

BURRELL COLLEGE OF OSTEOPATHIC MEDICINE

STANDARD OPERATING PROCEDURES

Building Evacuations		SOP #: FAC.002.01
Effective Date	01/18/2019	
Last Revision/Review	Revised 2021-12-01	

1. Purpose

There are several situations that may require that the Burrell Campus building be evacuated. These may include fire (including evacuation drills), threat against the building or occupants (e.g. bomb threat), utility issues (e.g. natural gas leak), or similar event.

2. Related Policy/Authority

Policy B4010 Security and Public Safety

3. Faculty/Staff Responsibilities

All faculty, staff, students, and visitors are responsible for following these procedures.

4. Definitions/Abbreviations

5. Procedural Steps

- a. Planning and preparation
 - i. An Emergency Procedure document will be published and made available to all staff and students. This may include both paper and on-line versions. This document will include responses to common emergencies and situations, as well as evacuation procedures and routes.
 - ii. Training events for staff and students will be coordinated as needed.
- b. Incident Response
 - i. All incidents are unique. However, the following procedures are a general guideline.
 1. Decision is made to evacuate. This may be triggered by:
 - a. Automatic system such as fire alarm.
 - b. Notification by appropriate law enforcement agency
 - c. Detection of unsafe condition (e.g. gas leak).
 2. Evacuation is announced via one or more of the following means:
 - a. Automatic alarm – e.g. fire alarm
 - b. Intercom announcement
 - c. Verbal announcement
 - d. Text alert system
 3. All students, staff, and visitors are to leave immediately per the posted evacuation signs. If possible, they are to go to the designated evacuation points.
 4. Once given the all clear, people may re-enter the building.

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5. If a prolonged evacuation is required, an formal announcement will be made using appropriate communication means including verbal announcements, email, or text messages
 - c. An Incident Report will be filed with Compliance Office to document the incident.

6. Reports/Charts/Forms/Attachments/Cross References

7. Maintenance

Reviewed annually by Asst. VP of Administration and Facilities Coordinator

8. Signature

Signature on File	12.3.2021
Assistant VP of Administration/ CIO	Date

9. Distribution List

Internal/External

10. Revision History

Revision Date	Subsection #	Summary of Changes	New/Cancellation/ Replacement Procedure? (if applicable)	Approval Date
2021-12-01	2	Referenced relevant policy		