

# TOWN OF ELLINGTON

## Emergency Action Plan for Employees

### Public Works

#### Procedure for Reporting a Fire:

Any person detecting smoke or fire should activate the nearest fire alarm pull station. This will automatically send a signal to the Fire Monitoring Center. For this reason we ask that you refrain from activating alarm pull stations without just cause.

Listed below are the locations of the fire alarm pull stations in the Public Works Facility:

Building	Fire Alarm Pull Station(s) Location
Public Works	Office Building: Main floor, foyer entrance Main floor, rear stair landing w/emergency call box Basement, by hatchway exit Rear exit Garage (new section): South entrance, side door Foyer between garages Main garage by boiler room

An immediate call to 9-1-1 should be done as safely as possible to confirm size and location of fire. Note: The Fire Alarms will be reset by Fire Department Personnel ONLY.

#### **Fire Extinguishers locations:**

***If you have a major emergency, dial 9-1-1 first.***

Building	Fire Extinguisher Location
Public Works	<b>Old Section:</b> Between bay doors 1 & 2, between bay doors 3&4, between bay doors 5&6, by steel rack, by tool boxes, upstairs by furnace, agway building south, agway building north, waste oil shed, fuel farm, dog pound, DPW generator, morton building <b>New Section:</b> South end by exit, by mechanic's office, by boiler room, by middle bay door, mezzanine by hose machine, mezzanine by entrance to storage, woodshop by stairs <b>Office Area:</b> Main office hallway, basement by boiler room, basement by hatchway exit <b>Pump Stations:</b> Crystal Lake, RT 140, High School, Ketchbrook, Center, Windsorville Road, Meadowbrook Road

Do not attempt to use a Fire Extinguisher if you have not received training.

**Evacuating the Building:**

When the alarm sounds, **ALL** occupants of the facility shall walk calmly to the nearest exit/stairwell. Occupants must use the exit/stairwell closest to their location unless that exit way is the source of the emergency. There are exit signs posted at each exit/stairwell.

**DO NOT USE ELEVATORS IN A FIRE EMERGENCY!**

Feel a door before opening. If it is hot, or the hallway is filled with smoke, use an alternative exit.

It is the responsibility of the Emergency Coordinator (or backup staff) to thoroughly check their area to make sure that all personnel and visitors have evacuated (including restrooms and closets) prior to leaving the building. Various ways of doing this are to visually check under the restroom stall doors, flash the lights on and off and yell to see if anyone is present.

Once outside the building, all personnel/visitors are to gather in the pre-determined areas:

Building	Meeting Place
Public Works	Office: Front of Town Garage Garage: Back of Public Works Office

No one should gather directly in front of the building, this is the area where the Fire Department gains access into the building.

The exiting of all visitors is the responsibility of those people to whom the visit was made. This includes meetings, conferences, training seminars, etc. Please instruct your visitors to stay with you at all times until all people are accounted for.

Do not re-enter the building until a Fire Official announces that it is appropriate to return.

**Responsibility of all employees:**

In case of an emergency, the cooperation of everyone inside the building is needed. Below are some helpful hints to make the evacuation procedures go as calmly and smoothly as possibly.

1. Do not use elevators.
2. Become acquainted with the nearest exits and fire alarm pull stations
3. Walk quickly. Do not run.
4. Remain calm. Wait for help in the elevator lobby, if necessary.
5. If exposed to heat or smoke, stay low, near the floor.
6. Do not open doors that feel hot.
7. Close all doors behind you.
8. Do not fight fire by yourself.
9. Do not return to your workstation for personal property or any other reason.
10. Identify two means of escape from your workstation

11. Do not prop open stairwell doors or permit doors to remain open.
12. Assist all visitors assigned to you in safely exiting the building.
13. Always report to your assigned assembly area once outside the building.
14. Everyone in the building must evacuate when the emergency alarm horns sound.
15. Anyone with questions or requiring additional instructions regarding these procedures, please contact the Emergency Coordinator for your building (see below).

<b>Building</b>	<b>Emergency Coordinator/Alternate</b>
Public Works	Tim Webb/Senior employee on duty

### ***Duties of the Emergency Coordinator and backup staff:***

Each building has a person assigned as the Emergency Coordinator and another person to be the backup.

