



National Tabletop Exercise for Institutions of Higher Education

Situation Manual

October 23, 2014



FEMA



EXERCISE OVERVIEW

Exercise Name	National Tabletop Exercise for Institutions of Higher Education
Exercise Dates	October 23, 2014
Scope	This is a discussion-based exercise lasting approximately three hours.
Mission Areas	Response and Recovery
Core Capabilities	Planning, Operational Coordination, Intelligence and Information Sharing, Public Information and Warning, Public Health and Medical Services
Objectives	<ol style="list-style-type: none">1. Identify common strengths and areas for improvement in the plans of Institutions of Higher Education for maintaining continuity of operations or reconstituting operations under conditions of an infectious disease outbreak that potentially threatens an Institution of Higher Education's brand, infrastructure, instruction, campus services, and organized events.2. Examine plans, processes, and procedures for ensuring international students' ability to maintain immigration status while ensuring their health and safety.3. Assess plans, protocols, and procedures for Institutions of Higher Education to collaborate operationally with local, state, and federal authorities as well as non-profits and the private sector.4. Examine processes and tools for Institutions of Higher Education to share information, both internally and with external partners, to ensure timely and appropriate information reaches those who must act upon it.5. Assess capabilities to develop timely and appropriate messages for multiple Institution of Higher Education stakeholder communities (e.g., directly affected students, faculty, and staff; family members; and the surrounding community).6. Review capabilities, limitations, and constraints for Institutions of Higher Education to provide and maintain health services under conditions of an infectious disease outbreak.
Threat/Hazard	Infectious disease outbreak.
Scenario	College campuses are affected by a novel strain of influenza.
Sponsors	Department of Homeland Security/Federal Emergency Management Agency/National Exercise Division, Department of Homeland Security/Office of Academic Engagement
Participating Organizations	Players are drawn from emergency planning teams and leadership groups at various Institutions of Higher Education in the New England region.



**Points of
Contact**

Lauren Kielsmeier,
Department of Homeland Security/Office of Academic Engagement
202-282-8162
lauren.kielsmeier@hq.dhs.gov

Matt Lyttle
Department of Homeland Security/Federal Emergency Management
Agency/National Exercise Division
202-786-9664
matthew.lyttle@fema.dhs.gov



AGENDA

National Tabletop Exercise for Institutions of Higher Education

**October 23, 2014 / 1:00 PM
Northeastern University
Boston, Massachusetts**

1:00 p.m.	Module 1: Response
2:35 p.m.	Break
2:50 p.m.	Module 2: Recovery
4:15 p.m.	Hotwash: Identification of Key Issues
4:45 p.m.	Closing Remarks
5:00 p.m.	Adjournment



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INTRODUCTION

The U.S. Department of Homeland Security/Federal Emergency Management Agency/National Exercise Division and the Department of Homeland Security/Office of Academic Engagement are pleased to sponsor a National Tabletop Exercise for Institutions of Higher Education. This event was designed and made possible through extensive collaboration with local, state, and federal partners as well as key participants from the Universities and Colleges Caucus of the International Association of Emergency Managers, the International Association of Campus Law Enforcement Administrators, and the International Association of Chiefs of Police (University and College Police Section).

This Situation Manual provides goals and objectives for the exercise, scenario details, and general issues for discussion during the exercise.

Goal

The Homeland Security Academic Advisory Council recommends that the Department of Homeland Security develop and conduct more exercise activities focused specifically on Institutions of Higher Education. This event has been developed to address that recommendation. This exercise is intended as the first in a series of regional and campus-based exercises to test and promote campus resilience. In particular, the National Tabletop Exercise for Institutions of Higher Education is meant to promote the White House's all-hazards *Guide for Developing High-Quality Emergency Operations Plans for Institutions of Higher Education* and provide insight into common planning, preparedness, and resilience best practices and shortfalls of the academic community when faced with an outbreak of an infectious disease.

