



Emergency and Crisis Management

Think Pacific

Update 18 March 2024



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1. PURPOSE OF THIS PLAN

1.1. The following Crisis Management Plan details how and what Think Pacific do in the event of an emergency situation in Fiji. It details how Think Pacific mitigates risk, anticipates scenarios and responds to an emergency situation.

1.2. Policy Statement

- 1.2.1. Safety on a Think Pacific Project is paramount. Our first priority in the event of a crisis overseas is the welfare of our participants.
- 1.2.2. **THINK PACIFIC STRIVE TO BE THE INDUSTRY LEADER OF HEALTH, SAFETY AND SUPPORT IN OUR FIELD**
- 1.2.3. We know our greatest responsibility is to develop and operate programs with the health and safety of our participants at the forefront of our decisions.
- 1.2.4. Volunteering, studying or working abroad involves a certain amount of risk. Our job is to mitigate these risks while providing the unique and self-developing opportunities that our projects offer.
- 1.2.5. All staff members, both those based in the UK and overseas must have read this document and have a copy easily accessible to them at all times.

1.3. Classification Of A Crisis

A crisis is a situation is an incident that involves one or more for the following events:

- 1.3.1. *Any situation that could lead to loss of life of an expedition participant.*
- 1.3.2. *Serious injury to an expedition participant*
- 1.3.3. *A rapid and concerning change in a country's security situation*
- 1.3.4. *Any other incident, which poses an immediate risk to volunteers or staff.*



2. MITIGATING RISK

2.1. Our Beliefs around risk mitigation:

- 2.1.1. **Effective Policies and Risk Management** reduces the likelihood of some incidents happening at all and ensures we can deal effectively, with the unexpected.
- 2.1.2. **Planning and Preparation** can prevent a low level incident turning into a major incident.
- 2.1.3. **High standards, Systems, Staff Support, Training** and having participants who are briefed and supervised, ensures the strongest platform to deal with the onset of a sudden emergency.
- 2.1.4. **A Permanent HQ Within The Fiji Islands** and the majority of our 100 staff based in country, we can provide the highest level of support and coordination of a crisis.
- 2.1.5. **Focusing Solely Upon Fiji** ensures we have the highest quality of networks, partners and support systems.

2.2. Risk Management Processes

- 2.2.1. Careful choice of project locations
- 2.2.2. Thorough risk assessment for each itinerary
- 2.2.3. Careful assessment of third party Providers for transport and accommodation
- 2.2.4. Participants complete a Pre-Departure Health Questionnaire (including staff review and follow up action/ processes taken as needed)
- 2.2.5. In-country briefing and on-site orientation for all participants
- 2.2.6. Comprehensive Liability Insurance
- 2.2.7. On-site support 24/7 by Expedition Leaders
- 2.2.8. 24/7 Emergency back-up assistance
- 2.2.9. Experienced Directors and Managers living in Fiji and accessible by rota 24/7
- 2.2.10. Established and tested Think Pacific Emergency Response Committee (TPEC)
- 2.2.11. A Focus upon comprehensive and regularly reviewed policy and procedures, which meets National and International Standards.



- 2.2.12. Risk Management training and professional development for staff
- 2.2.13. System of constantly monitoring and implementing live updates, including Foreign Office, Fijian Government and World Health Organisation.
- 2.2.14. We are vigilant about staying on top of the latest guidelines and protocols available.
- 2.2.15. We employ best practices as defined by the field of International volunteering & Education.
- 2.2.16. We are involved in professional discussions, government and industry workshops within Fiji
- 2.2.17. We regularly review and analyze scenarios to ensure we mitigate risks and stay well prepared to manage situations should they arise.

2.3. Choice of Project Locations and Third Parties

- 2.3.1. We are very careful in selecting destinations for our programs, and operate programs only in locations which have no active travel warnings issued.
- 2.3.2. Any new partners are thoroughly evaluated by a senior staff member to ensure they meet our company's audit for professional and legal health and safety and risk management.
- 2.3.3. For every new project we carry out thorough and tailored risk assessments.
- 2.3.4. Once a project has been developed and is up and running, we continuously monitor and review including post project feedback and analysis.

2.4. Pre- Departure Support- Health Questionnaire (Submittal & Staff Review)

- 2.4.1. As part of the application process we ask applicants to disclose if there is anything in their medical history that could impact their time abroad. Do they take prescription medications? Do they have any physical or psychological conditions?
- 2.4.2. It is important to consider this information in the context of emergency situations as the availability of treatment and medications abroad is often different from the participants home country and our leaders must be fully knowledgeable to provide the best support, first aid and care.



- 2.4.3. If there are any aspects indicated, a staff member will follow up with a phone call and complete further informational documents so the Fiji team can be fully prepared, including disclosing mental health to staff who have completed specific training.
- 2.4.4. Participants will provide doctors notes as required and information is recorded and passed to our in-country team for pre-project staff briefing and preparation.

2.5. Pre-Departure Support - Briefing

- 2.5.1. We take extra measures to ensure that participants are fully prepared for any health and safety issues that could arise with briefing both before they depart and again when they arrive in Fiji.
- 2.5.2. During our web-based pre-departure preparations, we share what health and safety issues participants might encounter when they arrive, and how to best prepare for them.
- 2.5.3. Participants are also provided with written policies and an Online Portal with videos, guides and information and clear instructions on points of contact in any emergency.

2.6. Fiji Briefing & On-site Orientation

- 2.6.1. After arriving in Fiji, an on-site briefing and orientation program takes place and is required for all participants to attend. Here we highlight, once again, local health and safety issues, scenarios and key advice.
- 2.6.2. Participants are also given information regarding how to work with our team in the event of an emergency or incident.
- 2.6.3. Briefings and orientations are led by Site Directors or Senior Management.

2.7. On-Site Support and 24/7 Emergency Assistance

- 2.7.1. Think Pacific is available 24 hours a day to assist our participants, this includes leaders within the project setting and a team based in Fiji's capital to assist with any advice, transport or hospital care as needed.
- 2.7.2. The emergency phone is staffed 24 hours a day and available for participants' parents or our university partner contacts.



- 2.7.3. Think Pacific has a network of local on-site providers available to activate or request assistance (including transport providers, medivac, private plane response, helicopter providers, National health advisors, counsellors, local police, fire, hospital, private hospital, embassy).
- 2.7.4. All Leaders and Project Coordinators go through an extensive training program where an emphasis is placed on risk assessment, 24/7 health and safety, best practices and prevention.

2.8. Complementary Policies

- 2.8.1. Written Policies: This Crisis Management Document compliments further policies of Think Pacific including:
 - 2.8.1.1. Think Pacific's Risk Assessment
 - 2.8.1.2. Think Pacific's Health and Safety Policy
 - 2.8.1.3. Think Pacific's First Aid Policy
 - 2.8.1.4. Think Pacific's Fire Safety Policy
 - 2.8.1.5. Think Pacific's Preventing Sexual Abuse & Harrassment Policy
 - 2.8.1.6. Think Pacific's BS8848 Compliance
 - 2.8.1.7. Think Pacific's Safeguarding Policy
 - 2.8.1.8. Think Pacific's Equal Opportunity, Diversity and Inclusion Policy

These documents can be found at the following link:

<https://thinkpacific.com/staff-portal/>

- 2.8.2. This document complements procedures to ensure pastoral care and welfare of participants, incorporated into our "12 steps of Safety and Support"

For more information please visit:

<https://thinkpacific.com/about-think-pacific/health-and-safety/>



3. COMMUNICATION

3.1. Emergency Contact:

- 3.1.1. **PROJECT PARTNER & FAMILY LIAISON EMERGENCY NUMBER: = (0044) 113 335 9922**

3.2. In addition, Think Pacific ensure that the following communication lines are available during a crisis:

- 3.2.1. Normal office landline = 0113 335 9919.
- 3.2.2. Emergency mobile for in-country staff/first responders.
- 3.2.3. Personal mobile number for Fiji Directors.
- 3.2.4. Personal mobile number for UK Directors.
- 3.2.5. Extra support line for media enquiries.
- 3.2.6. Satellite phones - where location demands

3.3. **Computer access** = HQ will also provide the following computer and internet access: Emergency HQ laptops, Normal office desktops, Back-up computers and emergency power access with Directors and Senior Management.

3.4. Communication With The Media

- 3.4.1. In all cases only the Directors of Think Pacific, or a person specifically designated by the Director will communicate with the media.
- 3.4.2. Under no circumstances is any other member of staff (in-country or overseas) permitted to make any comments to the media without the express permission of the Director, who will in turn be coordinating any media communications with the participant's home University.
- 3.4.3. The home university (where applicable) shall be contacted in the first instance as they may wish to make a statement first or a joint statement.
- 3.4.4. This process will ensure that no false, misleading or incriminating information will be given to the media in the moment of an event.

3.5. Internal Staff Communication: Leaders:

- 3.5.1. Overseas Think Pacific Leaders have a mobile phone each with local SIM cards and access to local networks. Landline phones are assessed as part of risk planning and leaders are aware of nearest access.



- 3.5.2. Leaders are issued with an emergency battery pack which can provide up to 12 hours of battery charging in the event of a crisis.
- 3.5.3. When on Project Site all teams have access to support vehicles from our approved transport companies based within 1 hour drive of the team, which can then take a Leader to a landline connected phone in the event that the mobile network goes down.
- 3.5.4. When planning projects to extremely remote locations or if undertaking high-altitude treks, Leaders are to be issued with a satellite phone for emergency calls.

3.6. Internal Staff Communication: Leaders: Senior Management:

- 3.6.1. Leaders are supported by in-country project management staff who are on call 24 hours a day on a rota basis and also have mobile and landline phones.
- 3.6.2. PM's have direct lines to Think Pacific's Emergency Committee in Fiji and UK to activate an emergency response.
- 3.6.3. Direct lines are also available to Fijian Government officials and The British High Commission based in Suva as well as a network of support facilitators and suppliers.

