



*Shades of Gray:
The Complications of
Managing Incidents Overseas*

No-Doze International Risk Management Grid

Gypsy

- You have had extra pages put in your passport twice.
- You have a story in a tattered journal involving a clandestine marriage, a local jail, or a combination of the two.
- Everyone loves to hear your stories.

- You have Platinum status at the International Marriott resort chain.
- You own a full travel-safari outfit and have never been on safari.
- You have the coolest camera. Ever.

Puffed rice

Granola

- You live in your pick-up that could never make the drive south over the border.
- You love world music.
 - You can bake a cake in a Dutch oven.

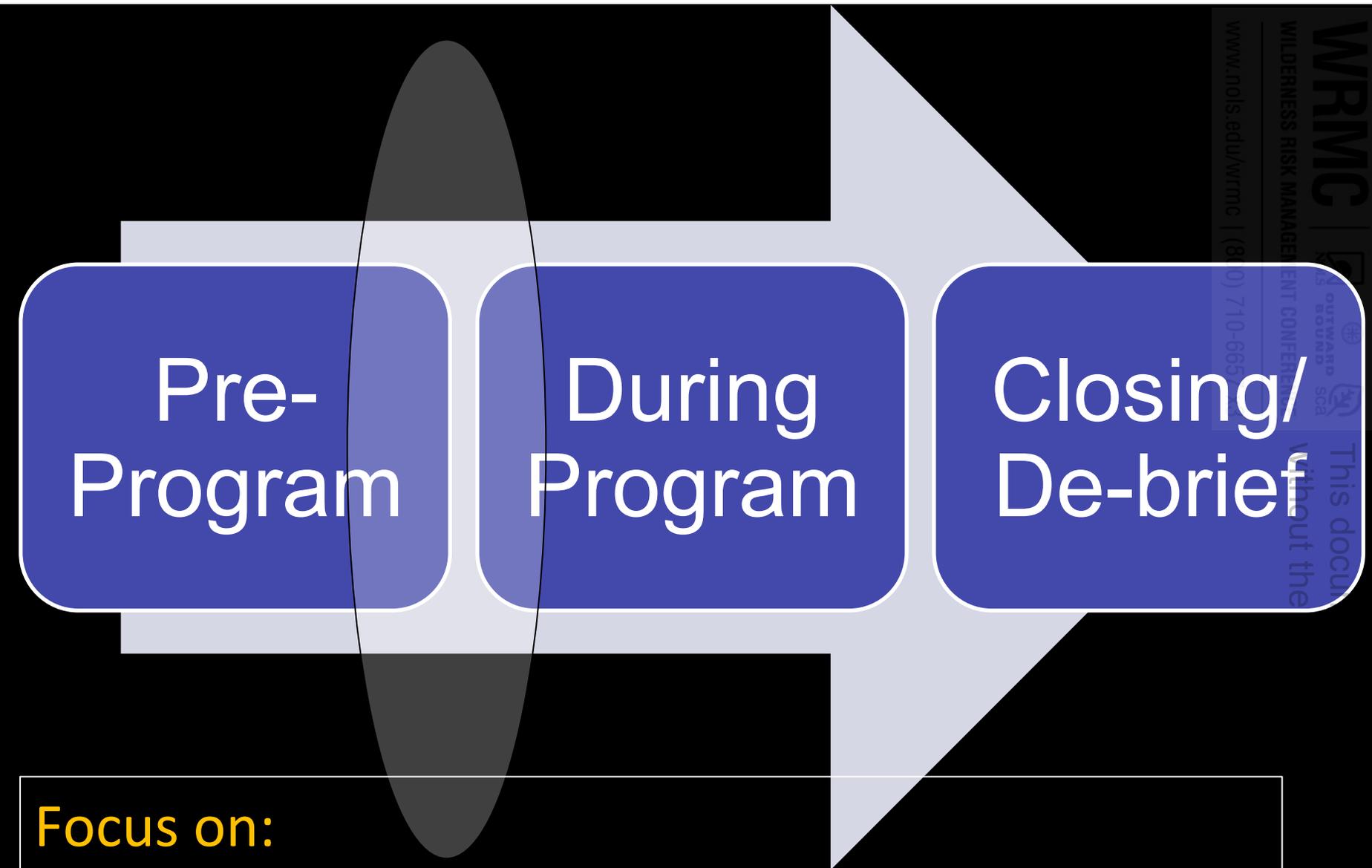
- You love watching the Amazing Race.
- You can't wait to try something new when the time is right.
- You save your pennies for your dream to travel someday.

Homebody

Complications in Overseas Programming

- Differences/ issues specific to international programming
- Pre-planning strategies with site management and itinerary development
- Practical scenarios for staff training
- Action plan





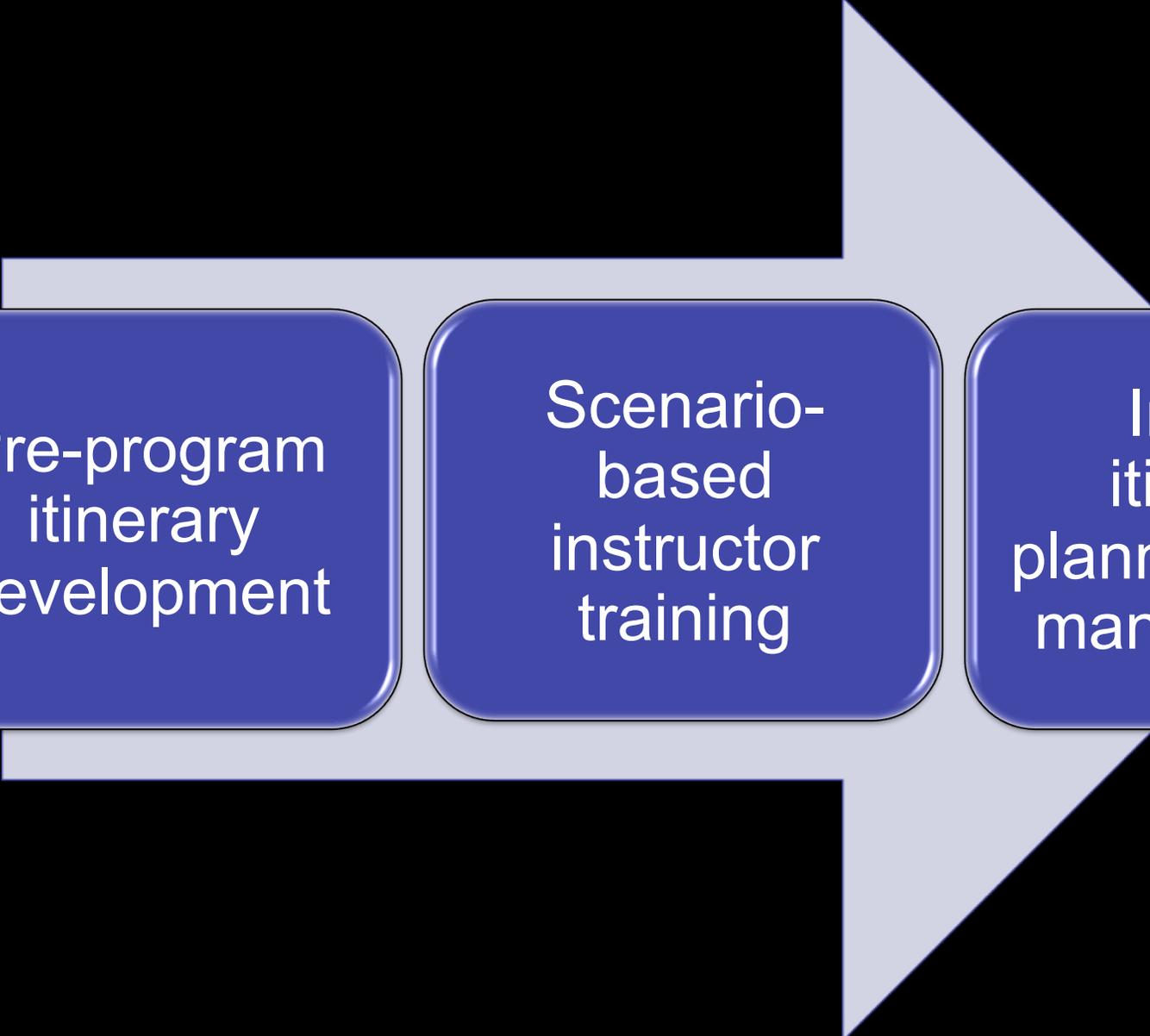
Pre-
Program

During
Program

Closing/
De-brief

Focus on:

