗ Underestimate the pain, even if it did not seem like a physically violent assault
- ⊗ Express your anger about the situation or the perpetrator. Instead, find healthy ways to express yourself without fueling the anxiety and further traumatizing the survivor.

Things to cover in a private conversation with a recent survivor of sexual assault:

- _____ Let the survivor know that you want to help. **You are not a trained investigator. You are there to support, empower, validate, and guide them.** Respect their decisions.
- _____ Ask the survivor what immediate actions you can take to help them feel safer. For example, call a friend, liaise with the host family, arrange for the survivor to move, etc.
- _____ Tell the survivor that you are considered a SCU Responsible Employee, not a Confidential Resource and that you have a responsibility to report. Assure them that you will only divulge information to university officials who need to know. If they want a confidential resource, connect them with Ashleigh Pezzoni at apezzoni@scu.edu in the SCU Wellness Center.
- _____ Although you should not press for details, it is important to find out whether the perpetrator is a fellow participant, if possible, or if there is a continued risk to others.
- _____ Inform the survivor that their travel insurance includes an 'emergency reunion benefit' that may be used to cover transportation costs and reasonable daily living expenses for an immediate family member to travel to their location to support them (policy rules and limitations apply). The assistance provider must make all travel arrangements for the costs to be covered by travel insurance.
- _____ Inform the survivor that the hospital may be required by local laws to involve the police, if this is true for your area. If they are apprehensive about seeking medical care because of this, suggest seeking medical attention without divulging the cause.

- _____ Ask the survivor if they wish to report the sexual assault to the police. **It is the survivor's choice to report the sexual assault.** If the survivor is reluctant, but unsure, know what the local reporting protocols are that affect their options.
- _____ If the survivor is within or near the timeframe that forensic evidence can be collected, and they have decided or are still considering whether to report the assault to the police:
 - Advise participant not to wash, brush teeth, or change clothing. Tell them to bring a change of clothes for the medical exam, including underwear and shoes. The clothes they were wearing at the time of the assault may be collected as evidence.
 - Explain, or call a local rape crisis center to explain, what the exam entails.
 - It is important for the survivor to receive medical attention to treat possible STIs, pregnancy, bruises or other trauma, provided the survivor consents to this.
- _____ Provide a calm, private place where the survivor can review resource information and consider what actions they want to take.

If the survivor decides to report the assault now:

- _____ Help them to file a police report, particularly if there could be communication issues, cultural complexities, or if you are unsure what resources will be made available to guide the survivor during the process. If in doubt, call the local U.S. Mission.
- _____ Find out the status of the police investigation and request a copy of the police report to provide to the survivor, with translation if possible.

If the survivor decides not to report the assault now:

- _____ Provide specific instructions on how to contact the police if they decide to report later, provided this is acceptable to local authorities.
- _____ A forensic medical examination may still be of value even if the survivor has already washed and changed their clothes, or if it is outside of the ideal window for retention of biological evidence. If they decide to report after they have changed, have them bring the clothes and shoes they were wearing at the time of the assault in a paper bag. Plastic bags retain moisture, which can result in mold and deterioration of biological evidence.
- _____ Share all available options in writing and the contact information for the local hospital, counseling, rape crisis center/resources (as available), and law enforcement.
- _____ If the alleged perpetrator is associated with SCU, the complainant may choose to initiate an investigation through SCU, whether or not they reported it to the police. [Confer with the SCU Office of Equal Opportunity and Title IX.](#)
- _____ Arrange transport for the survivor to their home or other safe location (e.g. friend's house).
- _____ Let the survivor know that you will contact them later to see if assistance is needed. Give the participant your 24/7 contact information.

STEP 3: Document and Report

- _____ **Follow-up** with Global Engagement immediately after addressing the survivor's direct needs. Assess the situation, discuss next steps, and discuss the appropriate communication plan. *Convey facts the survivor discloses, including whether the alleged perpetrator is a SCU participant.*
- _____ **Start a log.** Include conversations and decisions (including rationale for decisions), circumstances, discussions with law enforcement officials, information provided by others who were present, etc. Include factual information. Do not include conjecture, speculation or personal opinions.
- _____ If the incident took place on campus or in university-owned housing, notify partner.
- _____ Provide reassurance to other program participants, but consider the survivor's confidentiality. Information should be revealed on a 'need to know' basis only. Keep to the facts as reported by the survivor and the information provided by local police.

