

Bangkok, May 19, 2010 (AP)

Practical Risk Management

Real-world ideas for managing risk in study abroad

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isdsi.org/risk



Why the three of us?

Topics

Industry wide: What works & what doesn't

Institutional: Records and accountability

Program: What to do on the ground

Tools & tech: Gear that works

Assumptions

You already have institutional risk management taken care of — you're on the same page organizationally

You have a good program release with appropriate disclosure of actual risks — your legal side is covered

You have good communication / oversight of institutional and partner programs

What is risk?

Loosing something of value

Risk = Probability x Severity x Time

Hazards are **SUBJECTIVE** or **OBJECTIVE**

Funnel of decision making: Previous decisions will either **OPEN** up options or **NARROW** options

Risk can be **MANAGED** but not **ELIMINATED**

Watch out for non-event feedback

Study abroad trends



The Grand Tour



Herodotus



The Dark Ages



The Age of



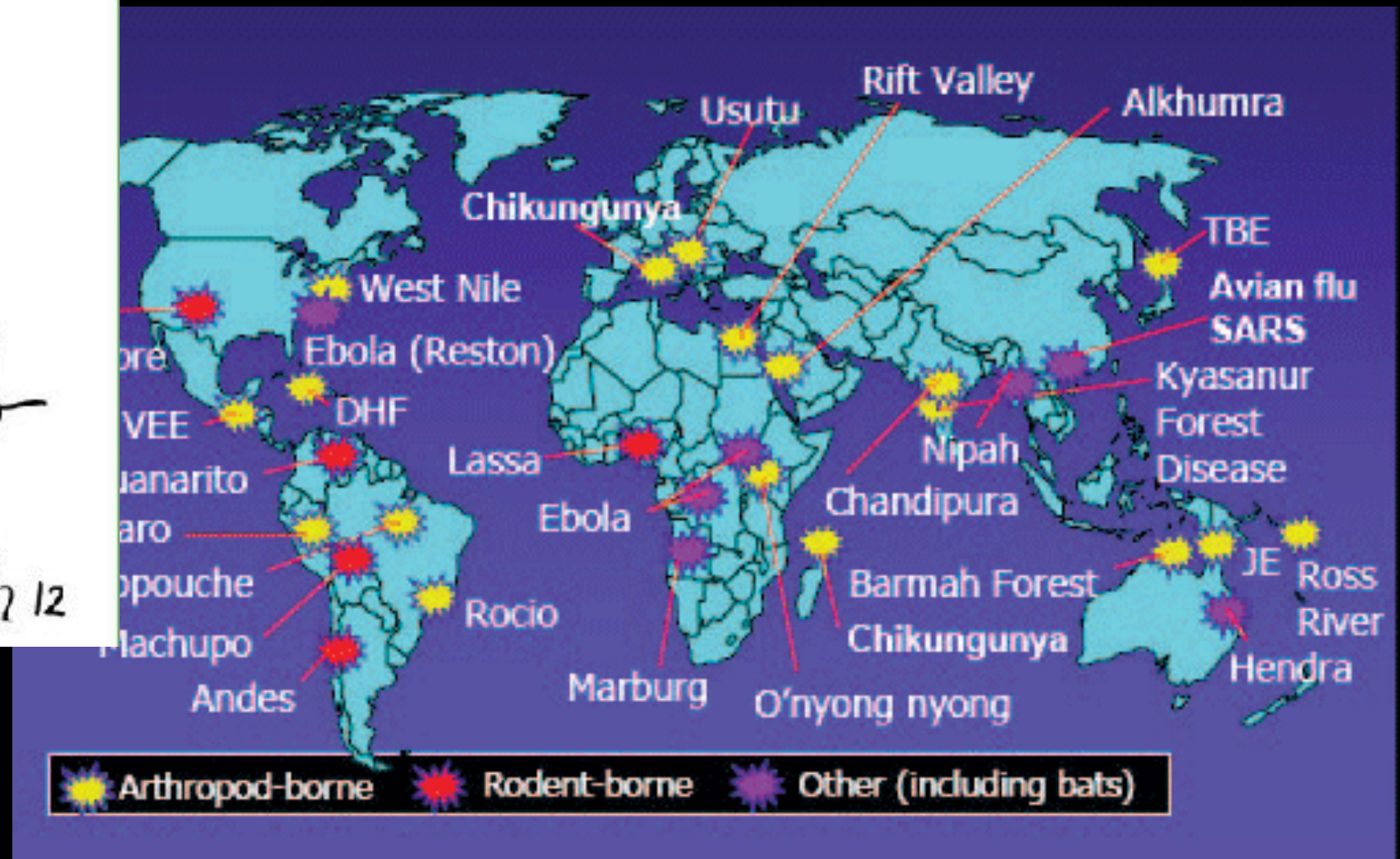
Amateur



Professional

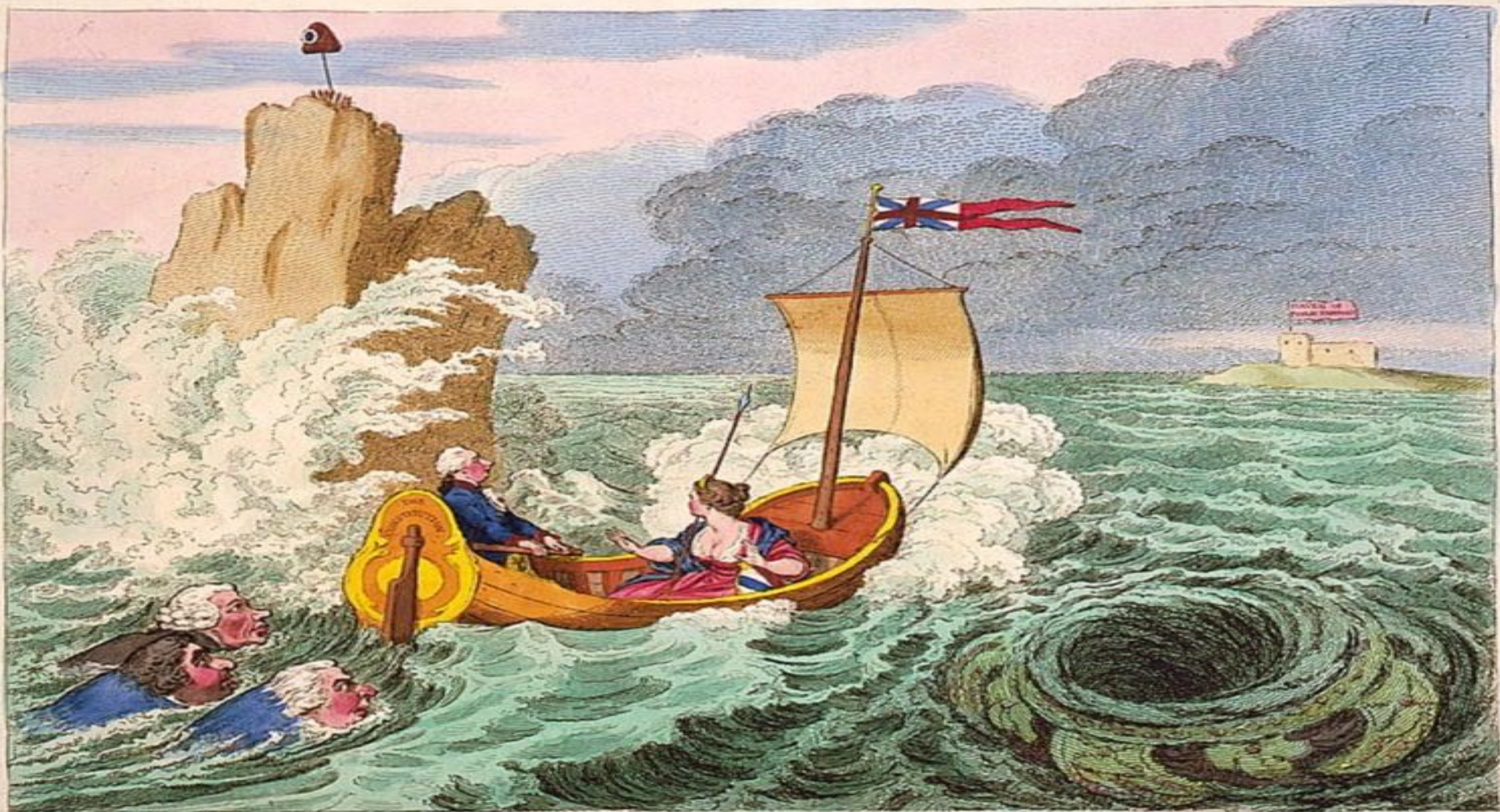
Program leaders
Admin Expertise
External Expertise

Study abroad trends





Safety v. Liability



SCYLLA; Dogs of Scylla.
BRITANNIA between SCYLLA & CHARYBDIS.
or — *The Vessel of the Constitution. steered clear of the Rock of Democracy, and the Whirlpool of Arbitrary Power.*

Printed and Published by W. D. Lockhart, 10, Pall Mall, London.