- 1.) Itinerary planning and development
- 2.) Instructor training

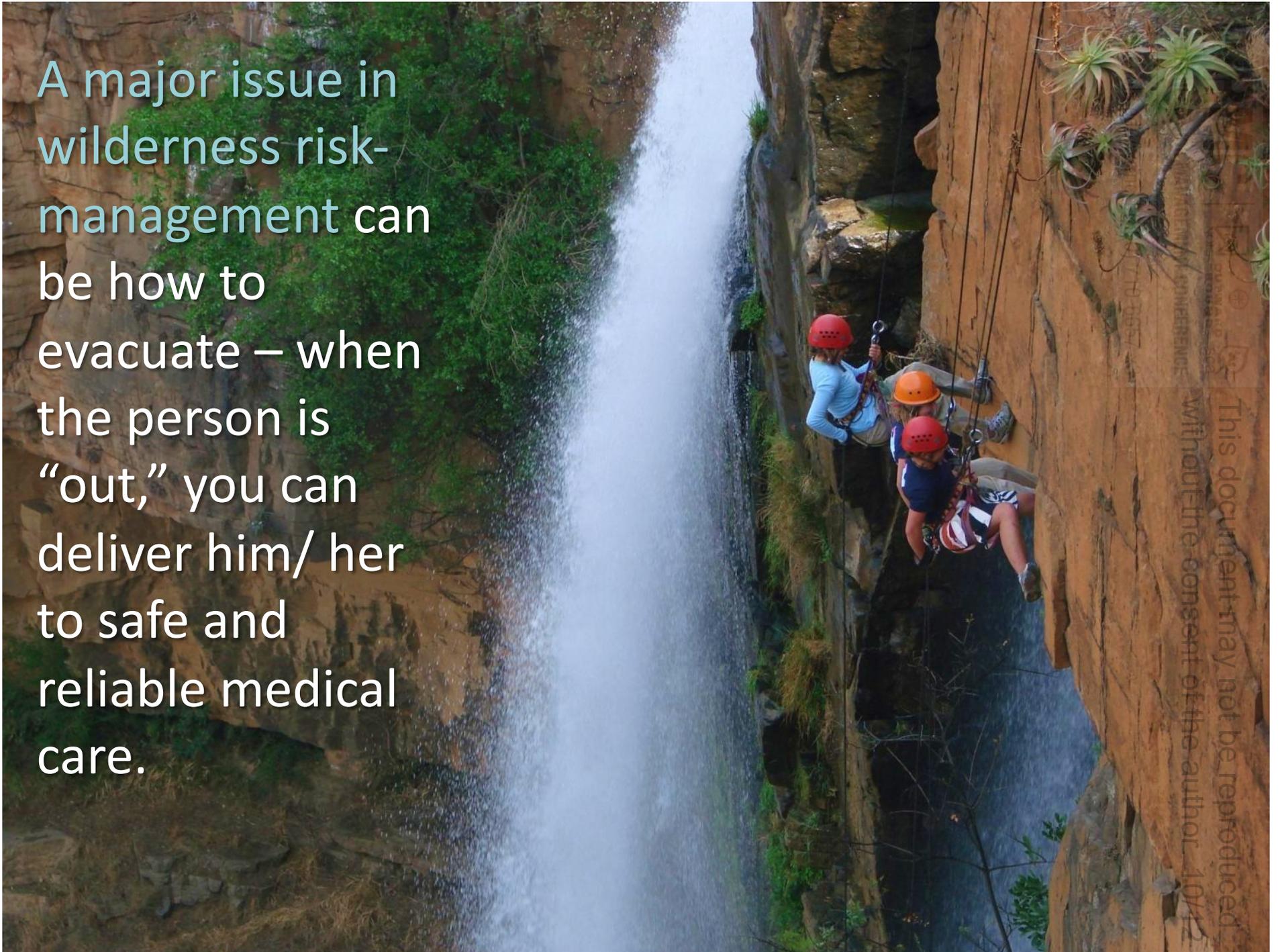


Pre-program
itinerary
development

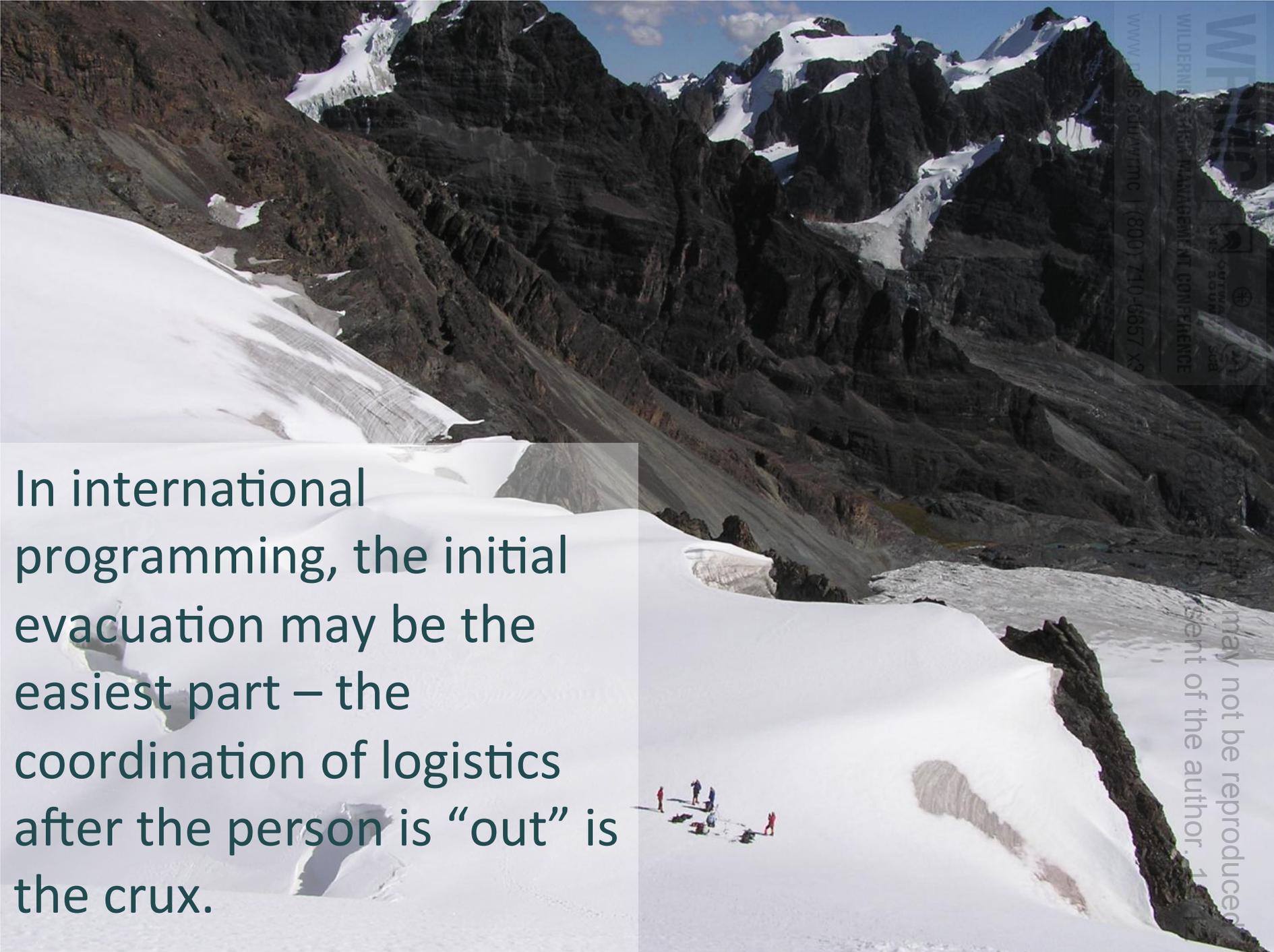
Scenario-
based
instructor
training

In-field
itinerary
planning & site
management

A major issue in wilderness risk-management can be how to evacuate – when the person is “out,” you can deliver him/ her to safe and reliable medical care.



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In international programming, the initial evacuation may be the easiest part – the coordination of logistics after the person is “out” is the crux.



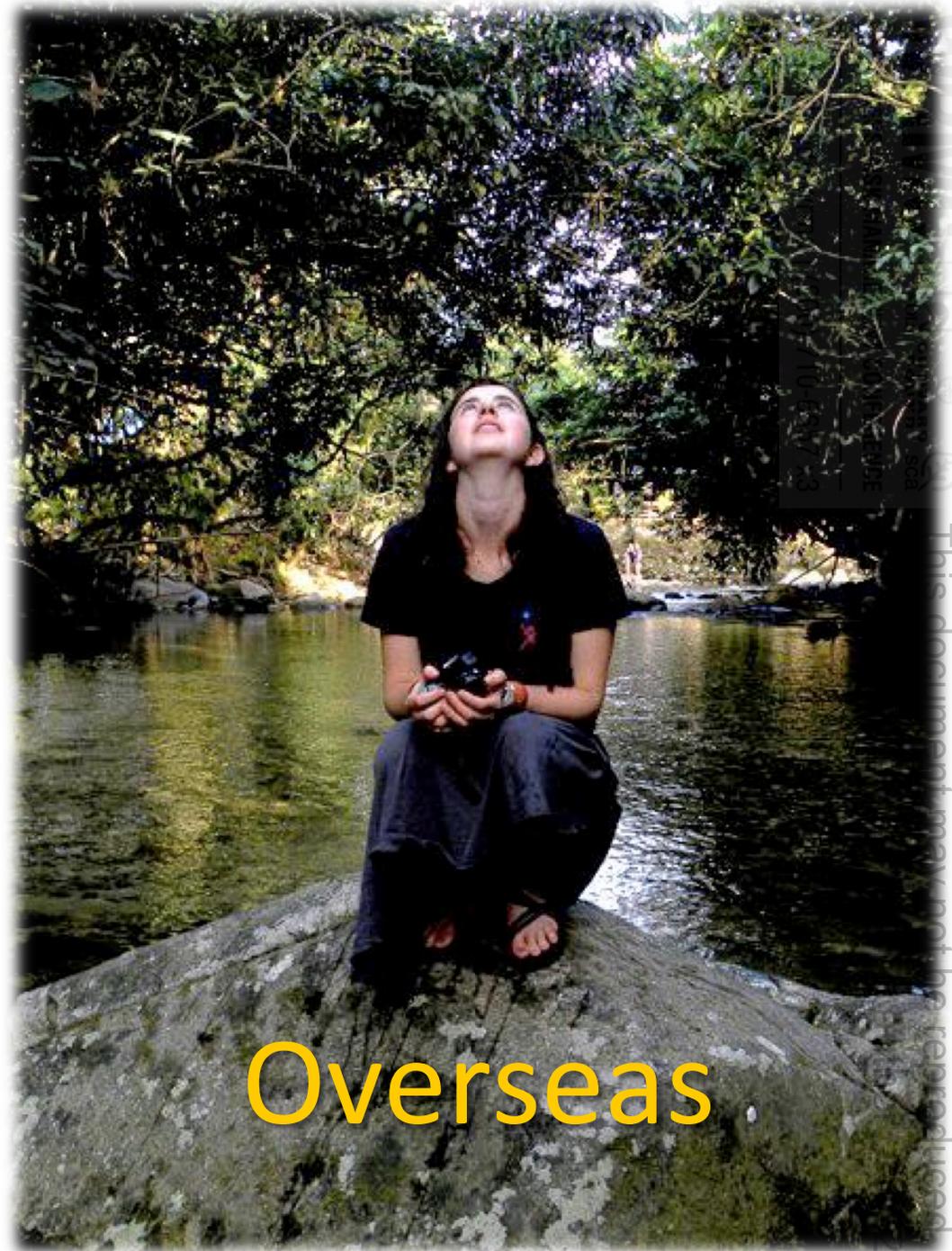
Urban Comparisons

US Wilderness



- Search and rescue
- Cell service: Someone to call
- Reliable transportation
- Reliable medical service after evacuation

- Dependent on local contacts
- Variable cell service: and who do you call?
- Transportation for the evacuation may be the biggest obstacle - infrastructure
- Unpredictable and variable medical service



A woman with long dark hair, wearing a blue t-shirt and dark shorts, is captured mid-air, jumping joyfully on a sand dune. Her arms are raised high, and she has a wide smile. The background shows rolling sand dunes under a clear blue sky. The scene is brightly lit, suggesting a sunny day.