STEP 4: Continue to support the participant

- _____ Depending on the situation, the Title IX Liaison will provide the participant with contact information for their confidential campus advocate, who can support and assist if the participant is returning to the campus. Submit student name to the [SCU CARE team](#). Consult local and SCU resources, including Global Engagement for help in providing support.
- _____ With the participant's consent, assist in establishing a supportive, local environment for the participant consisting of individuals, local university support services and local agencies.
- _____ Encourage the participant to use the local resources. Facilitate setting up appointments, arranging for transportation, etc. If the participant cannot afford to pay for services and wait for reimbursement, contact Global Engagement- they may be able to arrange a guarantee of payment to the medical provider through the participant's travel insurance company.
- _____ Remind the participant that their travel insurance includes an 'emergency reunion benefit' that may be used to cover the travel costs of one family member to support them. **Chubb/International SOS** must verify eligibility and make all travel arrangements for the costs to be covered.
- _____ With the participant's consent, alert the participant's professors that the participant may need temporary accommodations (additional time for assignments, etc.)
- _____ Support the participant through trauma stages. They may experience anxiety, preoccupation, concerns about safety, or flashback reminders of the crime, such as seeing someone who looks like the assailant. Encourage the participant to seek ongoing psychological care.
- _____ With the participant's consent, follow-up regularly with the participant about their well-being. If the participant declines your follow-up contact, accept the decision.
If you sense the participant is not managing well, **refer to the Participant in Distress** protocol.
- _____ Conduct incident wrap-up meetings with involved staff to review lessons learned. Evaluate the adequacy of critical incident and safety plans and make modifications as necessary.

Mental Health Crisis

Definition - A mental health critical incident is a situation where a participant is exhibiting severe behaviors, refuses to seek help, and may pose a danger to self or others.

Possible Signs: Irrational statements, agitation, bizarre behavior, unexpected aggression, self-harm, visual or auditory hallucinations, severe sleep disturbances, extreme suspiciousness of other people, personality changes, inability to distinguish between reality and irrational beliefs.

Primary objectives when handling a mental health critical incident:

- **Facilitate the participant's return to a calm state**
- **Reduce the risk of harm to participant and others**
- **Assess for risk of suicide**
- **Have the participant evaluated by a licensed psychiatrist**

_____ **Respond immediately.** Be prepared to call an ambulance, police, or take the participant to the emergency room. Know the local response protocols for psychiatric inpatient care, in case of severe distress, suicidality or threat to others.

_____ **Perform a welfare check,** in person when possible. Mitigate any obvious risks, such as moving the participant to a more secure location or removing objects, if safe to do so, that could be used to harm themselves or others.

_____ **Have a conversation with the participant, in private,** provided you are not endangered. Remain calm and positive; talk slowly; use short sentences; listen attentively. Do not touch the person. Be aware that the person's symptoms (ex. observed paranoia, aggression) might be exacerbated if you take certain steps (e.g. involve the police, restrict their movement).

Suggested talking points:

- **Express your concern** in behavioral, caring, nonjudgmental terms (e.g. "You appear to be very agitated, and I want to help.")
- **Work towards building trust** - participants may be suspicious of others. Show that you are on their side. Ask them if there is someone who they trust that you can contact on their behalf. Do not involve other participants in the program even if you think this is something that could help. We do not want to put other participants at risk or in a position that they feel obligated to provide support.
- **Let them do most of the talking,** and ask questions in a non-challenging, non-judgmental tone. Understand that delusions and hallucinations can feel very real to the participant. Do not dismiss, minimize, or argue about delusions or hallucinations.
- **Assess for risk of suicide** – Ask the participant directly and without judgement if they have thought about self harm.
- Tell them that it is important to be assessed by a medical professional as you are limited in what you can do to help.

