

TOWN OF ELLINGTON

Emergency Action Plan for Employees

Town Hall Annex

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 Town Hall Annex:

Building	Fire Alarm Pull Station(s) Location
Town Hall Annex	Office entrance door Conference Room: 1 at front door and 1 at side exit door

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
Town Hall Annex	Office entrance door Conference Room at side exit door

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 area:

Building	Meeting Place
Town Hall Annex	On the sidewalk along the Center School fence line

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).

Building	Emergency Coordinator/Alternate
Town Hall Annex	John Colonese, Coordinator & Door Monitor
	Maureen O'Neil, Alternate

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. Monitor door to ensure no one enters the building while waiting for the Fire Department to arrive.
7. 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.

Building	Medical Kit Location
Town Hall Annex	Employee Lounge

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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STATE OF CONNECTICUT – COUNTY OF TOLLAND
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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