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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

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October 15, 2014

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 September 17, 2014, Ruth Levesque, a Registered Nurse III at the New Hampshire Hospital 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

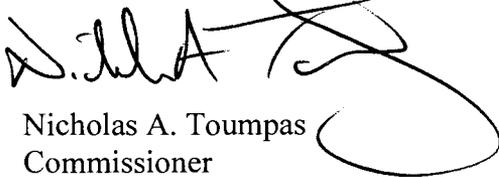
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state compensation shall not be offset by state workers' compensation payments and he or she shall not receive state workers' compensation payments to supplement his or her full base salary. Nothing in this section shall prohibit medical payments or final settlements.

Ruth Levesque is a Registered Nurse III who was injured in the line of duty and rendered temporarily unable to perform the duties of her position. On September 17, 2014 a patient at the New Hampshire Hospital assaulted Ruth Levesque causing injuries by repeatedly hitting the right side of her face during a restraint. As a result of the injuries, Ms. Levesque required medical attention and was rendered unable to perform her duties beginning that day. She returned to work on September 23, 2014 working part-time hours. Her date to return to full time status is unknown at this time. In accord with NH RSA 21-I: 43-a Ms. Levesque's lost time has not been charged against her annual leave or sick leave and she has remained on the active payroll.

Following a thorough review of the September 17, 2014, incident and facts related to Ruth Levesque's injury, the Commissioner of the Department of Health and Human Services determined on October 15, 2014, that Ms. Levesque'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

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

EMPLOYEE IDENTIFICATION

Name: Ruth Levesque Incident Date: 9/17/14 Time: 11:30 AM/PM
(Please print)
Department: NSG Unit: C Job Title: RN

DB

EXACT LOCATION OF INCIDENT

Building: APS Unit: C 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 OR ILLNESS OCCUR?

Description of incident: (Be specific, including any injuries you received and on what part of your body)
During team patient jumped up and repeatedly punched her in the left side of the face and my hand was injured during the fall

Total number of hours worked at time of injury: 9.75

STAFF WITNESSES (if any): Dr. Andre

TREATMENT

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

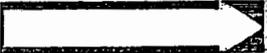
PLEASE REVIEW OTHER SIDE AND HAVE YOUR SUPERVISOR REVIEW THIS INCIDENT REPORT
PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT 271-5838 OR 271-5843.

EMPLOYEE'S SIGNATURE: Ruth Levesque Suzanne Blange DATE: 9/17/14

SUPERVISOR'S STEPS TAKEN AFTER REVIEWING THIS INCIDENT REPORT:

- Reviewed and discussed incident with employee before returning to work? Explain: _____
- 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 Horse shoe Pond

DATE: 9/17  OVER  IMMEDIATE SUPERVISOR'S NAME: Anita Downs
(PLEASE PRINT)