_____ **Confer with the Global Engagement**– this group will serve as a ‘triage team’ to get the participant to an inpatient facility for the safety of all involved. Decide on the best communication method for immediate dialogue, which may be a communication app (WhatsApp, WeChat, Viber, FB Messaging), a conference call, or a Skype session to discuss the following questions:

- Who might be able to persuade the participant to see a doctor? A parent? A sibling?
- What communication methods might be most effective? The participant may respond more readily to text or private social media messaging.
- Review your local contacts to identify the local resources that are available to assist, including those with bilingual, licensed staff on duty.
Ex. emergency psychiatric services, drug counseling services, suicide hotline, partner university resources, etc.
- Should involuntary commitment to a psychiatric hospital be considered? Is it allowed by local laws? What are the requirements and process for admission in case it becomes necessary? Under what conditions can the participant be discharged once admitted? Are there English-speaking staff at the facility?
- What will the contingency plan be, if the participant continues to decompensate and continues to refuse assistance?

_____ If the participant cannot or will not communicate directly with their parents, and if certain criteria are met, FERPA allows for university officials to contact parents directly. Guarding a participant’s confidentiality is important, but keeping the participant safe is more important. Confer with Global Engagement - they will contact parents or emergency contact, if necessary.

_____ Once a participant agrees to be assessed, or if it is decided that involuntary commitment is the best option, **arrange to have the participant escorted to the appointment/hospital by a staff person they trust**. Call International SOS to issue a guarantee of payment.

_____ If a participant requires an Emergency Medical Evacuation, Chubb-InternationalSOS **physicians must approve it in consultation with local doctors, and Chubb-International SOS must make all return travel arrangements**, for the costs to be covered under the participant’s travel insurance policy. Otherwise, the participant will be held responsible for all costs. Generally, a travel recommendation (TR) cannot be provided until the participant is assessed by a psychiatrist.

Refer to the [Emergency Medical Evacuation](#) protocol below.

_____ Once the urgency of the critical incident has subsided, **check in with other participants** who interacted with the participant during the mental health critical incident. Provide support, a forum for safe exchange of ideas, and/or counseling referrals as appropriate.

_____ **Conduct incident wrap-up meetings** with appropriate staff to review lessons learned. Evaluate the adequacy of critical incident response plans and make modifications as necessary.

If medical evacuation is not being considered at this time...

_____ Continue to monitor the participant and update all parties.

_____ With the participant's consent (ideally, obtained in advance and in writing), arrange to notify the participant's department(s)/professor(s), as applicable, on a need-to-know basis only. In the absence of consent, convey only information that is available from non-privileged sources as you facilitate academic accommodations or other support.

_____ If participant consents, brief other participants in the program on a need-to-know basis only, bearing in mind confidentiality restrictions. Provide counseling referrals to participants who interacted with the participant during the mental health critical incident.

Emergency Medical Evacuation

Definition – A participant’s immediate transportation from the place where they suffered an injury or illness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained –or– a participant’s permanent return to the United States to obtain further medical treatment in a hospital or other medical facility or to recover after suffering a serious injury or illness. Also, referred to as ‘med evac’ or ‘medivac’.

SCU Travel Insurance includes “emergency medical evacuation” benefits through Chubb-International SOS, who will make all arrangements and manage communications regarding the participant’s travel

_____ **Start a log.** Include circumstances, outcome of any discussions with physician.

_____ If the traveler consents, brief the other participants in the program as appropriate, bearing in mind confidentiality restrictions. If the student is incapacitated and unable to give verbal consent, review the [ISOS Protocol: Incapacitated Student Protocol](#).

If the traveler will be *permanently* evacuated to the U.S.:

_____ If possible, discuss plans regarding participant’s belongings.

_____ Facilitate withdrawal paperwork, as necessary.

_____ Conduct incident wrap-up meetings with appropriate staff to review lessons learned. Evaluate the adequacy of critical incident and safety planning and make modifications as necessary.

Participant Death

A participant's death is emotionally and physically difficult for all. This protocol will help to ensure rapid, effective, and compassionate communication, and follow-up after a participant's death. **NOTE:** If the participant is not a U.S. citizen, you would need to contact the participant's local country official mission.

Each situation is unique; consult with Global Engagement when possible. Use the protocol as a guideline but make adjustments to balance the needs of the family, participants, staff, and program.

