AREU

Sistema Socio Sanitario

Regione Lombardia

ORDINE DEI MEDICI CHIRURGHI E DEGLI ODONTOIATRI
DELLA PROVINCIA DI BERGAMO

«FILIPPO LUSSANA MEDICO CHIRURGO (1820 - 1897)»

Le Maxi-Emergenze
18.10.2025

Emergenza 112 | 118 SOCCORSO SANITARIO | 116117 CONTINUITÀ ASSISTENZIALE

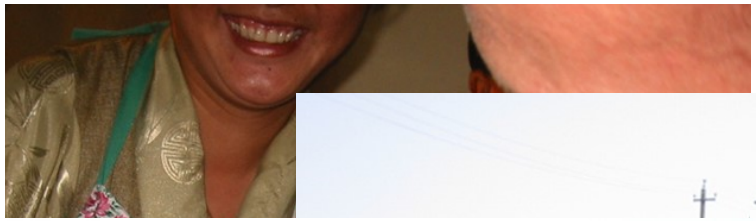
Formazione integrata extra ed intra-ospedaliera

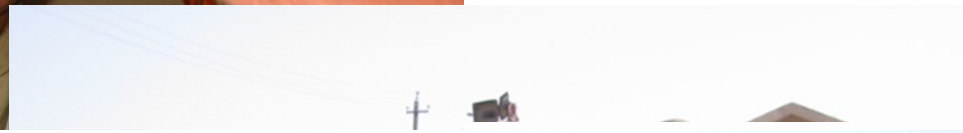
Roberto Faccincani
SSD Maxiemergenze

UPO Università del Piemonte Orientale **emdm**

EUROPEAN MASTER IN DISASTER MEDICINE

Master of Science in Disaster Medicine, MSc DM
Website: www.dismedmaster.com





To whom

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Emergenc

On behalf

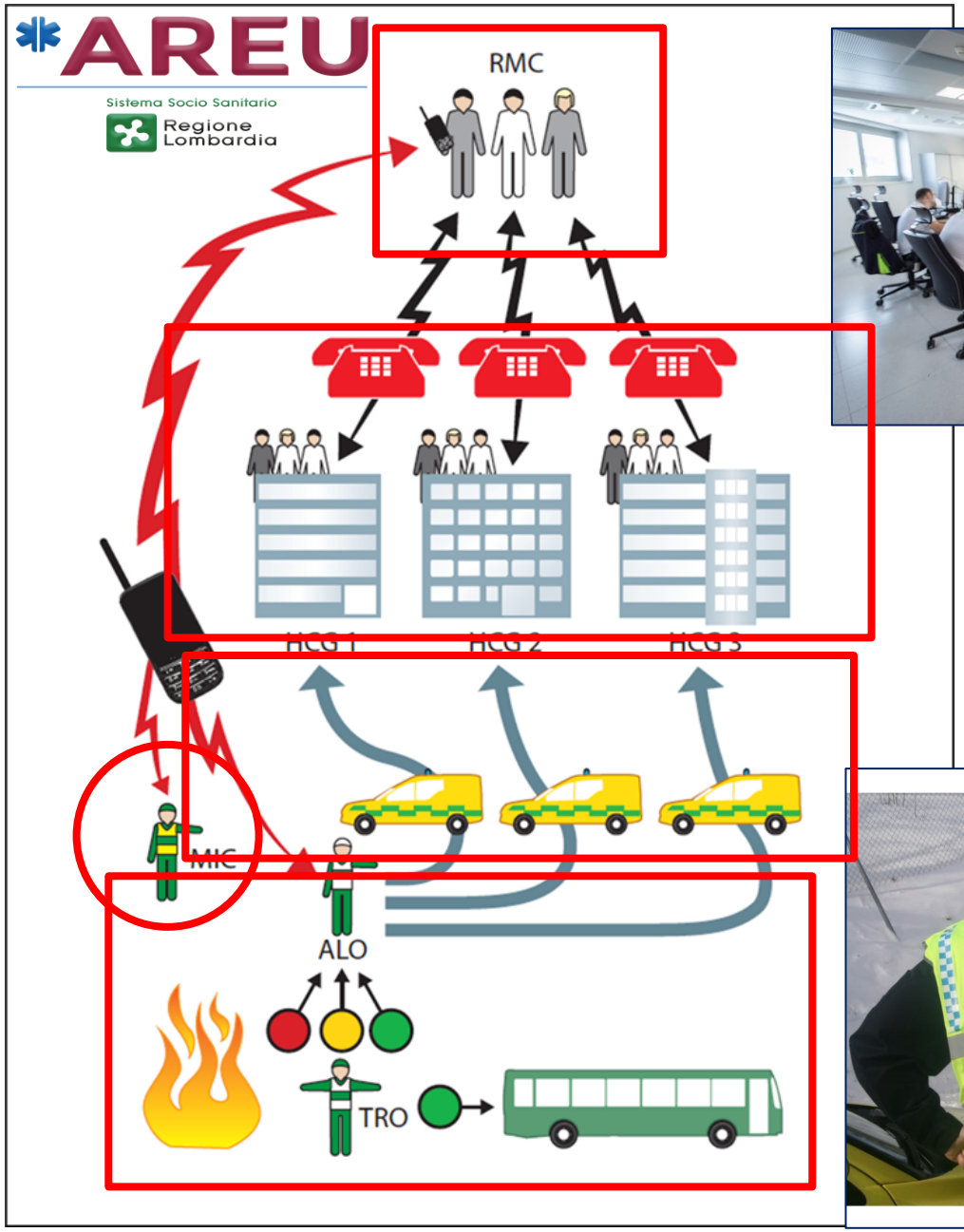
Prof. Fran
Chair, Dpt
Master of
Azienda U
Viale Maz