3.7. Partner University and Next of Kin contact

- 3.7.1. Think Pacific shall update our university partners in an emergency promptly and comprehensively. A UK Director or Project Manager shall liaise and provide latest information
- 3.7.2. Think Pacific holds next of kin contact for emergencies (gathered during pre-departure process with participants) and shall designate a project manager or director to update and support in a crisis. Where participants are under the age of 18, Think Pacific shall update next of kin with any illness and injury. Where participants are over 18, we shall do so upon approval of the participant (or in all cases where the participant is unconscious or incapacitated to do so)



4. MANAGEMENT TEAM

- 4.1.** Think Pacific believes one of our greatest assets to participants comes from having an extensive and experienced team of personnel based within Fiji and available 24/7 to coordinate effective responses locally.
- 4.2. 'Layers' of staff structure & Support within Fiji including:**
- 4.2.1. **Minimum 2 x Directors & Trustees** - Living permanently in Fijian and Overseeing all operations.
 - 4.2.2. **Minimum 4 x Project Managers** - Directing daily operations and providing 24/7 support to staff on a rota basis as well as ensuring continual staff training and development.
 - 4.2.3. **Field Coordinators** - Experienced former leaders visiting rural locations for Leader support and site inspection visits during each project and reporting directly to Project Manager. Living in the field and available to travel to emergency at short notice.
 - 4.2.4. **Health & Safety Manager** - Specific role during peak season, based in our Fiji HQ to ensure communication, oversight and added pastoral support of any minor health incident or hospital visit by participants.
 - 4.2.5. **Operation Manager** - based in our Fiji HQ providing full operational activity oversight and updates of key information, transport providers, Foreign office updates and communications.
 - 4.2.6. **Briefing Managers** - Key staff employed and trained to specifically lead training and briefing of volunteer teams.
 - 4.2.7. **Expedition Leaders** - A team of over 80 Leaders annually - Between 2 and 4 staff are present 24 hours a day on each project. Leaders guide each day, ensure daily risk management, are in constant communication



with Project Manager and provide first response to any team. We have an average Leader to Student ratio of 1:7. Leaders.

4.3. UK Office staff

- 4.3.1. A team of 9 Project Coordinators and 2 Operations Managers provide full backup support in the UK as well as leading the recruitment and preparation of participants for four programs year-round.
- 4.3.2. UK staff operate a 24/7 emergency phone line.
- 4.3.3. UK staff are in contact constantly with the Fiji Management Team.
- 4.3.4. 3 Directors are based in the UK, with periods spent in Fiji as well as visiting and meeting partners in the USA, Europe and Australia as required annually.

4.4. 24/7 Support & Rota

- 4.4.1. Staff work on a rota so that 24/7 support is provided whilst a program is operational in Fiji, including
 - 4.4.1.1. Leader support 24/7
 - 4.4.1.2. Fiji Management support 24/7
 - 4.4.1.3. UK office back up support 24/7
- 4.4.2. Schedules are planned so that key staff and the majority of staff are in Fiji during the busiest periods of the year.
- 4.4.3. Think Pacific has additional staff on projects to maintain participant to volunteer ration in cases of staff illness or injury
- 4.4.4. Think Pacific ensures back up staff are on stand-by to fly to Fiji in an emergency
- 4.4.5. Directors are on call on rota basis to visit Fiji in an emergency

4.5. Staff Selection & Training

- 4.5.1. Think Pacific has carefully developed a staff recruitment process both in the UK and the Fiji Islands. We also operate a highly competitive internship programme with university partners in the UK and Fiji. This ensures a constant supply of excellent candidates are recruited for leader positions.



- 4.5.2. Leaders are selected through a competitive application process including interviews, tasks, video and paper submissions and face-to-face selection events.
- 4.5.3. Leaders are prepared well in advance with thorough selection, training and briefing.
- 4.5.4. All staff are all trained in this Crisis Management Plan and supporting health and safety policies.
- 4.5.5. Think Pacific utilize the expertise of external organisations as well as senior in-house Directors to train Senior Management, develop training plans and test scenarios.
- 4.5.6. Crisis Management Training is run annually by Senior Management. All overseas leaders are briefed in crisis management procedures as well as first aid, risk assessments and general health and safety during their Leader training.



5. THINK PACIFIC EMERGENCY COMMITTEE (TPEC)

5.1. Roles and Responsibilities:

- 5.1.1. Think Pacific Emergency Committee (TPEC) is made up of senior staff who can be called upon 24/7, 365 days a year and respond to emergency situations.
- 5.1.2. TPEC is formed of both UK and Fiji staff on an 'emergency rota' that are able to come together rapidly to make key decisions.
- 5.1.3. TPEC oversees all incidents from a base in Fiji and also the UK.
- 5.1.4. TPEC has direct contacts with FCO, British High Commission in Suva, Government Officials and all emergency links.
- 5.1.5. All communication in a crisis flows into and out of TPEC
- 5.1.6. The Fiji TPEC Lead (normally assigned to the Director or Head of Y&S Programs) takes the lead in crisis incidents in-country with back up through telephone and internet communication with UK management.
- 5.1.7. Where communication is unavailable, TPEC Fiji makes all decisions.

5.2. Personnel selected for TPEC:

- 5.2.1. ***Think Pacific Directors (x 4).***
- 5.2.2. ***Head of Youth & Sports Programs.***
- 5.2.3. ***Community Development Manager.***
- 5.2.4. ***Operations Manager (x 2 = UK and Fiji).***
- 5.2.5. ***Health & Safety Manager***



6. PLANNING & PREPAREDNESS

6.1. Financial Reserves For Emergency.

- 6.1.1. Think Pacific has financial reserves and mechanisms to ensure emergencies can be responded to quickly and efficiently,
- 6.1.2. Think Pacific holds emergency funds of minimum £100,000. These funds are available 24/7 be used for payments/access to cash in a crisis situation.
- 6.1.3. Directors and Project Managers carry Emergency VISA debit cards and credit cards.
- 6.1.4. If in an emergency additional money is required this will be accessed through the Think Pacific bank account, available to withdraw at any time in the Fiji Islands.
- 6.1.5. Think Pacific has a safe with FJD 10,000 in cash to access immediately.
- 6.1.6. Leaders carry a minimum of FJD 5000 at all times for expenses in emergencies.
- 6.1.7. All UK staff and overseas Leaders are trained in good financial management and keeping a log of all payments spent and receipts.
- 6.1.8. Think Pacific has a separate Financial Security Policy provided to all staff and incorporated into training.

6.2. Emergency Supplies for Projects

- 6.2.1. An Emergency kit bag is kept at every TP project site. This is supplied with:
 - 6.2.2. Emergency rations.
 - 6.2.3. Emergency money in dollars.
 - 6.2.4. Leader Documentation including Crisis management plans.
 - 6.2.5. Spare mobile phones and batteries.
 - 6.2.6. Emergency contact details.
 - 6.2.7. Alternate Transport provider details.
 - 6.2.8. Report and incident forms.
 - 6.2.9. Pens. key travel documents.



- 6.2.10. In addition an extensive first aid bag is on site at every project location and leaders are training in first aid response.

6.3. Crisis Office HQ.

- 6.3.1. In an emergency Think Pacific will operate a crisis base from the Fiji Islands office located in the capital, Suva and also in the UK, located in Leeds.
- 6.3.2. Both offices are available to access 24 hours a day.
- 6.3.3. Offices are well equipped with IT and computers, backup computers, mobile and landline phones, printer, fax and hard copy of all documentation.
- 6.3.4. All staff have a back-up laptop, communication and cloud based information systems to work remotely from home if required

6.4. Relationships With Hospitals And Emergency Responders Within Fiji

- 6.4.1. We have excellent relationships with Emergency Responders and medical providers within Fiji from over a decade spent operating programmes in the country.
- 6.4.2. Our partnership with the Ministry of Health & Medical Services also ensures that we are in regular dialogue with national health advisers, and are directly connected with the Divisional and Sub Divisional Health Officers, Nursing stations and Community health workers on the ground.
- 6.4.3. We have an excellent relationship with the Fiji Red Cross, whom we have used for Staff training since 2015.
- 6.4.4. Fiji has extensive health facilities available to us, including 3 major divisional hospitals, 18 sub-divisional hospitals, more than 80 Health Centres and approximately 99 Nursing Stations located across provinces. The Colonial War Memorial Hospital, located in the capital city of Suva, is the largest public hospital in Fiji, and includes approximately 500 Bed capacity, an A&E Department, and a Helipad.



- 6.4.5. We have also established relationships with other hospitals and sub-divisional hospitals located in the urban centres of each Division / Province where our projects are based, including Sigatoka Town, Rakiraki Town, Levuka Town, Korovou Town and Navua Town, ensuring we have accessible medical care across our project or tour locations.
- 6.4.6. Medivac services are available within Fiji, including Helipro Fiji, who operate throughout Fiji and provide comprehensive evacuation and after care services, and LifeFlight Fiji, who provide Air Ambulance, Helicopter Rescue and Emergency Response Services.
- 6.4.7. As part of our pre project preparation and risk assessment process in the country, our management team meets with the Health Centre or Nursing Clinic located closest to the project setting, and the profile information shall include distance and time to the nearest point of medical contact, and transportation access and providers.
- 6.4.8. There are a number of private Doctors in the capital city of Suva, and other urban centres in Fiji. Oceania Hospital, located in the capital city of Suva, is a private facility that includes an outpatient surgery, an in-patient ward and an operations theatre.
- 6.4.9. For Mental Health support and assistance we have established a very strong relationship with the Youth Champs 4 Mental Health, under MOU partnership, who provide counselling and suicide prevention services. We also have a Mental Health & Wellbeing Guide provided to all students, and Staff, which includes relevant in country contact numbers.
- 6.4.10. All in-country Management have attended the University of the South Pacific Mental Health in the Pacific Course.
- 6.4.11. All UK Management visiting Fiji have attended the St Johns Ambulance Mental Health First Aid Course.
- 6.4.12. Our MOU partnership with the Ministry of Health includes access to their Medical Response Boats in the maritime islands, and provides a



framework for engaging their medical teams and personnel at all levels of implementation.

6.5. Liability Insurance And Professional Services

- 6.5.1. Think Pacific has enlisted the services of **Campbell Irvine** as insurance consultant and risk and safety advice and management. In any case of serious injury, illness or serious breach of terms of service, The Manager of Campbell Irvine should be contacted immediately. Tel: 020 7937 6981, Fax: 020 7938 2250.
- 6.5.2. Think Pacific has taken specialist advice on the type and level of insurance cover needed for our Fiji projects.
- 6.5.3. Think Pacific has Tour Operators Liability cover which covers public and product liability to the value of £2 million.
- 6.5.4. Think Pacific has Employer's Liability coverage to £5 million.
- 6.5.5. Latest policies are uploaded to the Staff Portal for university partners.
- 6.5.6. Think Pacific has enlisted the services of Tranquilico, A UK based Health and Safety Crisis Management Company to provide further staff development and assess Think Pacific's policies, procedures, training, mentoring and provide additional advice, support and consultancy in emergency situations.