The following principles must be diligently observed during this process:

1. **Respect** for the participant, the participant's family and friends.
2. **Dignity** for the memory of the participant.
3. Extreme **discretion** in the use and access to the information regarding the participant's death.
4. **Cooperation** with police, coroner, U.S. Mission and other external officials.
5. Public **accountability** and a response that is sincere, culturally sensitive and well-organized.

The Department of State has the statutory obligation to make notifications of death of all U.S. citizens. The consular officer must ascertain that the proper next-of-kin is notified and that their wishes for the disposition of the remains are carried out.

DO:

_____ **Verify the identity of the participant.** The following information is helpful to properly identify the participant and to ensure the correct information is documented.

- participant's full name
- participant identification number
- Date and cause of death

In some situations, the local authorities may presume the death of a participant without it actually being proven. In these cases, the participant is "reported missing and presumed dead." If this happens, the source of the information on which the presumption is based must be clearly documented.

_____ **Gather as much information as possible** about the circumstances surrounding the participant's death. *Keep these details confidential until the local police complete an official investigation, or otherwise instructed. Share only with Global Engagement.*

_____ **Confer with Global Engagement.** Together you will determine the next steps, agree on the best communication plan, etc. Use your knowledge and experience collectively to respond to the situation as circumstances dictate.

_____ **Start a log.** Include dates and times, circumstances, actions, etc. Update as the situation progresses.

_____ **Notify the U.S. Mission or the participant's country mission** immediately. Depending on the time of death, you may need to call the U.S. Mission Duty Officer. Go to the embassy's web page or refer to the [U.S. Dept. of State Telephone Directory](#). *If the participant is not a U.S. citizen or permanent resident, notify the embassy or consulate of citizenship.*

_____ If possible, **have support systems in place before announcing the death** to participants and staff.

Here are some ideas to consider:

- Provide places and times for members of peer groups to meet and counsel each other. Normalize access to support for participants/staff in critical incident.
- Designate a “safe room” where at any time participants, teachers, and staff can go to be together to comfort each other and process the recent events.
- Provide materials for people to write letters of condolence to the family. Collect them so they can be delivered as a package.
- Find out if there are support services available from the partner university or local community.
- Consider hiring a grief counselor to work with participants and staff. Offer individual and group counseling as not everyone will want to see someone individually. Remain flexible about setting, time and structure of counseling services.
- Provide referral information for English-speaking therapists/Pull together helpful information about the experience of grief.
- Facilitate academic accommodations (extend assignment deadlines, provide tutoring help, consider make-up work or examinations, exclude grades from final grade computation, facilitate withdrawal. Talk to program instructors about the loss and ask them to recognize the loss in class.

_____ **Prepare to communicate about the death to SCU participants and staff.** Confer with Global Engagement. Provide emotional support information. Ask participants to refrain from contacting anyone in the U.S. until SCU officials confirm that the next-of-kin have been notified.

Circumstances around the death are confidential. Consider the family's wishes. Police can take time to complete an official investigation. Respect the privacy of the participant/family.

_____ **Notify host university officials and appropriate faculty**, including faculty of survivors who may need temporary academic accommodations during bereavement.

_____ **Arrange to have the participant's belongings inventoried and packed** by you or other designated SCU Representative. Include passport, ID, credit cards, medications, etc. Store them in a secure location until you receive further instructions on where they should be sent.

_____ **Contact the local bank**, as needed, for procedures to seal the participant's account until further notice and request more information about how the family can access the account.

- _____ **Cooperate with families and/or participants who are planning memorials and other activities.** Consider that the family and/or friends may have specific cultural or religious concerns about memorial events. Low-key memorials may be best while maintaining sensitivity for the wishes of close friends or family.
- _____ **Arrange to have a quiet area for staff and participants** who do not wish to attend memorials and other activities.
- _____ **Regularly follow-up with participant(s) to make sure they are attending to their physical and emotional needs** (ex. eating, studying, interacting with others, etc.).
If you sense they are not managing well, refer to the Participant in Distress protocol.
- _____ **Appropriate SCU staff** are encouraged to write personal letters of condolence as well, to be delivered following the official notification.

Potential Emergency Evacuation of a SCU Group

Global Engagement, in coordination with International SOS (the evacuation security provider) and Chubb, the insurance carrier, will make all decisions regarding temporary or permanent participant relocation. It is important that SCU staff abroad keep open and regular communication with Global Engagement.