Organizing Universities

Università del Piemonte Orientale, Vercelli, Italy
Vrije Universiteit Brussel, Belgium

Secretary:

Mrs. Monica Linty – Dept of Emergency Medicine – Azienda Ospedaliera Universitaria "Maggiore della Carità" – Corso Mazzini 18 – 28100 Novara Tel. + 39 0321 3733609 – Fax +39 0321 3733406 – Email: segreteria.anestesia@med.uniupo.it


AREU
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Regione Lombardia
RMC
HCG 1
HCG 2
HCG 3
MIC
ALO
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AREU


Disaster
Plan


PIC
POLICE INCIDENT COMMANDER
RIC
RESCUE INCIDENT COMMANDER
MIC

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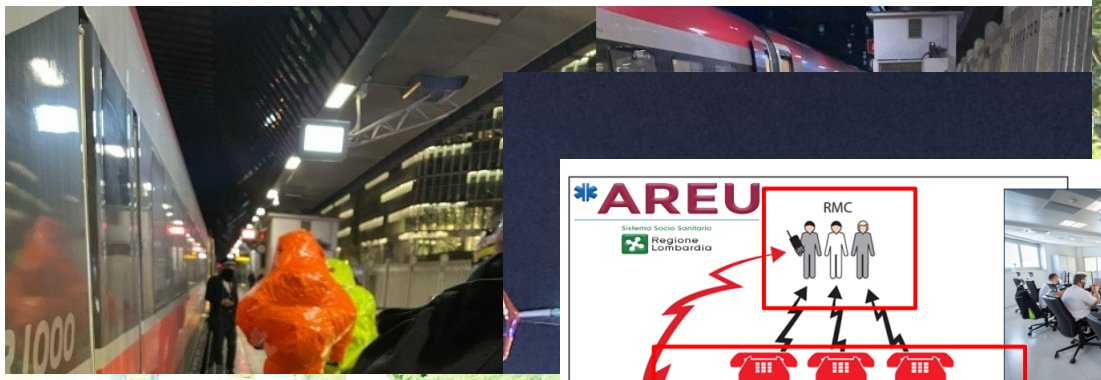
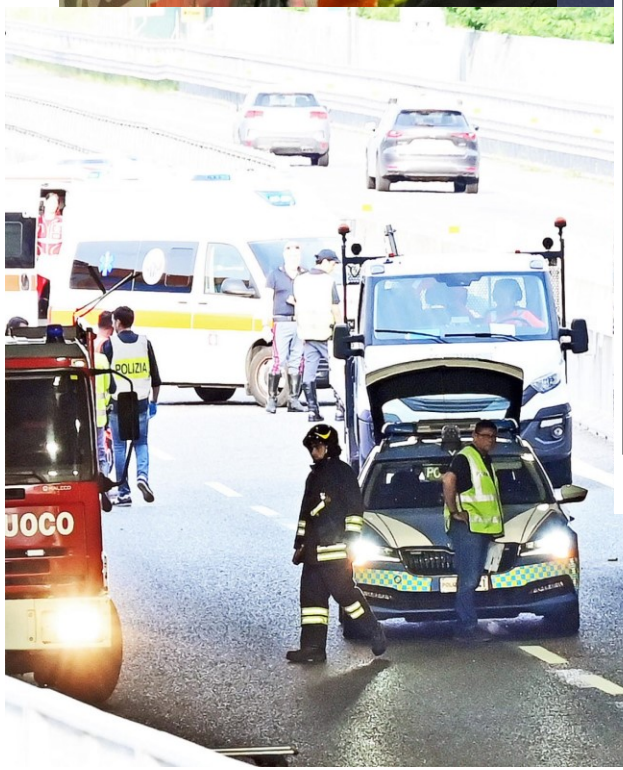
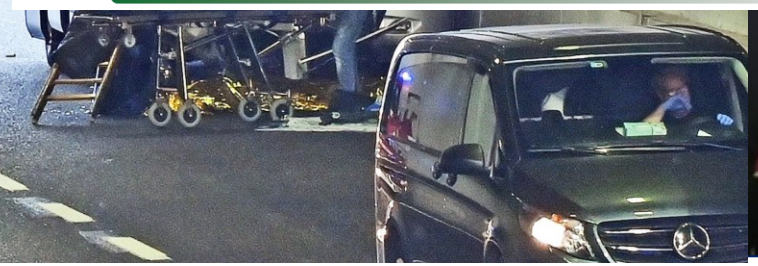
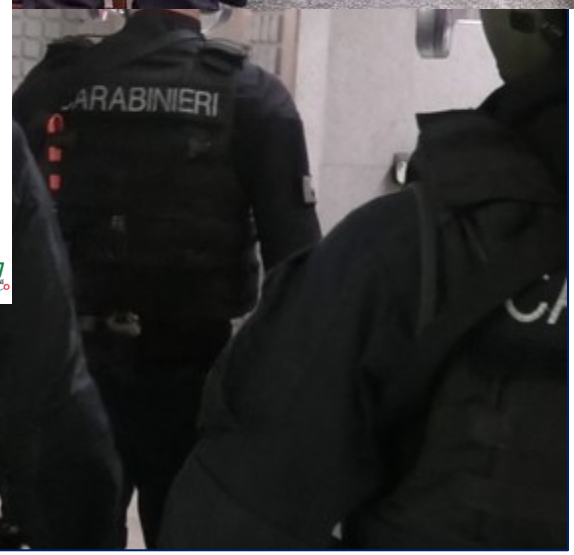
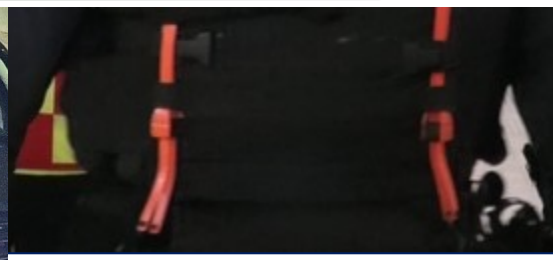
Regione Lombardia