Objectives

The following objectives have been designed for this exercise, each highlighting one of the Core Capabilities listed in the National Preparedness Goal:

1. **Planning (Continuity).** Identify common strengths and areas for improvement in Institutions of Higher Education plans for maintaining continuity of operations or reconstituting operations under conditions of an infectious disease outbreak that potentially threatens an Institution of Higher Education's brand, infrastructure, instruction, campus services, and organized events.
2. **Planning (Administration of International Students).** Examine plans, processes, and procedures for ensuring international students' ability to maintain immigration status while ensuring their health and safety.
3. **Operational Coordination.** Assess plans, protocols, and procedures for Institutions of Higher Education to collaborate operationally with local, state, and federal authorities as well as non-profits and the private sector.
4. **Intelligence and Information Sharing.** Examine processes and tools for Institutions of Higher Education to share information, both internally and with external partners, to ensure timely and appropriate information reaches those who must act upon it.



5. **Public Information and Warning.** Assess capabilities to develop timely and appropriate messages for multiple Institution of Higher Education stakeholder communities (e.g., directly affected students, faculty, and staff; family members; and the surrounding community).
6. **Public Health and Medical Services.** Review capabilities, limitations, and constraints for Institutions of Higher Education to provide and maintain health services under conditions of an infectious disease outbreak.

Format

The National Tabletop Exercise for Institutions of Higher Education is a tabletop exercise consisting of two modules. The first module will include discussion related to the response to an infectious disease outbreak on an Institution of Higher Education campus. In the second module, players will be asked to discuss recovery and reconstitution of normal operations following the outbreak. A facilitator will lead players through plenary discussion of issues raised by the scenario, which will alternate with player-led discussions at their own tables. A separate 30-minute hotwash session will follow.

Participants

Players respond to the situation presented based on their professional insight, training, and knowledge of current plans and procedures. Players for this exercise are drawn from emergency planning teams and leadership groups at various Institutions of Higher Education in the New England region. Each Institution of Higher Education will be represented by three-to-five players from various Core Planning Team Functions, as outlined by the *Guide for Developing High-Quality Emergency Operations Plans for Institutions of Higher Education*. Players will be grouped by institution. Representatives from two or more Institutions of Higher Education may be seated at a given table to encourage exchange of ideas.

A **Lead Facilitator** will present the scenario, lead players through plenary discussions, and call upon players to report on discussions held at their tables regarding assigned issues.

Subject-Matter Experts from local, state, and federal agencies will observe the exercise and may be called upon by the Lead Facilitator to describe or clarify their authorities, plans, or likely response actions.

A **Lead Evaluator** will monitor plenary discussions and collect a feedback form from players to evaluate whether the exercise has met its objectives and to identify opportunities to improve both Institution of Higher Education preparedness and future exercises on this topic. The Lead Evaluator will also have access to an online pre- and post-event survey of players, which will be voluntary and anonymous.

Note-takers at each table will assist the Lead Evaluator in capturing exercise discussions.

Evaluation

The Lead Evaluator will deliver a draft Summary Report to the National Exercise Division in November. The Summary Report will document key discussion points, strengths, and areas for improvement in Institution of Higher Education preparedness and resilience for infectious disease



outbreaks. The Summary Report will also capture participant recommendations regarding the *Guide for Developing High-Quality Emergency Operations Plans for Institutions of Higher Education*, needs for additional research and technical assistance to support Institution of Higher Education infectious disease preparedness and resilience, and opportunities to improve any future exercises for Institutions of Higher Education on this or other topics.

The Summary Report will draw upon direct observations of the Lead Evaluator, notes from note-takers assigned to each table, Participant Feedback Forms collected following the exercise, and online Pre- and Post-Event Surveys. The Participant Feedback Form allows for input on exercise strengths and areas for improvement as well as comments on the exercise scenario, materials, facilitation, and presentation. The voluntary and anonymous Pre- and Post-Event Surveys will help gauge changes in knowledge and confidence gained as a result of the exercise. Links for these surveys will be provided to participants separately.