US Wilderness:

- Injury/ Illness
- Emotional
- Behavioral
- Weather

Overseas:

- Injury/ Illness: Conservative decision-making
- Emotional: Earlier red flags because of “isolation”
- Behavioral: Cultural considerations
- Security & Safety

Pre-Departure Planning

- Pre-site visits and logistical planning
 - Pre-programming
 - Leapfrog
 - In the field

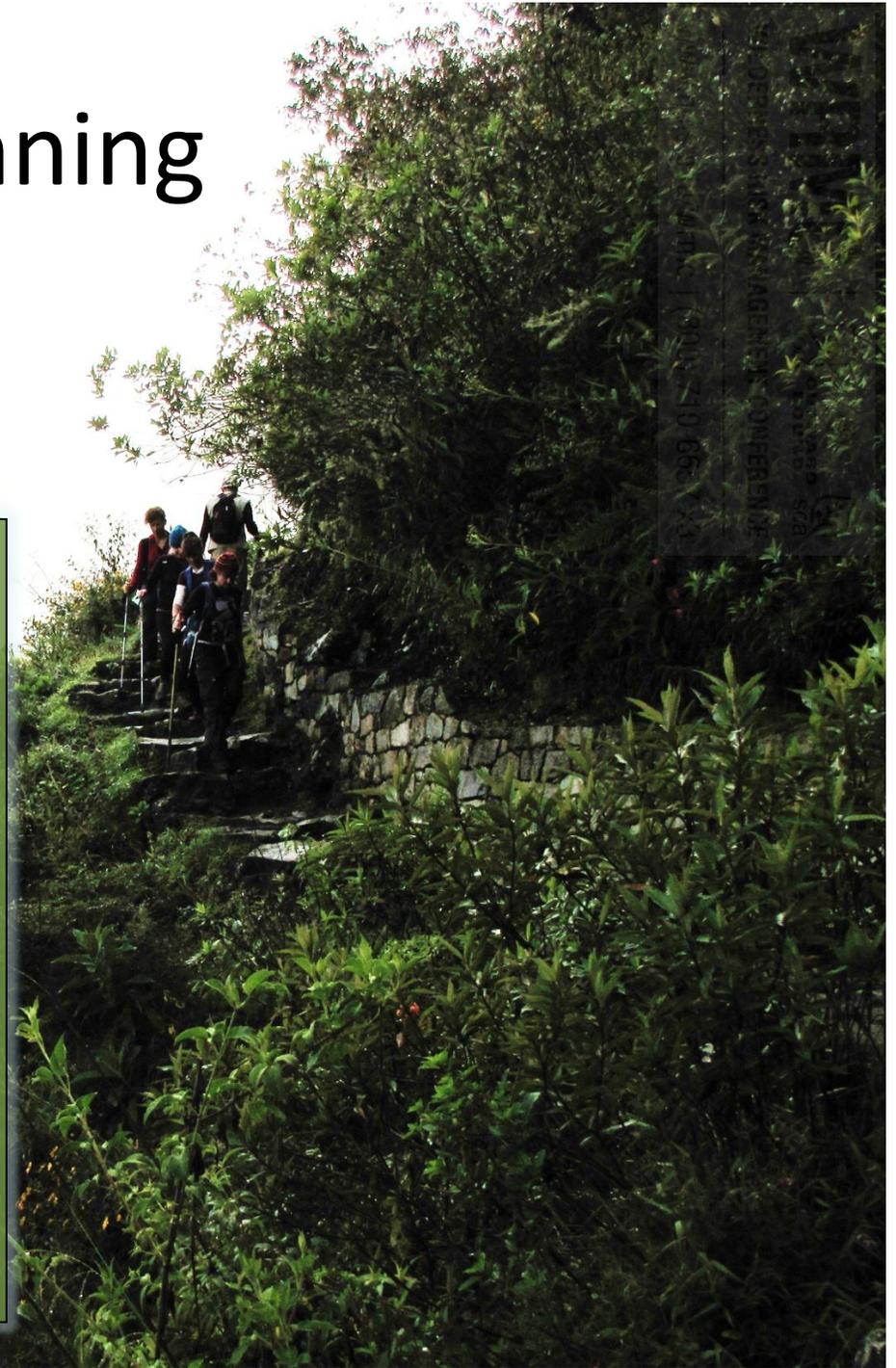
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Pre-Departure Planning

- Student & Parent Briefing
 - Pre-programming
 - In the field
 - Contextualize international programming
 - Community blog
 - Communication

Pre-Departure Planning

- Intensive instructor orientation & training
 - Variety of scenarios – don't assume competency
 - Test emergency equipment and contacts



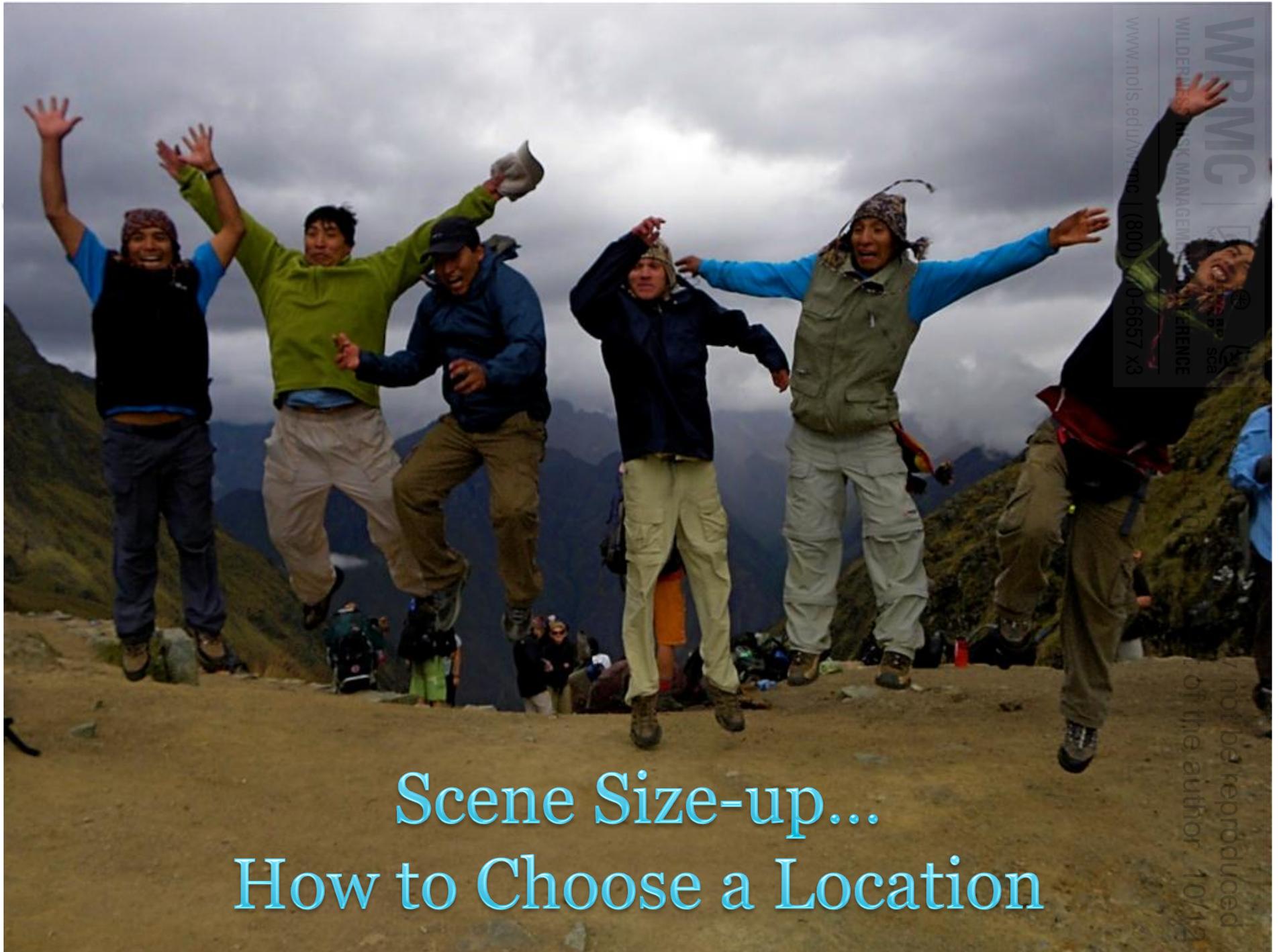
Risk Management Strategies Overseas

Independent
contractors
and multiple
moving sites

Risk Management Strategies Overseas



Choosing
locations
and
activities

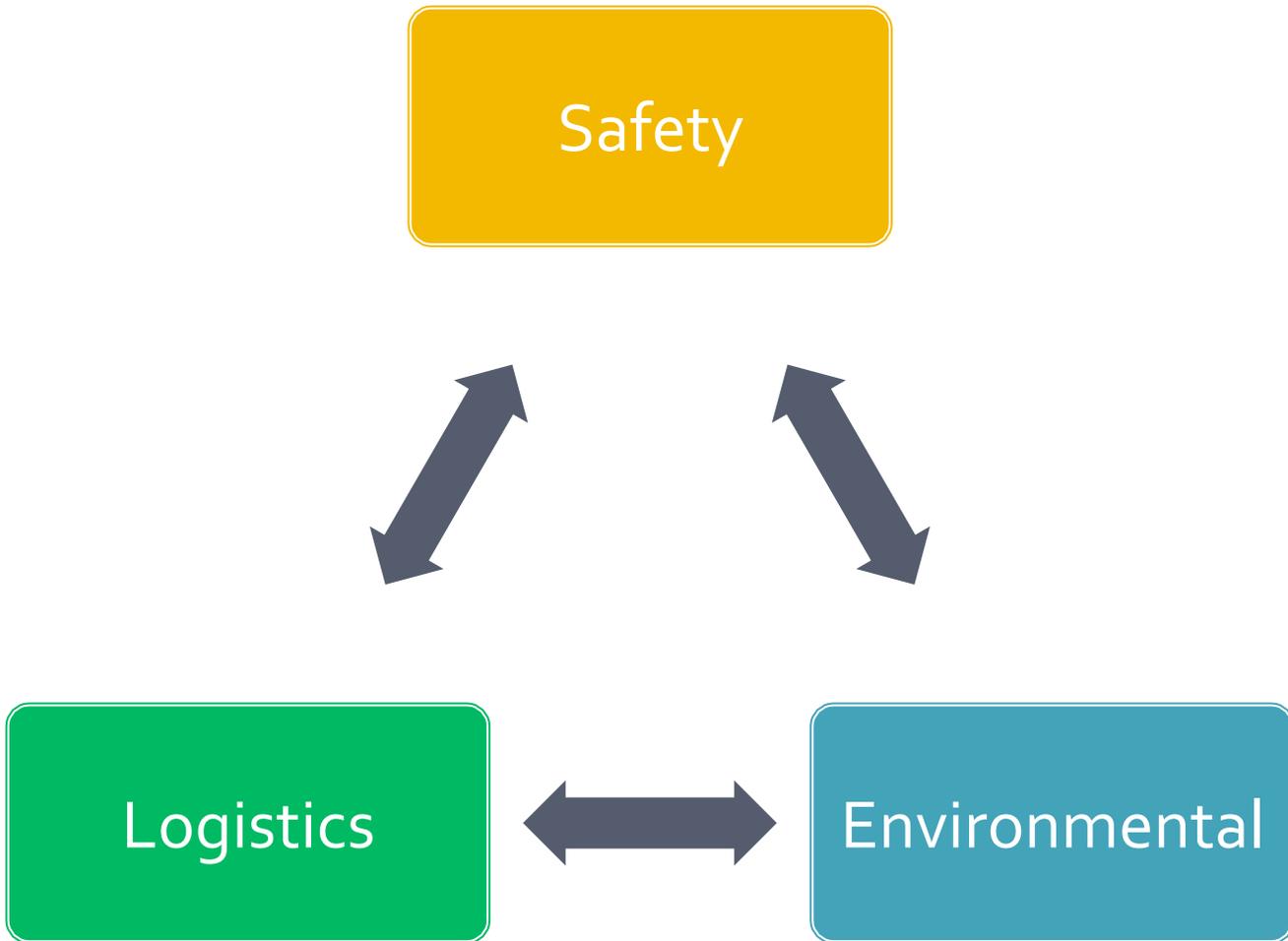


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Scene Size-up... How to Choose a Location

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How to Choose a Location



Safety

Has your program stayed here before?

