



## *FSAOHN Mission Statement*



*The mission of the Florida State Association of Occupational Health Nurses is to advance the profession of Occupational and Environmental Nursing in the state Of Florida.*

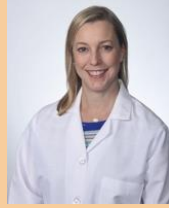
*To fulfill the mission, we:*

- Support the mission of the American Association of Occupational Health Nurses.*
- Promote professional excellence and Opportunities, through education And research.*
- Support standards of professional Practice and a code of ethics.*
- Influence legislative, regulatory and policy issues.*
- Promote internal and external communication.*
- Establish strategic alliances and partnerships.*



*Happy Occupational Health  
Nurses Week*

*We wish each of you the best of health,  
happiness, and peace this special week  
and throughout the year.*



## PRESIDENT'S REPORT Stephanie Weinsier

As we celebrate [Occupational Health Nurses Week](#) in April, I want to take a moment to recognize and celebrate YOU, our FSAOHN, Chapter, and AAOHN members who have been hard at work caring for America's workers, the businesses they serve, and the environments in which they work and live. You are among thousands of OHNs who work to promote and protect workers in the US and around the world. This profession has been strong since 1942! I don't have to tell you about the diverse role OHNs play, but I do hope you will spread the message with your patients, colleagues, friends, social media/media. This will help promote the profession-and build members as other OHNs realize that there are others like them out there. Hopefully they will look to us to connect!

You truly are lifesavers-and have stepped in at a time of crisis, advocating and supporting business leaders and workers through your combined knowledge of health, healthcare, and business. These populations have never counted on us more as we worked to keep the world open for business. With this in mind, the FSAOHN Conference Planning Committee is excited to celebrate you, network with you, and educate you at our state conference, the **Florida Occupational Health Conference**. Yep, we are trying again and planning for an awesome in-person event! Don't lose hope on us now—this year's theme will be "We Are Lifesavers". The committee is planning some special events to celebrate each of you. This will be held at the Orlando World Marriott on **September 23- 25, 2022**. We can't wait to see you! Watch out for messages and registration details on our website and in your in-boxes. Please feel free to contact us at [fsaohnmail@gmail.com](mailto:fsaohnmail@gmail.com) or Tessa at [trstanaland@gmail.com](mailto:trstanaland@gmail.com) if you are interested in volunteering, stepping in to a leadership or committee position, or if you know of a potential sponsor or exhibitor. . . after all we have done and been through, the vendors we work with should be more than willing to support our efforts as a sponsor or exhibitor. Just ask! And send them our way---Annabelle Harte [ahart3rn@gmail.com](mailto:ahart3rn@gmail.com) can support this.

Please, take five minutes and email us. . . we want to hear your stories, what you have been up to, any celebrations you want to share (finished that degree, won, an award, had a baby or grandbaby, got married, or got certified?), or any publications you may have written (or you can write an article and Trish will publish you in The CUE Newsletter!). We can't deliver what you want and need if you don't let us know what that is (leadership development, mentorship, education on certain topics, practice support, business, and management skills?). We need YOU at FSAOHN! In order to keep our organization strong and thriving we must work together, build common ground, set common goals, and build FSAOHN and AAOHN's succession plan. I encourage you to recruit a new member, encourage a past member to renew, volunteer for a committee, or step up and foster your leadership skills.

I look forward to seeing you and building common ground at our annual conference and business meeting in September.

*Stephanie Weinsier, DNP, ANP-BC, COHN-S, FAAOHN, FSAOHN President*

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## MEMBERSHIP UPDATE



AAOHN has restructured membership categories. You can now join AAOHN (our national organization), and/or FSAOHN (our state organization within AAOHN) and/or a Local only chapter. Each comes with benefits and learning opportunities.