Player Guidelines

The National Tabletop Exercise for Institutions of Higher Education will be held in an open, low-stress, no-fault, and non-attribution environment. Varying viewpoints and disagreements are expected.

Players should respond to the situation presented based on knowledge of and insights regarding their respective institution's current resources, plans, and procedures.

Decisions are not precedent-setting and may not reflect your organization's final position on an issue. The exercise is exploratory. The goal is to identify not only issues but also multiple options and possible solutions.

To prepare for exercise conduct, players should familiarize themselves with the scenario developments and discussion questions in this document. There are six sets of scenario developments, each followed by discussion questions. The discussion questions are organized by issue area (e.g., International Students, Intelligence and Information Sharing, Continuity, Public Information and Warning, and Public Health and Medical Services).

To conserve time for discussions, the Lead Facilitator will present only a very brief summary of scenario developments at each stage of the exercise. Following each scenario summary, the Lead Facilitator will assign an issue area to one or more tables for table-specific discussions. The Lead Facilitator will call on some tables to report to the plenary on their proposed approaches and sense of key challenges.

In deliberations at their tables, participants will not be expected to address every discussion question presented in this document. Participants will be asked to address the broad, open-ended question associated with each issue area. However, more specific questions are provided for consideration to help prompt thinking and discussion, if needed.

Assumptions and Artificialities

The scenario designed for the National Tabletop Exercise for Institutions of Higher Education is presented as a simplified version of a highly complex situation in the interest of achieving exercise objectives. During the exercise, the following assumptions and artificialities apply:



1. The novel H7N9 influenza virus described in the scenario is fictitious.
2. The Federal Government; tribal, state, and local governments; and the World Health Organization respond to the widespread illness and death in accordance with established plans and protocols. This response is not described in detail in the scenario, allowing for a focus on Institution of Higher Education capabilities, decisions, and actions. Actions and recommendations attributed to non- Institution of Higher Education entities in the scenario are plausible but may not reflect actual response.
3. In the scenario, Country X is the source of the novel H7N9 influenza pandemic.



MODULE 1: RESPONSE

The following section includes scenario context for National Tabletop Exercise for Institutions of Higher Education discussions regarding response to an infectious disease outbreak. Discussion questions are also included. Participants should be prepared to address the broad, open-ended question associated with each issue area. However, more specific questions are provided for consideration to help prompt discussion, if needed.

August 25, 2014: Human-to-Human Transmission and First U.S. Cases

From July 1 to August 13, 2014, Country X has witnessed more than 100 cases of a new strain of H7N9 influenza during its summer flu season. Fewer than half of these cases have involved direct contact with poultry. Based on a hospital-associated cluster of cases, the World Health Organization declares a Phase 4 Pandemic Alert, which indicates evidence of increased human-to-human transmission.

On August 14, the U.S. Department of State and Centers for Disease Control and Prevention issue advisories against non-essential travel to Country X. Incoming travelers to the United States are subject to “passive lookout” for symptoms of illness by U.S. Customs and Border Protection officers.

University X, your institution, and five others had a total of 40 students participate in a summer study abroad program at a Country X university from late June through mid-August. Your institution also participates in fall and spring semester programs at this Country X university. Ten students and two faculty members are slated to attend in the fall and expect to travel to Country X soon.

As of August 19, additional localized outbreaks of the novel H7N9 strain have occurred in other countries in Country X’s region. The World Health Organization declares a Phase 5 Pandemic Alert, which indicates that a pandemic is imminent. Meanwhile, international students continue returning to the New England area in anticipation of classes, having been cleared to enter the United States by Customs and Border Protection. The American College Health Association begins providing news updates to its membership regarding disease developments and holds preliminary discussions on establishing surveillance and developing guidelines for potential outbreaks on U.S. campuses.

On August 19, parents of one of your institution’s students (Student A) notify the registrar’s office that she has been hospitalized in her hometown of Peoria, Illinois for two days with a fever of 103°, muscle aches, and severe coughing. They note that the student participated in the Country X summer program. They have been advised by the Peoria City/County Health Department and the Illinois Department of Public Health that this is the first U.S. case with the novel H7N9 strain. They are uncertain that she will be able to attend the first week of classes.

