

Abstract

Cite this article: Difino M, Riccardo S, Weinstein ES, De Pellegrin M, Zoli A, Sechi GM and Faccincani R (2024). What if Nice Terrorist Attack Would Have Happened in Milan? Drawing a Disaster Plan for Mass Casualty Incidents Involving the Pediatric Population. *Disaster Medicine and Public Health Preparedness*, **18**, e171, 1
<https://doi.org/10.1017/dmp.2024.231>

What if Nice Terrorist Attack Would Have Happened in Milan? Drawing a Disaster Plan for Mass Casualty Incidents Involving the Pediatric Population

Margherita Difino MD¹, Stucchi Riccardo MD, MScDM^{2,3},
Eric S. Weinstein MD, MScDM^{4,5}, Maurizio De Pellegrin MD⁶, Alberto Zoli MD⁷,
Giuseppe Maria Sechi MD⁸ and Roberto Faccincani MD, MScDM⁹

¹Vita-Salute San Raffaele University, Milano, MI, Italy; ²AAT 118 Milano, Agenzia Regionale Emergenza Urgenza (AREU), Milano, MI, Italy; ³ASST Grande Ospedale Metropolitano Niguarda, Milano, MI, Italy; ⁴Center for Research and Training in Disaster Medicine, Humanitarian Aid, and Global Health (CRIMEDIM), Novara, NO, Italy; ⁵Department of Emergency Medicine, University of South Florida Morsani College of Medicine, Tampa, Florida, USA; ⁶Ospedale Piccole Figlie, Parma, PR, Italy; ⁷Direzione Generale, Agenzia Regionale Emergenza Urgenza (AREU), Milano, MI, Italy; ⁸Direzione Sanitaria, Agenzia Regionale Emergenza Urgenza (AREU), Milano, MI, Italy and ⁹Emergency Department, Humanitas Mater Domini, Castellanza, VA, Italy

Abstract

Objective: Asymmetric warfare, conflict and terrorist attacks involving children raise concerns regarding the preparedness to respond to mass casualty incidents involving pediatric patients. The objective of this project was to assess the resources available in the metropolitan Milan area to develop a priority dispatch plan for a mass casualty incident with pediatric patients.

Methods: A focused search of the medical literature and clinical guidelines established a minimal standard requirements of care of pediatric patients involved in an MCI to determine the surge capabilities in terms of number of patients and severity of injuries for each study hospital in the metropolitan Milan area.

Results: The hospitals that took part in the study were either adult trauma centers or pediatric hospitals in the metropolitan Milan area. The overall surge capability identified was of 40-44 pediatric patients involved in an MCI involving pediatric patients, distributed based on age and severity and based on the hospital resources and expertise.

Conclusions: The findings from the metropolitan Milan area shows the basis for non-Pediatric Trauma Center adult and pediatric hospitals to work in synergy to develop MCI response plans involving pediatric patients. Simulations exercises will need to be carried out to evaluate and validate the plans.

Supplementary material. The supplementary material for this article can be found at <http://doi.org/10.1017/dmp.2024.231>.