



## **Are You Conference Ready?**



September 22<sup>nd</sup>, through September 24<sup>th</sup> 2022

Please join us once again for a wonderful experience in education and networking at the 2022 Florida Occupational Health Conference (FOHC). We are happy to announce we will be **LIVE** this year at the spectacular Orlando World Marriott. The conference features an exciting lineup of pre-conference and conference topics. Click below for the agenda: <https://fsaohn.nursingnetwork.com/nursing-events/137367-florida-occupational-health-conference-2022#agenda>

### **Vendors Needed!!**

Contact Annabelle for further details  
[Annabelle.Harte@PremiseHealth.com](mailto:Annabelle.Harte@PremiseHealth.com)



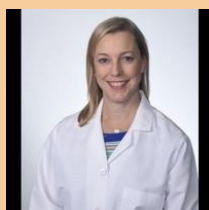
### **Exhibitors Needed!!**

Vendors or Exhibitors [Complete form](#)  
[on-line](#)

Reserve your room early at the Marriott. The organization is contracted a certain number of rooms, at a special price for our attendees. Yes, the room rate may be a bit higher than other local hotels, but the advantages outweigh the cost! The Marriott is a beautiful place not only for the conference accommodations, but also for the ease of walking out of your room and right into your presentation, popping back to your room to freshen up, & no driving from one hotel to another. After a day of brain stimulation, stroll out & meet your colleagues while enjoying your favorite beverage by the firepits. The Marriott is the perfect place to bring your family, so they can enjoy a mini-vacation & visit the new [River Falls Water Park](#) on-property while you obtain those much-needed credits to renew your license and/or certifications. So, please stay with us at the Marriott.

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## **PRESIDENT'S REPORT**

**Stephanie Weinsier**

### **My Experience as a Podcast Guest**

This year has already brought new adventures . . . new experiences . . . and new challenges. I have recently become interested in listening to podcasts in my spare time (there isn't a lot of that!). They are quite entertaining, particularly when driving 3-4 hours to Orlando for the FSAOHN Board Meeting. Last month I was intrigued to be invited to be a guest for the NEW Occupational Health Nursing Pulse: The AAOHN Podcast. Host Jennylynn Balmer and AAOHN asked me to participate as an industry expert and AAOHN member in Episode 2 and I was nervous but also excited to be interviewed! You can check out [Episode 1 of Occupational Health Nursing Pulse: The AAOHN Podcast](#) available for listening on the AAOHN [website](#), [Amazon Music](#), or [Google Podcasts](#). Episode one is all about OHN certification and episode two will be released soon, featuring me sharing my experiences with COVID-19, professionally and personally.

Some of you may not know much about podcasts-God knows you have been working 'round the clock, may be disconnected from technology, or prefer reading books and listening to traditional radio. So, for those who don't know about them, podcasts are episodic series of digital audio files that can be downloaded to a personal device to be listened to at a time of your choosing. You can subscribe to them, and there are various search engines or streaming services (i.e., Spotify, Apple, Amazon Music, Google Podcasts, and more!). Podcasts allow you to learn just about anything, enjoy interviews, or just be entertained. Nowadays, many people make a living promoting themselves through podcasts (they are called "Influencers", and some are

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credible “experts”, while others are just full of “it”). There are podcasts for “Positive Mindset”, “Ted Talks”, “True Crimes”, “Mental Health”, “Economics”, “Sex/Girl Talk”, and even some more controversial ones like “Conspiracy Theories”, “Politics”, and “Science” (If you’re like me, you may be wondering when science became controversial)! Others have stirred up controversies where streaming services went so far as canceling podcasts/hosts/musicians (can you say CANCEL CULTURE?), or celebrities/musicians/hosts canceled their podcasts from those streaming services. Even Prince Harry and Meghan Markle will be getting on board this summer—apparently, they delayed when they thought COVID misinformation was being spread by that platform, but they have now worked out a deal.

