



32 MOT
KALL

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

Nicholas A. Toumpas
Commissioner

Mark C. Bussiere
Director

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9344 1-800-852-3345 Ext. 9344
Fax: 603-271-4810 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

October 30, 2013

Her Excellency, Governor Margaret Wood Hassen
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 October 1, 2013, Duane Drew, a part-time Youth Counselor III at the Sununu Youth Services Center 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

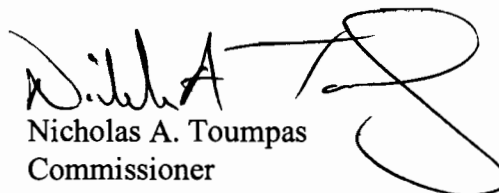
Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
October 30, 2013
Page 2

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.

Duane Drew is a Youth Counselor III who was injured in the line of duty and rendered temporarily unable to perform the duties of his position. On October 1, 2013 a resident at the Sununu Youth Services Center assaulted Duane Drew causing injuries by punching him on the left side of his face just below his orbital socket. As a result of the injuries, Duane Drew required medical attention and was rendered unable to perform his duties beginning that day. He returned to work on October 4, 2013. In accord with NH RSA 21-I: 43-a Mr. Drew's lost time has not been charged against his annual leave or sick leave and he has remained on the active payroll.

Following a thorough review of the October 1, 2013, incident and facts related to Duane Drew's injury, the Commissioner of the Department of Health and Human Services determined on October 7, 2013, that Mr. Drew'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

107076

DHHS EMPLOYEE
NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL ILLNESS
 CONFIDENTIAL: NO PATIENT NAMES SEND IMMEDIATELY TO HUMAN RESOURCES

EMPLOYEE IDENTIFICATION

Name: Quane D. Drew Incident Date: 10 / 1 / 13 Time: 4:25 AM (PM)
 (Please print)
 Department: _____ Unit: G-unit Job Title: YC III

EXACT LOCATION OF INCIDENT

Building: G Unit: G Other: Pen

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 checked="" type="checkbox"/> Other (Specify <u>CYSO Resident</u>) | <input type="checkbox"/> Contamination/Body Fluids - Med Rec# _____ |

HOW DID ACCIDENT OR ILLNESS OCCUR?

Description of incident: (Be specific, including any injuries you received and on what part of your body)
Resident while trying to assault another resident consciously
punched myself on the left side of my face just below the
orbital socket.

Total number of hours worked at time of injury: 22

STAFF WITNESSES (if any): Fatima Ramos

TREATMENT

Treatment received on site, please explain: Ecc
 Initial Treatment: No Medical Treatment Emergency Care Other Human Resources Called / /

PLEASE REVIEW OTHER SIDE AND HAVE YOUR SUPERVISOR REVIEW THIS INCIDENT REPORT
 PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT 271-5838 OR 271-5843.

EMPLOYEE'S SIGNATURE: [Signature] DATE: 10/1/13

SUPERVISOR'S STEPS TAKEN AFTER REVIEWING THIS INCIDENT REPORT:

- Reviewed and discussed incident with employee before returning to work? Explain: Sent to medical & The Hospital (Rivers Edge) for further evaluations
 Referred employee to call HR department.
 Reviewed work area/procedures and took appropriate steps to correct hazard.Explain: _____
 Reported incident to Assaulted Staff Action Program (ASAP). Yes No

REPORT OF ACTION TAKEN

[Signature] OVER [Signature]
 DATE: 10-1-13 IMMEDIATE SUPERVISOR'S NAME: Luis Colon Sup III
 (PLEASE PRINT)