**August 25, 2014: Discussion Questions****Intelligence and Information Sharing**

1. How does your institution collect and share information that may be useful for situational awareness?

Specifically, consider the following questions:

- Would your registrar's office (or study abroad office or any office at your institution that might receive such a parental notification) share information about the study abroad participant with other offices on campus that might need to know this information? How?
- Does your institution have any obligation to advise University X and the other institutions that participated in the study abroad program with the sick student?
- Would you ask new and returning students whether they have been in the affected region in the last several weeks and, if so, whether or not they exhibit flu-like symptoms?
- Do you require any other information from new and returning students, such as results of a recent medical examination?

International Students

2. How does your institution prepare international students for contingencies and meet special notification obligations related to international students?

Specifically, consider the following questions:

- How do you advise international students that they may be eligible to reduce their course load for the semester?
 - Who keeps track of this data?
 - Who within your institution confers with the Department of Homeland Security on immigration status issues, and when/how often does this occur?

Public Information and Warning

3. What do you communicate to students and other stakeholders?

Specifically, consider the following questions:

- Does your institution notify other students who participated in the study abroad program about the sick student?
 - What information do you provide?
- The media are identifying the first U.S. case of the novel H7N9 strain as a student at your institution.
 - What risks does this pose for your brand?
 - How would you mitigate them?

**Continuity / Public Health and Medical Services**

4. What, if any, actions do you take to prepare for or mitigate against a possible outbreak, and when do you take them?

Specifically, consider the following questions:

- What, if any, elements of the situation trigger your continuity and/or pandemic preparedness plans, assuming you have them?
- What, if any, actions do you take to increase preparedness and awareness with one week left until classes start?
- At this time, would you allow plans for the fall study abroad program in Country X to proceed?
 - What about study abroad in other areas?
 - Will you restrict faculty travel overseas for research?
- Do your institution's plans provide for delaying the start of the semester and would you consider that action at this point?

September 5, 2014: First Case Presentations on Campus and in Region

As of September 1, several major U.S. cities are experiencing clusters of cases, including Seattle, San Francisco, Los Angeles, and Chicago. The World Health Organization issues a Phase 6 Alert, which indicates there is a pandemic.

On September 2, the Centers for Disease Control and Prevention indicates that a vaccine for this novel H7N9 influenza strain will not be available until January at the earliest. Seasonal flu vaccination will remain important, but it will not be effective against this strain. Furthermore, the novel H7N9 strain has resistance to antiviral oseltamivir (Tamiflu). Although this resistance reduces the effectiveness of Tamiflu, the Centers for Disease Control and Prevention says use of the antiviral is still recommended for treatment. It is recommending good hygiene practices (such as frequent hand-washing), frequent cleaning of surfaces, self-isolation when symptomatic, and preventive social distancing as measures to help limit the spread of the disease. For healthcare workers (or individuals with known, probable, or suspected flu-like symptoms), the Centers for Disease Control and Prevention recommends use of surgical masks. It has not recommended school closures at this time.

On September 3, state officials contact your institution to identify whether there are campus facilities that could be used for dispensing of mass care and/or isolation, if needed.

Also on September 3, resident advisors report that several students are refusing room assignments with international students from Country X. Parents (both domestic and international) are contacting your institution seeking alternate housing arrangements. Similarly, some students are requesting changes to class schedules in order to avoid sharing classes with students from Country X.

On September 4, a third-year undergraduate (Student B) reports to your institution's health center with a 103° fever, muscle aches, sinus congestion, sore throat, and severe cough. He reports that his symptoms began September 2. He returned symptom-free from backpacking in Country X's



region on August 29, when he flew into Boston. He lives in an off-campus apartment complex popular with your institution's students.