Speaking of COVID-19, I was honored to represent AAOHN with ANA to offer a webinar last September on vaccine hesitancy. Oddly enough, like EVERYTHING lately, just the title “vaccine hesitancy” caused some controversy, but we muddled through, and it was very well attended. This was the springboard to my being invited to the AAOHN podcast. I would like to take a moment to share that our very own Barb Maxwell was slotted to present along with myself and Jamesha Ross, but unfortunately at the last-minute Barb had to bow out as her priorities changed and her special nursing TLC duties became very HIGH in demand. Having served under Barb for many years, gaining the confidence to lead, I decided to rise to the challenge. Just so you all know, there were many special FSAOHN leaders and members who have mentored me and paved the way to forge ahead with their vision, fulfilling FSAOHN’s mission and representing our state and chapter well.

So, having been invited to record the podcast, I was left with the thought “WHAT NOW?” I have never done this, but I figured I would do what I always do: immerse myself in preparing and learning all I can to be a “good guest”. It’s gotten me this far, so I figured it would work . . . and that I would share my lessons with you! As you will see on the podcast, I shared that I have a passion for learning, innovating, and sharing what I’ve learned with others; sort of that “see one, do one, teach one” mentality.

In preparing to be interviewed for the podcast, my internet search revealed that it is important to first determine the mission or goal of the session/podcast. Some podcasts are educational/informative and structured, some more entertaining, and informal. I learned from Jennylynn that this session was meant to be

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a micro-learning, somewhat informal, to discuss the OHN's COVID roles, what OHNs have learned since the pandemic, and how they're moving forward. She gave me permission to share some personal stories as well as experiences in my professional role, and that of an AAOHN member and leader.

Before the introduction, appreciation, and formalities "happy to be here, thank you for having me" (thank goodness I have watched David Letterman and hosts and guests from Saturday Night Live as role models), I looked up how to be a good podcast guest. I know you all know by now that I am somewhat of an overachiever and probably take things too seriously, but I didn't want to embarrass myself, FSAOHN, AAOHN, the state of Florida, the colleges I have attended, Nurses and APNs in general (the profession), or more importantly, my kids and husband! After all, teenagers and young adults can be critical! I wanted to be "real", but also not cry . . . it HAS been a rough two years.

The tips provided (which I did find helpful), were to: be authentic and charming, be entertaining and excited, attempt to engage the individual listener-balance storytelling (about you and others) with value-delivery (what the listener should take away whether it be informational/educational, or amusement). Also, practical advice included: limit background noise, a headset helps, minimize other computer applications which may create a distraction or noise when they pop up, ensure you have a good connection whether it be phone or internet-based, have water on hand for dry mouth, try not to say "ummm", keep it "G-rated" depending on the audience, and provide ample time to prepare mentally and physically (take that bio break, make sure you've eaten/not too caffeinated, and meditate or perform deep breathing/relaxation) before the recording. And remember, it is being recorded, so it can always be edited, or you can ask for another "take" of a particular section. And I almost forgot! Make sure you consult with your employer or make it clear that you are or are not a representative of the employer; in my case I was careful not to share any proprietary information or policies but rather "my" opinions and experiences.

Next, Jennylynn and AAOHN were perfect hosts and spent ample time with me in advance to make sure I was prepared; we discussed the questions and topics and created a sort of outline. It wasn't a "script" because we really aimed to keep this conversational and more informal. I found this very easy to do with her,

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being we have so much in common as Nurses, OHN's, AAOHN members and leaders, etc. I had a few things I wanted to say that were funny or personal, but I didn't want to catch her off-guard or come across as inappropriate, so I ran those by her in advance for permission to include them. Particularly, one concept that I wanted to refer to were "the F words", which I became very friendly with during COVID—remaining "fluid", "flexible", and "fast"! I wish I could take credit for them, but I did get that from a colleague!

