

# Responding to Terrorism: Case Studies for Local Response to Terror

The University of Kansas  
Continuing Education  
1515 St. Andrews Drive  
Lawrence, KS 66047-1625



[www.kansas-antiterror.org](http://www.kansas-antiterror.org)  
For more information, call 913-588-4543.

# Responding to Terrorism: Case Studies for Local Response to Terror

*Can It Happen in Kansas?*



## Four Kansas Conferences in Summer 2005

Wichita	August 10
Salina	August 25
Dodge City	August 31
Overland Park	September 7

[www.kansas-antiterror.org](http://www.kansas-antiterror.org)  
For more information, call 913-588-4543.

Sponsored by University of Kansas Medical Center Continuing Education and Area Health Education Centers. Co-sponsored by the Kansas Department of Health and Environment.

## Course Director

**Bruce Clements**, MPH, Associate Director of Education and Training, Institute for Biosecurity, St. Louis University, School of Public Health, St. Louis, Mo.

## Keynote Presenter

**David Adkins**, JD, Vice Chancellor External Affairs, The University of Kansas Medical Center, Kansas City, Kan.

## Overview

Conference participants will work in regional teams to develop cohesive multi-agency emergency response plans to two simulated terrorist attacks. The range of threats could include agroterrorist, biological, chemical, or nuclear agents. One of the table top studies will require provision of safeguards for vulnerable populations. Participants are encouraged to register in regional teams, if possible, to enable customization of exercises for their geographic areas.

The four federal core competencies of disaster/terror event recognition, treatment, alerting, and response will be addressed.

## Objectives

*At the completion of this conference, participants should be able to:*

- Analyze critical response capabilities for chemical and biological incidents in their regions.
- Assess the disaster declaration process for a massive public health crisis.
- Formalize a media strategy for dealing with both an acute chemical incident and a chronic contagious disease outbreak in their regions.
- Identify personal protective activities and recommendations for first responders and healthcare workers for chemical and biological incidents.
- Demonstrate necessary interface among local, state, and federal response agencies in a major public health emergency.
- Identify emergency operations center requirements to manage a major health emergency.
- Understand the crisis communication, notification, and reporting process to be followed when a public health emergency is encountered.
- Evaluate laboratory testing capabilities and limitations for detecting a causative agent during a biological event.
- Identify the security needs and capabilities confronting a community during a public health crisis, and discuss strategies for maintaining order during an emergency.
- Evaluate processes and capabilities for developing a mass prophylaxis/vaccination plan.
- Discuss plans and processes for mass fatality management and interaction with local medical examiners.
- Identify applicable elements of the National Response Plan (NRP), the National Incident Management System (NIMS), and the roles and capabilities of federal assets such as Disaster Medical Assistance Teams (DMATS) and Disaster Mortuary Operational Response Teams (DMORTS).

## Target Audience

This series of conferences is designed for multidisciplinary first responders from health and public safety, including physicians, nurse practitioners, nurses, pharmacists, allied health providers, mental health practitioners, public health providers, hospital administrators and staff, EMS, fire services, and law enforcement professions.

## Planning Committee

**Ilene Brawner**, RN, MS, Director, Continuing Nursing Education, University of Kansas Medical Center, Kansas City, Kan.

**David Cook**, PhD, Assistant Vice Chancellor of External Affairs, University of Kansas Medical Center, Kansas City, Kan.

**Dale Grube**, MA, Associate Dean, University of Kansas Continuing Education and Director of Continuing Medical Education, University of Kansas Medical Center, Kansas City, Kan.

**Daniel Hinthorn**, MD, FACP, Professor of Medicine, Director of Infectious Diseases, University of Kansas Medical Center, Kansas City, Kan.

**Shirley Orr**, MHS, ARNP, CNAA, Director, Local Health, Office of Local and Rural Health, Kansas Department of Health and Environment, Topeka, Kan.

**Marta Skalacki**, BA, Project Manager, Antiterror Training for Kansas Health Professionals, University of Kansas Medical Center, Kansas City, Kan.

**Jerry Tenbrink**, BA, Bioterrorism Training Specialist, Office of Local and Rural Health, Kansas Department of Health and Environment, Topeka, Kan.

**Mary Beth Warren**, RN, MS, Director, Kansas Area Health Education Centers, University of Kansas Medical Center, Pittsburg, Kan.

## Faculty

**Bruce Clements**, MPH, Associate Director of Education and Training, Institute for Biosecurity, St. Louis University, School of Public Health, St. Louis, Mo.