A threat-based approach will be followed when considering the best response to an occurred or impending critical incident, which calls for:

- analysis of the threat,
- a determination of the whereabouts of the participants in relation to the threat, and
- an assessment of the risk of exposure or potential exposure to harm.

The following steps will help you successfully fulfill your role during each implementation phase of a contingency plan:

Phase 1: Situation Assessment

_____ Initiate the participant welfare check process to determine the safety and whereabouts of participants. Use a communication tree or directly contact all participants. Document their 'check-in' time, location and welfare status. The goal is to account for all participants within one hour or when possible thereafter. Use all types of communications under the circumstances. This could be any or all of the following: text message, cell phone, landline, email, or social media. Communicate efforts even if you have not accounted for all participants.

_____ If a participant cannot be accounted for after reasonable attempts to locate them, engage the Global Engagement immediately.

_____ **Start a log.** Include dates and times, circumstances, outcome of any discussions with physicians, conversations with the Global Engagement, notifications to participants and partner university staff, etc. Update the log as the critical incident progresses.

_____ If you have support staff, designate a person (or persons who rotate responsibilities) who will closely monitor the developing situation using resources such as local media, the internet, social

media, official government communications, partner institution communication, embassy/consulate communications, colleagues administering study abroad programs for other schools/entities, etc. This person will:

- be on-call 24/7 to provide situation updates to Global Engagement at any time,
- document the status of relevant decision points in consultation with Global Engagement
- identify new decision points,
- communicate critical information to the Program Coordinator abroad and to Global Engagement to aid in threat assessment.

_____ If you have support staff, designate a person who will communicate with participants.

This person will:

- communicate with participants regularly to confirm their safety and remind them to attend to their physical and emotional needs (e.g. eating, studying, interacting with others, etc.)
- ensure all participants have all emergency telephone numbers
- keep participants informed of changes in the security situation and provide security advice
- conduct regular participant welfare check-ins (by email, phone, text message, etc.)

_____ Liaise with local partners to share information and coordinate emergency plans, as appropriate.

_____ Explore possible options for participants to complete course requirements remotely, in case the situation deteriorates and classes are canceled temporarily or permanently.

_____ Regularly ‘check-in’ with program participants

_____ Continually assess the situation and share information regarding potential threats and dangers with participants, staff and SCU..

Consider the following questions:

- What are the immediate threats or dangers participants face?
- What are the potential threats or dangers if the situation deteriorates?
- What immediate steps can be taken to reduce the harm or threat level for participants and staff?
- Are the participants and staff safer remaining in their present location(s), or should they be moved to a safer place? Do participants feel unsafe at their current locations?
- What uncertainties exist currently and in the near future?
- What decision points are relevant, and have they been triggered?

Recommendations to make to participants during Phase 1:

- Be patient.
- Pull together basic supplies and medications.
- Prepare to stay indoors for a period of time.

- Do not participate in demonstrations or take any unnecessary risk.
- Keep cell phone charged and powered on.
- Respond immediately to welfare check-ins, and include your current location.
- Listen to the news and maintain close contact with family

Phase 2: Shelter-in-Place

While the situation assessment is going on, SCU will typically issue a temporary shelter-in-place---no travel allowed. Only SCU can initiate Phase 3, relocating participants temporarily or permanently. It is important to make participants understand that they should follow SCU evacuation orders, and **not** those of the partner institution, other U.S. institutions, and even the U.S. Embassy. If a participant follows evacuation orders provided by the U.S. Embassy, they will be held responsible for reimbursing the U.S. government for costs associated with the evacuation. These costs will not be reimbursed by the SCU insurance policy.

The SCU travel insurance policy will cover security evacuations after confirmation from the SCU travel insurance carrier. The responsibilities of the SCU Program Coordinator abroad during a ‘shelter-in-place’ are similar to Phase 1, as these phases frequently overlap:

- _____ Continue to monitor local conditions and keep Global Engagement informed of any significant changes.
- _____ Continue with participant welfare check-ins on a regular basis.
- _____ Keep participants informed about, and help them prepare for, the possibility for relocation.