6.6. Consular Support

- 6.6.1. Think Pacific constantly monitors updates from the Foreign Office. For updates on travel advice to Fiji please reference:
<https://www.gov.uk/foreign-travel-advice/fiji>
- 6.6.2. Think Pacific has an extremely strong relationship with the British High Commission, including providing basic information on each student and all project locations, and being connected with their Consular Team if required during an emergency, and are establishing connectivity with



further High Commissions within Fiji. Through the High Commission we have also met with the Consular Regional Director, who visited our project location when in-country.

6.7. Monitoring & Reporting

- 6.7.1. All incidents, including minor incidents and near misses are logged appropriately and used for future planning and training.
- 6.7.2. All calls and actions made by UK and In-country staff in relation to participant or staff injury or illness will be logged and recorded in a private online drive (adhering to GDPR guidelines).
- 6.7.3. Think Pacific provides pro-formas for keeping a log of all incidents – from near-misses, to minor and major incidents.
- 6.7.4. Handwritten notes will be typed with originals photographed and stored at TP HQ after the incident.
- 6.7.5. All staff must submit a formal incident report after a crisis has occurred.
- 6.7.6. All staff undergo debrief after every project and future learnings extracted.

6.8. Example Of Crisis Management Plan Activation

- Think Pacific has activated our evacuation plan for a Major Incident on one occasion in ten years of operation. In February 2016, Fiji experienced a rare cyclone (TC Winston), the first such incident in over 25 years.
- A team of volunteers were based on Koro island, a remote location off the coast of Fiji's main island as the storm quickly changed direction and made direct impact to their location.
- Think Pacific implemented our crisis management plan to great effect.
- TPEC and The Senior management team were mobilized within minutes of notification and a crisis management committee established in Suva and UK to oversee the evacuation.
- Leaders on the ground followed health and safety protocol and first aid policy to support participants and villagers and ensure the safety and support of the students.
- Leaders acted as effective first responders to local people



- Using the emergency communication process, 1 x leader trekked to an emergency phone, whilst fellow leaders monitored the group to make contact and update Project Managers.
- Think Pacific were the first organisation in Fiji to make contact with Koro island.
- We were also the first organisation to land on the island (by commissioning a small private plane for evacuation). All students and leaders were kept safe and free from any injury.
- Think Pacific also delivered fresh water, food and medical items to the communities to aid their immediate recovery.
- Upon arrival in Suva an action plan was implemented to ensure students were in contact with family immediately and taken to a safe location
- Students received consular, medical and mental health assessment.
- Students had personal items replenished and contact made with insurance.
- We received heartfelt messages of thanks from grateful students, parents and acknowledgement from the British High Commission for our response and coordination.
- The same students returned the following year to complete their program in Fiji. The students and their parents have since raised over \$7,000 for our charity and remain some of our biggest supporters. Two of the volunteers on this team applied for roles with Think Pacific and successfully became part of Think Pacific's Fiji staff team in 2019.



7. MAJOR CRISES

7.1. Coordinating An Emergency Response

- 7.1.1. Think Pacific guidelines are developed to protect the safety and well-being of our volunteers as well as protecting Think Pacific staff and our partners.
- 7.1.2. Think Pacific shall utilize participant's statements of events, the British High Commission, local authorities etc. as resources to identify the issue and accurately assess each situation.
- 7.1.3. All of the in-country emergency contact information will be provided to participants and staff prior to departure.
- 7.1.4. Volunteers are instructed to keep their emergency numbers with them at all times.
- 7.1.5. Think Pacific will not respond based on rumors. All information is verified with more than one source (if available).
- 7.1.6. For any major crises, the following will be considered and reported to Think Pacific's Emergency Response Committee:
 - 7.1.7. The health and safety of Think Pacific volunteers, interns or staff.
 - 7.1.8. The geographic proximity of the project to the crisis.
 - 7.1.9. The impact of the crisis and the quality of life (availability of food, water, medical supplies, the protection of law and order).
 - 7.1.10. The target of or basis to the unrest (and if the crises is politically related).
 - 7.1.11. The intensity of police and / or military presence in the area of the program.
 - 7.1.12. The continuation of the program.
- 7.1.13. This information will in turn be communicated to designated University staff, where applicable and as soon as feasible. Think Pacific Site Director or On-Site Program Manager is responsible for coordinating all emergency situations.
- 7.1.14. Think Pacific is committed to offering the necessary resources to its staff, participants, parents, International Office staff and University Faculty as they relate to in-country emergency contacts and support services, travel and medical insurance advice, country-specific information and additional web resources.



- 7.1.15. The following are listed in order of importance and Think Pacific will act accordingly in any crisis situation;
- 7.1.15.1. Account for health and safety of volunteers and staff of Think Pacific.
 - 7.1.15.2. Determine the scope of the crisis by liaising with local authorities.
 - 7.1.15.3. Determine the ability of the continuance of the program.
 - 7.1.15.4. All communication will funnel through Think Pacific's Emergency Committee regardless of where it begins. Think Pacific's Emergency Committee, Led by our Fiji Director or Fiji Program Lead, will be the "control center" for all incoming and, especially, outgoing communication.
 - 7.1.15.5. No other staff shall communicate directly with emergency contacts or universities unless specifically given permission by a Director to do so or in extraordinary situations.

7.2. Account For Health And Safety Of Think Pacific Participants

- 7.2.1. Think Pacific will contact and account for all our participants.
- 7.2.2. If the participants are at the program site or at a resort / accommodation location, and both are safe from the crisis, all staff and participants will be instructed to remain there until their safety outside of these locations can be certain.
- 7.2.3. If a participant or staff person is not in a safe location, they will be assisted appropriately, in consideration that no other participant, staff or Think Pacific staff member will be endangered to do so, in finding the nearest safe location.
- 7.2.4. Participants who are unaccounted for: Using all means possible, including local in-country emergency response services, a search for missing participants will be conducted – this should include communication with and assistance from the participant's friends, host family, villagers or resort staff.
- 7.2.5. For notification of local authorities if a participant is not found, see "Missing Participant"
- 7.2.6. For Injured participants – see Life "Threatening Accidents or Illnesses"
- 7.2.7. Think Pacific Director/Project Manager will report to TPEC on all of the above as soon as possible.



7.3. Determine The Scope Of The Crisis By Liaising With Local Authorities

- 7.3.1. Think Pacific will contact the British High Commission in Suva, local authorities (police, fire, military), local government, and/or International Red Cross or other disaster agencies.
- 7.3.2. Think Pacific will decide if the proximity of the disaster is endangering participants. If it is, Think Pacific will execute the Evacuation Plan and move endangered participants to a safe place.
- 7.3.3. TPEC will determine if there are any quality of life issues (availability of food, water, medical supplies, the protection of law and order) and make an assessment if the location is unfit for participants to remain in the area. If this is the case, see the “Evacuation Plan”.
- 7.3.4. In all cases above, Think Pacific participants will be informed as soon as possible, by TPEC on issues above.
- 7.3.5. Think Pacific Director or person assigned by the Director will then, as soon as practical, keep appropriate University staff apprised on any situation or crises.

7.4. Determine The Ability Of Continuing A Program

- 7.4.1. Utilising the information collected from the above-listed sources and considering the scope of the crisis, Think Pacific Directors will formulate a position on whether to continue, suspend or cancel the program.
- 7.4.2. Liaising with other volunteer and travel programs located in the area to get feedback from their Directors as well.
- 7.4.3. Think Pacific Fiji Director/TPEC Lead will report developments back to the Think Pacific UK office as soon as possible, and on a continuous basis.

7.5. Protocol For Crisis Management

- 7.5.1. The following are listed in order of importance and protocol and should be actioned in this order (by Think Pacific Directors/ Head of Programs in Fiji) when possible.
- 7.5.2. Communicate with Think Pacific Emergency Committee and begin constant communication with this group until crisis is dealt with.
- 7.5.3. Communicate participant's welfare to emergency contacts within 24 hours. Phone calls, whatsapp messaging and emails will be used to communicate this information.
- 7.5.4. If a participant is injured or deceased, see the section on Individual Crises.



- 7.5.5. Think Pacific UK office will communicate participant's welfare to the Home University within 24 hours. Phone calls AND emails will be used to communicate this information.
- 7.5.6. Liaise with British High Commission for their official advice towards the crisis.
- 7.5.7. Liaise with other agencies as appropriate, including Fiji Ministry of Health, Other relevant Fijian Government Agencies, World Health Organisation and Local authorities to determine official advice and response toward crisis.
- 7.5.8. Facilitate contact with Foreign Office and other pertinent government agencies.
- 7.5.9. Think Pacific will make a decision on program continuance, suspension or cancellation based upon in-country feedback and assessment of the situation.

7.6. Continuance Of A Think Pacific Project

- 7.6.1. If the decision is made to continue the program, following an in-country crisis, participants will be notified of this immediately via Think Pacific Director / Project Manager.
- 7.6.2. Project Manager (or Leader assigned by Project Manager) will meet with each participant individually to determine if he/she is mentally / emotionally prepared and able to continue with the program.
- 7.6.3. If there are any questions about the participant's mental stability, this will be considered by TPEC and communicated to the participant's University.
- 7.6.4. Think Pacific will try and determine if the participant needs or would like professional medical and/or psychological help.

7.7. Suspension Of A Think Pacific Project

- 7.7.1. If the decision is made to suspend the program, Think Pacific in conjunction with the University (if applicable) will determine the length of time the program is suspended.
- 7.7.2. If the suspension of the program is more than 3 days, alternate activities will be planned for the participants.
- 7.7.3. Think Pacific will notify the University and emergency contacts of the decision and answer any questions they might have.



- 7.7.4. Think Pacific will notify host families or accommodation as participants may be required to stay inside as much as possible during the suspension.
- 7.7.5. Leader shall remain with the group throughout and relay information from TPEC and provide pastoral support and morning and afternoon briefings.

7.8. Cancellation Of A Think Pacific Project

- 7.8.1. Cancellation or suspension of any program may result if; The British Foreign Office or other relevant agencies such as the United States Government Department of State or Australian Embassy issues a travel warning advising citizens to leave the particular location / region, city, where the program is based.
- 7.8.2. This will be associated with a high risk situation i.e. political tension, terrorism, natural disaster.
- 7.8.3. Think Pacific deems it necessary to cancel or suspend the program for any other reason, i.e., the safety and welfare of the participants are in jeopardy.
- 7.8.4. In the event of a program being cancelled or suspended; Participants will be brought to a secure location, guided by Leaders and notified immediately of the program cancellation and the procedures for evacuating the country.
- 7.8.5. Think Pacific will notify emergency contacts of the decision and answer any questions they might have.
- 7.8.6. Think Pacific will notify the Home University (where applicable) and update them on the situation and agree on suitable course of action.
- 7.8.7. If departing via plane, Think Pacific shall work with volunteers to make flight arrangements (change ticket dates) out of Fiji.
- 7.8.8. If departing via other transportation (to a safer location) before departing the region, Think Pacific will determine the best mode and arrange transportation for group departure.
- 7.8.9. Think Pacific will notify any local partners, emergency contacts (where participants wish), institutions or organizations as needed.