On September 5, three more students present at your institution's health center. All three have fevers of 102°, muscle aches, congestion, and severe coughs. One is an international student who has chronic asthma. Two live in the same apartment complex as Student B.

On September 5, the Boston Public Health Commission and Massachusetts Department of Public Health announce two confirmed H7N9 cases in isolation at Massachusetts General Hospital.

September 5, 2014: Discussion Questions

Continuity

1. What steps does your institution take to ensure continuity of instruction and services at this point?

Specifically, consider the following questions:

- How do these scenario events trigger a change in your operations?
- What measures can you take to deliver instructions and services while preserving social distancing?
- Many institutions plan to rely on delivering multimedia instructions via the Internet. However, some campuses face bandwidth issues and slow wireless connectivity even during normal circumstances.
 - Are your faculty members required to make all course content available online? If not, do you have arrangements to help faculty convert their courses to online courses?
 - Do you have arrangements to surge bandwidth if needed?
 - Do you have any provisions to restrict nonessential use of bandwidth (e.g., streaming movies and music for recreation)? Could these realistically be enforced and maintained?
- Do you have extra, available housing to isolate symptomatic students?
- How can your food services deliver to students on a meal plan without having students congregate at a cafeteria?
- Do your contractual arrangements provide for contractor support and services in contingency situation like a pandemic?

Operational Coordination, Intelligence and Information Sharing, Public Health and Medical Services

2. What coordination does your institution begin undertaking with government and private-sector entities to help manage the incident?

Specifically, consider the following questions:

- Would you offer any facilities in support of the state's request?



- If your institution is a public one, are you required to do so? If so, how does this affect your ability to manage the incident?
 - If you are not required to make your facilities available, what factors into your decision to offer support? Does your institution have standing agreements to provide such support?
- What contacts are you making with local and state agencies, formally or informally?
- What information are you sharing about your sick students, and with whom are you sharing it?
- Do you have arrangements to share medical capacity and supplies or to transfer ill patients that exceed your health service's capacity?
 - What happens if the off-campus health system is also overrun? What do you offer students, faculty, and staff?

Public Information and Warning

3. What information do you release, and to whom, how, and with what goals do you release it?

Specifically, consider the following questions:

- Do you make emergency notifications regarding the sick students on your campus? At what point?
- How do you deal with negative attitudes expressed by some students toward international students from Country X?
- How does your messaging about the situation and your delivery mechanisms differ for:
 - Students?
 - Faculty and staff?
 - Parents (including parents of international students)?
 - The surrounding community and the general public?

September 22, 2014: Spread throughout the Campus Community

By September 22, H7N9 influenza activity is widespread in ten states, including Massachusetts.

Nationally, the H7N9 case fatality proportion is around five percent, although it is possible milder cases are going unreported.

Your institution has already experienced its first deaths:

- On September 10, the international student with chronic asthma suffered acute respiratory distress and passed away during transportation to a hospital.
- On September 15, a popular 63-year-old professor passed away in his home. He had begun canceling his classes on September 11.



Your health services center estimates it has seen fewer than 100 probable or confirmed cases of influenza so far. Approximately 75 required hospitalization. Milder cases may be staying away to avoid contact with more severely ill patients. Many students who are not sick have contacted health services about obtaining masks and antiviral medication. Parents are also contacting your institution about masks and antivirals.

Parents and students are also complaining about isolation being ineffective:

- One student refused to leave the library despite coughing, as she said she needed to study.
- A student in off-campus housing has posted on social media that when friends stopped delivering food, he felt he had to go out into the community, even while symptomatic.

Deans and supervisors estimate faculty and staff absenteeism to be about ten percent overall.

September 22, 2014: Discussion Questions

International Students

1. How does your institution ensure its obligations regarding international students are met in this situation?

Specifically, consider the following questions:

- How does your institution handle the death of an international student? For example, what notifications are required and how are they made?
- How are you tracking whether international students are reporting to classes or obtaining the necessary approval for a reduced course load if they are unable to attend classes?

Continuity

2. How does your institution prepare your public safety personnel to assist students or to monitor and enforce isolation policies?