Are there any variables that have changed from the previous stay?

What people are around? Who are the owners? The employees? Other guests?



Safety

What is your emergency plan for health/ safety?

Where are you going to put the money? Is there is a safe?
What is the money plan?

Who are your local contacts?
What resources do you have?

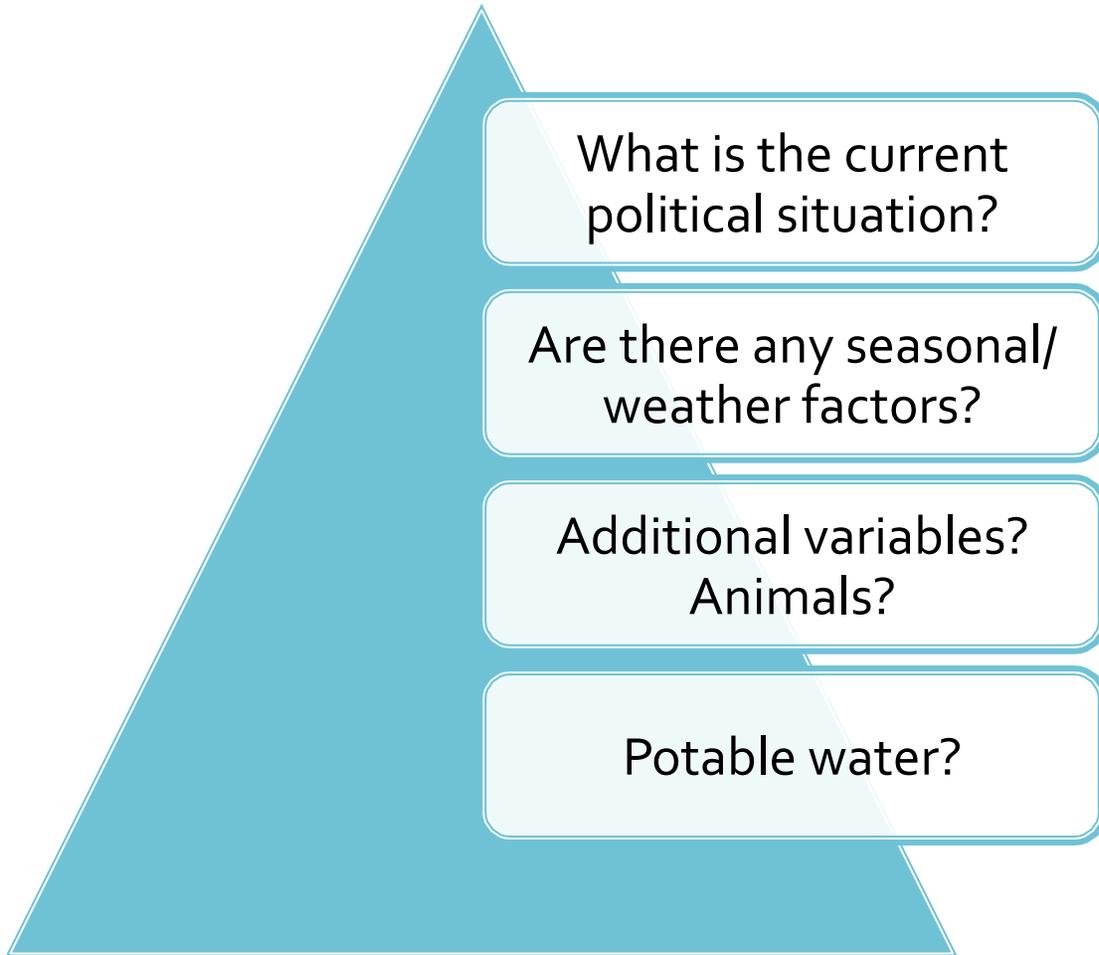
Environmental

Is the location
urban or rural?

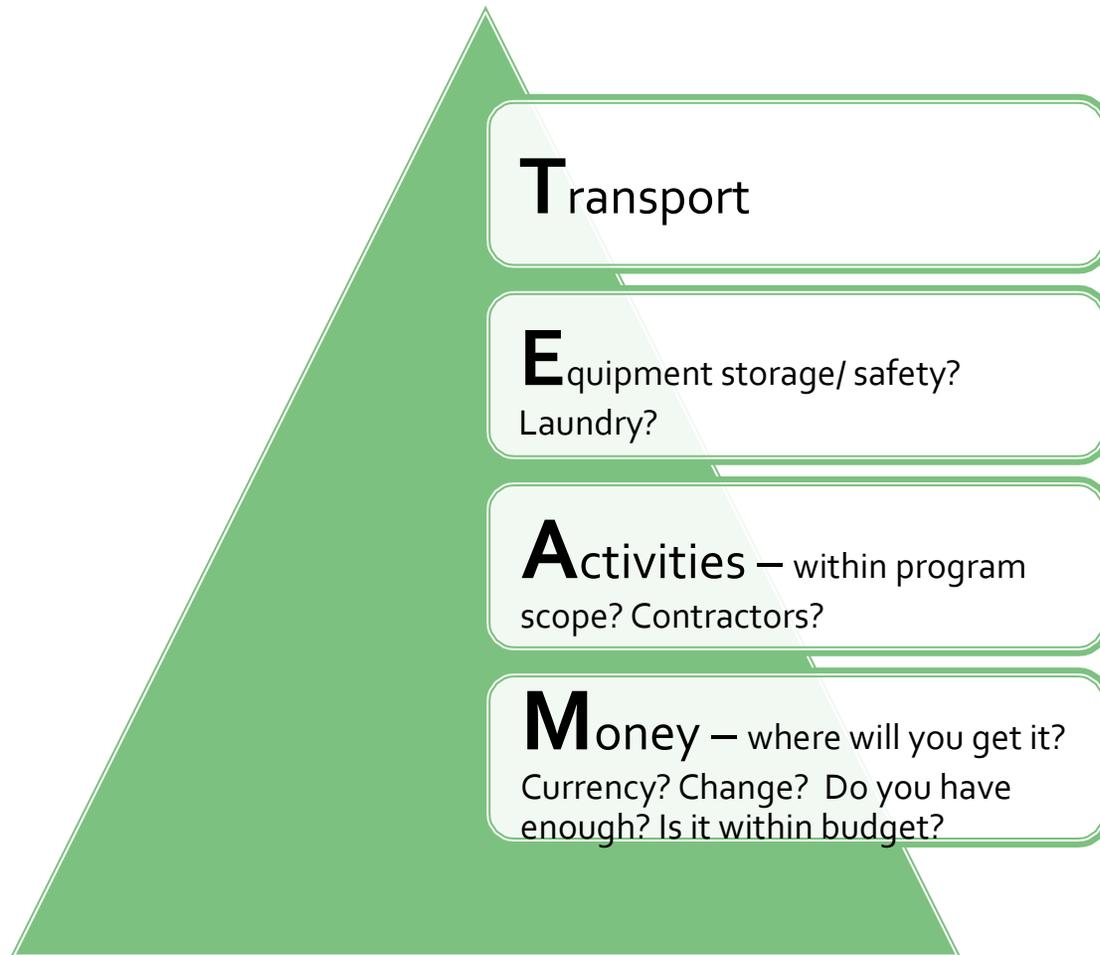
How many days / nights
are you planning to stay?

When is your arrival/
departure time?

Environmental



Logistics - TEAMBEAT



Logistics - TEAMBEAT

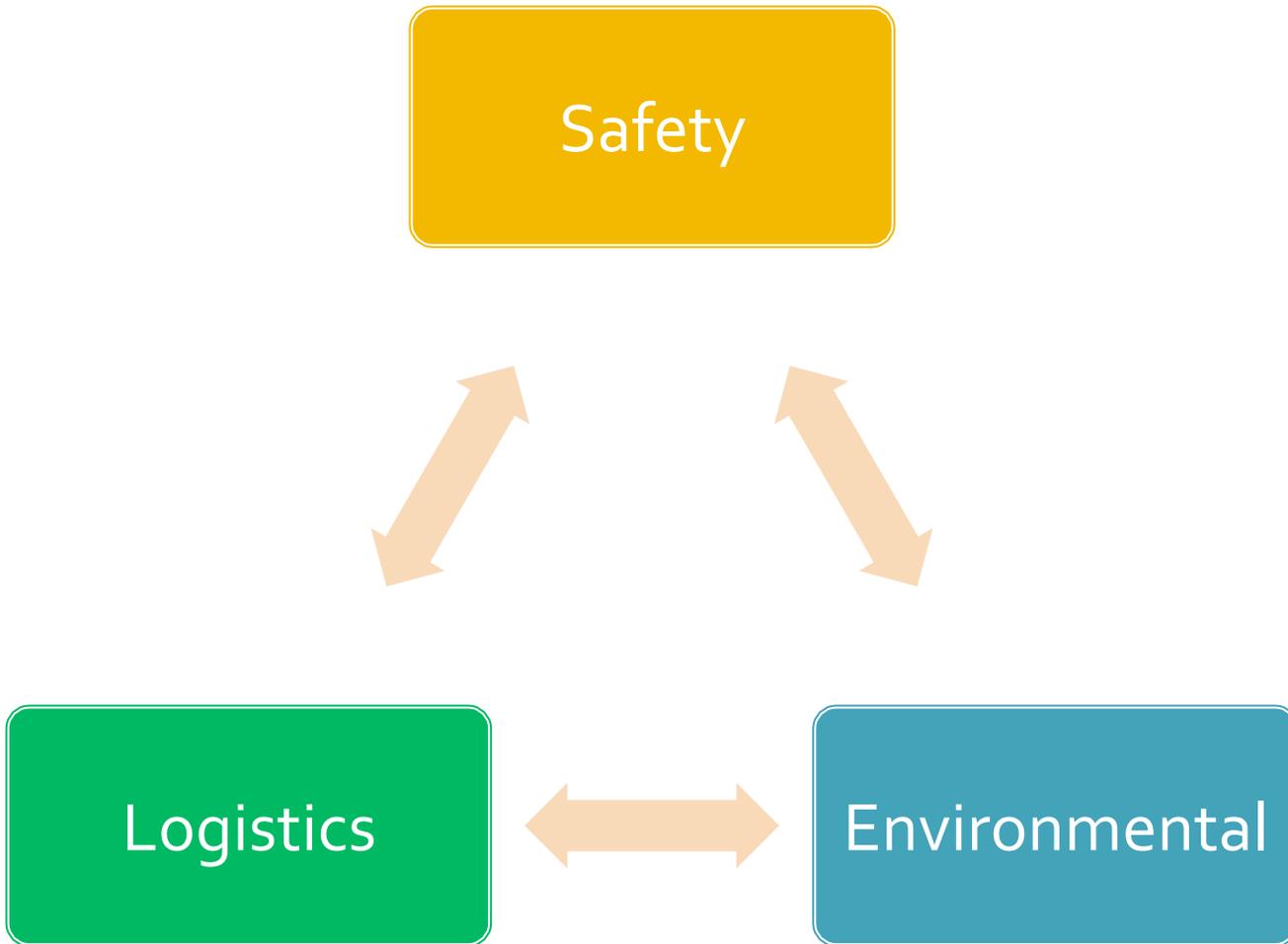
Beds/ tents – are there enough? What is the student/ instructor room/ sleeping plan?