7.9. Evacuation

- 7.9.1. Think Pacific follows the 'Peace Corp model' for managing evacuations which uses a three stage model.
- 7.9.2. **Stage 1 – Stand-fast:** Participants will be notified to stay in the location they are in, provided it is safe, and await further instruction from the Think Pacific Director/ Project Manager.
- 7.9.3. **Stage 2 – Consolidate:** Participants will go to an arranged safe haven to prepare for evacuating the location.
- 7.9.4. **Stage 3 – Evacuation:** Participants will leave as a group for a safe location.
- 7.9.5. The Leader will as part of the on-site orientation inform participants of the location(s) the group will meet should a disaster occur while the group is together or dispersed.
- 7.9.6. The Leader will make sure the entire group is in a secure location and will not allow anyone to leave the secure location for any reason. If possible, the Director/Project Manager will take the group to the nearest Embassy or Consulate.
- 7.9.7. The Director/Project Manager will contact the British High Commission or relevant consulates and Think Pacific Emergency Committee immediately so they can begin to arrange the ground and air logistics of the evacuation.
- 7.9.8. The Director/ Project Manager will ensure all participants physically board the ground or air transportation.
- 7.9.9. When in a secure environment, the Director / Project Manager will meet with the Think Pacific Emergency Committee to discuss a debrief meeting and/or press release – in coordination with the Home University (if relevant).

7.10. Post crisis follow up and evaluation

- 7.10.1. After the crisis has been quelled and/or participants have been evacuated, Think Pacific makes it a priority to follow up with each participant individually to determine his/her mental state and advise further medical referral.
- 7.10.2. Think Pacific Emergency Committee shall prepare an unbiased report evaluating the performance of all personnel during the crisis.
- 7.10.3. This report will take into account interviews with witnesses to the crisis, participants and staff affected, and photographs (if available).



- 7.10.4. This report will be shared with pertinent persons as determined by the crisis management team and used for evaluation and learning outcomes.

8. EMERGENCY FIRST RESPONDER

8.1. First Response Procedure:

- 8.1.1. In most cases, the first responder to major incidents on a volunteer project would be the Expedition Leader as this role provides 24/7 onsite duty of care to participants.
- 8.1.2. Once the situation is stabilized and first aid provided, The First Responder Protocol is to contact the Project Manager at earliest opportunity.
- 8.1.3. Information is relayed quickly and clearly, includes:
- 8.1.3.1. Names of affected participants.
 - 8.1.3.2. Details of nature of incident and severity of injury.
 - 8.1.3.3. Any communication made already to emergency services or private transport to hospital already arranged
 - 8.1.3.4. Names of hospitals/clinics being visited.
 - 8.1.3.5. Situation of the rest of the team.
 - 8.1.3.6. Any contact made to parents of affected by participants
- 8.1.4. Project Manager coordinates response from this point, including: Making decisions on hospital treatment and ensuring swift medical response.
- 8.1.5. Activating TPEC & Being responsible for updating TPEC
- 8.1.6. Staff follow calls with written notes and updates (whatsapp, text or email for example)
- 8.1.7. Staff, especially FR establish regular contact during a crisis, (minimum once every 30 minutes in a rapidly changing environment)
- 8.1.8. Staff maintain a written record throughout using incident forms or spreadsheet

8.2. Due process In the event of an accident

- 8.2.1. Establish own safety first
- 8.2.2. Ensure safety of the group.
- 8.2.3. Give immediate help to any casualties.



- 8.2.4. Get help
- 8.2.5. Preserve life.
- 8.2.6. Prevent a condition worsening.
- 8.2.7. Promote recovery
- 8.2.8. First aid check:
 - 8.2.8.1. Breathing - Clear the airway – artificial ventilation.
 - 8.2.8.2. Beating - Check circulation – external chest compression.
 - 8.2.8.3. Bleeding - Look and feel – pressure & elevation.
 - 8.2.8.4. Breaks - Look and feel for irregularities – support
 - 8.2.8.5. Do not move a casualty if it is suspected a serious neck or back injury exists, unless a person’s life is threatened

8.3. Immediate actions:

- 8.3.1. Gain qualified medical help ASAP
- 8.3.2. Note crisis location accurately (In-country emergency support teams where available need accurate information)
- 8.3.3. Inform Project Manager at earliest opportunity
- 8.3.4. Activate TPEC protocol

8.4. Essentials:

- 8.4.1. Monitor – important to ensure casualty has a person with them at all times.
- 8.4.2. Instruct others to assist (fellow leader, TNK or responsible volunteer) whilst you are on phone/ recording.
- 8.4.3. Treat for shock – reassure casualty(s) and keep warm.
- 8.4.4. Support the rest of the group – safety, comfort, shock.
- 8.4.5. Never split the group – unless it is the only way to get help – no one should be left on their own in a crisis.
- 8.4.6. Minimise panic - Control use of mobile phones by the group.
- 8.4.7. A leader should always accompany any casualties to hospital.

8.5. Record Keeping

- 8.5.1. Leader or PM shall obtain written statements from those present describing what happened. Take photos if relevant
- 8.5.2. Leader and PM shall keep notes as a situation develops including times, dates, conditions (keep to the facts).



9. SPECIFIC SCENARIOS

In all individual Crisis situations TPEC members shall be notified. To activate TPEC, In the first instance call the Fiji Director, if unavailable, call Head of Y&S, followed by UK Emergency Phone Number.

9.1. Participant Illness Or Injury

- 9.1.1. The Health & Safety of the Volunteers is our primary concern and duty of care, and should be at the forefront of every decision taken. The Leaders must always set the standard of safe and responsible behaviour, and mitigate risk
- 9.1.2. Under the Think Pacific T&C's for volunteers and project leaders, we advise **not to partake** in the following activities:
 - 9.1.2.1. Horse Riding.
 - 9.1.2.2. Rock Jumps
 - 9.1.2.3. Waterfall Jumps.
 - 9.1.2.4. Use of Machetes.
 - 9.1.2.5. Jumping off Boats or Trucks.
 - 9.1.2.6. Travelling at Sea or by River without a Life Jacket.
 - 9.1.2.7. Climbing Coconut Trees.
 - 9.1.2.8. Spear fishing
- 9.1.3. Building Sites – Health on projects involving engineering or building projects:
 - 9.1.3.1. It is essential that Project Leaders maintain the highest possible Health & Safety standards on the Build Site, based on the local surroundings, including the use of hard hats, high visibility jackets and closed footwear by ALL staff and volunteers.
 - 9.1.3.2. On the first day of project the Leaders and Building Manager must deliver an awareness briefing for the volunteers, including:



Requirements for Footwear, High Visibility Jackets & Hard Hats, Potential Hazards on the Build Site, Safe & Correct use of Tools. Eg Saws / Hammers / Levels / Chisels / Drills, Safe lifting techniques, Communication on Build Site & Importance of Listening to Building Manager & Leaders.

- 9.1.3.3. Safety advice and guidance should be included throughout the project, with mistakes or unsafe practices highlighted and corrected. The Building Manager can demonstrate techniques as required
- 9.1.4. General Volunteer Healthcare: If someone may be unwell, uncomfortable or injured, the leaders must be extremely proactive in checking in and observing at all times.
- 9.1.5. Leaders are there to offer care and support, not to 'diagnose' or 'treat'. If in any doubt, seek medical advice. The below process is designed to provide clarity for all Project Leaders on the process for volunteer healthcare, designed to ensure we are consistent in our care. A key point is that 'success' is not keeping a sick or injured volunteer on project, but rather success is ensuring their immediate and long term health as our primary objective.
- 9.1.6. Step 1: Illness or Injury & Unable to Attend Project – Contact Project Manager
- 9.1.7. Step 2: Deterioration or 48 Hours of Illness or Injury – See Medical Professional (Nurse or Doctor) NB: The Project Manager should be advised prior to a volunteer being taken to the Nurse or Doctor, with information provided on the illness or injury, timeframe etc.
- 9.1.8. Step 3: If no improvement, Remove from Project for 48 Hours - Seek Hospital Review, Volunteer to contact Insurance to open Case File, TP cover Accommodation & Food



- 9.1.9. Step 4: 48 Hour Review – Consult with Doctor & Project Manager. o If improving – Return to project when approved by Doctor. o If deteriorating / no improvement – Discuss removal from Project. Note: If a volunteer requests to see a medical professional at any time on project, this must be done as quickly as reasonably possible.
- 9.1.10. NB: Any instance of a volunteer refusing to see a medical professional, or refusing medical treatment advised, and they can be removed from Project immediately under our T&C's and Duty of Care to our teams.
- 9.1.11. **Common Illnesses.** Common health problems or illnesses that may be encountered on project include:
- 9.1.11.1. **Boils:** At first, the skin turns red in the area of the infection, and a tender lump develops. After four to seven days, the lump starts turning white as pus collects under the skin. **Treatment** – Keep the area clean and covered. Take antibiotics if advised.
 - 9.1.11.2. **Diarrhoea & Vomiting:** Signs include loose bowel motions or vomiting episodes. **Treatment** – Sipping fluids consistently. Drink ORS or electrolytes. Eat when you can. A drip may be required in severe cases.
 - 9.1.11.3. **Constipation:** Difficulty in emptying the bowels due to hardened faeces. **Treatment** – Drink lots of water. Eat pawpaw and other fruits. Take laxatives where required.
 - 9.1.11.4. **Heat Rash:** You can develop heat rash when your pores become blocked and sweat can't escape. The cause of heat rash is often friction on the surface of the skin. **Treatment** – Bathe or shower in cold water, and then let skin air dry, rather than using a towel. Avoid using creams or lotions that may block pores further.
 - 9.1.11.5. **Dehydration:** Signs include headaches, very dark urine, dry skin, feeling dizzy, rapid heartbeat, rapid breathing, lack of energy & fainting. **Treatment** – Sip small amounts of water. Drink ORS or electrolytes. A drip may be required in severe cases.
 - 9.1.11.6. **Bed Bugs:** Signs include a raised itchy bump with dark centre and lighter swollen surrounding area or small red bumps in a line or zig zag pattern. The bites will often itch and occur at night. **Treatment**



– Wash / Boil all sheets or clothes. Apply sprays to mattresses or pillows. Sun all items that may have been in contact with the bugs.