The most comprehensive would be to join through AAOHN and designate you also wish to include the State Chapter of FSAOHN and which local chapter you wish to join. Currently our local chapters are:

Central Florida: [Annabelle.Harte@PremiseHealth.com](mailto:Annabelle.Harte@PremiseHealth.com) President

Florida West Coast (FWCAOHN): [KarenS.Shumar@ge.com](mailto:KarenS.Shumar@ge.com) President

Heart of Florida: Donna Schaubert: [djschaubert@gmail.com](mailto:djschaubert@gmail.com) President

Space Coast: [catherine.p.dibiase@nasa.gov](mailto:catherine.p.dibiase@nasa.gov) President

Please contact your local president for further chapter information. If you work with other nurses in Occupational Health (OH) or know colleagues with an interest in OH, encourage them to join! They can start by joining at the state and/or local to delve into the world of OH. You do not have to be currently working as an Occupational Health Provider to join. The cost is very reasonable and the learning opportunities go beyond OH nursing. Students and retirees are most welcome to join!

For more information to share on joining please go to:

<https://fsaohn.nursingnetwork.com/>



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## Award Nominations



**Vice President**

[Tessa Stanaland RN, BSN](#)

Do you know a colleague that deserves recognition for outstanding work in Occupational Health?

Is there a nurse who has made a special impact on an employee's life? Possibly a co-worker who made a difference in helping you in your occupational health journey?

Is there a medical provider who is always available when you need a stat consult or your Occupational Health APRN who will see your employee just as you are about to close for the day?

Is your employer very supportive of you and your department?

There are many ways to show your appreciation by nominating them for an award and/or scholarship. Each year, with the support of FSAOHN and several generous companies, awards are granted as follows:

[Scholarship Application Form](#)

[Award Application Form, Sally Sweet Best Practice Award](#)

[Award Application Form, Nomination Nurse of the Year](#)

[Award Application Form, Retiree of the Year](#)

[Award Application Form, Bruce Shaw Medique Leader](#)

[Award Application Form, Provider of the Year](#)

[Award Application Form, Employer of the Year](#)

Deadlines will be posted, but we encourage you to nominate someone **today**. Click on one of the links above and show someone they are appreciated! We want to ensure all awards are granted each year. For complete information on each award: <https://fsaohn.nursingnetwork.com/> Click on the resources tab to scholarships/awards. Submit to: [Tessa Stanaland RN, BSN](#)

## FLORIDA OCCUPATIONAL HEALTH STATE CONFERENCE



Keeping with the theme We Are Lifesavers, the Florida State Association of Occupational Health Nurses, together with the Florida Occupational Health Conference Committee is excited to announce the dates of the **2022 Florida Occupational Health Conference (FOHC)**.

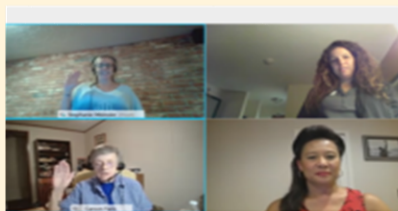
This *in-person conference* will be held in **Orlando, Florida at the Orlando World Center Marriott (OWCM)**. **SAVE THE DATE: Thursday, September 22-Saturday September 24, 2022.**

Pre-Conference sessions will be available to choose from including Florida Mandatory CE offerings (FL Laws & Rules, Human Trafficking, Prevention of Medical Errors, Domestic Violence), and the main conference will feature topics including Workers' Compensation, updates on Legal/Risk, Medical Marijuana, COVID-19, Policy pertaining to e-cigarettes and vaping, a clinical best practice exchange to network with other Occupational Health Nurses and Professionals, and more!

*We encourage you to book your reservations to stay at the Orlando World Marriott. FOHC must meet a certain number of "room nights". If we do not meet the quota, we are still responsible to pay for the unused rooms 😊 You can read about the adjustments to the services, amenities and facilities available during your stay [here](#). Bring the family and make an educational weekend for you and a fun weekend for the family at this beautiful resort!*

### MEET YOUR BOARD AND COMMITTEE MEMBERS

COVID-19 changed the way we conducted our lives and that included our leadership meetings. Newly appointed members (below) were inducted...VIA ZOOM! The following page will feature all leadership members.