Eating – What are the kitchen facilities? Do you have enough food?

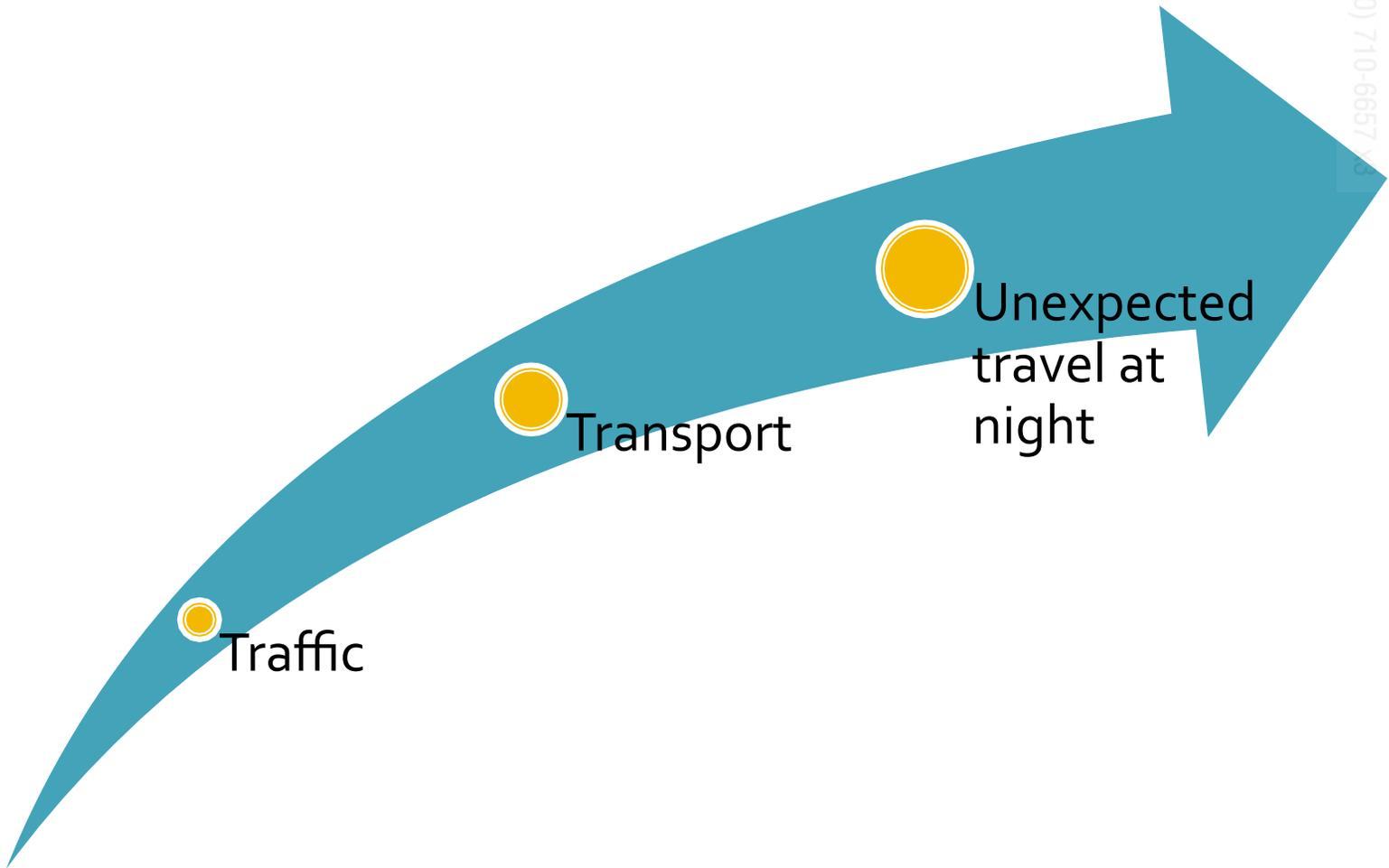
Areas for activities/ educational or experiential classes?

Teacher/ instructor accommodation.

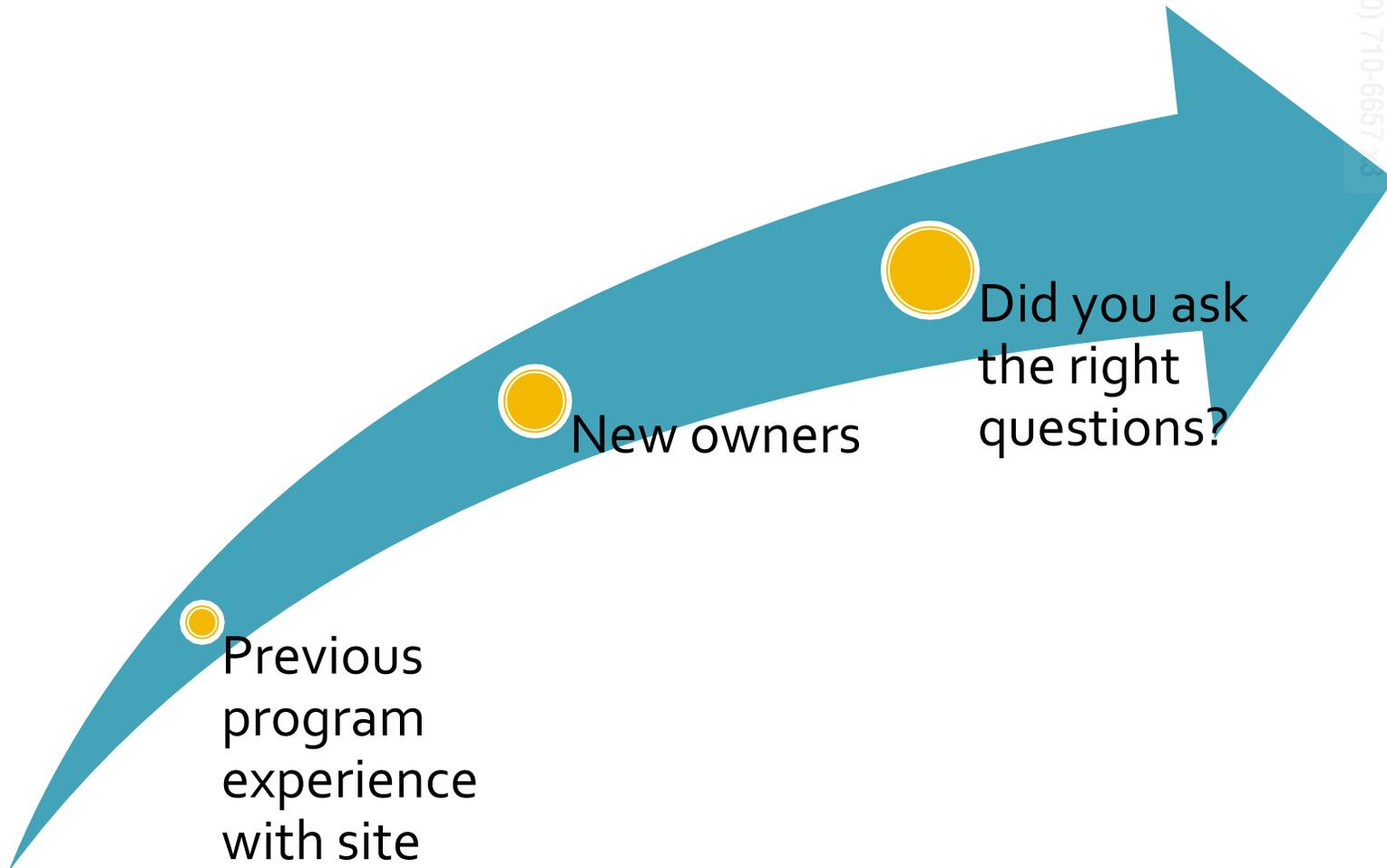
When is a location unsafe? Unreliable?



Mixed mechanisms



Mixed mechanisms



Overseas Program Scene Size-Up



How will you stop
and evaluate?
Give your program
itinerary margins.

**SLOW
FORWARD
MOTION**

Namibia

1.) **Detailed location:** including, environmental factors; weather; geography, and time of day.

Twyfelfontein: Namibia





6:30am: Truck packed. Breakfast at 6:45. Roxi was packing her tent and shouted that there was a snake. Several minutes later she shouted that it had bitten her. Two instructors brought her to sit down and cleaned the wound immediately. The local African driver killed the snake, but no one could identify the type of snake at the scene. Approx. 1 foot long/ $\frac{1}{2}$ inch thick. Wrapped Roxi's leg down to bite in Ace bandage. The students quickly packed the truck and the whole group drove together to Khoraixas Regional Hospital.

