EMERGENCY RESPONSE STANDARD OPERATING PROCEDURE

Heritage Institute of Medical Science, Varanasi

1. Purpose

To establish a structured system for rapid medical response to accidents, mass casualties, fires, disasters, or any life-threatening emergency occurring within the institute campus or within the defined jurisdiction of the institute.

2. Scope

This SOP applies to all hospital personnel involved in emergency response, including medical, nursing, paramedical, administrative, and security staff.

3. Objectives

- To provide immediate life-saving care at the incident site
- To ensure rapid mobilization of trained personnel
- To facilitate safe triage, stabilization, and transport of victims
- To coordinate with local emergency services (police, fire, disaster authorities)

4. Definition of Quick Response Team (QRT)

A pre-designated multidisciplinary team trained to reach the incident site within the shortest possible time to provide emergency medical care and coordination.

5. Composition of QRT

5.1 Core Medical Team

1. Team Leader – Emergency Physician (Duty Medical Officer / Senior Resident / Faculty)
2. Anaesthesia/Critical Care Physician (if available)
3. Orthopaedic Surgeon (on call for trauma cases)
4. General Surgeon (on call)

5.2 Nursing Team

1. Emergency/ICU Trained Staff Nurse – 2

5.3 Paramedical Team

1. Emergency Medical Technician (EMT) – 1–2
2. Radiographer (on call)
3. Laboratory Technician (on call)

5.4 Support Services

1. Ambulance Driver – 1
2. Hospital Attendant/Orderly – 1–2
3. Security Personnel – 1
4. Biomedical Support (if equipment required)

5.5 Administrative coordination

1. Hospital Administrator/Nodal Officer (informed immediately)
2. Communication Officer/Control Room Staff

6. Equipment to be carried

- Portable emergency kit (Airway equipment, oxygen cylinder, suction)
- Defibrillator with monitoring capability
- Emergency drugs box
- Trauma kit (cervical collars, splints, bandages)
- IV fluids and infusion sets
- PPE (gloves, masks, helmets if required)
- Triage tags and documentation forms
- Stretcher and spine board

7. Activation Protocol

The QRT shall be activated through: - Hospital emergency control room - Security office - Direct information from administration - Police/Fire department communication

Activation shall be communicated via: - Dedicated emergency phone line - Public address system - Group messaging system/WhatsApp group (official)

8. Quick Response Time (QRT Response Standards)

8.1 Within Hospital Campus

- Team mobilization time: Within 3 minutes of alert
- Arrival at incident site: Within 5 minutes

8.2 Within Institute Jurisdiction (nearby area up to ~5 km)

- Ambulance departure: Within 5 minutes of activation
- Arrival at scene: Within 10–15 minutes depending on traffic and accessibility

8.3 Extended Jurisdiction (>5 km, upon request)

- As per availability of ambulance and coordination with district emergency services
- Priority given to life-threatening situations

9. Roles and Responsibilities

Team Leader

- Overall command and medical decision making
- Scene safety assessment
- Triage supervision
- Communication with hospital control room

Medical Officers

- Resuscitation and stabilization
- Advanced life support procedures

Nursing Staff

- Drug preparation and administration
- Monitoring and documentation

EMT/Paramedics

- Basic life support
- Immobilization and transport assistance

Security Personnel

- Crowd control
- Safe access route for ambulance

Driver

- Safe and rapid transport of team and victims

10. On-Site Actions

- Ensure scene safety
- Rapid triage (START/other accepted protocol)
- Immediate life-saving interventions
- Stabilization for transport
- Communication with receiving emergency department

11. Coordination with External Agencies

When required, QRT will coordinate with: - Police Department - Fire Services - Disaster Management Authority - Local Ambulance Services (108/102)

12. Documentation

- Incident report
- Patient details and triage category
- Treatment provided at scene
- Time logs (activation, departure, arrival, return)

13. Training and Drills

- Regular mock drills at least twice yearly
- Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) training
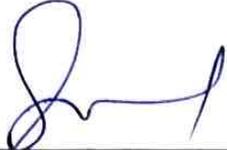- Disaster management training

14. Quality Assurance

- Post-incident review meetings
- Identification of delays or deficiencies
- Corrective action implementation

15. Review of SOP

This SOP shall be reviewed annually or earlier if required based on operational experience or regulatory guidelines.

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