9.1.11.7. **Scabies:** Scabies is not an infection, but an infestation of tiny mites called Sarcoptes. Scabies can cause severe itch, and a red rash on skin of infected areas. **Treatment:** Creams or lotions (from pharmacy) that can be applied across the entire body to remove and kill mites.

9.1.12. **Hospital Treatment** -If requiring hospital consultation or treatment for a participant, beyond the local nursing station or Doctor, the following options are available in Fiji:

9.1.13. **CWM Hospital / Sigatoka Hospital / Rakiraki Hospital / Nadi Hospital.** These are 'state' hospitals where treatment is free of charge, or with minimal associated costs for the volunteer. However waiting times may be longer, and conditions not as favourable.

9.1.14. **Oceania Hospital – Suva** - This is a private hospital facility, with associated costs as per guide listing in Appendix of Leader manual. Waiting times may be shorter, and conditions more favourable.

9.1.15. Note: Oceania Hospital often do not accept payment from Overseas Insurers, and it would therefore be a 'Pay & Claim' process for participants, who would need funds available for their consultation and treatments.

9.1.16. If advised by a Doctor that the case is High Risk, with a threat of Loss of Life, with immediate admittance or treatment required, Think Pacific can act as Guarantor / pay initial cost, to be reimbursed by participant. For non-high risk cases, Think Pacific would require the funds to be available prior to acting as Guarantor or making any payment.

9.1.17. **Process – Oceania Hospital:** Here are the necessary steps for treatment, and insurance cover to be followed to ensure treatment is activated at this facility:



- 9.1.18. Step 1: Leader or first responder to Inform Project Manager - as soon as possible.
- 9.1.19. Step 2: Volunteer File - Oceania Hospital. On arrival the participant shall need to open a medical file with Oceania Hospital, and the registration form is available at the reception desk.
- 9.1.20. Step 3: Insurance Case File – Insurance Provider Once the medical file has been completed with the hospital, the participant shall need to open a case file with their insurance provider. Staff shall provide participants with a Think Pacific mobile phone if the volunteer does not have access to a mobile. It MUST be the volunteer who speaks with the insurer, as they shall require personal information, and to hear directly from the person insured / 'patient'. NB: Important for participants to have all their insurance documentation with them when travelling for medical consultation.
- 9.1.21. Step 4: Medical Consultation – The participant shall have their medical consultation with a doctor at the Oceania Hospital. Key information often required for the insurance, and that MUST be obtained from the Doctor, is: Illness or Injury - Date it began / progression - Current Signs or Symptoms - Recommended course of action from the Doctor eg antibiotics / admittance / scans / surgery - Timeframe for review and recovery & whether the participant may return to the project setting, or remain in Suva for that period of time. NB: If typed medical reports can take time, it may be possible for the doctor to complete a hand written medical report immediately, so that it may be forwarded to the insurance provider for their approval for cover of costs associated.
- 9.1.22. Step 5: Scan & Email Medical Documentation – Insurance Provider Advise the participant to ask Oceania Hospital to scan and email the medical report provided to the insurance provider, and then to call them to ensure that the report has been received and if they can advise on cover asap. NB: Due to time difference approval may take time if during the night in the UK. Participants advised to contact the 24 hour medical line if



the insurance may have one available. Think Pacific shall support as much as possible with communication lines.

- 9.1.23. Step 6: Updates– Once all information has been forwarded to the insurance company, the Project Manager should be updated with key information as: Medical Advice of Doctor – Treatment & Timeframe - Volunteer’s Insurance Case File No. This detail may be passed to TPEC if possibility of escalation to more critical situation
- 9.1.24. Step 7: Volunteer Treatment & Care. Once the participant receives confirmation from the Insurance provider that they are approved for cover for that particular injury or illness, they should proceed with all care and treatment required on a ‘pay and claim’ basis.

9.2. Life Threatening Accident, Illness Or Hospitalization Of Participant

- 9.2.1. TPEC has overall responsibility for coordinating all emergency situations. This shall be led by the Fiji team (Director or Head of Programmes)
- 9.2.2. During a crisis, certain staff shall have specific roles.
- 9.2.3. Leaders are often ‘first responders’.
- 9.2.4. Project Managers are responsible for directing Leaders and the point of contact between Leaders and TPEC Staff
- 9.2.5. UK Operations Manager and TPEC UK staff are responsible for updating parents / university partners as requested and supporting documentation.
- 9.2.6. **Process for Emergency Incident:**
 - 9.2.6.1. In an emergency Leader shall first stabilize the casualty, provide any first aid as required and seek qualified medical attention ASAP. Leader shall call an ambulance immediately. In the event of an



ambulance not being available or a non-critical situation where medical attention is still needed, Leader shall use a reliable form of local transportation. Leaders shall always aim to transport to major hospitals where possible, especially with severe injury.

- 9.2.6.2. Leader shall contact the Project Manager at the earliest opportunity. If PM is not available, Leader shall call the Fiji Director and then the UK Emergency Number to activate TPEC. PM shall advise TPEC (UK & FIJI) confirming name of student, project, nature of crisis and their university (if appropriate).
- 9.2.6.3. Leader = If time allows, shall arrange to gather students insurance documents, passport, wallet/valuables, phone and spare clothes to be gathered and taken to hospital in the ambulance. Insurance information and students credit/ debit cards would aid swift treatment. Leaders shall ensure injured people are accompanied at all times and instruct others to help if required.
- 9.2.6.4. Leaders shall ensure the rest of the team are in a safe place and have support from another Leader/ village member and that both groups have the means to contact each other.
- 9.2.6.5. Minimum 1 x Leader will accompany an injured participant to the hospital. One of: Project Manager, Fiji Director or The Health and Safety Manager to meet the leader at hospital.
- 9.2.6.6. Project Manager to be kept Informed every 30 Mins. Project Manager to inform TPEC on an ongoing basis via written messaging and calls.
- 9.2.6.7. UK Operations/ TPEC to keep running spreadsheet of updates. UK to confirm if universities have specific coverage for insurance. Update family = Be calm, clear and supportive. Advise family of likely medical costs/ pay and claim basis and ensure funds are available or can be transferred. Designated Think Pacific staff



members shall keep family updated at set times agreed with the family.

- 9.2.6.8. If visiting Oceania Hospital - Hospital Payment is Pay and Claim Basis. On arrival a participant will need to open a medical file with Oceania Hospital. Leader / Project Manager on site at hospital should open a file if a volunteer is unconscious or medically incapable.
- 9.2.6.9. Insurance Case File – Insurance Provider: Once the medical file has been completed with the hospital, the participant shall need to open a case file with their insurance provider. If a participant is unconscious or medically incapable of actioning insurance - Leader / PM at hospital shall open case file. PM to pass details to TPEC.
- 9.2.6.10. Staff should not wait for payment clearance from insurance or volunteers' family if case is deemed 'High Risk' by the Doctor, with a threat of loss of life. If practical, provide participants credit/debit cards for immediate payment. If not, Think Pacific Project Manager or Health & Safety Manager may pay for treatment using credit card or act as 'Guarantors' for the participant and may sign on their behalf for admittance immediately for treatment. Think Pacific shall then claim back from the student at a later date.
- 9.2.6.11. Scan & Email Medical Documentation for Insurance Provider. Leader/ PM on site to ask Miot Pacific to scan and email the medical report provided to the insurance provider, and then to call them to ensure that the report has been received and if they can advise on cover asap. NB: Due to time difference this approval can take time if during the night in the UK, however advise the volunteer to contact the 24 hour medical line if the insurance may have one available.



- 9.2.6.12. TPEC Fiji Lead - Determine whether a medical evacuation is recommended or necessary by consulting with local doctor, emergency contact in Fiji, and insurance representative.
- 9.2.6.13. If medical evacuation is required, TPEC Lead to work with insurance companies and airlines to determine how to proceed, determine whether the participant will be accompanied (by Doctor or member of TP team).
- 9.2.6.14. TPEC Lead - Determine if any special immigration documentation is necessary (if being deported out of country).
- 9.2.6.15. If no evacuation is necessary, the TPEC Lead will monitor the participant's health via Project Manager. If the condition improves, begin to work with family to prepare for the participants continuation of project or return home.
- 9.2.6.16. If the condition worsens, determine if emergency contact or next of kin will visit. Think Pacific will assist with all logistics. Determine if insurance will cover the cost of emergency contact flying to Fiji.

9.3. Crime Against A Participant

- 9.3.1. In all instances of crime against participants, TPEC Shall be advised. Depending on severity of incident, the following shall be coordinated by TPEC Senior Staff, Project Manager or Leader (To be directed by TPEC Lead in Fiji).
- 9.3.2. Think Pacific tailors its response in accordance with the welfare and best interests of the participant as the top priority. In the first instance, if a participant has been harmed, seek medical attention. See Life Threatening Accident or Illness for process.



- 9.3.3. If a participant has not yet done so, but wishes to report the crime to the police, Think Pacific shall assist - including use of mobile phone, transport to a police station and accompaniment by Think Pacific staff.
- 9.3.4. Ensure that the participant follows proper local laws in reporting the crime (completing any paperwork, acting as a witness, etc.). The Project Manager (or Leader under direction of PM) shall act as a liaison with the local authorities to ensure that the participant is treated fairly.
- 9.3.5. Where necessary - The relevant High Commission shall be notified by TPEC Lead in Fiji.
- 9.3.6. Where warranted, and requested by the participant, a local lawyer should be consulted.
- 9.3.7. If no life threatening physical or mental harm has taken place, determine whether or not the participant wants Think Pacific to contact his or her emergency contact or if the participant will do so personally.
- 9.3.8. If no life threatening physical or mental harm has taken place, determine whether or not the participant wants Think Pacific to contact his or her University (if applicable) or if the participant will do so personally.
- 9.3.9. After the incident has been taken care of, meet with the participant individually to determine if there are any lasting effects. If so, refer the participant to a local medical professional skilled in dealing with post-traumatic stress.

9.4. Arrest Of A Participant

- 9.4.1. Once Think Pacific has been notified of participant's arrest, TPEC Lead should be notified immediately.
- 9.4.2. Director (or assigned TPEC Lead) will assess the situation, collecting as many details as possible (who, what, where, why, when, how).