Note: Khoraixas Hospital in 80 miles from the camp site on a bumpy dirt road in a slow truck. **Arrived by 8:30am.**

Timeframe and resources

Distance/ Mode of transportation

- Local clinic (2 year degree – minor trauma/ parasites, antibiotics)
- Regional hospital (+one or several general practitioners, laboratory, WHO list of essential medicines, equipment, keeps records)
- Capitol city hospital (+doctors, specialists)



- Khorixas is a town of 6,000 inhabitants in southern Kunene Region, Namibia. The town is located close to a petrified forest and the Twyfelfontein valley, known for its rock art.

- The regional hospital and some other regional offices are located in Khorixas.



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9:15am: Roxi receives anti-venom for puff adder bite. Vomiting. Lightheaded. Additional anti-venom given.

As day continues, swelling increases with discoloration.

Airlift scheduled to capitol city at 6:00am the following day to manage pain and tissue damage at capitol hospital.

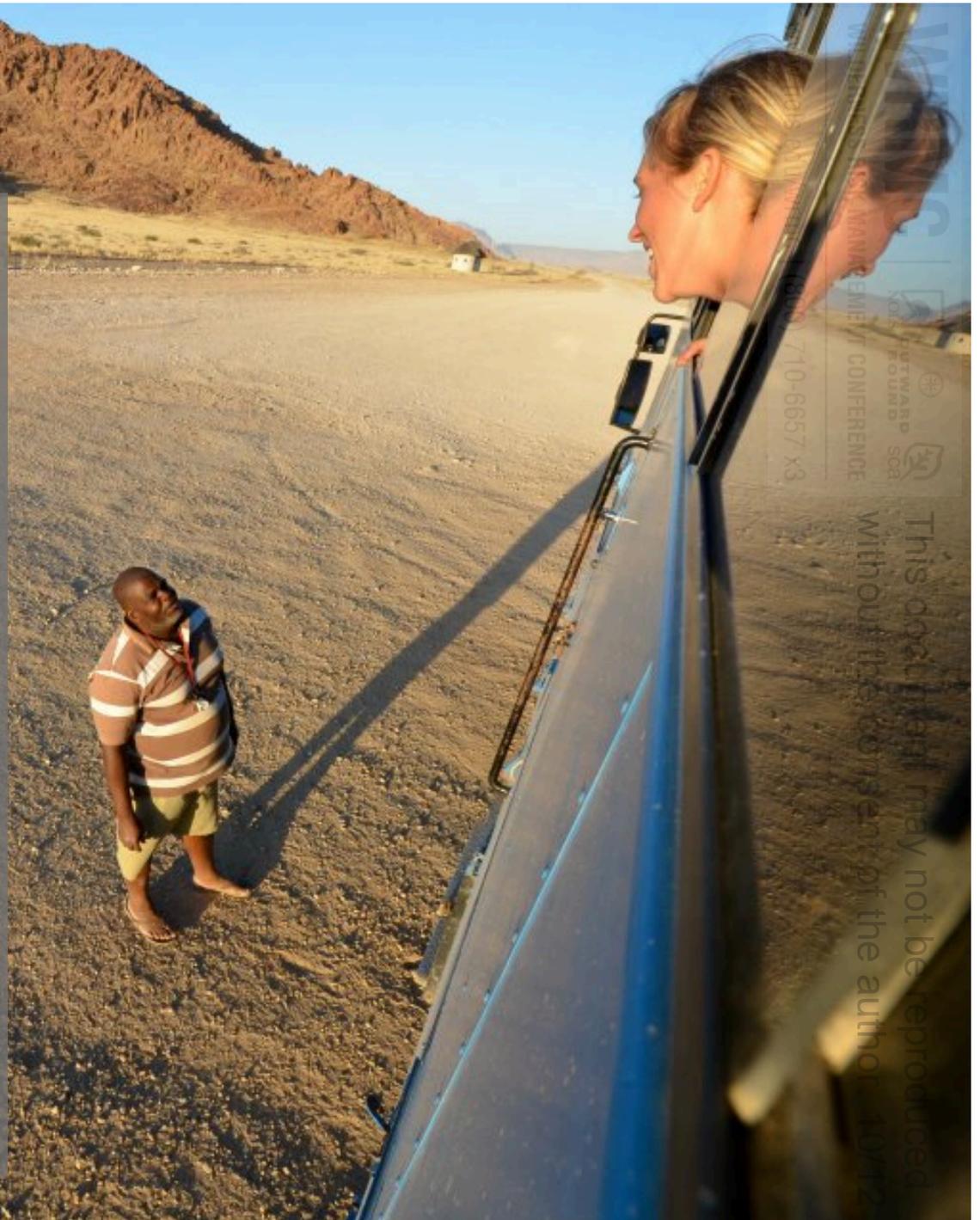


Medical facilities:
Local, regional, capitol
– where to evacuate?



Resources:

- local contacts (contractors, communities);
- regional contacts (embassy, logistical coordinators);
- US-based contacts (head office, US-based medical support, emergency infrastructure)



Cultural considerations:

- The health care system ranges from state-of-the-art private hospitals in Windhoek to small state- or church-run clinics in the rural areas. Traditional healers are sometimes consulted instead of or in addition to the biomedical system, particularly when biomedicine has been unsuccessful.
- Although malaria is fairly common in the north and 10 percent of the population suffers from chronic malnutrition, the most serious health problem is HIV-AIDS—20 to 25 percent of the adult population is estimated to be infected, and the number is still rising.



Severity: The bite of the Puff Adder with subsequent envenomation is a medical emergency and can be fatal if the patient is not treated appropriately.



Complicating factors:

- Snake incorrectly identified. Was a horned adder. Complications from anti-venom.
- Four students complaining of stomach cramps and fatigue. Two admitted to the hospital for bacterial infections.
- One instructor needed to evacuate with Roxi. Stayed in the capitol city for 10 days before returning to group.
- Homesickness, emotions, continuing the journey...

Conclusion

- Local response to kill snake and motivate the group to move quickly.
- Utilizing local knowledge (location of the regional hospital).
- Having resources in the place (emergency evacuation & home office support).
- Medically-trained staff (WFR).
- Strong incident command system for communication and response.
- Implementation of tent break-down protocol.



Lake Kariba, Zambia

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Vervet Monkey



In groups of 3 or 4, read the handout and answer the following:

- What is your plan of action?
- How do you divide your five instructors?
- What other factors/issues could arise? Add to the complicating factors list.
- What do you foresee as potential obstacles?
- What questions do you have?

Additional Factors:

- Local clinic
- Communication home with parents
- Rabies shots?

Analysis of Incident

- **Objective Factors:**
 - Time of Day
 - Distance to Clinic
 - Presence of Monkey
 - Day Two of the Semester
- **Subjective Factors:**
 - Cultural Communication
 - Communication with Parents
- **Program Factors:**
 - Transportation to Clinic
 - Other Wildlife – Hippos & Crocs
 - New Location/Local Clinic Knowledge
 - New relationship with Emergency Evacuation Company

the wound



How Did We Divide the Team?

- One instructor dealt with the wound and student.
- One instructor worked with the local staff to gather immediate information regarding local wildlife and island culture.
- One instructor was on the satellite phone with on-call US-based doctor.
- One instructor to monitor and support the rest of the group.
- One instructor to “float” communication and emergency needs.

Conclusion

- Utilizing local knowledge (history of monkey).
- Having resources in the place (satellite phone & doctor on-call).
- Medically-trained staff (WFR).
- Strong incident command system for communication and response.
- A **TEAM** of instructors who covered all on-site aspects of the incident efficiently and effectively – including care for the rest of the group.

Transportation Scenario



Conclusion

- Option #2.
- Key: Moving on-site management to slow down and make conscious decisions slowly and thoughtfully.
- Utilizing local knowledge & language.
- Good flexibility in the field when plans changed. Efficient decision-making between leaders to move group together.
- Transportation protocol relies on good decision-making to evaluate best choice for each circumstance.

Sequence of Events:

Daily log entries (quoted directly, except all names are changed)

2/17/09

- Location: Lanquin, Guatemala
- Medical Concerns: Laura – sore throat & flu/cold symptoms—slept most of the day. **Meg** is feeling some depression but still in an OK place with the additional comment: Potential to fall into depression again—feeling better today.

- 4/2/09
- Location: Chiquistepeque, Guatemala
- Medical Concerns: Rita, Linda, Karen & Laura went to the doctor in Xela to address their stomach issues. **Meg's** anxiety and depression is coming back and making it hard for her to participate in this program to the best of her ability. Instructor relayed Meg's concern to the US-based office and asked that administration talk with Meg's dad. Meg stated she would like to talk to her dad and her therapist. She had an hour-long conversation with her father. US-based office is following up with Meg's dad and therapist.

- 4/3/09
- Location: Chiquistepeque, Guatemala
- Medical Concerns: **Meg** talked with her therapist, Ann. She said that Ann will call her back today. Instructor texted US-based office and reported that Meg talked with Ann and to let her know what we can do in the field for Meg. Meg spoke with Ann around 9pm (2nd time today).

- 4/5/09
- Location: Monterrico, Guatemala
- Medical Concerns: Instructor spoke with **Meg** about how she is feeling about her depression and anxiety. Instructor will relay what they found out with the US-based office. Betsy was really emotional and down on herself. She complained of no appetite and upset stomach at lunch, though she ate 2 pieces of pizza.

- 4/7/09:
- Location: Juayua, El Salvador
- Medical Concerns: Mark's stomach hurt off and on all day. Linda's hemorrhoids hurt this morning but started feeling better as the day progressed.
- **Meg plan:**
 - 1. Meg works on her "non-medication based techniques" – meditation, journaling, exercise, personal hygiene.
 - 2. Instructor in charge checks in on mental health, nutrition, hygiene, and notes in daily log – each day for a week.
 - 3. Meg talks with Ann – psychologist every other day for the week
 - 4. Instructors: re-evaluation in one week
- **Meg Daily Check-in:** Instructor talked to Meg about plan; went on a 20-minute walk with Meg and she said she had a really good day. She is really excited about the possible internship opportunity for this summer. She is dedicated to the steps she's decided to take and is being consistent with healthy eating and meditation practices. She forgot to turn in a few assignments today and seems distracted but had a generally positive attitude.

- 4/8/09:
- Location: Juayua, El Salvador
- Medical Concerns: Mark – stomach cramping – 1st constipation then diarrhea—started in am. Matt –stomach cramping started in pm.
- **Meg Daily Check-in:** had a harder day motivating with a full day of classes. Still she took care of herself – showered even though she felt tired. Also, Meg sought instructor out for check-in. She will do meditation in the morning with instructor and 2 other students.

- 4/9/09
- Location: Juayua, El Salvador
- Medical Concerns: Mark still having stomach cramps and diarrhea but feeling better.
- **Meg Daily Check-in:** Talked with Ann at 8:00. Feeling positive today – took a shower.