Vetting spectrum



Survival Signals

The 7 Things That Predators Do To Turn People into Prey

Charm & Niceness

Discounting the Word “NO”

Loan Sharking

Typecasting

Too Many Details

Forced Teaming

The Unsolicited Promise

(The Gift of Fear – Gavin de Becker)

Responding to Mental Health

Screening

Policies/Essential Eligibility Criteria\On Program

On Program – Triage

Serious: Evacuate

Manageable with assistance

Home & Local Resources

Staff training

Emotional First Aid and CBT

Institution

Evaluate risk realistically — what ACTUALLY happens?

Create specific checklists and templates for responses and conversations — take good notes

Assign roles in advance of an emergency

Be sure other departments are on-board in advance (administration, campus police, etc.)



Documentation

Document what is important and require it

Review and update forms/applications/etc. regularly

Track what you are doing and refer to it

Don't collect information you don't need

Make sure access is controlled — you have access when you need it, but it is still protected

Phone records

Center for International Programs Student/Parent Conversation Log

STUDENT LAST NAME	STUDENT FIRST NAME		
STUDENT ID	PHONE	E-MAIL	
PROGRAM		PARTICIPATION YEAR	GRAD YEAR
NAME OF CALLER	RELATIONSHIP TO STUDENT		
PHONE NUMBER OF CALLER	E-MAIL OF CALLER		
REASON FOR VISIT/CALL			
CIP STAFF MEMBER	DATE		

Information:

Establish follow up communication (when will they hear from you?):

Verify contact information:

Student name

Who is calling

Relationship

Date

Your name

Issue

Follow up plan

Other people who need to be involved

Emergency Response

On the basis of the investigation and worksheet, determine whether the emergency is perceived or real.

PERCEIVED: There is no significant risk to the health, safety, and security of program participants or staff overseas.

REAL: There is indeed a significant risk to the health, safety, and security of program participants or staff overseas.

III. Determine a course of action.

A. If the emergency is PERCEIVED:

The Director of the CIP, or his/her designate, will write brief description of nature and extent of emergency and description of action(s) being taken (to be forward to PR, President, Vice President of Student Affairs, Provost)

The Director, or his designate, will advise the President, the Provost, and the Dean of Students as to whether the scope and/or potential impact of the situation warrants that the College's Crisis Management team be convened.

IF THE CAMPUS CRISIS TEAM IS NOT CONVENED,

The Director, or his designate, will write a brief statement of the situation to be given to all CIP/CCPD personnel with instructions as to whether this can be shared when there are inquiries or whether such inquiries shall be directed to public relations or the Crisis Management Team.

Have a written plan

Practice it

Revise it

Document it

Make sure all the people involved understand it and can implement it

Program / Field practices

Good communication and trust with sending institutions

Link / coordinate paperwork and emergency response

Appropriate training for staff (TMFR / technical skills, etc.)

Screen participants once they arrive (intake interview)

Document appropriately

Set clear and consistent (and enforceable) policies

Written protocols for all activities AND briefings

Assess actual and perceived risks

Local knowledge is critical but can be limited or incorrect

Work with people with domain knowledge

Set up training and assessment to mitigate risk

Don't get sucked into worse-case scenarios

Keep records to identify actual issues

Who sends more students
to the hospital?



Program evaluation

Acknowledge inherent positive student bias to a *program* but take into account individual bias based on *effort*

Work with trusted local experts with solid bi-cultural skills

What community impact assessment / awareness is there?

How transparent is the organization/provider/leader?

What does the Consulate/NGOs/other organizations know?

How well-connected / fluent / aware?

DAILY LOG

Date: 3 APR

Your Name: Amy

Location: Hvai Htee

Description (distance traveled, major activities, etc.):

Family Day, ISDSI staff return to CM 8AM
Sunrise hike Doi Pui - depart sala @ 3:45, arrive summit 5:30
Return to HH before 8:00

17:00 Meet @ sala
18:00 Com Res. Man. Mtg
19:00 Entire Exchange

Problems and Responses:

- eating little, drinking water w/ ORS, ^{nausea} continues

Other Comments:

requested to ~~quit~~ not carry backpack tomorrow, asked about steepness of trail, worried about breathing, decided as FI & told her to walk slowly, take breaks, carry backpack for fairness to group

Told we couldn't hike b/c of Dr. Mitch's advice

Decided & told

Course logs

A daily record of events

DAILY LOG

Date: 4 Apr 15

Your Name: Amy

Location: HH -> HTK

Description (distance traveled, major activities, etc.):