Specifically, consider the following questions:

- What are the rules of engagement for your campus public safety personnel to enforce policies (or requests) regarding self-isolation?
- Do your public safety personnel have an adequate supply of masks or other personal protective equipment (PPE) to interact with potentially ill students in close proximity?
- Are your public safety personnel trained to be able to render assistance for any severe medical emergency they may encounter? For example, do they have training in cardiopulmonary resuscitation (CPR)?



MODULE 2: RECOVERY

The following section includes scenario context for National Tabletop Exercise for Institutions of Higher Education discussions regarding institutional continuity and recovery from an infectious disease outbreak on campus. Discussion questions are also included. Participants should be prepared to address the broad, open-ended question associated with each issue area. However, more specific questions are provided for consideration to help prompt discussion, if needed.

October 23, 2014: Taking Stock and Looking Ahead

H7N9 cases have been confirmed in every state. The Centers for Disease Control and Prevention expects the national peak for H7N9 to occur in November.

Data collected by the American College Health Association show reporting of influenza or influenza-like illness on college campuses spiked in September (running ahead of the nation as a whole) and has been declining in the first half of October. It cautions that some of the decline in reporting may be due to surveillance fatigue on participating campuses. Based on past experience with H1N1, the American College Health Association advises that there may be an additional smaller peak on campuses in November coinciding with the national peak.

Medical capacity throughout the state and the nation is overtaxed by both the sick and the worried well. Demand for surgical masks and the antiviral Tamiflu is acute, and there are localized shortages.

The Centers for Disease Control and Prevention has not recommended, and the state has not required, closure of campuses. The state has discouraged but not prohibited large gatherings.

However, the private University X in Boston elected to suspend all classes and close its campus to all but essential personnel from Columbus Day (October 13) through the end of Thanksgiving break (November 28). University X cited the trauma of multiple deaths in its community, staff and faculty absenteeism of over 25 percent, and a desire to protect students (given that its health and medical capacity was exceeded). This was a very controversial decision for the following reasons:

- Critics have alleged in both traditional and social media that University X leadership was pressured by parents and, in particular, several key donors.
- Some have jokingly suggested on social media that this move also spared University X's athletic teams some embarrassment in football, basketball, and hockey. Students on athletic scholarships are not amused and are concerned for their status.
- University X received embarrassing media coverage in evicting students from on-campus housing.
- Faculty and graduate research students also complained on social media about interruption and ruination of their laboratory-based research projects.
- Although University X has a plan for completing classwork that involves a combination of tutored self-study and paper-writing during the suspension as well as a reduced winter break, many students and parents are seeking refunds and transfers to other institutions. Some are advocating for a class action lawsuit.

**October 23, 2014: Discussion Questions****Continuity**

1. Under what conditions does your institution suspend classes and other functions?
2. Under what conditions do you return to normal operations, and are you prepared for the potential consequences of a lasting suspension of classes and other functions?

Specifically, consider the following questions:

- Do your pandemic or continuity plans call for suspending classes and all non-essential campus activities?
 - Are there specific triggers or thresholds for such a decision?
 - Outside any formal thresholds, are there any other factors leadership wants to see before going from a theoretical course of action in a plan to actually shutting down the campus?
 - Would the scenario conditions so far meet those thresholds and factors? At what point would you consider suspension or closure?
- If you were to suspend classes or other functions and/or close the campus to all but essential personnel, how would you address (or avoid) the issues that have embarrassed University X?
 - Medical or operational justification for the decision?
 - Transparency of influence on the process?
 - Getting students out of campus housing?
 - Completing academic work or compensating students for lost time/instruction?
 - Maintaining research?
 - Maintaining standing in athletics (rescheduling a sufficient number of games)?
- Are there other issues to consider?
- If you were to suspend classes and other functions, what would be your threshold or trigger for resuming normal operations?

Public Health and Medical Services

3. Is your institution's capacity to provide health and medical services a factor in deciding whether to continue operating?