AREU LOMBARDIA AGENZIA REGIONALE EMERGENZA URGENZA

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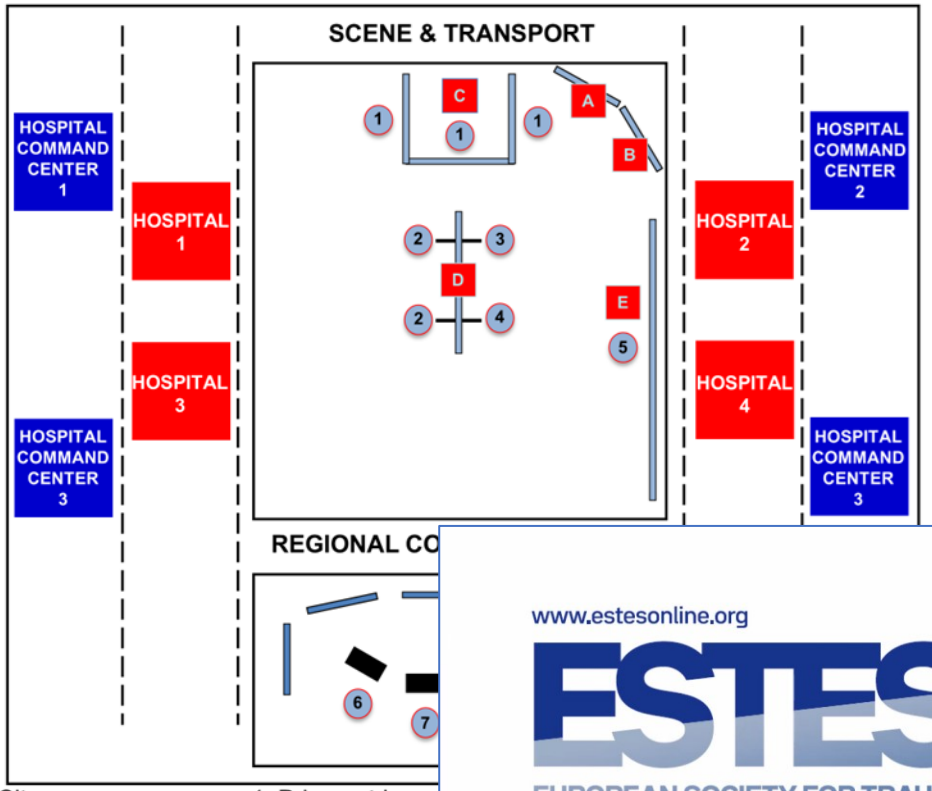

(d) How capable would you be to perform primary (first) triage of arriving casualties in the hospital in a major incident today?

25

e course

ost course

www.estesonline.org

ESTES

EUROPEAN SOCIETY FOR TRAUMA AND EMERGENCY SURGERY

MEDICA STERS

ASU
Azienda Sanitaria Universitaria Giuliano Isontina

REGIONE AUTONOMA FRIULI VENEZIA GIULIA

GESTIONE SANITARIA DI UNA MAXI-EMERGENZA TRAUMATICA SECONDO IL MODELLO MRMI

AGENZIA REGIONALE E

AsI2
Sistema Sanitario Regione Liguria

116117
CONTINUITÀ ASSISTENZIALE

Sistema Socio Sanitario

Ospedale Niguarda — Regione Lombardia

Direzione Sanitaria
Direttore: Giuseppe Maria Sechi
Numero di telefono: 02 6444.2202
direttoresanitario@ospedaleniguarda.it
www.ospedaleniguarda.it

Milano, 14 luglio 2025

Prot. n. **24161/25**

Egr. Dott.
Gabriele M. Perotti
Direttore Sanitario
AREU - Agenzia Regionale Emergenza Urgenza
direzione.sanitaria@areu.lombardia.it
protocollo@pec.areu.lombardia.it

Oggetto: programma formativo ed esercitativo congiunto AREU – ASST GOM Niguarda per la gestione delle maxiemergenze in Regione Lombardia – proposta partnership_RISCONTRO

Nel prendere atto della richiesta che si valuta pertinente agli obiettivi del progetto olimpico approvato con DGR n. XII/2931 del 05/08/2024, al fine di valutare la capienza del finanziamento complessivo assegnato dalla sopra citata DGR alla scrivente ASST, si richiede di acquisire preliminarmente un programma dei corsi di formazione correlati all'evento Olimpico/Paraolimpico, con i relativi costi, che AREU o ha già condotto nel 2025 o intende realizzare nel 2025 e 2026.

Cordiali saluti.

AREU
Sistema Socio Sanitario
Regione

1)

2)

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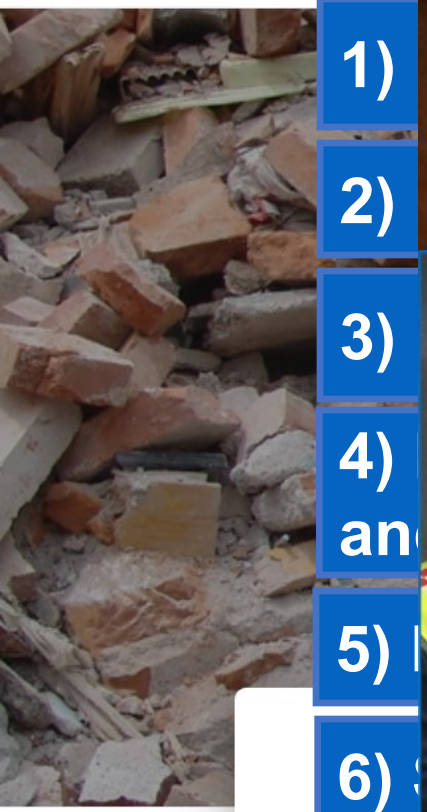