Meet @ Sala 7:20
1st group departs 8:10
2nd group 8:30
Arrive HTK 16:00, 16:30
to host farms 18:30
Meet @ Sala, Vill. Mtg @ 7 PM
Amy, truck to HTK
leave HH 12:00, arrive 13:00
Rest

Problems and Responses:

uphill climbs
8:40 panic attack, difficult breathing, Peter (breathing) took Dayquil, V... & support & walked w/ her
12:15 2nd panic attack, group talked her through, fanned her
14:30 3rd panic attack
All 3 sounded like hysterical crying/breathing

Other Comments:

long hike demanding endurance from all students

- diarrhea, throwing up mult. times since 3 AM, diarrhea every 20 min until 7 AM
no bfast, ate lunch & threw up

worked on Species ID w/ group 1st time, lay down & hung out for #2 & #3

EVACUATION WORKSHEET

This information is to be filled out before calling

Name of evacuee:

Sex / Age:

M / 21

Location:

Mae Hong Son

Description of problem and condition:

sharp pain at base of skull down back
nausea
headache
fatigue

Planned manner of evacuation:

Van 7 AM from Rom Tai guesthouse
Drive to CM, Bangkok (hospital)
Peter will accompany

Is assistance needed in arranging evacuation? No Yes

Details of needed assistance

Communicate w/ P' Tik
Contact P' Yeen

Arrange advance deposit for BKK overnight

Is additional medical equipment or personnel needed? No Yes

Details of additional equipment or personnel

Estimated time/date evacuation will start: 7:00 25 Mar

Estimated duration for evacuation: 6 hrs to CM

Backup plans:

- Midday departure from MHS, Van
- Depart MHS → CM via BUS

INCIDENT REPORT

This form is to be filled out when there is a significant incident, behaviour, injury or illness impacting the student group or community.

Institution Name:

ISDSI

Date/Time:

1 Apr / 7 AM

Location/Context:

Huai Hee, 1st morning

Type of Incident:

Diarrhea, stomach nausea

Narrative: Stomach upset 31 Mar 15, nausea

Diarrhea 5 PM, every 1/2 hr until 9 PM, again @ 11:30, 3:30 AM

Apr. (Check in 7 AM), yellow chunks, very liquid diarrhea

Smells like rotten eggs

Burps like rotten eggs

Drank 3/4 L since 5 PM 31 Mar

Dfast 31 Mar → boiled egg, ramen, coffee

5 PM Dehydrated, prescribed to drink H₂O & ORS, ate some bread, nauseous
Temp. Norm.

2 Apr 11 → AM diarrhea, yellow chunks, more solid than before

Assessment and Analysis:

Will see how feels PM 1 Apr (will rest & miss Doi Pui)

Talked w/ Dr. Mitch 3 PM - check next for fever

check for dehydration - lie down, check pulse,
have stand up. if dizzy or pulse ↑ 15-20 beats/min

(>38C)