Specifically, consider the following questions:

- Is the inability to provide adequate medical services to students, faculty, and staff a legitimate factor in deciding to suspend operations?
 - Is it a sufficient basis?
 - Is it a sufficient basis if medical capacity in the surrounding community cannot compensate?

**Public Information and Warning / Operational Coordination**

4. How, if at all, does your institution coordinate suspension and closure decisions, as well as messaging about such decisions, with other institutions and government entities?

Specifically, consider the following questions:

- Does University X's partial closing unilaterally create a public information problem for your institution if you keep operating?
 - Do you address it head-on or only on an "if-asked" basis?
 - What are the elements of your message?
- Do you have coordination mechanisms with neighboring institutions of higher education about decisions such as closure?
 - Do governmental authorities also participate in or advise these coordination mechanisms?
- Is it preferable to follow the lead of governmental authorities for a pandemic situation (vs. a campus-specific incident)?

November 12, 2014: International Student Issues at University X

University X's issues continue. The Department of Homeland Security is concerned that many of University X's international students may not be able to maintain their immigration status and wants to discuss the situation.

The presence of international students on the rosters of University X's fall sports teams – which have not been playing – has increased media attention to international student issues surrounding University X's suspension of classes.

Although University X has five Designated School Officials, the Principal Designated School Official – the primary point of contact for compliance – has been absent since October 1 due to illness, as have two other staff in University X's student services office who deal with international student issues. There is some risk that actions slipped through the cracks.

November 12, 2014: Discussion Questions**Continuity, International Students**

1. How does your institution ensure its international students will remain in status?

Specifically, consider the following questions:

- How does your institution provide for continuity in its International Student Services functions?
- How do you maintain communication with your international student population? Is student reporting automated?



- If your institution were unable to continue operations – putting international students at risk of losing their immigration status – what assistance could your institution offer its international students?
- Who is responsible for conferring with the Department of Homeland Security regarding immigration status issues?

November 19, 2014: Research Controversy

Scandal has erupted from Country X to Boston.

A researcher at a Country X university biosafety laboratory alleges that there was a previously unreported accident in July. The accident is said to have exposed two laboratory technicians to an H7N9 strain engineered to have higher transmissibility without loss of ability to cause severe disease.

Country X health officials and the lead researcher on the project have denied the allegation of an accident. They also say that genetic sequencing of the virus administered to ferrets in the laboratory is different from that of strains collected from patients in the ongoing H7N9 outbreak.

University X has released a statement that an adjunct professor who recently returned from a research sabbatical at the Country X university laboratory had no involvement with the controversial research project. Social media are now awash in conspiracy theories regarding University X's decision to close.

Other universities in the region are receiving renewed, intense scrutiny and negative publicity about research on dangerous pathogens conducted in their biocontainment facilities.

Many who discount the conspiracy theories are nevertheless increasingly vocal about the risk of dangerous pathogens escaping the biocontainment laboratories at several of the region's universities. This includes students, parents, and donors.

Lawmakers in the region's state legislatures are calling for a moratorium or ban on such research and on the construction or upgrade of laboratories beyond Biosafety Level 2 (BSL-2). They cite the ongoing consequences of the H7N9 pandemic as something that could occur due to a laboratory accident. Insurers are also examining these risks for possible adjustment.

November 19, 2014: Discussion Questions

Public Information and Warning (Risk Communication)

1. For institutions conducting biomedical research perceived as dangerous, what risks or opportunities does an infectious disease outbreak present for the institution's brand?

Specifically, consider the following questions:

- If your institution conducts such research, what is your public affairs posture in this situation?
 - Can you afford to take an "only-if-asked" approach?



- If you cannot claim zero risk from such research activities, what are the elements of your message?
 - Medical benefits of the research?
 - Economic benefits of the research?
 - Precautions in place?
 - Procedural compliance?
 - Past accident reporting history (or lack of accidents to report)?
 - Distinctions between “gain-of-function” research and research on pathogens as found in nature?