2017

Teddy Bear Triage and Treatment: Novel Technique of Mass Casualty Incident Education

Jeffrey D. Ferguson
VCU

Follow this and additional works at: https://scholarscompass.vcu.edu/med_edu

Part of the Medicine and Health Sciences Commons

© The Author(s)

Downloaded from
https://scholarscompass.vcu.edu/med_edu/6

This Poster is brought to you for free and open access by the School of Medicine at VCU Scholars Compass. It has been accepted for inclusion in Medical Education Symposium by an authorized administrator of VCU Scholars Compass. For more information, please contact libcompass@vcu.edu.
Teddy Bear Triage and Treatment:
Novel Technique of Mass Casualty Incident Education
Jeffrey D Ferguson, MD, NRP, Peter Moffett, MD

Background

• Training Emergency Medicine residents in the management of a mass casualty incident is an ACGME program requirement.¹
• Large scale drills involving patients require excessive logistical and financial costs.
• UCI Bike race required rapid training of residents in triage.
• SALT Triage was developed by the US Center for Disease Control in 2008 ² and has been endorsed by multiple, multidisciplinary agencies.³
• This method has also been shown to require only minimal training with medical learners to be applied effectively.⁴

Objectives

• Primary objective: Rapidly train providers in SALT Triage.
• Secondary objective: Develop a low cost, time efficient, and easily reproducible mass casualty incident educational model.

Instructional Methods

• Rotating teams of residents received “just-in-time” type training on the SALT triage method and simulated supplies for life saving procedures.
• The triage exercise included 15 stuffed bears (“carnival grade”, $0.75/bear) moulaged using inexpensive supplies to simulate injuries with information tags that included adequate information for triage arranged to simulate a blast scene (Figures).
• Teams were given 15 minutes to complete the scenario and scored based on correct triage decisions and proper life saving procedures.
• Teams were debriefed on the correct triage category and life saving procedures.

Outcomes

• Forty residents were successfully introduced to the SALT triage technique in a 2-hour block.
• Triage and treatment accuracy were consistent with previously reported measures.
• Informal resident feedback indicated that the exercise had improved their working knowledge of triage in mass casualty incidents.
• The model was created with a cost of approximately 4 hours and $35.
• All materials were prepared prior to the event, easily transported, and placed on the day of the event.

Discussion

• This instructional method was well received by the learners and resulted in a clinically acceptable application of triage and treatment interventions.
• This model could be easily replicated with minimal resources.
• Future study could include pre- and post- test knowledge of the SALT system and testing of long-term retention.

References

1. ACGME Program Requirements for GME in Emergency Medicine 2016.