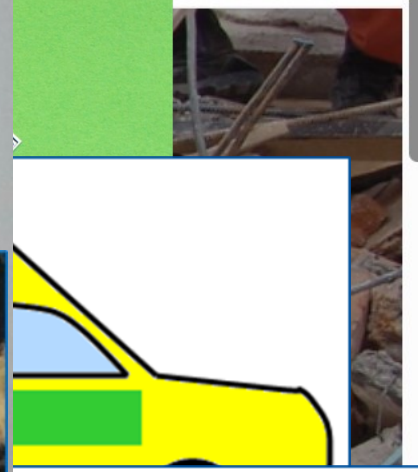

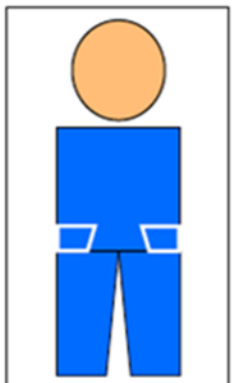

ENIOR
URSE
OR

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DEPT

SURG SPEC RESID ON CALL

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Regione Lombardia

AREU LOMBARDIA

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Regione Lombardia

Training Speciale n

1) Low costs

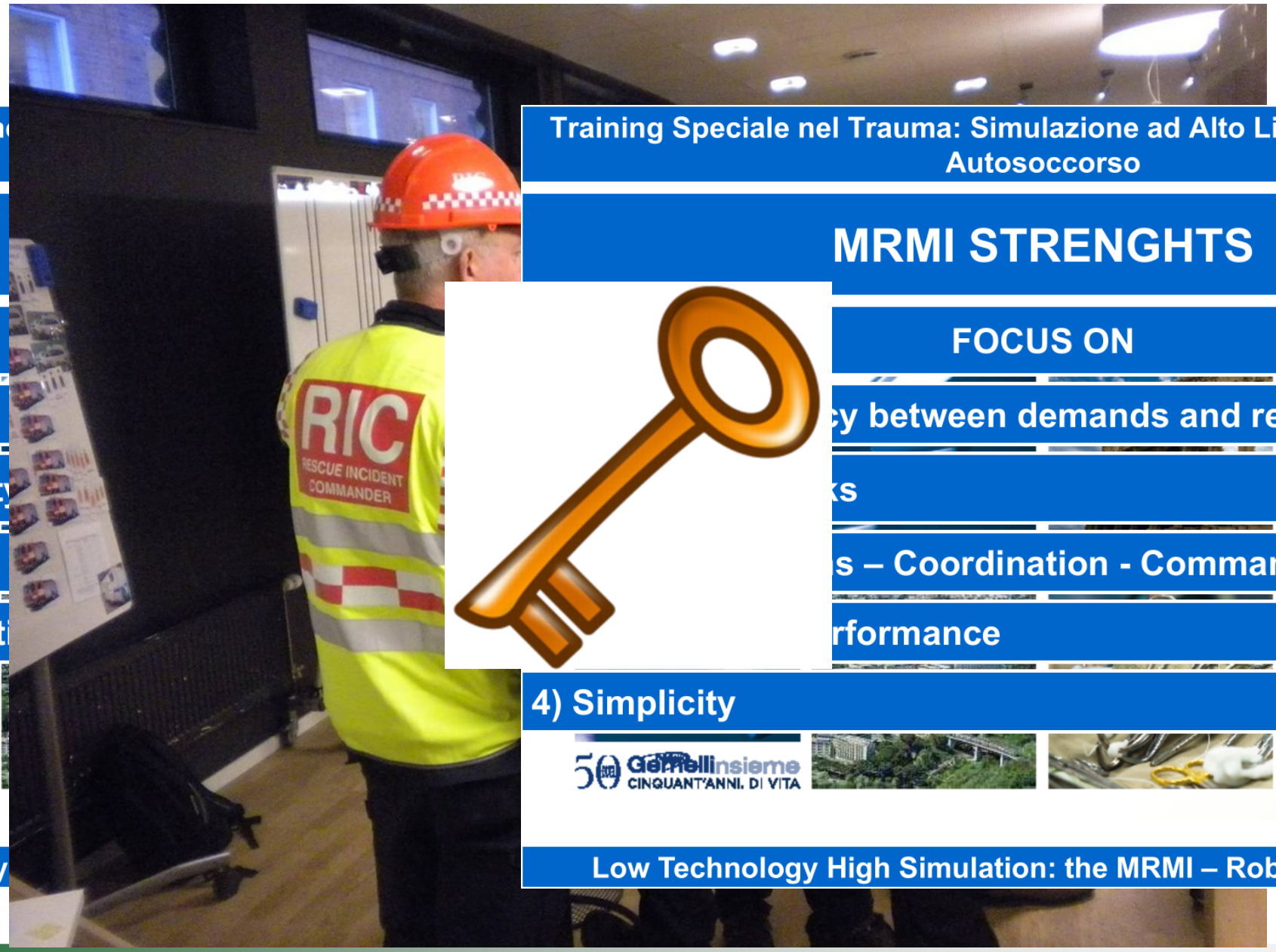
2) Low complexity

3) Portability

4) Fisical interacti

50 Gemellinsieme CINQUANT'ANNI. DI VITA

Low Technology



Training Speciale nel Trauma: Simulazione ad Alto Livello e Tecniche di Autosoccorso