- 9.4.3. Think Pacific will ascertain whether the participant wants/needs legal representation i.e. how serious is the crime of which he/she is accused. If the participant wants legal representation, they will be steered towards the embassy for guidance.
- 9.4.4. Think Pacific will also attempt to determine the physical/mental state of participants. If a personal visit is allowed, the Director/TPEC Lead in Fiji will visit to make the above determinations.
- 9.4.5. If allegations are minor i.e. only fines, the participant will be given moral support by TPEC Lead/ Project Manager and, if needed, referred to local medical staff for counseling.
- 9.4.6. Project Manager or on-site contact will follow up with participants on a regular basis until it is felt the situation is resolved.
- 9.4.7. UK Director will consult with relevant university partner (if applicable) regarding any code of conduct violations related to the incident(s)
- 9.4.8. If allegations of criminal activity are serious, in consultation with the participant, UK TPEC Lead will contact the home country Embassy / Consular Office what legal counsel is available to the participant. The participant will then be informed of their options. The Consular Office will ensure that the participant's human rights will be preserved and usually notify the imprisoned participant's family or friends if given permission by the imprisoned participant.
- 9.4.9. If allegations of crime are serious (pending jail and/or prison time), emergency contact(s) will be notified by TPEC UK Lead, if the participant has not already done so. The participant's Home University will also be kept fully informed, if the participant is part of a university sponsored program.
- 9.4.10. In most cases the participant will be dismissed from the program. Think Pacific will not be able to assist further but shall provide some moral support and site visits as within our remit.



- 9.4.11. Think Pacific will provide food, a change of clothes, or other basic necessities as appropriate and where possible.
- 9.4.12. Think Pacific Director / TPEC Lead will continue to monitor situation and, where appropriate and necessary, will provide logistical support to participant and participant's family (if in-country)

9.5. Missing Participant

- 9.5.1. A participant is missing if he or she has not been seen for 24 hours and did not communicate travel plans to the Leader. However, in reality, due to the nature of our programme a volunteer will be highlighted as missing much earlier (less than 12 hours) as we have 24 hour support and implement morning and afternoon briefing.
- 9.5.2. In a suspicion of missing person, the Leader shall update the Project Manager, who in turn shall advise TPEC.
- 9.5.3. TPEC Lead shall contact local authorities to begin an inquiry. Local authorities may not define a missing person or begin searching until 24 hours has passed.
- 9.5.4. At the same time, the PM shall coordinate interviews to take place with all persons with whom the participant has come in contact (villagers, school, host family, fellow students etc.).
- 9.5.5. The Director / TPEC Lead will comply fully with local authorities once an investigation is open and will report regularly to TPEC UK.
- 9.5.6. TP UK shall update participants emergency contact and university (if applicable)
- 9.5.7. The situation will be closely monitored to determine if a representative from the participant's family should go to the site location. TP UK will assist with arranging this, and, if warranted, will assist with meeting the expenses.



- 9.5.8. If the participant is found and there are no problems, assist with adjusting back into the project following PM review with participant and medical / emotional support offered.
- 9.5.9. The participant shall have any breach of code of conduct and Terms and Conditions of project clearly explained and verbal or written warnings shall be issued as necessary.
- 9.5.10. If the participant is found and he or she is traumatized, refer to local medical authorities and assess the level to which the participant has been affected. Determine if continuation of the program is possible or assisted repatriation arranged by Think Pacific.

9.6. Sexual Exploitation, Sexual Assault and Sexual harassment

- 9.6.1. Think Pacific's response in all situations of sexual assault, sexual harassment, stalking, unwanted sexual behaviour and relationship violence will make paramount the welfare and best interests of the participant
- 9.6.2. Think Pacific TPEC Lead /On-Site Leader will talk to the person reporting the crime and determine the location and identity of the victim. When talking to the victim, staff will reassure them that they understand their situation and offer their full support and help.
- 9.6.3. Staff member to notify project manager immediately and TPEC to be advised.
- 9.6.4. Should a participant be physically or sexually assaulted during their project, the key steps are: Inform Project Manager immediately.
 - 9.6.4.1. Remove them from the village / incident environment, with a leader with them at all times, and provide accommodation and food for a minimum of 48 hours.
 - 9.6.4.2. Provide access immediately to a doctor for consultation or review.



- 9.6.4.3. Make a timeline of events and interactions with the situation, including any discussions and decisions taken.
 - 9.6.4.4. Advise the participant to write down an account of the event whilst fresh in their minds for their personal memory should further action be taken.
 - 9.6.4.5. Provide access to a Police Station if appropriate and/or requested.
 - 9.6.4.6. Provide the contact information for local Helpline / Crisis Centres for independent advice and guidance. (Numbers are provided in Think Pacific leaders Guide)
 - 9.6.4.7. Provide access to a phone to contact home.
 - 9.6.4.8. Inform British High Commission. (To be done by Management Team if appropriate)
 - 9.6.4.9. **NB: Above points are at the discretion of the participant, we are there to support their wishes**
-
- 9.6.5. In all instances of sexual harassment or related issue, Think Pacific TPEC Lead will clarify with the individual what details they wish to share with the local authorities, their emergency contact or their home university.
 - 9.6.6. Think Pacific TPEC Lead (or assigned on-site staff member) will notify the local police if requested and help the victim file a report, allowing them to provide the associated information, and obtain appropriate medical and psychological help if wanted by the participant.
 - 9.6.7. After the participant has received the proper immediate medical attention, TPEC Lead will meet with the participant's and discuss the participant's desire to continue with the program or return home.
 - 9.6.8. If the participant is no longer in physical danger, TPEC will allow the participant to make decisions about their continuation on the program as well as who should be notified.
 - 9.6.9. TPEC Lead will monitor the situation and follow up with the participant, referring them to local counseling services as appropriate.



- 9.6.10. If the entire group of participants in that location has been made aware of the situation from the victim or other sources, TPEC will assign a staff member to call a meeting to address the situation with the rest of the group, being careful not to divulge the explicit details of the event, but to reassure the group that the situation is being handled professionally and all relevant parties have been communicated with.
- 9.6.11. The participants will be instructed not to communicate the situation to any media (social or otherwise). Think Pacific will also urge the group to protect the identity of the victim by not informing their parents, friends or other about the name of the victim or hearsay details that have been passed along to them.
- 9.6.12. Every attempt will be made to help the victim feel comfortable, including involving staff of the same gender as the victim to help him / her.

9.7. Severe Emotional Distress

- 9.7.1. Think Pacific tailors its response in accordance with the welfare and best interests of the participant as the top priority.
- 9.7.2. Leader will assess the participant's level of distress, taking notes of the behavior of the participant, and notify the Project Manager of any concern. In turn PM shall put TPEC on alert.
- 9.7.3. If a participant is struggling on the project, having trouble adapting to their surroundings or having culture shock, the Leader will meet with the participant - listen to them and provide potential solutions.
- 9.7.4. If the issues cannot be resolved with solutions provided by leaders or escalate then a period 'off project' (usually minimum 48 hours) shall be advised. In this instance the Leader shall facilitate transportation of the participant to Suva where they will be monitored by Project Manager and hotel provided.



- 9.7.5. Project Manager will advise of relevant medical support or counsellor/crisis centre and hold further discussions to identify solutions or decide upon possible discontinuation of the project if deemed in the best interest of the participant or the fellow team members.
- 9.7.6. In the case of a potential suicide, the volunteer shall be removed from project ASAP for 48 hour review, be accompanied by a Leader/ PM and put in touch with relevant medical support and crisis centre. The volunteer may need to be hospitalized.
- 9.7.7. Signs of psychological or emotional distress may be as follows:
 - 9.7.7.1. Expression of wish/intent to harm self or others.
 - 9.7.7.2. Precipitous decline in functioning i.e. work, social, hygiene
 - 9.7.7.3. Unusual conduct: oddly disruptive or antagonistic acts, self-injury, talking to self.
 - 9.7.7.4. Excessive energy, agitation, extremely elevated moods.
 - 9.7.7.5. Extreme anxiety in the form of worry or panic.
 - 9.7.7.6. Odd thought patterns i.e. delusions, paranoia, disorientation, rambling or nonsensical speech.
- 9.7.8. If, in Think Pacific Lead's opinion, the participant is not fit to continue on the programme or we believe further medical help is required, Think Pacific reserves the right to cancel their place on the project. In this instance, Think Pacific will assist with onward travel arrangements - including supporting the participant to change flights, arranging in-country transport and facilitating smooth departure to home country.
- 9.7.9. Where applicable within the agreement, Think Pacific shall advise partner university. University may also provide distance counseling services to participants based overseas - in the event that local support is unavailable.



9.8. Tropical Cyclones

- 9.8.1. Tropical cyclones (also called Hurricanes or Typhoons) usually occur at predictable times of year in three distinct parts of the world.
- 9.8.2. In the Fiji's Islands, these may occur between **November and April**.
- 9.8.3. The terms "hurricane" and "typhoon" are regionally specific names for a strong "tropical cyclone". Tropical cyclones with maximum sustained surface winds of less than 34 knots (39mph) are called "tropical depressions". Once the tropical cyclone reaches winds of more than 34 knots they are called a "tropical storm" and assigned a name. If winds reach 64 knots (74mph) then they are designated either a hurricane, typhoon, severe tropical cyclone, severe cyclonic storm or tropical cyclone depending where it the world it occurs.
- 9.8.4. The Saffir-Simpson hurricane intensity scale is usually used to estimate the potential flooding and damage given a hurricane's estimated intensity. This ranges from 1 (Minimal) to 5 (Catastrophic).
- 9.8.5. **Monitoring Cyclones** - If team members are in a hurricane region during the hurricane season, Directors, Project Managers and Leaders should:
 - 9.8.5.1. monitor local radio, ask local advice and monitor other media outlets to keep abreast of any developments in the area.
 - 9.8.5.2. Key responsibilities for monitoring lie with Directors: TP Senior Management monitor weather patterns daily.
 - 9.8.5.3. Think Pacific staff gain warning alerts from Fiji Meteorological service <http://www.met.gov.fj>
 - 9.8.5.4. Pacific Tropical Cyclone and Tsunami Centre (Based in Hawaii) - Automatic emails and texts sent to all staff 24/7 to provide live alerts.
 - 9.8.5.5. Close links with British High Commission for warnings and advice.
 - 9.8.5.6. Monitoring of FCO, Australian Government and US Embassy advice.
 - 9.8.5.7. Nadraki Weather- providing up to date reports for Fijian weather system. Fiji times and other Fijian news sources. Leaders should also listen to local advice .