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## YOUR LEADERSHIP TEAM

### President/Webmaster



#### **Stephanie Weinsier, DNP, ANP-BC, COHN-S, FFAOHN**

Nurse Practitioner, Wellness Center Manager/Healthy Living  
Wellness Center Global Total Rewards & Medical American Express

### Vice President



FOHC Conference Committee Chair

#### **Tessa Stanaland RN, BSN**

Occupational Health Nurse  
Manager/Pivot-Onsite Innovations

### Secretary/Space Coast President/Membership Chair



Cathy DiBiase, RN, BSN  
Integrated Mission Support Service/Kennedy Space Center

### FSAOHN Director



Karen Shumar RN, COHN-S, CCM, COHC  
Occupational Health Nurse  
Instrument Transformers LLC  
A division of Grid Solution

### Treasurer



Carson Faris RN, COHN-S  
FOHC Conference Committee Co-Chair

### FSAOHN Director/Membership Chair



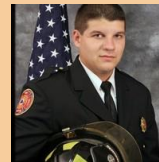
Donna Schaubert RN, BSN, COHN-S  
Heart of Florida President

### FSAOHN Director



Annabel Harte BSN, RN, COHC  
Central Florida President/Health Center Manager/  
The Wellness Center Operated by Premise Health

### Nominations Chair



Chris Seymore RN  
Occupational Health Nurse  
SiVance LLC, a subsidiary of Milken & Co.

### CUE Editor



Patricia Figura-Delia APRN, AGPC, NP-C, COHN-S/ Johns Hopkins ACH Occupational Health: [PFigura1@JHMI.edu](mailto:PFigura1@JHMI.edu)

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## CHAPTER NEWS

### FWCAOHN



News from the West Coast Chapter:

Happy Spring to all of you! It has been a very challenging two years & we have persevered. A special Thank you for your hard work and dedication!

Last year our Chapter was able to have three CEU presentations. We held them in person at the Carillon Wellness Center. We also provided these meetings virtually. We are planning to continue with our In-person and on-line meetings this year at the same Carillon Wellness Center. If you have any topics of interest, please let me know. If you would like to give a presentation that would be appreciated! Last year, one of our members, Deborah Daniel, gave an awesome presentation. Dr. Perler and Dr. Waldrep also presented.

We had a Holiday Gathering in December with the theme: Vintage Christmas. This year's theme is Winter Wonderland. For fun, we have a crazy gift exchange.

To kick off our meetings this year hosted an Appreciation Lunch Cruise on April 2<sup>nd</sup> to celebrate Occupational Health Nurse Week. A great time was had by all.



The attendance to our meetings last year was low but we are hoping to see more of you at our meetings either in person or on-line! The meeting invitations are sent to the emails you have listed on the National Website. However, I have noticed that some of the emails are coming back and phone numbers are not correct. Please check your profiles to make sure you have the updated information.

We are actively looking for members to join our board. We have a few positions open. The President Elect position is currently open. If you are interested in joining the Board, please reach out to me at 727-437-8193. We would love to have you!

Also coming up in September is our Annual Conference to be held from Sept. 22-24th. It will be held at the Orlando World Marriott. Due to COVID-19, FOHC was cancelled the last two years. But we are looking forward to being there this year!

That is it for now. Thanks again for all your support! Take Good Care!

**Karen Shumar COHN-S, CCM**  
**President FWCAOHN**

## REMEMBERANCE



*By Monnie Kinlaw*

### Condolence & Recognition of FSAOHN/Local Chapter Leader-Miami Area

Please join us in recognizing Joan Kantrowitz, a former chapter member and chapter president from the Miami area, who recently passed away. Joan held many different leadership positions, including VP at the local and state level and was a very active member in the 80's and 90's.

Joan was well known for her critical thinking skills, organization, analytics, and compassion. She was a great support to her fellow nurses. She joined Marriott International as a Nurse Care Manager in 2001 after working as a contract nurse for Marriott for nearly 2 years. She retired from Marriott in April 2020, just as the pandemic began. She previously worked as a contract OHN in the Miami area for many years. She also worked ICU/CCU, OR was the Director of Nursing for a small hospital in the Keys. She loved Soduku, crossword puzzles, reading and cooking.

Joan was fiercely independent and lived her life by her own rules. She is survived by her daughter, Carrie.

Let's all stand and salute Joan for her contributions, example and teachings.