MRMI STRENGHTS

FOCUS ON

cy between demands and resources

ks

s – Coordination - Command chain

rformance

4) Simplicity

50 Gemellinsieme CINQUANT'ANNI. DI VITA

TRAUMA OGGI

Low Technology High Simulation: the MRMI – Roberto Faccincani

STAFF OSPEDALIERO

Harbor City Hospital

ENTRANCE HALL

RECEPT

NURSE EMERG DEPT

STAFF SENT HOME FOR STAND-BY ON TELEPHONE

POSTOP

STAFF	PATIENT	STAFF	PATIENT	STAFF	PATIENT

SENIOR EMERG PHYS ON CALL

ANEST RESID

CHIEF OF SURG

NURSE EMERG DEPT

Harbor City Hosp

ENTRANCE HALL

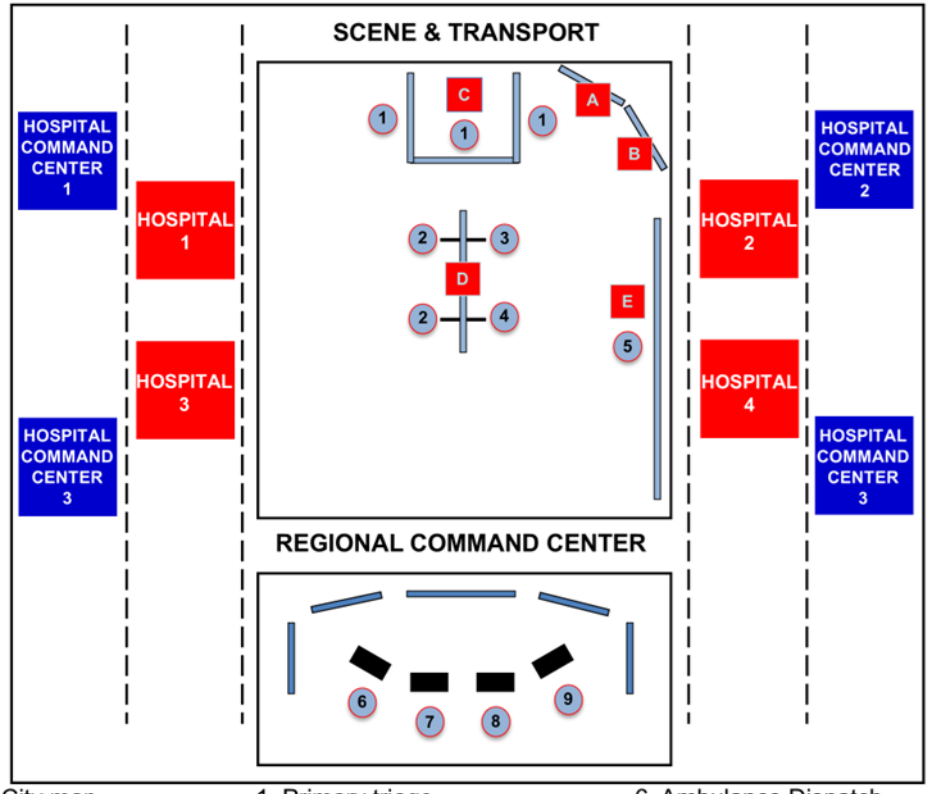
AREA VERDE

HCG STAFF

MOC			
AOC			
STAFF			
SECR			

HCG SUPPORT GROU

MANAGER TECHN SUPPORT		MANAGER INFO	
MANAGER IT SUPPORT		COORDIN NURSING STAFF	
MANAGER SECURITY		COORDIN ADM STAFF	
MANAGER SUPPLIES		COORDIN PSYCHO SOCIAL STAFF	
MANAGER TRANSP		MANAGER CATERING	