Recommendations to make to participants during Phase 2:

- Keep cell phone charged and powered on.
- Keep passport and critical documents with you.
- Do not leave unless authorized by a local SCU Representative to do so.
- Respond promptly to all SCU messages.
- Maintain open discussion with your family, SCU staff and other participants to process and better understand what might happen next if relocation is ordered.
- Consider how your finances will be handled if you are required to leave suddenly. Who and how will bills and outstanding obligations be paid in your absence?
- Have a list with your passport number and passport information, keep copies of documents and make sure we have copies of your passport.
- Pack a ‘go bag’ (5kgs maximum) in case a relocation is ordered.
- Prepare your room/residence for departure - secure valuables, if possible facilitate a lock-up storage area or a room with controlled access.
- Create or update a list of personal items including serial numbers, descriptions, etc. Take photos of items that will be left behind.
- Conserve supplies as much as possible. There should never be less than one-week’s supplies in your residence (food, water, generator fuel, candles, flashlights, and first aid kit). Supplies will be needed if an evacuation is not called for, and instead a shelter-in-place and/or movement-restriction order is issued.

Phase 3: Temporary relocation to a ‘Safe Haven’

If and when SCU staff, in consultation with security providers (International SOS) and SCU Representative(s) abroad (when possible), determine that participants will be safer if they are moved, a temporary safe haven will be identified by International SOS. They will coordinate the safe transportation of participants and their belongings to the safe haven, which could be within the city or region, or to an adjacent city or region.

This relocation will be driven by the current local circumstances. Departure may be ordered during a rapidly deteriorating situation and under conditions of urgency. During this phase, the SCU Representative should:

_____ Continue to monitor local conditions and keep Global Engagement apprised of developing changes.

_____ If possible, let U.S. Mission and partners know that SCU participants will be relocated through the SCU security provider.

_____ Liaise with International SOS and Global Engagement, as they will need to be in frequent contact with you to provide details about the move.

_____ Communicate with participants regularly, in a reassuring way.

Recommendations to make to participants during Phase 3:

- Keep the cell phone charged and powered on.
- Respond promptly to all SCU instructions and messages.
- Pack luggage with suitable clothing and essential items depending on your destination (if known). Consider that you may only be able to take hand-baggage with you.
- Make sure carry-on baggage includes the following items, at a minimum. Each person must decide for themselves what items to gather according to any list depending upon the time given to evacuate.
 - Medications (prescription and over-the-counter)
 - Medical/dental records, immunization cards, if any
 - Extra glasses and glasses prescription
 - Passport, credit cards, valuable personal items
 - Suitable clothes for relocation destination, if known
 - Snacks, juice, books, school records, if any

Phase 4: Permanent, full-scale evacuation

If Global Engagement and the insurance carrier order a permanent, full-scale evacuation from the country, the SCU security provider, International SOS, will coordinate the effort and make all arrangements. The responsibilities for SCU Representatives abroad are much the same as in Phase 3:

_____ Be reachable to SCU security providers, if necessary, and to the Global Engagement, as they will need to be in frequent contact with you to provide details.

_____ Communicate with all participants regarding the official date of program suspension, the consequences of remaining abroad after that date, etc. If a participant refuses to follow the SCU evacuation directive, consult with Global Engagement.

_____ Serve as a liaison with the partner organizations to explain the timeline and/or process for program suspension.

_____ Communicate with participants regularly, in a reassuring way that instills confidence in the way in which SCU is handling the situation assessment and response.

_____ Conduct incident wrap-up meetings with appropriate staff to review lessons learned. Evaluate the adequacy of critical incident and safety planning based on lessons learned; make modifications as necessary.

Something to keep in mind during times of critical incident:

In times of stress, some participants may search for ways to gain a sense of control. The following behaviors have been observed during previous evacuations that demonstrate this:

- ignoring welfare check-in requests
- resisting relocation and/or evacuation orders
- questioning security recommendations in an attempt to delegitimize them
- forming alliances and openly discrediting the decisions and actions taken by the SCU
- complaining about circumstances, even when they may be significantly better off than the general population in the affected area

If you witness any of these behaviors, remember that participants share responsibility for their safety. Depending on the urgency of the situation, you may need to remind participants that they have signed a contract ([Santa Clara University Waiver](#)) that documents their obligation to follow SCU safety directives.