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**April 1, 2022**

### **Mental Health at Work: What Can I Do?**

The Office of Disability Employment Policy's Campaign for Disability Employment launched the "Mental Health at Work: What Can I Do?" campaign with the message that everyone has a role to play in promoting a mental health-friendly workplace, whether they are a company leader, manager, co-worker or someone with a mental health condition. The campaign includes a public service announcement, posters, a workplace guide, mental health resources and more.

- [View "Mental Health at Work: What Can I Do?"](#)
- [Read the news release](#)

*U.S. Department of Labor, Office of Disability Employment Policy <[subscriptions@subscriptions.dol.gov](mailto:subscriptions@subscriptions.dol.gov)>*

**NCIRD**  
National Center for  
Immunization and  
Respiratory Diseases

Prevention of disease, disability, and death through immunization and by control of respiratory and related diseases.

[Sign up now](#) to receive this notice for future updates to the web page.

On April 20, 2022, the Immunization Services Division (ISD) in the National Center for Immunization and Respiratory Diseases (NCIRD) will release the next Current Issues in Immunization Webinar. During this webinar, Dr. Tara C. Anderson, DVM, MPH, PhD, LCDR, Dr. Miwako Kobayashi, MD, MPH, and Dr. Mark K. Weng, MD MSc will give updates on ACIP recommendations for hepatitis b, pneumococcal, and zoster vaccines. For more information, go to <https://www.cdc.gov/vaccines/ed/ciiw/index.html>.

[More info](#)



**Centers for Disease Control and Prevention**

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

[Questions or Problems](#) | [Unsubscribe](#)

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## Utah Enacts Advanced Practice Registered Nurse (APRN) Compact



**NCSBN**  
Leading Regulatory Excellence

| <http://www.ncsbn.org/>

CHICAGO – Gov. Spencer Cox signed the APRN Compact into law in the state of Utah on March 24, 2022. When implemented, the compact will allow an APRN to hold one multistate license with a privilege to practice in other compact states.

Through the APRN Compact, APRNs will have the ability to travel from state-to-state to deliver care or provide telehealth services across state borders in other compact states. This will increase patient access to high-quality care with the assurance that their practitioner has met rigorous uniform standards no matter where that care is provided.

Bill sponsor Sen. Curtis Bramble, commented, "It was my privilege to support APRNs in Utah and the important role they play in providing excellent care to our community. The passage of SB151 is significant because it will allow nurses from other states to practice in Utah without a lot of unnecessary bureaucratic red tape. We need these highly qualified health care professionals to live and work in Utah in order to address our growing population's needs. This bill balances the urgent need for more health care workers while upholding high standards for training and safety."

Utah is the third jurisdiction to have enacted the APRN Compact. North Dakota and Delaware enacted the compact in 2021. The APRN Compact will be implemented when seven states have enacted the legislation.

For more information about the APRN Compact visit [aprncompact.com](http://aprncompact.com).

### FLORIDA WORKERS COMPENSATION GUIDELINES

Need to brush up on workers compensation rules and regulations? Follow the link below for an informative booklet:

<http://www.myfloridacfo.com/Division/wc/pdf/WC-System-Guide.pdf>



Member Spotlight

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Donna Schaubert  
Easter Island

As many of you know my goal was to make it to 100 countries, so when I retired I decided the best way to get in a lot of countries was to do a world cruise. We left January 2020 for what was to be 128-day cruise, with exotic destinations like Devil island, Brazil, Antarctica, Easter Island, Tahiti and Tonga, New Zealand and Australia. We made 1/2 way around the world before the pandemic caught up with us.

When we stopped in Sydney, there was a huge Princess ship which docked the same time we did & had infected passengers, which we later found out this was what brought the virus to Australia. We headed out. Little did we know what was to lie ahead.

We stopped 2 other places in Australia then head to Bali and Africa, but when we left Cairns Australia, the captain came on and said that all ports, worldwide were rejecting cruise ships. The cruise line was working on trying to find a port to off load us. We of course tried to tell them to just take us back to the states, but that was not an option. They were afraid that if there were medical problems on board, no port would let them in & no coast guard would respond to transport. The cruise line did not know what the fuel situation would be & if they could get provisions. They said they were taking us to India. All the passengers revolted. After hearing all our concerns, they decided to try another place. We floated around the Indian Ocean for 14 days! The ship's doctor came around and checked every passenger to make sure no one was showing signs of COVID.