Tx for dehydr → 1.5 L in less than 4 hrs

- if fever may be bacterial, Tx w/ antibiotics

- ~~giardia~~ rules out Giardia now, b/c fast onset, very watery diarrhea

First aid / Medical

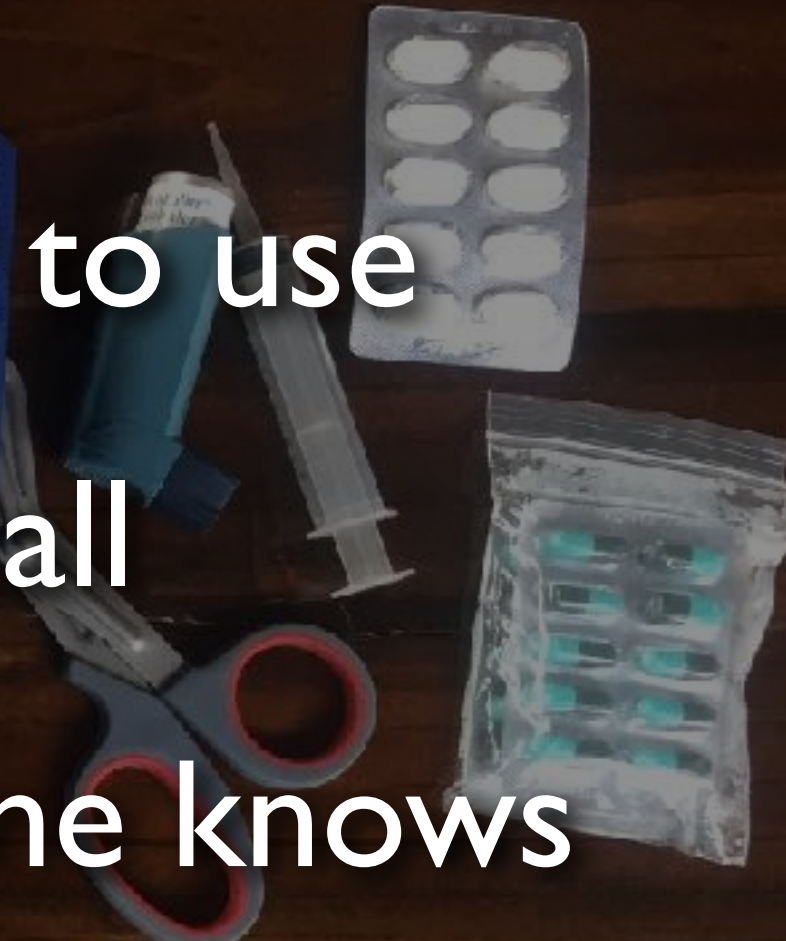
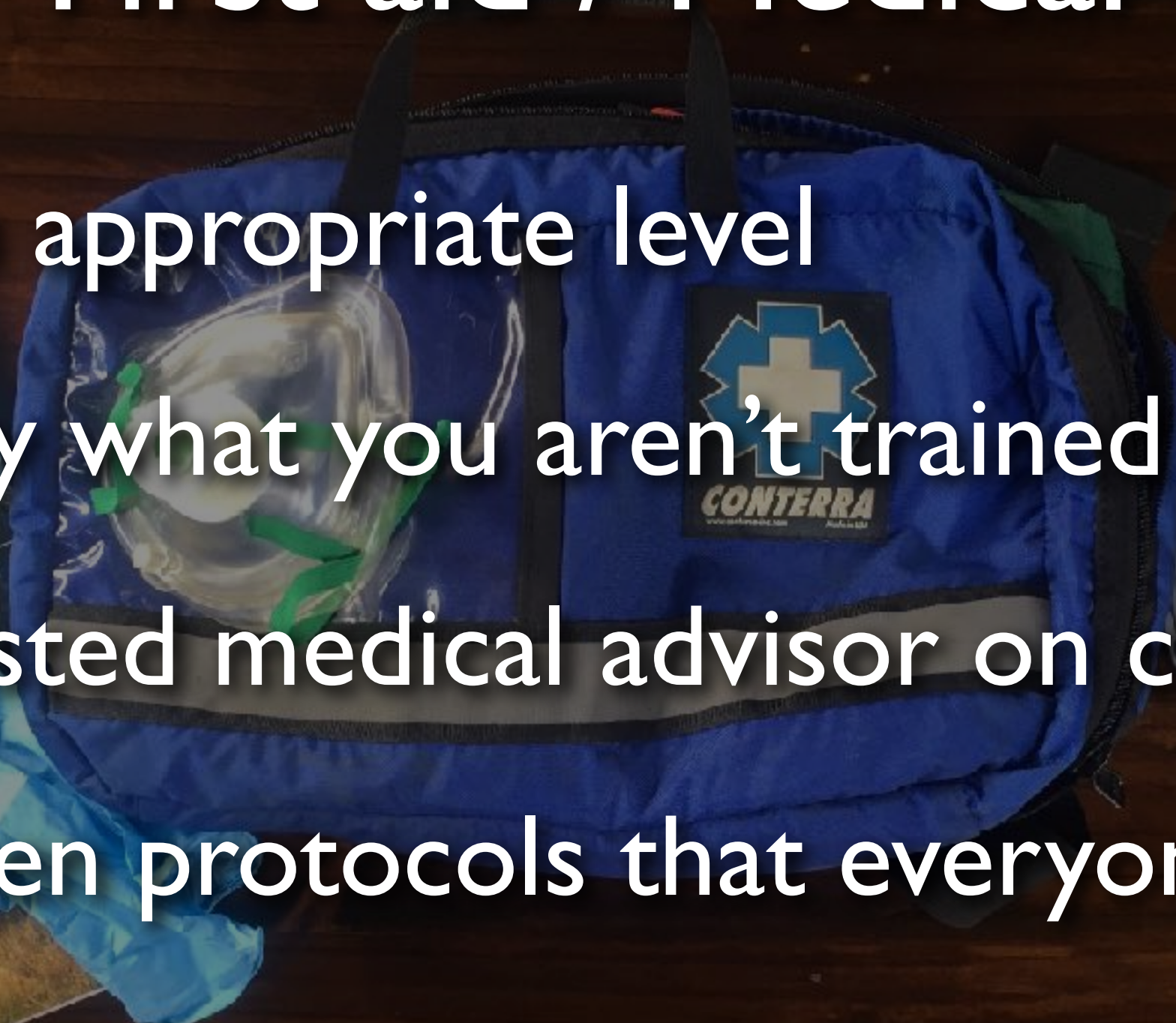
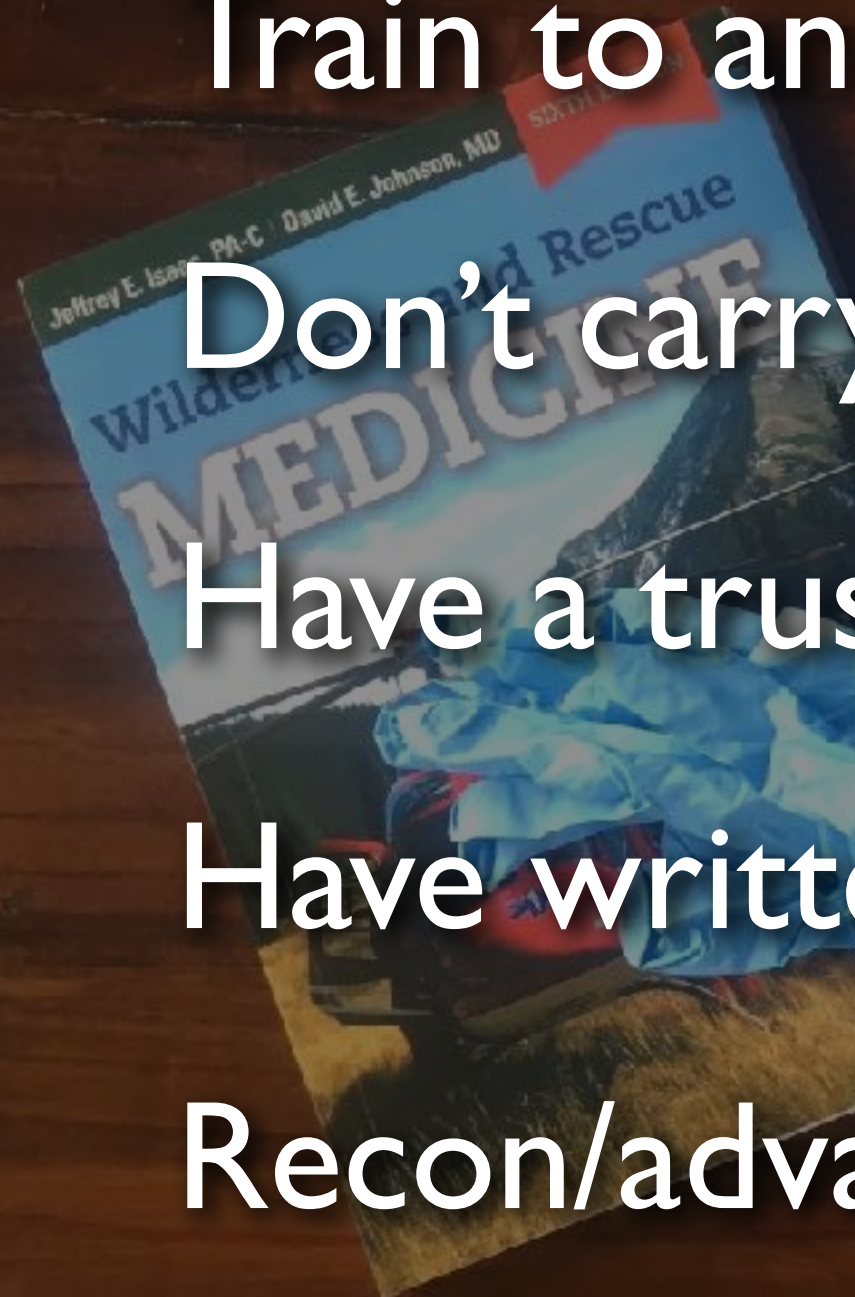
Train to an appropriate level

