



STATE OF NEW HAMPSHIRE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE COMMISSIONER

BUREAU OF HUMAN RESOURCE MANAGEMENT

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

Nicholas A. Toumpas
Commissioner

Mark C. Bussiere
Director

9

March 26, 2015

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 March 14, 2015 Ashley Simons, a Youth Counselor II 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:

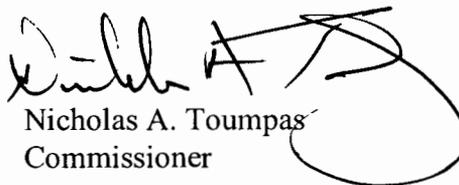
Any injury received by any state employee who is injured in the line of duty by a hostile act, or by an act caused by another during the performance of duties which are considered dangerous in nature, that requires the employee to be hospitalized or renders the employee temporarily unable to perform 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 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.

Ashley Simons is a Youth Counselor II who was injured in the line of duty and rendered temporarily unable to perform the duties of her position. On March 14, 2015 a resident at the Sununu Youth Services Center assaulted Ashley Simons causing injuries by striking her wrist repeatedly trying to grab her access badge. As a result of the injuries, Ashley Simons required medical attention and was rendered unable to perform her duties beginning that day. She has not returned to work and in accord with NH RSA 21-I: 43-a Ms. Simons' lost time has not been charged against her annual leave or sick leave and she remains on the active payroll.

Following a thorough review of the March 14, 2015, incident and facts related to Ashley Simons' injury, the Commissioner of the Department of Health and Human Services determined on March 18, 2015, that Ms. Simons' 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

**DHHS EMPLOYEE
NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL ILLNESS
SEND IMMEDIATELY TO BUREAU OF HUMAN RESOURCES MANAGEMENT FAX# 271-8964**

EMPLOYEE IDENTIFICATION

Name: Ashley Simons Incident Date: 3/14/15 Time: 7:20 AM/PM
 (Please print)
 Department: SYSC Unit: E Job Title: YCI

EXACT LOCATION OF INCIDENT

Building: SYSC Unit: E Other: MULTIPURPOSE

OCCURRENCE DESCRIPTION *Identify Med Rec# only if applicable*

- | | |
|--|---|
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Lifting Patient-*Med Rec# |
| <input type="checkbox"/> Struck by/Against Object | <input type="checkbox"/> Patient Assault-*Med Rec# |
| <input type="checkbox"/> Lifting Materials/Patient | <input checked="" type="checkbox"/> During Restraint -*Med Rec# <u>0089</u> |
| <input type="checkbox"/> Contamination/Exposure | <input type="checkbox"/> Needle stick/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 INSTITUTIONAL PATIENT NAMES

Description of incident: (Be specific, including any injuries you received and on what part of your body)
While restraining H.G. I had her right arm with my right arm and she was reaching for my badge. She was hitting my wrist while attempting to get my badge.

Total number of hours worked when injury occurred: 3.5 hrs

STAFF WITNESSES (if any):

TREATMENT

Treatment received on site, please explain: spoke to RN
 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 BUREAU OF HUMAN RESOURCES MANAGEMENT AT 271-9345.
 PLEASE FAX FORM TO 271-8964 ASAP.

EMPLOYEE'S SIGNATURE: Ashley Simons DATE: 3/14/15

SUPERVISOR'S STEPS TAKEN AFTER REVIEWING THIS INCIDENT REPORT:

- Reviewed and discussed incident with employee before returning to work? Explain: 3/14/15 [Signature]
- 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

DATE: 3/15/15 IMMEDIATE SUPERVISOR'S NAME: Michael P. [Signature] OVER