

# Ohio AHEC in the Age of Terrorism

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*Since 9/11 and the anthrax attacks of 2001, the medical infrastructure of the United States must not only consider itself on the front-line in terms of recognition and response to a terrorist attack, but also, as a target. Yet, despite attempts to provide education to all segments of the medical infrastructure, results have been sporadic, piecemeal or non-existent.*

*Further, in the post 9/11 homeland security development, the national AHEC program with its well-developed, operational and mature community-based infrastructure, has been largely ignored as a vehicle for rapid deployment of bioterrorism education and training for the country's health professionals. In fact, the AHEC program has been left out of the Bush Administration's budget for the past two years.*

With a small funding award in the fall of 2002 from the federal AHEC pilot program for bioterrorism education, the Ohio AHEC program set out to use the AHEC infrastructure and an existing training curriculum to quickly deploy bioterrorism education in four regions of Ohio. The course utilized "BATELS" — Basic Anti-Terrorism Emergency Life-saving Skills, written by members of the Toledo Area Disaster Medical Assistance Team's Center of Education and Research

In early 2002, the Medical College of Ohio, recognizing that education of its medical students was deficient in terrorism and weapons of mass destruction (WMD) training, requested the authors of BATELS to provide a compulsory eight-hour overview to third-year medical students. Residents from various specialties were also invited. Based on evaluations and pre- and post-test results, the course was highly successful.

With younger students, BATELS also has proven to be highly adaptable. In the summer of 2002, BATELS was included in the curriculum of CampMed, a health career development program sponsored by the Medical College of Ohio AHEC. Evaluations by the students reported that many of the topics, potential for events which are now part of their world, were explained to them and placed within context.

The effects of terrorism are not limited to highly populated geographical areas. The

transmissibility of bio-agents, the global transportation network and the specific aims of terrorists can place any and every community at risk. Realizing this, the Ohio AHEC program, representing four AHEC program offices and eight AHEC centers, believed that BATELS would be a worthwhile component in the health care education of its constituents, especially in underserved communities.

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## Basic Anti-Terrorism Emergency Life Support (BATELS)

1. Disaster Definition
2. Disaster Injury Patterns
3. Field Management of a Multi-Casualty Incident
4. Blast Injury
5. Crush Injury
6. Hospitals and Disasters
7. Decontamination and Personal Protective Gear
8. Radiation Injuries
9. Chemical Warfare Agents
10. Bioterrorism
11. Critical Incident Stress Management
12. Personal and Family Preparedness
13. Skill Stations

## The Age of Terrorism

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As a result of success with another collaboration with the Ohio Primary Care Association (OPCA) which represents the state's federally qualified, community and migrant health centers, the Ohio AHEC project approached the OPCA to partner



Participants in the bioterrorism response training examine a mock map of their community.

on a proposal for the AHEC Bioterrorism Supplemental funding in the summer of 2002.

Four hundred clinicians are employed among the 99 sites affiliated with the OPCA. Although at the outset it was understood that it would be a challenge to draw clinicians away from minimally staffed health centers, there was interest in the content and a sense that health centers could be a vital treatment location for victims of a terrorist act. The proposal was approved and funded.

BATELS training stresses anti-terrorism recognition and response within a framework of the fundamentals of disaster management. It also recognizes that no one specific segment of the medical infrastructure can successfully manage an incident without interacting with other governmental and non-governmental agencies. Therefore, every attempt is made to ensure that the audience is multi-disciplinary; the instructors include a nurse, a paramedic and a physician with decades of disaster experience and education.

BATELS has a two-fold objective. The first recognizes that the learner is a potential victim of terrorism and provides him/her with tools to mitigate against and prepare for a terrorist attack. The second

objective is to provide medical education to care for the victims of terrorism.

A key aspect of the grant is to include a second day train-the-trainer course targeted to community college faculty. This is expected to yield multiple benefits: to expand the capacity among Ohio's health professionals to teach basic concepts associated with bioterrorism, to provide specific module content and to provide some assurance of the sustainability of bioterrorism education after the conclusion of grant funding.

From February through May 2003, the BATELS course was conducted at two suburban locations in close proximity to concentrations of urban OPCA clinicians and two rural sites. A total of 181 people from all areas of the medical infrastructure attended. Fifty six received the train-the-trainer instruction. The mean pre-test score for all four venues averaged 46.6 percent and the post-test average was 77.8 percent. In addition, more than 90 percent of the evaluations demonstrated that both the course contents and the instructors were excellent.

Together, AHEC and BATELS have enlarged the training capacity for bioterrorism education in Ohio. Plans are in place to maintain communication with this new trainer cohort to provide guidance and assist them in their teaching efforts.

The challenge remains to continually modify and expand this instruction and to present it to more of the nation's infrastructure personnel in various formats

such as web-based instruction, as well as face-to-face seminars. The greater challenge may be for AHEC to be funded consistently at a level that maximizes its educational infrastructure. AHEC can do it and do it well.

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### Project Goals Met

1. The AHEC network was a simple, cost effective and efficient infrastructure.
2. BATELS was easily adaptable to a variety of settings and health professionals.
3. The number of trainees exceeded projections.
4. With the increased number of trainers, sustainability is assured.
5. The collaboration between two HRSA-funded programs demonstrated the interdependence of safety-net networks.