Don't carry what you aren't trained to use

Have a trusted medical advisor on call

Have written protocols that everyone knows

Recon/advance plans for emergencies



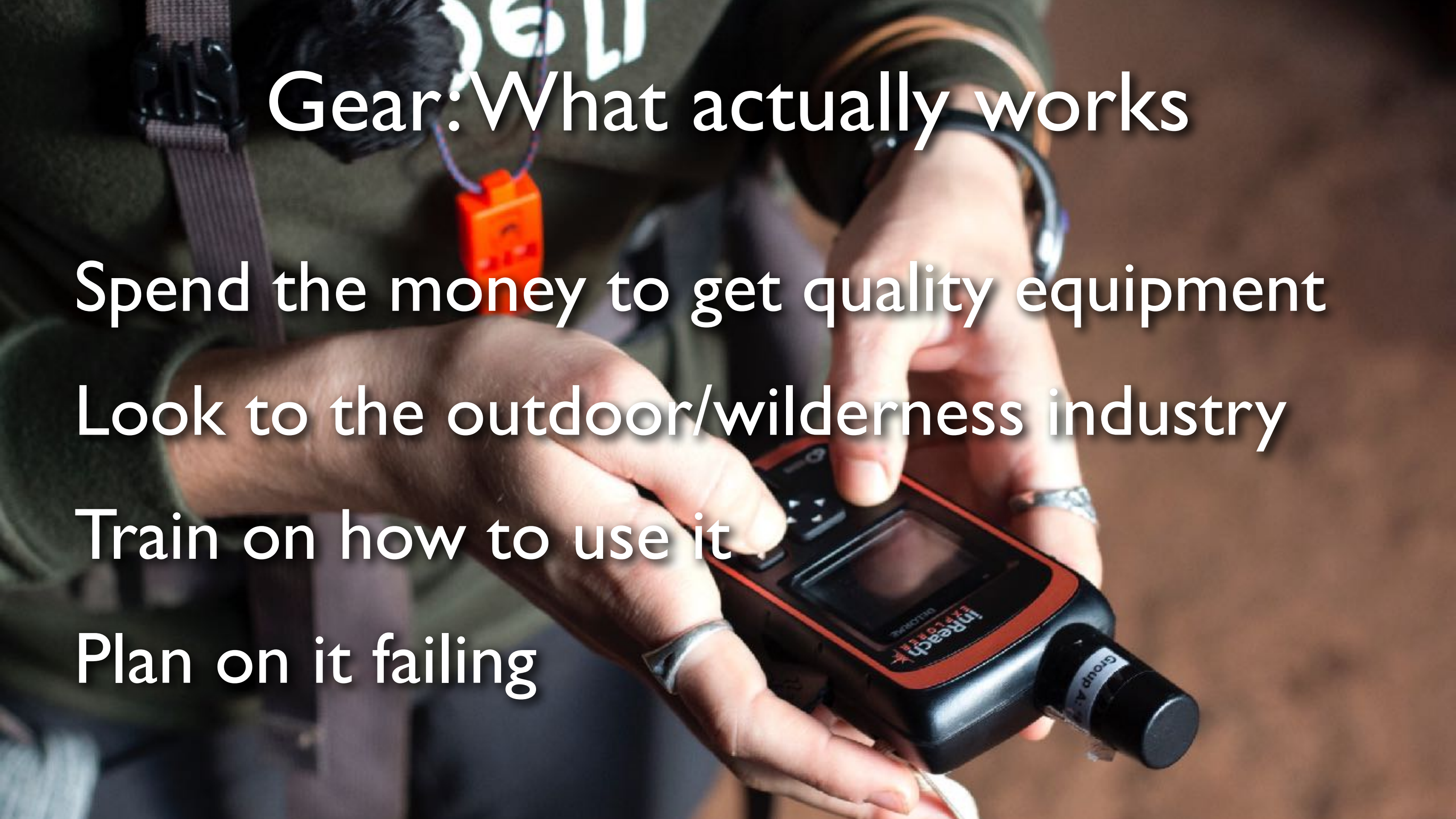
Gear: What actually works

Spend the money to get quality equipment

Look to the outdoor/wilderness industry

Train on how to use it

Plan on it failing



Map Filters (Off)