We found a port in Australia that would let us off & we started heading that way. We got there to find all the other cruise ships also wanted to get all their passengers off. When we came into port, there was a ship that beat us there & we had to wait. In the meantime, passengers on the other ship were watching the news & how the passengers were quarantined on another ship in Japan. They did not want to be quarantined & we saw people jumping off the ship into the water. This was not what the Australian government wanted to deal with and halted any other ships from unloading.

Our Captain asked the authorities to board our ship and to take a look because the average age of the passengers was 80. He said the worst that could happen from our passengers would be for someone to fall over their cane!

The authorities boarded the ship and determined we were not going to be a threat. The only way to get off the ship was to show you had a flight out of the country. Every flight we booked was cancelled as soon as we would make it. We stayed on the ship until we were forced to disembark, as the ship had to leave port. We moved to a hotel and worked with the American Embassy. They were able to get us out. We were on the last flight to leave Sydney Airport for the US. We were just grateful to be heading home.

We made it the whole time on the cruise without one passenger or crew getting COVID. It did not sour my taste for cruising. My next adventure is a 72-day cruise around Africa.

Happy travels  
Donna Schaubert

## **Occupational Health Considerations for Wound Management:**

### **A Changing Worker Population**

Lytton Reese, BSN, RN-BC, CWOCN

College of Nursing, University of South Florida

**Abstract**

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The workforce population has been and is continuing to change. In the United States, workers are getting older and, in some cases, developing comorbidities at a younger age. The occupational health professional should adjust care to this ever-changing population. Wound management is an area of occupational health that is very prevalent and is impacted by the patients' age and comorbidities. The goal of treatment is healing for the patient, reducing or eliminating time away from work, and preventing the development of chronic wounds. Development of chronic wounds can eventually lead to many adverse health outcomes. When a wounding event occurs, the occupational health nurse should focus on prompt evaluation, evidence-based treatment taking into consideration comorbidities, injury type, and current work demands. There are also opportunities to impact wound healing and prevention through corporate wellness programs and appropriate safety education for at risk work areas.

*Key words:* Wound Care, Working Population, Wounded Workers, Healing Rates, Acute Wound

Management



## **A Changing Worker Population**

Wounds can occur in a workplace setting for a variety of reasons. As occupational health professionals, it is important to take the opportunity to appropriately prevent and manage wounds in our population. The types and causes of wounds can vary drastically in different workplaces, but the occupational health practitioner's evaluation should be standard. Workplace wound types can include but are not limited to burns, amputation, laceration, puncture, dermatitis, and radiation-related (Workers Compensation Insurance Organization, 2020). In the most recent data looking into claims for 2017-2018, burns alone were the second most expensive workers' compensation cases, averaging approximately \$49,521 per claim. Many injuries resulting in workers' compensation claims evaluated by The National Safety Council have a wound component. (National Safety Council, 2018). According to the 2018 U.S. Bureau of Labor Statistics in there were 101,970 cases involving non-fatal open wounds, 88, 540 surface wounds, 19,470 burns, and 2,770 incidence of dermatitis all causing time away from work between 1 and 20 days.

### **Background**

Wounds in the occupational health setting are acute in nature, meaning that the occupational health professional should have the opportunity to intervene quickly and devise a plan. The goal for the occupational health nurse in this setting is prompt evaluation immediately after injury, identification of mechanism of injury, decreasing risks of infection, and preventing delayed wound healing. From initial injury to healing, the body attempts to follow a normal pattern of events. The body responds to a wounding event with inflammation, progressing to proliferation, followed by contraction and remodeling (Doughty & McNichol, 2016, Chapter 2; Jones, 2009). Wounds can become chronic when they are in a pattern of prolonged inflammation. This can be the result of a multitude of factors including age related changes and comorbidities (Doughty & McNichol, 2016, Chapter 1; Jones, 2009). Chronic wounds can then lead to decreased quality of life, loss of limb, disability, and

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become a huge financial burden to the healthcare system (Edwards et al., 2013; Hui,2020). With these core principals in mind, the occupational health professional should also know the factors working against her such as increased age of population and incidence of comorbidities.

