



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 OFFICE OF THE COMMISSIONER
 BUREAU OF HUMAN RESOURCE MANAGEMENT

Nicholas A. Toumpas
 Commissioner

Mark Bussiere
 Director

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May 30, 2013

Her Excellency, Governor Margaret Wood Hassan
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

Pursuant to the provisions of RSA 21-I: 43-a, Compensation for State Employees Injured in Line of Duty, finalize the determination made by the Commissioner of the Department of Health and Human Service that on April 11, 2013, Erica Hendrickson, a Licensed Nursing Assistant II at the Glenclyff Home sustained an injury in the line of duty and due to a hostile or overt act, or an act caused by another during the performance of duties which are considered dangerous in nature, effective date of Governor and Council approval.

EXPLANATION

New Hampshire RSA 21-I: 43-a, Compensation for State Employees Injured in Line of Duty states:

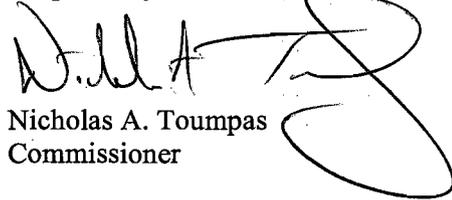
Any injury received by any state employee who is injured in the line of duty by a hostile act, or by an act caused by another during the performance of duties which are considered dangerous in nature, that requires the employee to be hospitalized or renders the employee temporarily unable to perform the duties of his or her position shall not be charged against annual leave or sick leave for the time lost due to the injury. During such time, the employee shall remain on the active payroll. In this event, no employee shall be terminated from state service until he or she has applied for disability retirement and a final decision on the application is made by the board of trustees of the New Hampshire retirement system and appeals of such decision, if any, are finalized; provided, that the employee shall make such application within 18 months of the injury contemplated by this section. **The executive head of the employee's agency shall make the determination as to whether an injury is in the line of duty and due to a hostile or overt act, or an act caused by another during the performance of duties which are considered dangerous in nature, and, after approval by the governor and council, the determination shall be final.** (emphasis added) During the time in which the injured employee remains on active payroll at full base salary pursuant to this section, his or her state compensation shall not be offset by state workers' compensation payments and he or she shall not receive state workers' compensation payments to supplement his or her full base salary. Nothing in this section shall prohibit medical payments or final settlements.

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Erica Hendrickson is a Licensed Nursing Assistant II who was injured in the line of duty and rendered temporarily unable to perform the duties of her position. On April 11, 2013, a resident at Glencliff Home assaulted Erica Hendrickson causing injuries by being struck and grabbed on the right shoulder. As a result of the injuries, Erica Hendrickson required medical attention and was rendered unable to perform her duties beginning that day and will need to remain out until medically released to return. In accord with NH RSA 21-I: 43-a Ms. Hendrickson's lost time has not been charged against her annual leave or sick leave and she remained on the active payroll.

Following a thorough review of the April 11, 2013, incident and facts related to Erica Hendrickson's injury, the Commissioner of the Department of Health and Human Services determined on April 16, 2013, that Ms. Hendrickson's injuries were in the line of duty and due to a hostile or overt act, or an act caused by another during the performance of duties, which are considered dangerous in nature. Pursuant to RSA 21-I: 43-a, approval of this Request shall make Commissioner's determination final.

Respectfully submitted,



Nicholas A. Toumpas
Commissioner

102059

**DIHS EMPLOYEE
NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL ILLNESS
SEND IMMEDIATELY TO HUMAN RESOURCES FAX# 271-9345**

EMPLOYEE IDENTIFICATION

Name: Erica L. Hendrickson Incident Date: 4/11/13 Time: 5:30 AM/PM
(Please print)
Department: Nursing Unit: Rose Job Title: MNA

EXACT LOCATION OF INCIDENT

Building: Brown Unit: Rose Other: _____

OCCURRENCE DESCRIPTION

- | | |
|--|---|
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Lifting Patient - *Med Rec# _____ |
| <input type="checkbox"/> Struck by/Against Object | <input checked="" type="checkbox"/> Patient Assault - *Med Rec# _____ |
| <input type="checkbox"/> Lifting Materials/Patient | <input type="checkbox"/> During Restraint - *Med Rec# _____ |
| <input type="checkbox"/> Contamination/Exposure | <input type="checkbox"/> Needlestick/Sharp - *Med Rec# _____ |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Bites - *Med Rec# _____ |
| <input type="checkbox"/> Other (Specify _____) | <input type="checkbox"/> Contamination/Body Fluids - *Med Rec# _____ |

HOW DID ACCIDENT/ILLNESS OCCUR? DO NOT INCLUDE ANY INSULTS TO PATIENTS NAMES

Description of incident: (Be specific, including any injuries you received and on what part of your body) I was in the dining room performing my medication pass. I noticed I was be approached by a resident. I tried to get out of his way. I was struck by him on my upper back near my right shoulder. The resident grabbed my right arm and began to shake me. I am experiencing pain in my right shoulder and it radiates down the right side of my back.

Total number of hours worked when injury occurred: 2 hours 45 minutes

STAFF WITNESSES (if any): Samantha Motanan George Hutz Jennie McVelly

TREATMENT

Treatment received on site, please explain: No, referred to ER for evaluation DD.
Initial Treatment: No Medical Treatment Emergency Care Other Human Resources Called 1/1

PLEASE REVIEW OTHER SIDE AND HAVE YOUR SUPERVISOR REVIEW THIS INCIDENT REPORT
PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT 271-9345. PLEASE FAX FORM TO 271-8964 ASAP

EMPLOYEE'S SIGNATURE: [Signature] DATE: 4/11/13

SUPERVISOR'S STEPS TAKEN AFTER REVIEWING THIS INCIDENT REPORT:

- Reviewed and discussed incident with employee before returning to work? Explain: Left room, and asked to be seen at ER for evaluation. I did not
- Referred employee to call HR department.
- Reviewed work area/procedures and took appropriate steps to correct hazard. Explain: N/A.

Reported incident to Assaulted Staff Action Program (ASAP). Yes No N/A.

REPORT OF ACTION TAKEN

DATE: 4/11/13 OVER IMMEDIATE SUPERVISOR'S NAME: Michael Cate
(PLEASE PRINT)