**David Adkins**, JD, Vice Chancellor External Affairs, The University of Kansas Medical Center, Kansas City, Kan.

**Discussion Facilitators:** Kansas Department of Health and Environment and Kansas Division of Emergency Management

## Acknowledgments

These conferences are supported by federal funds from DHHS, HRSA, BHP.

## REGISTRATION & FEES

We request that you register in advance. Fees include course materials, refreshments, continental breakfast, lunch, and credit. See registration form for locations and registration deadlines. Registrations at the door will only be accepted if space is available. Preregistration is your only guarantee of receiving course materials and meals.

Advance registration	\$45
Onsite registration	\$55

## Accreditation

All participants are required to sign attendance rosters at the beginning of the session. Continuing education credit will be prorated according to documented attendance.

**Nurses:** The University of Kansas Area Health Education Centers-Northwest Region (KSBN Provider LT0086-1149), Rural Eastern Kansas (KSBN Number LT0056-0749), and Southwest Kansas (Provider Number LT0198-0794), as approved providers of continuing education by the Kansas State Board of Nursing, present this offering for 6.6 contact hours of credit applicable for relicensure of RNs, LPNs, and LMHTs.

For the Overland Park site, this educational activity for 6.6 hours is provided by the University of Kansas School of Nursing, Continuing Nursing Education, which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

**EMS:** KU Medical Center's East Area Health Education Center is an approved program provider by the Kansas Board of EMS. This program is approved for 6.0 hours of continuing education credit. Provider number is PP-4040.

**Physicians:** The KU Medical Center Office of Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The KU Medical Center Office of Continuing Medical Education designates this educational activity for a maximum of 5.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

**Pharmacists, Allied Health Providers, Mental Health Practitioners, Fire Services, Law Enforcement Professions, and others** will receive a certificate of attendance that will list all conference topics with allocated continuing education hours for each. The certificate may be submitted for relicensure.

## General Information

Please bring a sweater or jacket as temperatures can be difficult to control in large rooms. While attending the conference, you can be reached at the phone number listed for the conference hotel site.

## Lodging

Conference participants are requested to call each hotel directly to make reservations. We expect most conference participants will live within easy driving distance of the conference sites, so blocks of rooms have not been reserved.

## Program Accessibility

If you will need special accommodation, please mark the box on the registration form and a member of the continuing education staff will contact you to discuss your needs. To ensure accommodation, please register at least two weeks before the start of the seminar.

The University of Kansas Medical Center is an AA/EO Title IX institution.

## PROGRAM

**Wichita, August 10** • Hilton Wichita Airport Executive Conference Center

**Salina, August 25** • Bicentennial Center, 800 The Midway

**Dodge City, August 31** • The Dodge House, 2408 W. Wyatt Earp Boulevard

**Overland Park, September 7** • Overland Park Convention Center, 6000 College Blvd.

Two case studies customized for potential threats to Kansas will be discussed. One likely scenario will center on a simulated disease outbreak at a basketball game.

7:30 a.m. Registration, Exhibits, and Continental Breakfast

8:30 a.m. Welcome and Introductions  
*David Adkins, JD*

9:00 a.m. **Case Study #1: Lethal Powders**  
*Bruce Clements, MPH*

10:15 a.m. Refreshment Break

10:30 a.m. **Case Study #2: Basketball Outbreak:  
A Local Preparedness Exercise**  
*Bruce Clements, MPH*

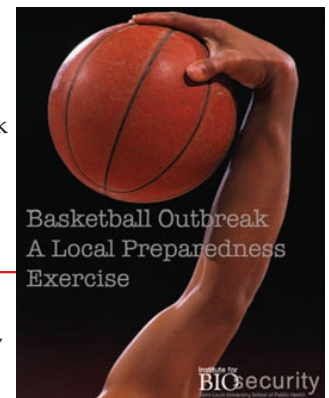
Noon Lunch (provided)

1:00 p.m. **Case Study #2,  
Continued**

2:45 p.m. Refreshment Break

3:00 p.m. Discussion of Results

4:00 p.m. Adjournment



### Refund & Cancellation Policy

A full refund of registration fees, less a \$15 administrative fee, will be available if requested in writing and received no later than three work days prior to the program for which you register. After that time, no refunds will be made. A \$30 fee also will be charged for returned checks. (Please note that if you fail to cancel by the deadline and do not attend, you are still responsible for payment.)