When the situation allows, you can facilitate group dialogue or implement other interventions to provide participants a more productive way to vet their fears and frustrations.

U.S. Government Services and Resources

[U.S. Department of State \(DOS\) Bureau of Consular Affairs](#): Its primary responsibility is the protection of U.S. citizens abroad.

Who is eligible for consular protection and other services?

Nationality is the principal relationship that connects an individual to a State. All U.S. nationals are eligible for U.S. consular protection. This includes:



- **U.S. citizens**
- **U.S. non-citizen nationals:** A non-citizen national of the United States is a person who, though not a citizen, owes permanent allegiance to the United States (e.g., Swains Island, American Samoa).

Who is not eligible for such protections and services?

- **Lawful permanent resident aliens (LPRs):** LPRs are lawfully admitted for permanent residence in the United States as an immigrant. Generally, they are not entitled to emergency and protective services provided by the U.S. Government.
- **No Ties to the United States:** Persons with no ties or allegiance to the United States may not be provided emergency or protective services except under the most extraordinary circumstances, and then only with the prior approval of the State Department.

Department of State Travel Information

<https://travel.state.gov/content/travelersabroad/en.html>

<https://twitter.com/travelgov>

Travel Advisories are issued for each country.

Levels 1-4: The Travel Advisory appears at the top of each country page, with a color corresponding to each level along with the factors that contribute to the country travel advisory. The Centers for Disease Control and Prevention (CDC) will also issue their Travel Health Notice level.



Level 1 - Exercise Normal Precautions: This is the lowest advisory level for safety and security risk. There is some risk in any international travel. Conditions in other countries may differ from those in the United States and may change at any time.

Level 2 - Exercise Increased Caution: Be aware of heightened risks to safety and security. The Department of State provides additional advice for travelers in these areas in the Travel Advisory. Conditions in any country may change at any time.

Level 3 - Reconsider Travel: Avoid travel due to serious risks to safety and security. The Department of State provides additional advice for travelers in these areas in the Travel Advisory. Conditions in any country may change at any time.

Level 4 - Do Not Travel: This is the highest advisory level due to greater likelihood of life-threatening risks. During an emergency, the U.S. government may have very limited ability to provide assistance. The Department of State advises that U.S. citizens not travel to the country or to leave as soon as it is safe to do so. The Department of State provides additional advice for travelers in these areas in the Travel Advisory. Conditions in any country may change at any time.

Alerts

US embassies and consulates abroad issue Alerts to inform US citizens of specific safety and security concerns in a country, such as demonstrations, crime trends, and weather events.

Local U.S. Mission (Embassy or Consulate)

Meet with local U.S. Mission officials to learn about the services they provide.

U.S. Embassies and Consulates post current threat information and emergency messages on the US Citizen Services web page. [Learn more about services to U.S. citizens](#) in an emergency abroad.

Overseas Security Advisory Council (OSAC)

OSAC is a division of the U.S. Bureau of Diplomatic Security within the Department of State that fosters the exchange of information between the U.S. government and the American private sector, including American colleges and universities. Their website provides information regarding recent events and links to current consular information.



OSAC's website is the focal point for the exchange of unclassified information on security-related incidents and threats overseas. If you need to access OSAC website resources that are protected by a password, contact associateprovost@scu.edu

Federal Aviation Administration (FAA)

For updated information about which airports (domestic and foreign) meet current aviation security requirements. It also includes an FAQ section that is updated frequently.

Transportation Security Administration (TSA)

For information on aviation security and rules governing air travel in the U.S. It is the official website of the U.S. Department of Homeland Security.

Centers for Disease Control and Prevention (CDC)

For official U.S. government information about health conditions worldwide, including recommendations for immunizations.

World Health Organization (WHO)

For data and information about health topics and diseases, including country-specific information about endemic diseases. Their primary role is to direct and coordinate international health within the United Nations' system.

Association for Safe International Road Travel (ASIRT)

SCU / Santa Clara Local Resources

[Santa Clara County Public Health Pharmacy Travel and Immunization Clinic](#)

[SCU Counseling and Psychological Services](#)

[SCU Campus Safety](#)

[SCU Wellness Center](#) – Confidential advocates; survivor advocacy and support.