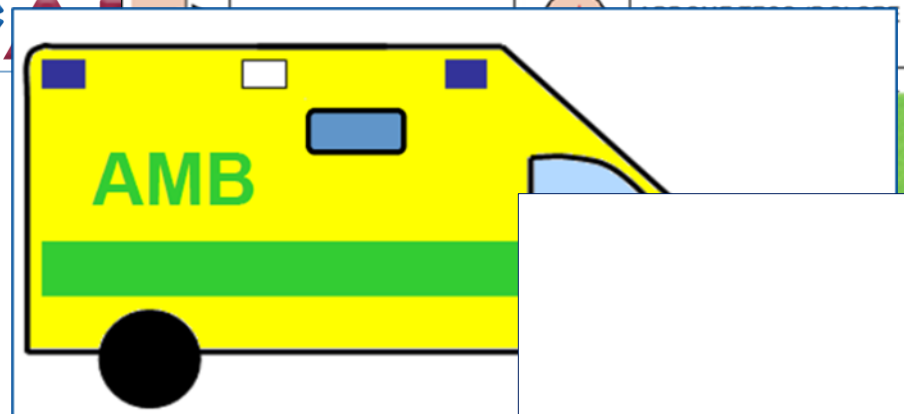
A = City map
B = Command on scene
C = Site of incident
D = Triage-lines
E = Transport

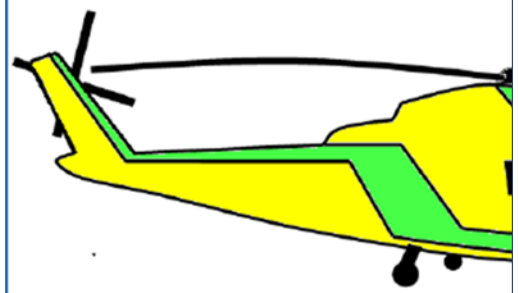
1. Primary triage
2. Secondary triage T1, T2
3. Secondary triage T3
4. Waiting for transport, re-triage
5. Ambulances & helicopters
6. Ambulance Dispatch
7. Regional Medical Command
8. Rescue Command
9. Police Command

NEEDING VENTILATOR		
NEEDING IN-HOSPITAL TREATMENT		
AMBULATORY		
DEAD		

If need to continue = Take photo before deleting and then restart

MAPS OF HOSPITALS



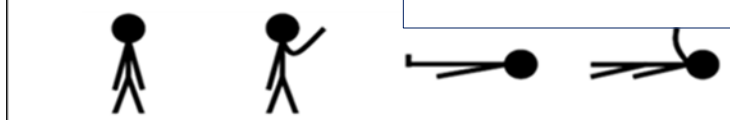


1. Cerebral contusion with bleeding and
ranial pressure),

rapnel) right
ries
ft thigh, right arm
, IX left, small

V (organ injury

COMUNICAZIONE/ISPEZIONE	PALPAZIONE/AUSCULTAZIONE
AMPIA LACERAZIONE	
AMPUTAZIONE TRAUMATICA	
È / È STATO BLOCCATO/ INCARCERATO	