[Select a bookmark] + -

Message Types

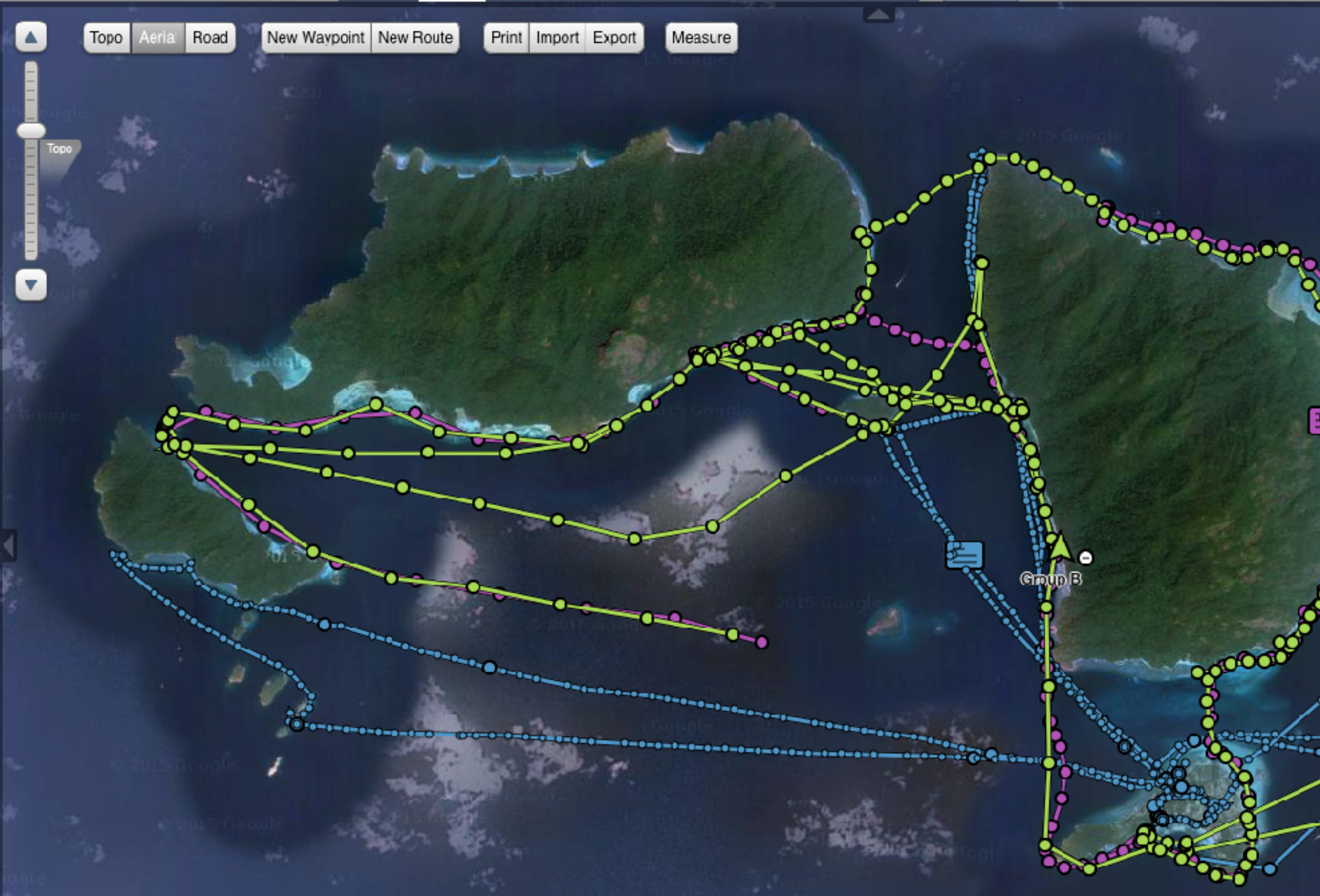
Date & Time Range:
All Time

Clear Filters

Users (3) Waypoints (1) Routes

Track Locate Message Send Center

ID	Name	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Group B	<input checked="" type="checkbox"/>	<input type="checkbox"/>
▶ Last: 6 minutes ago		<input type="checkbox"/>	
<input type="checkbox"/>	Group A	<input type="checkbox"/>	<input type="checkbox"/>
▶ Last: Dec 10h 4:12 pm		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Mark Ritchie	<input checked="" type="checkbox"/>	<input type="checkbox"/>
▶ Last: Dec 0h 11:02 am		<input type="checkbox"/>	



Topo Aeria Road New Waypoint New Route Print Import Export Measure

Map navigation controls including zoom in (+), zoom out (-), and a vertical zoom slider.



Group B

A large, dark, rounded metal pot with a lid and a long handle is suspended over a fire. The fire is burning brightly, with orange and yellow flames visible. The pot is positioned on the left side of the frame. In the background, there is a simple wooden bench made of two parallel planks. The ground is dirt and ash. The overall scene is dimly lit, with the fire providing the primary light source.

Discussion

isdsi.org/risk