

The Forum on Education Abroad  
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***Managing the Messaging: Consolidating Communications in a Real or Perceived International Crisis with Julie Friend (Northwestern University), Bill Hoyer (IES Abroad) and Stacey Tsantir (University of Minnesota)***

**Take Home Activity for In-house Training: Crisis Communications (60 minutes)**

**Intent**

The purpose of the activity is not to design a specific response to the incident, but to instead discuss the execution of your communication plan.

**Stage One: Meningitis Outbreak**

You have 10 students in San Jose, Costa Rica. They are directly enrolled at San Jose Federal University (SJFU). Some students are living with host families and others in an on-campus dormitory for international students. Friday night, you received an email that an American student (not yours) has been diagnosed with Bacterial Meningitis. She is hospitalized and in grave condition. SJFU is working to identify and contact those who may have interacted with the patient, but Easter break just began and most of the students are traveling.

**Stage Two: Stakeholders and First Steps**

Excluding the student and the parent stakeholders, select a Stakeholder Role as this will make up your crisis management team. Make sure that you have someone in the role of the Medical Director/University Physician.

Now, identify the chief concerns of your Stakeholder. It's OK if some Stakeholders share the same concerns. (3-5 minutes)

Later, in the composition of any messaging, make sure you keep the various Stakeholder's Role in mind.

1. Student
2. Parent/Guardian
3. Study Abroad Director (U.S. based)
4. On-site Resident Director or Faculty Leader
5. Int'l Health, Safety and Security Specialists
6. Risk Manager (U.S.-based)
7. General Counsel/Lawyer (U.S.-based)
8. Media/Public Relations
9. Academic Dean or Department Chair
10. President, Provost or CEO
11. Dean of Students
12. Medical Director/University Physician (U.S.-based)
13. Medical/Security assistance provider

**Stage Three: Discuss Modification of Your Standard Checklist** (Exercise Facilitators: See Hints/Last Page) (5-7 minutes)

1. Since most of your incident response instructions pertain to a safety or security concern, how do you modify your standard “checklist” for a health concern? (See prior activities associated with this presentation)
2. What considerations should you add? What considerations can you drop?
3. What information do you need from medical resources in order understand and explain the situation in layperson’s terms?

**Stage Four: Writing Practice**

Using all your aforementioned resources and checklists, work as a whole teams to first determine your main points (5-10 minutes), and then split up in pairs to compose the following communications for specific audiences (10 minutes):

1. A Facebook post to all participants (the group has an active FB page)
2. An email to students’ emergency contacts outlining the situation and asking for assistance in reaching their sons or daughters to share critical health information.
3. Talking points in preparation to phone calls you expect to receive from the students’ emergency contacts following the distribution of the above email.
4. An email to senior leadership at your organization describing the situation, your efforts and next steps.

**Stage Five: Follow-up Communications (More Writing Practice)**

Easter Break has ended and students are returning back to campus. On the first day of classes, you learn the American student with Bacterial Meningitis died overnight. Two of your students had classes with the deceased and one student lived on the same floor in the dormitory as the deceased, but you are not sure whether any of the students were friends.

You elect to compose a general email to all students notifying them of the death of their peer, and a specific email to those who have been in contact with her. What pieces of information do you need to provide? Keep in mind that you have to offer support/services associated with potential grief, and remind students of their potential exposure to the disease without causing a panic. (10 minutes)

**Stage Six: Discuss Family Notifications**

How would you inform the students’ emergency contacts? Would you send a separate message or blind copy them on the email to their sons/daughters? (5-10 minutes)

**Stage Seven: Wrap-up**

Are there any revisions you need to make to your current communications plans to address a similar situation? How can you engage health professionals on your campus to be prepared to assist in a response? (5-10 minutes)

## Hints for Exercise Facilitators

### Stage Three: Discuss Modification of Your Standard Checklist

Here's the checklist for information gathering that we used in the first two exercises

1. Date, time and location of incident
2. Proximity of study center/student housing/internship site to incident
3. Intended target(s) and/or purpose of incident, plus any relevant geopolitical information that could bring context to our interpretation of risk
4. Number of individuals with potential exposure to the risk based on time, place and manner of incident
5. Other steps, performed or intended, to assess risk/exposure (such as liaising with on-site third party)
6. Whether or not the incident has widespread media distribution
7. A reasonable timeline for follow-up communications

### Stage Three/Questions 1-3: What item(s) on this list are not relevant in this situation?

- Intended target(s) and/or purpose of incident, plus any relevant geopolitical information that could bring context to our interpretation of risk

To add to our list of information we want to know:

- Some basic facts about Bacterial Meningitis: how is it transmitted, what are the symptoms, is it life-threatening, how is it treated, etc.
- The quality of healthcare services in the area and their ability to treat this condition
- Initial recommendations to travelers to mitigate near future risk (including any advice from local *health* authorities)
- Instructions on how to seek medical attention
- Timeline for follow-up communications (and with whom)

*For the purposes of the above exercise, direct participants to outside sources, such as the Centers for Disease Control and Prevention (CDC) or a well-know hospital's web page (such as the Cleveland Clinic), to determine basic facts about Bacterial Meningitis. In real life, you would want to consult with an authorized medical professional.*

*For Example:*

- [CDC – Bacterial Meningitis](#)
- [Cleveland Clinic and Bacterial Meningitis](#)
- [Mayo Clinic – Bacterial Meningitis](#)