- 9.8.5.8. Think Pacific management monitors any affected areas and changes to services = Airports may shut down as the hurricane approaches. The government maintains and publishes details of emergency shelters for use during hurricanes.
 - 9.8.5.9. Leaders shall be provided with details of the nearest shelter by TPEC.
 - 9.8.5.10. Cyclone shelters are advised as part of pre-project risk assessment
- 9.8.6. **When at risk of being in a cyclone-prone area;**
- 9.8.6.1. Leaders to ensure volunteers are briefed.
 - 9.8.6.2. Keep calm and listen to instructions.
 - 9.8.6.3. Ensure volunteers are clear on advice - stay put, stay together and advise of meeting points for emergency evacuation.
 - 9.8.6.4. If potential warning is in place without immediate evacuative instruction from TPEC, Leaders are to be on alert and advise volunteers to keep essentials, such as valuables, a torch, mobile phone, water bottle and sturdy shoes in a backpack by their bedside.
 - 9.8.6.5. During potential alert, Leaders stay on watch on the rota system and await further instruction from TPEC.
 - 9.8.6.6. Leaders regularly review the safest evacuation routes and nearby shelters and update Project Manager.
 - 9.8.6.7. Ask local advice and knowledge of routes and watch out for changes to the local environment such as washed away bridges etc.
 - 9.8.6.8. If Cyclone is imminent, Leaders will make a disaster supply kit that includes: waterproof torches with extra batteries, First aid kit and essential, medications, canned food and can opener, bottled water and purification methods, Protective clothing, rain proof clothing, sleeping bags, battery-powered radio and extra batteries, spare mobile, spare charger and battery packs/ satellite phone.
- 9.8.7. If a hurricane watch is issued for your area, team members could experience hurricane force wind conditions within 36 hours, the following actions are taken:



- 9.8.7.1. Leaders stay in contact with PM (30 min check ins).
 - 9.8.7.2. Listen to the Radio for hurricane progress report.
 - 9.8.7.3. Check disaster supply kits to ensure it is up to date;
 - 9.8.7.4. Ensure team has access to a vehicle for the whole group.
 - 9.8.7.5. Prepare to drive 20 to 50 miles inland to locate a safest place (Cyclone center, located furthest inland).
 - 9.8.7.6. If decided by TPEC or impossible or dangerous to travel, remain in the most sturdy building in village (usually the school compound or community centre).
 - 9.8.7.7. Secure buildings by closing and boarding up windows. Store drinking water in jugs and bottles.
 - 9.8.7.8. Collect essential medicines, team passports, insurance documents into one place so Leaders can quickly access them should team members need to evacuate quickly.
 - 9.8.7.9. Pack emergency cash provided by Think Pacific (With the possibility of no electricity, ATM's and credit card purchases may not work)
- 9.8.8. **If a hurricane warning is issued in the project area and sustained winds of at least 74 mph are expected within 24 hours or less, the following is actioned:**
- 9.8.8.1. Check in with TPEC shall be standard every 30 minutes minimum for updates.
 - 9.8.8.2. Group shall be kept together - keep calm and follow due process.
 - 9.8.8.3. If TPEC or local officials advise evacuation to hurricane shelter is necessary, Leaders should do so immediately, leaving no member of the team behind.
 - 9.8.8.4. TPEC to be informed where Leaders are going and when TP Leaders expect to arrive.
 - 9.8.8.5. Pre-assembled emergency supplies should be gathered - warm protective clothing, blankets, and sleeping bags to shelter.
 - 9.8.8.6. If the team's accommodation is damaged by the storm, Leaders should turn any water and gas off at the main valves. If power is lost, turn off electricity at the circuit breakers to reduce power "surge" when electricity is restored.



- 9.8.8.7. Avoid open flames, such as candles and kerosene lamps, as a source of light.
- 9.8.8.8. If a cyclone is forecast to move directly over the project location, the team may be in the path of the eye wall. At the height of the storm, the group could experience a sudden, rapid decrease in storm intensity as the hurricane's eye passes over your location. Always remain in the shelter as the back side of the storm can be only minutes away with a just as sudden and rapid increase in wind speed, this time from the opposite direction.

9.8.9. **Following A Cyclone:**

- 9.8.9.1. Leaders ensure the well being of all team members.
- 9.8.9.2. Emergency first aid to be applied as needed or implement emergency medical plan.
- 9.8.9.3. Ensure well being of local people, apply first aid knowledge.
- 9.8.9.4. Contact Fiji Director / TPEC contact.
- 9.8.9.5. If mobile networks are down, use landline (or satellite phone if available).
- 9.8.9.6. Remain within accommodation, no member of the group shall explore the area.
- 9.8.9.7. Camp shall be established within secure accommodation
- 9.8.9.8. Food, water and dry clothing shall be rationed

9.8.10. TPEC shall provide back up as follows:

- 9.8.10.1. Providing constant updates of cyclone patterns (check in every 30 mins).
- 9.8.10.2. Liaising with and providing latest updates from FCO.
- 9.8.10.3. Working with other NGO's, business and community
- 9.8.10.4. Gaining national advice from Fijian government
- 9.8.10.5. Informing and updating family and friends as per next of kin details.
- 9.8.10.6. Paying by credit card for any materials, transport or medical care as needed.
- 9.8.10.7. Planning evacuation
- 9.8.10.8. Preparing for medical support and professionals to assist in aftermath



- 9.8.10.9. Arranging boat, car, plane or helicopter support.
- 9.8.10.10. TPEC shall arrange back up support or plane/ transport evacuation for your team as required

9.9. Tsunami

- 9.9.1. Tsunamis are ocean waves produced by earthquakes or underwater landslides. As the waves approach the coast, their speed decreases and their height increases. Waves 10 to 20 feet high are very destructive.
- 9.9.2. Fiji has not experienced a Tsunami but the potential exists and Think Pacific has considered preparation and management.
- 9.9.3. **Planning for a Tsunami**
 - 9.9.3.1. Senior management monitor Tsunami warnings with alerts and Pacific weather warnings
 - 9.9.3.2. Think Pacific Directors and project managers receive live updates world wide from The Pacific Tsunami Centre based in Hawaii.
 - 9.9.3.3. Emails and texts are received automatically to all senior staff at the same time as released to media outlets. This ensures we do not need to rely on local or news reports, however these are monitored also.
 - 9.9.3.4. Warning can come quickly - we are prepared to act swiftly in an alert
- 9.9.4. **Evacuation Procedure:**
 - 9.9.4.1. Leader in consultation with Project Manager shall decide upon evacuation route as part of risk assessments and regularly assess.
 - 9.9.4.2. Staff have Pre-prepared disaster supplies kit for your project site, Including a first aid kit, canned food and a can opener, bottled water, battery operated radio, torch, protective clothing and emergency money. Have transport details to hand
- 9.9.5. **During a Tsunami**
 - 9.9.5.1. Follow the instructions issued by TPEC.
 - 9.9.5.2. Follow advice from local authorities if present near the site.



- 9.9.5.3. Think Pacific establish clear meeting points and brief teams in advance.
- 9.9.5.4. If in a possible danger area, evacuation should be completed as soon as possible.
- 9.9.5.5. Team shall be escorted along with community members to higher ground, far inland to predetermined location highlighted during planning.
- 9.9.5.6. We allow local Fijians to lead route and act as guides and support team evacuation (as notified during preparation and planning visits) as local knowledge is incredibly valuable when trekking to higher ground.

9.9.6. Following A Tsunami

- 9.9.6.1. Leaders ensure the well being of all team members.
- 9.9.6.2. Emergency first aid to be applied as needed or implement emergency medical plan.
- 9.9.6.3. We ensure the well being of local people and apply first aid knowledge.
- 9.9.6.4. Contact made with Fiji Director / TPEC contact If mobile networks are down, use landline (or satellite phone if available)
- 9.9.6.5. Remain at a higher ground site until official confirmation from TPEC that emergency has passed.
- 9.9.6.6. No member of the group shall explore the area.
- 9.9.6.7. Camp may be established (especially if dusk is approaching)
- 9.9.6.8. Food, water and dry clothing shall be ration

9.9.7. TPEC shall provide back up as follows:

- 9.9.7.1. Providing constant updates(check in every 30 mins).
- 9.9.7.2. Liaising with and providing latest updates from FCO.
- 9.9.7.3. Working with other NGOs, business and community
- 9.9.7.4. Gaining national advice from Fijian government
- 9.9.7.5. Informing and updating family and friends as per next of kin details.
- 9.9.7.6. Paying by credit card for any materials, transport or medical care as needed.
- 9.9.7.7. Planning evacuation in case required



- 9.9.7.8. Preparing for medical support and professionals to assist in the aftermath.
- 9.9.7.9. Arranging boat, car, plane or helicopter support.
- 9.9.7.10. TPEC shall arrange back up support or plane/ transport evacuation for your team as required

9.10. Political Unrest

- 9.10.1. The FCO website (www.fco.gov.uk/travel) carries up-to-date travel advice.
- 9.10.2. We abide by the advice published on the FCO website as well as live updates received from the British High Commission.
- 9.10.3. TPEC will provide regular updates to Leaders from the FCO and will contact the leader immediately to inform them of any major changes to FCO travel advice.
- 9.10.4. The FCO may advise against all travel, or against all but essential travel, to a country or parts of a country. In all cases where the FCO advises against all travel or all but essential travel TP will not be able to run projects or trips in that area
- 9.10.5. TPEC will check with on-the-ground contacts and take local advice in addition to the FCO advice.
- 9.10.6. If political unrest occurs which is not listed on the FCO website, then TPEC will use on-the-ground contacts to make a decision about the next steps and whether the team should be evacuated or trip route changed (as per 'Evacuation Procedure').
- 9.10.7. Leaders shall contact TPEC if they hear of any local political unrest in the project locations.
- 9.10.8. Leaders to advise participants to remain calm and stay together in one building



- 9.10.9. Participants shall be briefed on all available information
- 9.10.10. Participants and staff advised strictly not to engage in any political conversations or express opinions to local residents.
- 9.10.11. In-country travel shall only be permitted once TPEC have confirmed arrangements and implemented evacuation plan.

9.11. Terrorism

- 9.11.1. FCO Travel Advice provides information on threats to personal safety arising from terrorist activities, political unrest, lawlessness, violence, natural disasters, epidemics, anti-British demonstrations and aircraft/shipping safety. It is designed to help make informed decisions about whether or not to travel to a particular country.
- 9.11.2. The provision of Travel Advice often involves difficult judgements. The FCO does not warn against travel to every country where there is a risk of terrorists operating. Their job is to provide the best information and advice we can.
- 9.11.3. FCO Travel Advice uses four broad threat descriptors to inform Leaders of the terrorist threat overseas. There is no exact formulation in deciding these descriptors but based on their best judgement using intelligence, open source and media reporting, local knowledge and diplomatic reporting, they assess that: "A high threat from terrorism" means a high level of known terrorist activity. "A general threat from terrorism" means some level of known terrorist activity. "An underlying threat from terrorism" means a low level of known terrorist activity. "A low threat from terrorism" means no or limited known terrorist activity
- 9.11.4. There is a global risk of indiscriminate terrorist attacks. Attacks can take place in public areas, including those frequented by foreigners. In recent years, there has been an increase in attacks specifically against "Western" targets, including embassies, hotels, bars and businesses. Attacks may



include suicide operations, hijackings, bombings, kidnappings, shootings and attacks on commercial aircraft and shipping. They may also involve the use of chemical, biological, radiological and nuclear materials. Nonetheless, it is important to remember that the overall risk of being involved in a terrorist attack is still low.