KU Continuing Education and the Area Health Education Centers reserve the right to cancel one or more of these programs and return all fees in the event of insufficient registration at a particular conference site. The liability of the University of Kansas is limited to the registration fee. The University of Kansas and the Area Health Education Centers will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.

### Privacy Policy

KU Continuing Education does not share, sell, or rent its mailing lists. You have our assurance that any information you provide will be held in confidence by KU Continuing Education.

We occasionally use mailing lists that we have leased. If you receive unwanted communication from KUCE, it is because your name appears on a list we have acquired from another source. In this case, please accept our apologies.

# RESPONDING TO TERRORISM: Case Studies for Local Response to Terror

**1**

**Please Print**

Title (Mr., Mrs., Ms., Dr.) \_\_\_\_\_ Full name (First, MI, Last, Suffix) \_\_\_\_\_

Name for certificate \_\_\_\_\_ Credentials \_\_\_\_\_

E-mail \_\_\_\_\_ Priority code (printed above your address) \_\_\_\_\_

Physician  ARNP  Nurse  School nurse  Pharmacist  Clinical laboratory scientist

Allied health  Mental health  Public health  EMS  Fire service  Law enforcement  Hospital administrators

Other (please specify) \_\_\_\_\_

Institution or firm \_\_\_\_\_

Address (  Home or  Work ) \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Daytime phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Please *include* my information on the participant roster.  Please *do not include* my information on the participant roster.

**Participant Employment**

<input type="checkbox"/>	Community Health Center	<input type="checkbox"/>	Migrant Health Center	<input type="checkbox"/>	Health for Homeless	<input type="checkbox"/>	Public Housing	<input type="checkbox"/>	Rural Health	<input type="checkbox"/>	NHSC
<input type="checkbox"/>	Indian Health Services	<input type="checkbox"/>	Health Department	<input type="checkbox"/>	Kansas Medically Underserved	<input type="checkbox"/>	Urban Community	<input type="checkbox"/>	Other Community	<input type="checkbox"/>	

**2**

**Fees** include course materials, refreshments, continental breakfast, lunch, and credit. See listings below for pre-registration deadlines.

Advance registration ..... \$45

Onsite registration..... \$55

**Total due \$** \_\_\_\_\_

**4**

**Preferred Means of Communication**

Please continue to send KUCE information by (check all that apply):

Mail  E-mail  Fax  Phone

Please remove my name from the mailing list.

**3**

**OFFERED IN FOUR LOCATIONS**

**Wichita • August 10, 2005**

Hilton Wichita Airport Executive Conference Center (316-945-5272)

**Preregistration deadline: August 4**

To register make check payable and mail or fax registration to:

**East AHEC**

PO Box 296, Pittsburg, KS 66762-0296

PH: 620-235-4040 FAX: 620-235-4041

**Salina • August 25, 2005**

Bicentennial Center, 800 The Midway (785-826-7200)

**Preregistration deadline: August 19**

To register make check payable (no credit cards) and mail or fax registration to:

**Northwest AHEC**

217 E. 32nd, Hays, KS 67601

PH: 785-628-6128 FAX: 785-628-6034

**Dodge City • August 31, 2005**

The Dodge House, 2408 W. Wyatt Earp Boulevard (620-227-5012)

**Preregistration deadline: August 25**

To register make check payable and mail or fax registration to:

**Southwest AHEC**

1501 Fulton Terrace, Suite 1, Garden City, KS 67846

PH: 620-275-0259 FAX: 620-275-2831

**Payment and registration for Overland Park Location Only**

**Overland Park • September 7, 2005**  
Overland Park Convention Center, 6000 College Blvd (913-339-3000)

**Preregistration deadline: September 1**  
**To register:**

**Mail** The University of Kansas, Continuing Education, Registrations  
1515 St. Andrews Drive, Lawrence, Kansas 66047-1625

**Phone** Toll free 877-404-5823 or 785-864-5823

**Fax** 785-864-4871

**TDD** 800-766-3777

**Web** www.kansas-antiterror.org

Check enclosed, payable to **KU Medical Center**

Charge to:  MasterCard  VISA (no other cards accepted)

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on card (print) \_\_\_\_\_

Bill company. **FEIN (required for billing)** \_\_\_\_\_

PO# \_\_\_\_\_

Billing address (if different from above) \_\_\_\_\_

\_\_\_\_\_



**Special Accommodation**

If you will need special accommodation, please mark the box above and a member of the Continuing Education staff will contact you.

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