1. Report all incidents, bomb threats, personal injury, fire, smoke or other similar emergencies to 9-1-1.
2. Assign searches to ensure the floor has been completely evacuated.
3. Be familiar with the sound of the Fire Alarm System.
4. If the Emergency Coordinator and/or back-up staff will be absent, assign a responsible person to assist in the emergency.
5. Supervise all persons in your building during an emergency.
6. Ensure that everyone has exited. Upon arrival at the point of assembly, outside the building, contact the Fire Department to verify complete evacuation.

### ***Reporting a Medical Emergency:***

Call 9-1-1 and answer the emergency medical dispatcher's questions and follow their instructions to the best of your ability.

Your Name

The building address/floor/room number

The nature of the emergency

Any other information that is asked for

Stay on the phone until the 911 operator has all information requested.

### ***Minor Emergency Medical Kits:***

***If you have a major emergency, dial 9-1-1 first.***

Listed below are the medical kits located in the Public Works Facility:

<b>Building</b>	<b>Medical Kit Location</b>
Public Works	Office, rear stair landing Foyer between garages

***Reporting a Minor Incident:***

Employee: If an employee is injured or falls at work, the employee must immediately report the incident to their supervisor. The supervisor must complete a CIRMA Injury Report (form attached) and call it into the CIRMA Reporting Hotline: 1-800-652-4762. A Claim number will be assigned which must be recorded on the injury report. The report is then submitted to the Finance Office. An Injury Report must be completed and reported to CIRMA even if the employee does not seek medical care.

Non-Employee: If a visitor is injured or falls at Town Hall, the incident must be immediately reported to the supervisor of the office in which the incident occurred. If the incident occurs outside of an office then it should be reported to the First Selectman's Office. The Incident Report must be completed even if the visitor does not seek medical care. An Incident Report (form attached) must be completed and submitted to the First Selectman's Office.



## CIRMA Injury Reporting Information

Report Claims at NetClaim.net or 1-800-OK-CIRMA

*Keep this Form for your own Records—Do Not Submit to CIRMA*

### Event Date/Time

Incident Date and Time: \_\_\_\_\_ Employer Notified: \_\_\_\_\_

### Reporter & Location Information

Reported by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location Code: \_\_\_\_\_ Location Name: \_\_\_\_\_ Address: \_\_\_\_\_

### Claimant Information

Social Security Number of Claimant: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Gender: ☐ Male ☐ Female

### Employment

Job Title: \_\_\_\_\_ Status: \_\_\_\_\_

Claimant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

### Incident

Description of the Injury: \_\_\_\_\_

Cause: \_\_\_\_\_ Body Part: \_\_\_\_\_

Nature Code: \_\_\_\_\_

Medical Provider (if known): \_\_\_\_\_ Address of Medical Provider: \_\_\_\_\_

Name of Doctor (if known): \_\_\_\_\_

Witness Name (if any): \_\_\_\_\_

Lost time from work (if known): \_\_\_\_\_ Return to work date: \_\_\_\_\_

Loss Location Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Additional Information

Job Classification code: \_\_\_\_\_

Time the employee began work on the day of injury: \_\_\_\_\_

Supervisor Notice Date: \_\_\_\_\_ Claim Incident Number:

This is assigned by NetClaim.net (at the FINISH tab) or by the Hotline operator.

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Distribution: ☐ Finance Office [Original] ☐ First Selectman's Office [Copy]



STATE OF CONNECTICUT – COUNTY OF TOLLAND  
INCORPORATED 1786

# TOWN OF ELLINGTON

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TEL 870-3100 FAX 870-3102  
www.ellington-ct.gov

## **INCIDENT REPORT** **(Non-Employee)**

Type of Incident \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location of Incident \_\_\_\_\_

Names of Parties Involved In Incident:

Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Incident \_\_\_\_\_

*(Use back of sheet, if needed)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment Information (If known) \_\_\_\_\_

\_\_\_\_\_

Witnesses: Yes\_\_\_ No\_\_\_ *(If yes, give name, address & phone number below)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Individual Reporting Incident: \_\_\_\_\_

Town Employee? \_\_\_ Yes \_\_\_ No

If yes, \_\_\_\_\_  
Department Telephone

Supervisor: \_\_\_\_\_  
Signature Today's Date

**PLEASE RETURN THIS FORM TO THE FIRST SELECTMAN'S OFFICE**