### **Increased population age**

In previous generations, working age included up to age 65. Now this is not the case. As baby boomers age and life expectancy increases, so does the age of the working population (Anders 2015). In 2019, 6.5% of the workforce was over 65 years of age and 17% were age 55-64. Comparatively, in the 1990s the number of workers over 65 was under 3% (U.S Bureau of Labor Statistics, 2019). As this percentage continues to increase, it is expected that age related changes will be seen in the workplace. Skin changes begin in early-mid adulthood with the most notable effects on wound healing becoming blatantly apparent after the age of 60 (Doughty & McNichol, 2016, Chapter 1; Jones, 2009). Some characteristics of older adult skin that delay wound healing include prolonged inflammation, increased matrix metalloproteinases and elastase expression, and weakened cellular response in the extracellular matrix (Gould, 2015).

### **Increased population comorbidity rate**

In the most recent National Health Interview Survey from 2012 the rate of the population with chronic diseases can be evaluated. In the age range from 45 to 64, 12.1% of people have a chronic heart/circulatory disease, 9.3% have cancer, and 12.7% have “other chronic diseases” which includes diabetes (Department of Health and Human Services, 2014). A comparison to the 1997 data shows that “other chronic diseases” (including diseases like diabetes) increased from 7.8% to 12.7% in this age range (Department of Health and Human Services 2002,2014). The data surrounding workers and prevalence of chronic disease is significant for many reasons, wound care is one such area. Wounds are highly affected by the host environment. Comorbid conditions such as

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diabetes, peripheral vascular disease, autoimmune disease requiring steroids, and protein malnutrition can all lead acute wounds down the path of becoming chronic if not quickly recognized and treated appropriately.

### **Considerations for Occupational Health Practitioner**

The first step in having an impact on workplace wounds is prevention. Recognition of patterns in injury and prompt solutions can prevent future issues. Optimizing other health concerns prior to injury will decrease the risks associated with wounds. Well designed, impact focused wellness programs can have a positive effect on comorbidities of employees (Cheon et al, 2020). Areas of focus that have been studied as potentially beneficial include physical activity, sleep, nutrition, stress reduction, water intake, and exposure to sunlight (Fry, 2017). However, it is important to recognize that program effectiveness is individual to specific corporations and no one method has been proven superior (Smith et al., 2017).

The next step in this process is timely and efficient care in the acute wound. Initial care should involve achieving hemostasis, radiology if concerns for retained object or further trauma, removal of debris, antiseptic cleansing, appropriate dressing, and empiric antibiotics/culture depending on injury and clinical picture. Primary closure of a wound is based on mechanisms of injury. Wounds with heavy contaminants should be left to heal by secondary intention or delayed primary closure (Doughty & McNichol, 2016, p. 640). Patients should have thorough education regarding immobilization, offloading, elevating, pain management, and signs and symptoms of infection. At this point depending on clinical picture the occupational health nurse should begin evaluating the patient's work environment, mechanism of injury, and health history to provide explicit instructions for work restrictions or modifications.

After the initial visit to the occupational health practitioner following a wound at work, frequent evaluations of the wound should be part of the protocol. Wounds deviating from a normal rate of healing should be closely monitored for possible causes of delay. The first and most likely hurdle is infection. Antibiotic usage

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is to be determined for each wound and nature of injury. Antibiotic choice should be led by wound culture results (Doughty & McNichol, 2016, p. 644). Next it is imperative to be aware of any issues in the patient's history that may be a factor in wound healing. Wounds healing in a typical trajectory, should be complete within approximately 4 weeks. This is an approximation and it should be noted that if wounds are progressing at a continued level of improvement, exact timing is not as important of a factor (Doughty & McNichol, 2016, pp. 26-28) If wounds begin dropping off expected projections for healing and all factors that can be addressed in the occupational health setting have already been implemented, it may be necessary to refer the patient to their primary practitioner or wound specialist. A dedicated wound clinic can then provide the patient with advanced wound treatment modalities. This appropriate referral out is important for the patient's over all wellbeing. Once a wound becomes a chronic condition, healing times can take an average of 12-13 months to close and recurrence mean is three months (Cheng et al., 2020, Edwards et al., 2013). At this point the occupational health practitioner involvement will still include assistance in work restrictions, job modifications and reporting concerns and suggestions to the organizations' safety professional.