SUPINO IN SILENZIO	SUPINO CHIEDE AIUTO	A TERRA IN SILENZIO	A TERRA CHIEDE AIUTO

SURG

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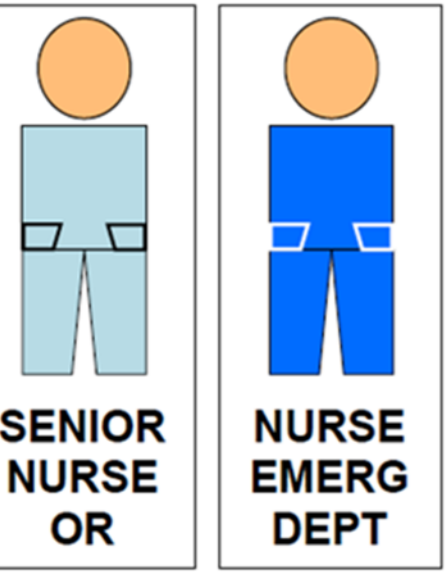
PHYS ON CALL



Primary Treatme

Scene

1. Triage
2. Basic life-saving procedures

A - Secure the airway

B - Chest decompress

C - Stop

The French emergency medical services after the Nice terrorist attacks: what have we learnt?

"Exsanguination remains a major problem i
attacks using high-velocity war weapons. E
of all rescuers with tourniquet and haemos
dressing might be a simple and efficient sol
some patients and a rapid transfer to hospi

Prima

In-hospita

Precision of In-Hospital Triage in Mass-Casualty Incidents after Terror Attacks. *Prehospital and Disaster Medicine, 21*(1), 20-23
Ashkenazi, I., Kessel, B., Khashan, T., Haspel, J., Oren, M., Olsha, O., & Alfici, R. (2006).

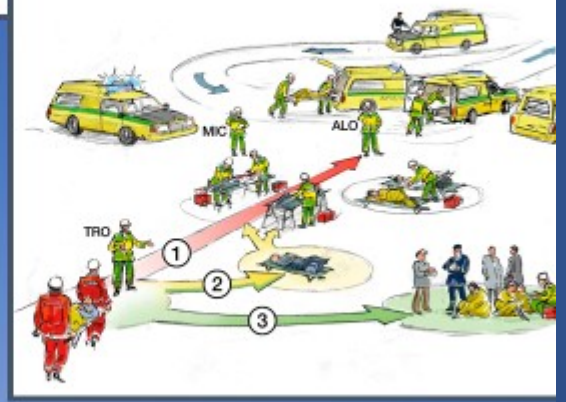
Chapter Statement

The diagnosis of shock is based on clinical recognition of the presence of inadequate tissue perfusion and oxygenation; the first step in the initial management of shock is to recognize its presence.

Indicazioni per un Piano di risposta ospedaliera ad una Maxi-emergenza di carattere traumatico

A cura della SICUT
Società Italiana di Chirurgia d'Urgenza e del Trauma

Scene



Primary Treatm

In-hospital

The MAC strategy in the ED, with limited use of imaging, emphasis on plain film examinations, and CT reserved for potentially severe head injuries, was successful in preventing the ED from becoming a bottleneck.

EMERGENCY RADIOLOGY

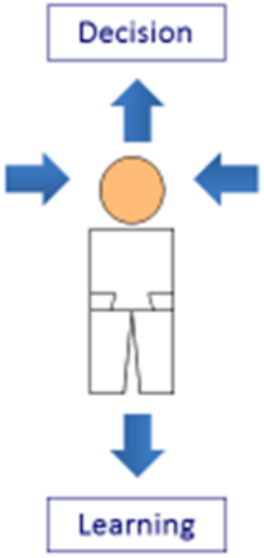
Radiology response in the emergency department during a mass casualty incident: a retrospective study of the two terrorist attacks on 22 July 2011 in Norway

Trainin~~g~~ on job

Training of decision making

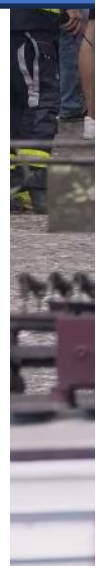
Access to **all** information on which the decision should be based:

- Patients´ injuries
- Patients´ condition (dynamic, not static!)
- Available resources
- Estimated total casualty-load
- Geography, climate



Feedback on **all** consequences of the decision

- Consumption of time
- Consumption of resources
- Preventable mortality/complications related to injury severity
- Efficiency in utilization of resources (accuracy of alert, accuracy in triage)



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Regione Lombardia

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ovembre 2013
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Raffaele, Milano
MRMI Italia

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GRAZIE PER L'ATTENZIONE

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