

TOWN OF ELLINGTON

Emergency Action Plan for Employees

Town Hall

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 Town Hall:

| Building | Fire Alarm Pull Station(s) Location |
|-----------|--|
| Town Hall | Basement: Next to elevator & outside Commission Room B 1 st Floor: Next to elevator & outside Town Clerk's Office 2 nd Floor: Next to elevator & top of front stairway |

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 | Basement, outside Commission Room A Basement, boiler room 1 st Floor, next to elevator 2 nd Floor, next to Men's Room 2 nd Floor, kitchen |

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.

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

| Building | Meeting Place |
|-----------------|--|
| Town Hall | 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 or designee 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.
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 First Selectman's Office.

Duties of Town Hall Departments:

| Task | Responsible Department |
|---|-------------------------------|
| Report incident to 9-1-1 | Finance Office |
| Front Door Monitor | Town Clerk's Office |
| Back Door Monitor | Tax Collector's Office |
| Bathroom & Meeting Hall Search | First Selectman's Office |
| Basement Offices & Meeting Rooms Search | Assessor's Office |
| Take attendance at point of assembly and verify complete evacuation to Fire Department | First Selectman's Office |
| Alert employees when the building has been cleared, by the Fire Department, for re-entry. | First Selectman's Office |

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 | 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.

Procedure for Responding to the Elevator Alarm:

The elevator has two buttons that a person can use when stranded in the elevator. The silver button next to the telephone symbol which does not have an audible ring tone will call the dispatcher at Tolland County Mutual Aid. The stranded visitor will be able to communicate with the dispatcher and summon help. The red button labeled "Alarm" is just a bell. If an employee hears it, they should try to communicate with the stranded visitor and let them know that they should use the silver button to get help. Directional signs will be posted in the elevator but sometimes stranded visitors can panic and may not pay attention to the signs so employees should always respond to the bell.



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: _____

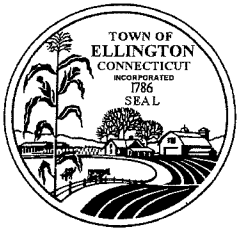
Time the employee began work on the day of injury: _____

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

55 MAIN STREET – PO BOX 187
ELLINGTON, CONNECTICUT 06029-0187
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