### **Conclusion**

Because of the risks to worker's health if a wound is ineffectually treated, it is imperative that the occupational health practitioner is well versed in wound evaluation and care. Though workers have historically been the "healthy population," it must be recognized that the changing population impacts this evaluation. The increased age of the working population and prevalence of chronic comorbidities in younger populations are both part of this new evaluation. The occupation health assessment and treatment must be thorough. Target areas should include injury prevention, prompt evaluation, and reasonable follow up. Prevention can be tackled with traditional employee education in high injury areas or through corporate wellness programs that improve comorbidities prior to potential injury. The evaluation should include evidenced-based treatment with a focus on

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improving rates of healing while recognizing age-related changes and comorbidities. Efficient follow up will prevent wounds that are exhibiting signs of delayed wound healing from falling through the cracks. With these goals and actions in mind, the occupational health team can begin to make an impact on wound healing.

### **Do's and Don'ts**

The following case studies are hypothetically scenarios based on potential outcomes of common work-related injuries. The case studies will examine the patient's background, then two scenarios are presented. Each case has one scenario with the appropriate care of a wound and one showing suboptimal outcomes.

#### **Case 1**

55-year-old female kitchen employee slips in a puddle while working resulting in a laceration on her leg. History includes 3 pregnancies, hypertension, and borderline diabetes with a hemoglobin A1C of 6.1%. Upon assessment of wound, the occupational health nurse practitioner (OHNP) noted varicose veins and hemosiderin staining. Pulses are palpable and capillary refill is less than 3 seconds.

#### ***What Should Have Happened***

Patient noted to have venous insufficiency which is a risk factor for delayed wound healing. After appropriate cleansing of the wound, the nurse bandaged the wound with an antibacterial occlusive dressing and added a compressive wrap to prevent edema in the setting of venous insufficiency. Work restrictions for this patient included breaks every few hours to elevate extremity. The OHNP had patient follow up in clinic in 3-5 days to monitor for infection. Wound progressed to healing without complication. Patient was given resources to obtain graduated compression stockings for everyday use.

#### ***What Happened***

Patient was cleaned, bandaged, and given instructions on how to care for wound topically. No work restrictions were provided. Patient was to follow up in clinic in 2 weeks. On return to clinic, patient had

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swelling, and weeping of the affected extremity and the wound was larger. After treatment of the wound by the OHNP and the patient's primary, the patient was referred to a wound specialist where the wound eventually healed after weeks of managing the swelling and drainage related to venous insufficiency which included multiple weeks off of work.

## **Case 2**

49-year-old male with puncture wound from a nail to plantar foot on jobsite. Patient with long history of diabetes, which is now controlled with metformin, but patient has significant peripheral neuropathy

### ***What Should Have Happened***

Patient was evaluated by OHNP. Upon assessment wound had approximately 1 cm of depth with no retained debris. Wound was vigorously cleaned and disinfected. Wound was packed with antimicrobial dressing and education was provided. OHNP obtained history finding patient was up to date on tetanus vaccine. Upon further investigation, OHNP found patient was not wearing appropriate footwear on jobsite, as he had come from a meeting. Patient was encouraged to watch for signs and symptoms of infection including increased blood sugar, patient made aware that because of neuropathy typical sensations of pain with infection may be hidden. Patient was encouraged to wear offloading diabetic shoe and placed on light duty for offloading plantar surface wound. Patient followed up in clinic to monitor wound progression. Wound progressed to healed without issue. Patient education about appropriate diabetic footwear and frequent foot examinations was provided. Evaluation and education provided to entire department on proper footwear on jobsites.

### ***What Happened***

After initial evaluation of wound and instructions for care by OHNP. Patient continued to utilize current footwear and did not offload appropriately. Wound became larger due to pressure and friction. Wound became

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infected and required antibiotics. Eventually patient was referred to wound specialist clinic where the patient required total contact casting for 4 weeks and significant time away from work.

## References

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Patricia Figura-Delia APRN, AGP, NP-C, COHN-S, CUE editor@ [PFigura1@jhmi.edu](mailto:PFigura1@jhmi.edu)