- 4/10/09
- Location: Juayua, El Salvador
- Medical Concerns: Mark is feeling better, still had diarrhea once today. Yesterday told him he needs to keep taking meds even if he feels better and needs to take them with food each time.
- **Meg Daily Check-in:** Meg said today went OK. She had terrible time motivating herself to take a shower and brush her teeth but she did it anyway. She feels stressed not because of her homework because she doesn't have a lot, but the small things stress her out. She did meditation this morning which she says helped. She feels she is not good at it but knows that will come with time. Her father called today at 4pm. Meg said the conversation was helpful. They talked a lot about Calculus and how it really stresses her out. Dad is going to look into canceling Meg taking the AP Calculus exam when she gets back or they will work together to get her ready when she gets back.

- 4/11/09
- Location: Juayua, El Salvador
- Medical Concerns: Linda claims that she has two hemorrhoids. She has had a hemorrhoid in the past before this semester. Teachers advised she use hemorrhoid cream, eat lots of fruits and veggies and to avoid excess walking and running.
- **Meg Daily Check-in:** Meg is feeling down today. She feels anxious. She stated that she lost her appetite ½ way through lunch and for dinner. She said her throat tightens up because of her anxiety and this makes her not want to eat. She has experienced loss of appetite before when she was really depressed. She planned to take a shower when we got back from the night procession (Easter). She brushed her teeth. During meditation she had trouble releasing thoughts. She says she is eating healthy. Meg spoke with Ann briefly while we were at the procession.

- 4/12/09 Easter Sunday
- Location: Juayua, El Salvador
- Medical Concerns: Linda's 2 hemorrhoids have worsened. Instructor feels extremely sick to stomach and is going to take medication for giardia. Linda got whipped in the face by some branches on the roof of the conga bus and scratched her nose & eye.
- **Meg Daily Check-in:** Meg had a good day today – much better than yesterday. Ann is supposed to call tonight. She feels good about herself for the fact that she has been following through with her personal health and hygiene goals each day and it is really helping. Adam and Rita are providing her with a positive support network.

- 4/13/09
- Location: Punta Roca, El Salvador
- Medical Concerns: Linda has a third hemorrhoid and they bled when she went to the bathroom. She also said that her poop is black.
- **Meg Daily Check-in:** Meg had a worse day than yesterday. She felt distracted during meditation this morning and felt her mood drastically change this afternoon. She has been feeling really good about sticking to her goals but ate a lot of candy last night and today, which she feels contributed to her feeling increasingly depressed as the day wore on. She is expecting Ann to call tonight because she never called last night. Her knees are still bother her which contributes to her overall depression because she cannot run or walk excessively and she feels exercise would really help her right now. We talked about increasing stretching instead.

- 4/14/09
- Location: Punta Roca, El Salvador
- Medical Concerns: Linda got hit on nose by surfboard. She has a scratch and a bit of swelling.
- **Meg Daily Check-in:** Good day. Feeling good about her plan and she says that the steps are definitely keeping her stable. Meditation has been particularly helpful because it gives her a feeling of some alone time. She says she needs some time away from the group each day (even a few minutes). She loved surfing and felt she did a good job as a student leader.
- 4/15/09
- Location: Punta Roca, El Salvador
- Medical Concerns: Clark has a little diarrhea and feels gassy.
- **Meg Daily Check-in:** Meg had a good day. She said it was “easy” and classes were good. That was all.

- 4/15/09
- Location: Punta Roca, El Salvador
- Medical Concerns: Clark has a little diarrhea and feels gassy.
- **Meg Daily Check-in:** Meg had a good day. She said it was “easy” and classes were good. That was all.
-
-
- 4/16/09
- Location: Punta Roca, El Salvador
- Medical Concerns: Mark threw up after dinner—he is dehydrated, has been having some stomach cramps (1.5 liters today).
- **Meg Daily Check-in:** didn’t get to meditate – didn’t have a great day overall. She talked to Ann to strategize a plan for Peach Corps sites (no access to phone or Internet).

- 4/17-4/22: Divided into 4 groups and traveled to remote villages with limited cell service and no Internet
- 4/23/09
- Location: Chalchuapa, El Salvador
- Medical Concerns: Clark, Betsy, Ava have diarrhea. Robert and Ken have stuffed up heads.
- **Meg Daily Check-in:** She is tired. She also said she is focused on what will happen next, post program. She is anxious and excited about this. She is sticking with the mediation but it is challenging for her. This week she wants to eat more nutritious meals. She said she is teetering between feeling good and feeling depressed.

- 4/24/09
- Location: La Palma, El Salvador
- Medical Concerns: Instructor feels sick to stomach and physically unwell in general – sent a stool sample to clinic and is picking it up in the am. Ava feels sick all over as well (her whole body feels tired and achy and she has bad diarrhea. Meg’s stomach hurts a little bit. Betsy has diarrhea and her stomach feels “weird”. Clark is also not feeling well and dropped off a stool sample today.
- **Meg Daily Check-in:** She feels physically tired and her stomach is still bothering her. She feels bogged down with schoolwork and part of her just can’t wait until it’s over. She thinks the additional anxiety she feels about her future and lingering depression is taking a toll on her energy levels. It was hard for her to transition back into the group after Peace Corps activity, but she is pulling through with the help and support of some of the other students who agreed to meditate and work out with her. She needs more sleep!

- 4/25/09
- Location: Copan, Honduras
- Medical Concerns: Clark is taking 3 meds again for amoebas. Instructor's stool results show she has an intestinal infection. Meg, Ava, and Betsy feel better today but still have GI symptoms.
- **Meg Daily Check-in:** Meg is not doing well. She still feels physically tired and weak and super stressed out both about schoolwork and going home. She has been really pale lately and constantly has an anguished, wide-eyed, sad and spaced out look on her face. She didn't want to talk much today—feels too busy and drained to talk—she seems to be experiencing a low point in her depression cycle. I notice she is not eating very much – no snacks, only salad for dinner, etc. . . .

- 4/26/09
- Location: Copan Ruinas, Honduras
- Medical Concerns: Betsy is feeling bloated and having a bit of diarrhea.
- **Meg Daily Check-in:** Meg says she is doing all right. She has been tired and has lots of work to do so she is trying to balance all that. She seems a bit low energy.

- 4/27/09
- Location: Copan Ruinas, Honduras
- Medical Concerns: Mark had a headache this afternoon. Instructor has a cold. Larry is losing his voice.
- **Meg Daily Check-in:** Meg said it was a good day. She was tired, but she felt fine. She's trying not to get stressed out with the end of semester work.

- 4/30/09
- Location: Copan Ruinas, Honduras
- Medical Concerns: Meg is low on energy and has nausea. Clark as a sore throat.
- **Meg Daily Check-in:** Ann tried to reach Meg but they didn't connect. Instructor did not check in with Meg in pm because agreed to check in tomorrow. Instructor ended up speaking with Ann about instructors' concern that Meg seems quite tired and with low energy and this may be due to her low intake of food.

- 5/1/09
- Location: Tela, Honduras
- Medical Concerns: Clark has a sore throat; bought throat lozenges.
- **Meg Daily Check-in:** I spoke with Meg. She said she has been feeling up and down the past few days. She has not been meditating or doing yoga. She is excited to be at the beach and has renewed her commitment to daily meditation and yoga. I shared with her the teachers' concern about her low energy and tiredness and we thought that her body may need more nutrients in order to sustain and for her to be able to actively participate with the program and classes. She said she has been having a loss of appetite because she has been feeling nausea that now feels better. We talked about snacks that would give her enough fuel during the day – nuts & fruit. She is palling to purchase some of these. Meg spoke with Ann tonight.

- 5/3/09
- Location: Tela, Honduras
- Medical Concerns: Linda complained of a headache and felt dizzy (she was dehydrated). Clark still has a cold but is feeling a bit better. Instructor's twisted ankle still hurts and she is going to have it x-rayed tomorrow while group snorkels. Meg is tired and out of it.
- **Meg Daily Check-in:** She is so homesick it is distracting from her ability to be present, complete tasks, and appreciate all that the instructors do. She is tired and has a ton of schoolwork to do. She felt depressed all day but tried to channel the negative energy into completing assignments. It was nice to talk with Ann the other night about her mom who has been sending emails to her that sound manipulative and controlling. She had a low day but thinks she will sleep it off and feel better tomorrow.

- 5/4/09
- Location: Tela, Honduras
- Medical Concerns:
- **Meg Daily Check-in:** Meg is doing fine, finishing finals early, so little stress related to program. She is worried about what's going on at home—the court case her stepmother is involved in.

- 5/8/09
- Location: Roatan, Honduras
- Medical Concerns: Larry has diarrhea. He's had it for several days. Clark has diarrhea and waves of stomach cramping. Both are going to have stool samples taken at doctor's office tomorrow.

- **Meg Daily Check-in:**
- 1. Instructor spoke to **Meg** this morning about the instructor team and other students' concerns about her eating habits. We have observed that she is not eating a lot and is constantly talking about food and exercise. We are concerned that she is not getting enough calories to safely participate in the program's physical activities and the additional activities she wants to do like optional PE and sit ups, pushups, etc. Meg seemed surprised when instructor mentioned observations about the quantity of food Meg is eating. Instructor said Meg would not be able to participate in optional PE and/or SCUBA if she doesn't give her body enough fuel in order to make safe decisions.

- 2. Instructor #2 told **Meg** that she will share the instructor team's concerns with Ann. Instructor had a constructive conversation with Ann about Meg. Ann recommended that the instructors continue to stress the importance of getting enough food to sustain physical activity & the safety risks connected to this. Also, she told instructor it's OK to tell Meg that her actions related to food and exercise are negatively impacting the group. Several students have expressed concern about Meg and her actions and attitudes around food, and Instructors have noticed other students beginning to emulate her actions. Meg spoke to Ann after Instructor #2.
- 3. **Check-in #2:** Meg is very worried about custody battle at home with step mom and step brothers & sisters.

- 5/9/09
- Location: Roatan, Honduras
- Medical Concerns: Clark sent a stool sample to medical clinic today – results were negative
- **Meg Daily Check-in:** She had a wonderful day. She loves Scuba diving. She went running in am during optional PE. She ran with Clark at a slower, more relaxed pace. She said she ate well today and enjoyed having carrots, peanuts and raisins for snacks. She was in good spirits.

- 5/10/09
- Location: Roatan Honduras
- Medical Concerns: Instructor's stomach has been hurting off and on.
- **Meg Daily Check-in:** She seems to be doing much better today and asked if she could make a peanut butter sandwich for herself an hour after dinner b/c she was still hungry. It is nice to see her with an appetite after so many days of eating very small amounts. She feels very accomplished to have completed her Scuba course today and is excited to be able to dive when she travels now. She is keeping herself busy gearing up for the final class discussions. She is very "nervous" and stressed about going home.