- 9.11.5. Although there is a low risk of terrorist activity within Fiji, Think Pacific continues to monitor and apply a policy of being vigilant and prepared.

This includes:

- 9.11.5.1. Being vigilant at airports, main cities and tourist areas
- 9.11.5.2. Having an evacuation plan in place for emergencies
- 9.11.5.3. Ensuring teams are first aid trained and supervised 24/7
- 9.11.5.4. Staff including Leaders should keep an eye on the news – papers, local radio and television and local information within the community
- 9.11.5.5. if any concerns arise, TPEC to be advised and check with the local British Embassy or Consulate.
- 9.11.5.6. If staff are concerned at any stage, they shall contact TPEC immediately. TP will also update Leaders regularly on any events that they are aware of.
- 9.11.5.7. Staff shall look out for anything suspicious (for example an unattended bag at an airport, or a group of people acting suspiciously around an obviously 'Western' institution or gathering).
- 9.11.5.8. Staff report anything that they think is suspicious to the local police.

9.12. Disease Outbreaks

- 9.12.1. Senior Think Pacific staff monitor disease, health and travel advice from the British Foreign Office, Travel Health Pro, World Health Organisation and Fijian Ministry of Health as well as other sources to stay informed and up-to-date guidance and precautions so we may advise participants.
- 9.12.2. Participants are advised through their pre-departure training to seek medical a minimum of 8 weeks before their trip to check the latest



- country-specific health advice from the National Travel Health Network and Centre (NaTHNaC) on the TravelHealthPro website.
- 9.12.3. Key recommendations for vaccinations for Fiji are Hepatitis A and Typhoid, however, Participants are advised to ensure to seek medical advice for further vaccine recommendations, any current health risks or outbreaks, and factsheets with information on staying healthy in Fiji.
- 9.12.4. Guidance is also available from NHS (Scotland) on the FitForTravel website.
- 9.12.5. Participants are advised to read general information on travel vaccinations and a travel health checklist available on the NHS website.
- 9.12.6. Using information collated from a variety of sources, Think Pacific regularly review and monitor information on disease outbreaks and other health issues that may affect our participants.
- 9.12.7. Any risks or current advice and information is provided to students to support their preparations or added to in-country briefings as applicable and necessary.
- 9.12.8. Any amendments needed for Emergency Protocol or higher vigilance by staff for occurrences of specific symptoms related with current disease outbreaks are added to Leader and Project Manager guides.
- 9.12.9. Some diseases may only be reported if they occur outside of the usual recognised risk area or season, or they have been reported in greater than usual numbers.
- 9.12.10. Participants are advised to contact their health adviser or pharmacy for advice on other preventive measures and managing any pre-existing medical conditions whilst abroad and to notify Think Pacific UK staff or any changes to their medical situation, which may differ from that disclosed on the booking form and pre-departure health questionnaire.
- 9.12.11. **Measles:** An outbreak of measles is currently affecting a number of islands in the Pacific. As of 11 December 2019, a total of 19 confirmed cases of measles have been reported.
- 9.12.12. **Zika Virus:** The latest guidance of Zika virus in the Pacific has been updated as of Feb 2019 and can be viewed here:



<https://travelhealthpro.org.uk/news/394/zika-virus-zikv-update-to-guidance>

- 9.12.13. **Chikungunya Virus:** Ongoing surveillance and updated case report numbers for Chikungunya virus in Oceania and the Pacific Islands can be viewed here:
<https://travelhealthpro.org.uk/news/64/chikungunya-virus-pacific-islands-and-oceania>
- 9.12.14. **Leptospirosis:** The Ministry of Health and Medical Services has declared an outbreak of leptospirosis in the Central Division, see the National Travel Health Network and Centre website
- 9.12.15. **Participant Health Care:** Please see our sections ‘Hospitalization of Participant’ and also ‘Evacuation’ for protocol for serious illness. In ten years of operation, Think Pacific has successfully managed and supported recovery of participants or repatriation during rare and isolated occurrences of Dengue Fever, Typhoid, Meningitis, Salmonella and Hepatitis B. Some of these cases involved participants arriving into Fiji with pre-existing symptoms, rather than contracting during the project. All cases resolved with the full health of participants.
- 9.12.16. Please see separate Section for Coronavirus

9.13. Coronavirus (COVID-19)

- 9.13.1. Think Pacific remains in regular contact and monitors updates from the Fijian Government and International Governments on the ever changing developments of COVID-19 global pandemic and the implications of international travel and regulations
- 9.13.2. We remain vigilant of news reports of variants of COVID-19 and monitor World Health Organisation information and advice.
- 9.13.3. Think Pacific supports the Care Fiji Commitment initiative.
- 9.13.4. Participants are required to monitor and comply with any additional screening testing or measures put in place by the Fiji authorities, which could change rapidly once travel returns.
- 9.13.5. Full information and briefing related to COVID-19 will be provided to all staff and students joining programmes in Fiji ahead.
- 9.13.6. Should any outbreak of Coronavirus occur within Fiji or within the Think Pacific team in the future, our response would be led by TPEC in



- conjunction with explicit advice and guidance from the relevant Foreign Office, Fijian Ministry of Health and Medical Services and Fijian Hospitals.
- 9.13.7. Think Pacific staff are advising participants and the wider community through our programs of public health advice on how people can protect themselves and others.
 - 9.13.8. Monitoring of the situation by Think Pacific is ongoing and shall remain a priority.

9.14. Death Of A Participant

- 9.14.1. Think Pacific Leader/ Staff member will notify TPEC immediately upon verifying the death of a participant.
- 9.14.2. The Director will consult TPEC, contact the relevant Embassy (and the Home University when applicable) to determine the best protocol for notifying next of kin.
- 9.14.3. The Fijian Police shall be notified in conjunction with the local embassy.
- 9.14.4. Other participants on the program will be taken to a safe space (TPEC Lead will determine if leaving project location for example is required) and participants shall be notified by senior staff.
- 9.14.5. Grief counseling will be arranged for participants and staff.
- 9.14.6. Think Pacific can assist next of kin with travel plans, costs for travelling to Fiji, collecting participant's personal effects, and repatriation of remains.
- 9.14.7. Think Pacific will communicate with local authorities, relevant embassy, legal representatives, (the Home University when applicable) etc. to ensure that all necessary organizations are notified by appropriate parties.



10. CRISIS IN HOME COUNTRY

10.1. Major Crises

- 10.1.1. In the event of an occurrence in the home country where a large scale population is affected (example London 7/7 bombings or 9/11 attacks), the Fiji Director or Project Manager will notify all Leaders of of the occurrence by phone or in-person.
- 10.1.2. Project Manager to be clear and concise with information (stick to the facts)
- 10.1.3. Participants will be gathered at the earliest possible time to discuss events in the home country. and to decide what, if any, course of action needs to be taken.
- 10.1.4. The home country Embassy will be consulted prior to this gathering to find out as much information as possible (if information from the Internet or television is not adequate).
- 10.1.5. A location will be set up for participants to monitor feeds from news reporting on the crisis.
- 10.1.6. If a participant's family or friends are affected, see "Individual Crises"
- 10.1.7. Think Pacific will keep monitoring and providing updates.
- 10.1.8. TP UK will communicate with any affected emergency contacts and/or family members of the participants, if necessary.
- 10.1.9. If necessary, counseling will be set up for any participants who might require it.
- 10.1.10. The Home University will be kept informed as appropriate (where applicable)

10.2. Individual Crisis

- 10.2.1. In the event of an individual crisis in their home country that affects a participant, Think Pacific will provide the following:
- 10.2.2. If Think Pacific is first contacted, they will notify the affected participant as soon as possible.
- 10.2.3. If Think Pacific hears from a participant, and the participant deems it necessary to return to their home country, Leader (Directed by TPEC and



PM) will work with the participant to help them arrange transportation and change flights as needed.

- 10.2.4. If Think Pacific hears from a participant, but the participant decides to remain with the program, we will ensure participant is supported through conversations and pastoral care by the leader, offer 48 review of project to speak to senior management and arrange counseling if required.
- 10.2.5. We ensure that communication lines are open for the participant between the program location and home (using Leader or other staff mobiles if needed).
- 10.2.6. We monitor participant's behaviour for any signs of coping difficulties via face-to-face meetings with Project Leader.

11. DOCUMENTATION

11.1. Medical and Health Information

- 11.1.1. In order for Think Pacific to provide the best possible support and assistance to participants before, during and after their program, we request that participant informs Think Pacific of any medical or psychological concerns that may present a challenge on the program.
- 11.1.2. Think Pacific Senior Administration will discuss any concerns they have and discuss coping mechanisms with the participant and adjustments that may need to be made.
- 11.1.3. TP UK may also contact the Home University prior to departure.
- 11.1.4. All health matters are highly sensitive and confidential and will not be discussed with anyone else besides Think Pacific staff members and, if applicable, the emergency contacts on the program.

11.2. Incident Reporting



- 11.2.1. During a crisis, Think Pacific staff will document all communication, incoming and out-going, as all of this could potentially be required by any of the parties involved, particularly legal counsel.
- 11.2.2. Staff complete incident reports for all major crisis situations (Completed by PM and Leader)
- 11.2.3. All injury, no matter how minor, is recorded on our 'Health Database' and monitored and updates by Fiji and UK staff team and TPEC staff.
- 11.2.4. When documenting, list date, time, type of communication (phone, email, face-to-face, letter), and a summary of what was communicated.
- 11.2.5. Staff are asked to take photographic evidence and witness statements where possible.
- 11.2.6. Post Crisis: After every crisis, Think Pacific Director or Operations Manager will collect all documented communication and include this in his or her post crisis report.
- 11.2.7. All incidents will be reviewed: reports and responses will be assessed, and suggestions for policy/procedural changes and improvements will be discussed if necessary by TPEC

12. FURTHER INFORMATION

- 12.1. Should you have any other questions about our preparedness for the health and safety of our participants abroad, please do not hesitate Think Pacific and request to speak to a senior manager or Director
- 12.2. info@thinkpacific.com or call 0113 3359919.
- 12.3. We are more than happy to answer any of your questions. Participant safety is our number one priority.