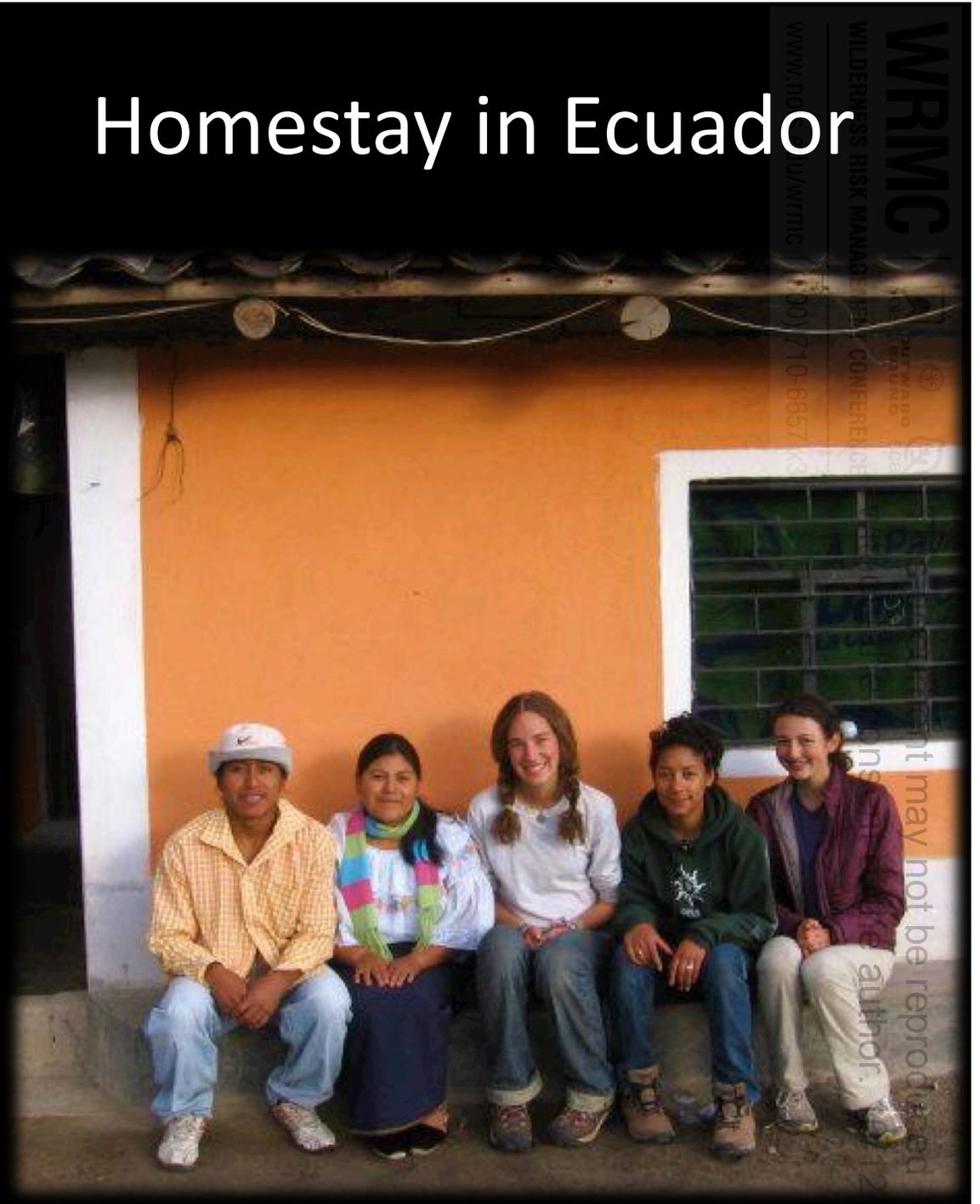
- 5/11/09
- Location: Roatan Honduras
- Medical Concerns: Meg felt nauseas and sick to her stomach today. Linda felt lightheaded and her hemorrhoids still hurt. Instructor's foot is still bothering her but she did not make it to the doctor today. Mark had a bad headache this evening.
- **Meg Daily Check-in:** Meg had a good day today. She is relieved to be done with the final class project because she felt like it was all on her shoulders to organize and orchestrate. She had fun today, felt positive and healthy. Is still feeling stress about the same things but finds she can manage it some days better than others. Tomorrow she is student leader and is going to make the day fun, have the teachers do "going home" skits and lead an all student awards ceremony.

- 5/12/09
- Location: Roatan Honduras
- Medical Concerns: Betsy had a stomachache at dinner, and did not eat.
- **Meg Daily Check-in:** Meg said it was a good day and uneventful for her emotionally with two fun dives, it was an easy day for her.

Conclusion

- Meg was never sent home from this program – why?
- What was your personal trigger when you sat down? (If you did).
- Why is this scenario additionally challenging in an international setting?
- What questions do you have?
- This program changed its protocol – what would you change in your protocol if this was your student?

Homestay in Ecuador



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Conclusion

- Instructor balanced “perceived safety risk” and “emotional risk” well.
- In-country program liaison.
- Strong community connections and local contacts to implement quickly executed contingency plans.
- Participant and instructor cultural competency.

Take Action!

- 1.) Create staff training scenarios for the following incident categories: cultural; security; emotional trauma and medical.
- 2.) Include itinerary planning matrix and TEAMBEATS in your Staff Handbook.

Explicit Instructions

S

- 1.) Create staff training scenarios for the following incident categories: cultural; security; emotional trauma and medical.
- 2.) Effective scenarios should include:

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KIDS OUTWARD BOUND SGA

International Scenarios for Staff Training

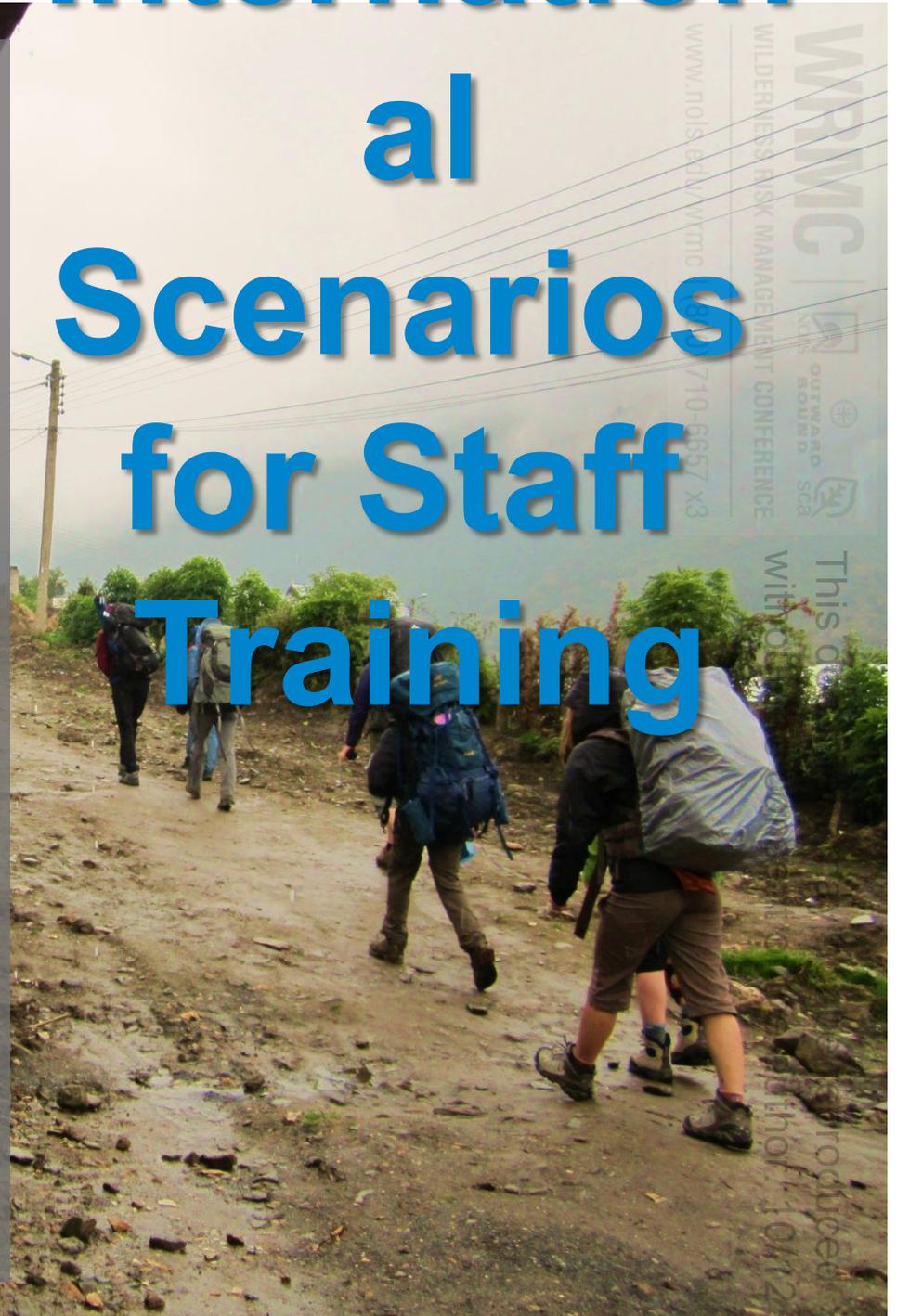
A photograph showing a woman with long blonde hair and a colorful, woven headband hugging a young girl with dark hair and a pink shirt. The girl is smiling and looking towards the camera. The woman is seen from the side, her face partially visible as she embraces the child. The background is slightly blurred, showing other people in a group setting.

1.) **Detailed location:** including, environmental factors; weather; geography, and time of day.

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International al Scenarios for Staff Training

- 2.) **Resources:**
technology; transport;
people.
- local contacts (contractors, communities);
 - regional contacts (embassy, logistical coordinators);
 - US-based contacts (head office, US-based medical support, emergency infrastructure)



3.) **Medical facilities:** Local, regional, capitol — know the appropriate place to evacuate!

International al Scenarios for Staff

Training



4.) Cultural considerations: language, customs, currency, holidays, traditions.

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5.) **Severity:** The seriousness of an injury, grievance or near-miss in the field.





6.) Complicating factors: Instructor time-off, budget, student attitudes...

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What you need to do now:

- 1.) Email your scenarios to info@travelingschool.com by TAX DAY April 15, 2013.
- 2.) We will compile these into a “Scenario Handbook” and distribute them back to you.
- 3.) If you submit one scenario – we will happily send you the whole assortment for your next staff training!

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Shades of Gray: The Complications of Managing Incidents Overseas.

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