In the end, it was a fun and challenging experience. The AAOHN moderator said she felt like she was sitting in on a couple of girlfriends sharing stories and experiences, which I took as a compliment since aim was to be authentic and engaging. I'm so excited to share it with all of you and look forward to your feedback. Feel free to email me ([sweinsier@bellsouth.net](mailto:sweinsier@bellsouth.net)) and let me know if my prep work paid off or not. I am impressed that AAOHN and JennyLynn have taken this on—it is a BIG initiative, but a very important one as it is a great opportunity to make Nurses, particularly OHN's, and the important work they do, more well known. And given Occupational Health Nurses Week is in April, it is timely to "share our story". I really am proud to be a part of this organization and this podcast, representing all of you, describing the great work you do every single day. I hope when Episode 2 of the podcast drops you will share it with others, and consider taking a chance, getting out of your comfort zone, and sharing with the world the great work you and countless other OHNs do to take care of workers, business, and environments around the world.

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

<https://sites.libsyn.com/400046/the-ohns-role-during-covid>



## MEMBERSHIP UPDATE



Thank you and welcome to our new members and renewing members. We are so happy you have chosen to belong to a very special organization, whose mission is to advance the practice of Occupational Health and

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Wellness. Please take the opportunity to get to know your Board of Directors, whose names are at the back of this edition of CUE.

We can all agree that everything comes with a price. I was shocked to find a bottle of body wash that used to cost \$5.99 was now \$11.99! It is nice to know that our dues have not been raised this year; in fact, you have more options of which class of membership works best for you. Choosing to join AAOHN AND FSAOHN AND your local chapter listed below, will provide all the benefits of all levels of the organization

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

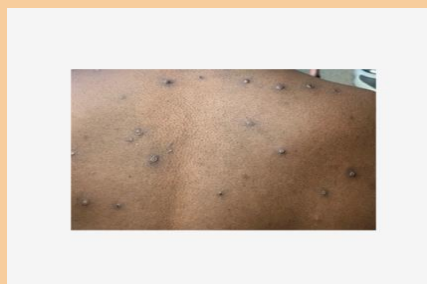
Heart of Florida: Donna Schaubert: [djschaubert@gmail.com](mailto:djschaubert@gmail.com) President

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 level 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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## Monkeypox

### What Healthcare Professional Should Know: An Update for the Florida Occupational Health Nurse

[CDC: Updated June 30, 2022](#)

#### [Monkeypox Case Definition](#)

In light of recent [World Health Organizations' health alert](#) designating the monkeypox virus outbreak a public health emergency of international concern, Occupational Health Nurses need to be knowledgeable and ready to take action when facing a possible case. OHNs caring for Florida workers and businesses may be the first to encounter a suspected case, particularly with many workers traveling internationally (for business purposes as well as personal). They should be prepared to participate in surveillance and containment, remaining vigilant to protect the health and safety of themselves, their co-workers and families, their patients, and the businesses and communities they serve. OHNs should be particularly vigilant when identifying patients who have a rash consistent with monkeypox virus, regardless of whether they have recently traveled as we see increasing numbers of infections emerge across the state and nation (as of July 22, 2022, [247 Monkeypox cases have been confirmed in Florida, the third most in the United States behind California \[356\] and New York \[900\] totaling 2,891 in the United States](#)).

Monkeypox virus is spread through direct contact (person-to-person contact with infectious rashes and close face-to-face contact), or indirect contact (contact with items that previously touched the infectious rash or body fluids). It can be transmitted through respiratory secretions and aerosolization (releasing fomites into the air by shaking bedding

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or collecting laboratory samples). The risk of exposure remains low as it generally requires *prolonged* face-to-face contact, however the contagion period can last up to 21 days. At this time there have been no documented cases of transmission among flight contacts and limited transmission to healthcare workers. Individuals presenting with suspected symptoms/illness should be asked about potential exposures within the preceding 21 days of illness onset. These may include contact with others who: have had similar appearing rash, been diagnosed with confirmed or probable monkeypox, have had close/intimate in-person contact in a social network experiencing monkeypox activity (men who have sex with men (MSM) who meet partners through an online website, digital app or social event), have traveled outside the US to a country with confirmed cases (Europe, North America, Australia, e.g.) or where the virus is endemic (several African countries particularly central and west Africa), OR had contact with dead or live wild animals/exotic pets of an African endemic species or product from such animals (e.g., prairie dogs, Gambian rats).

While many of the most recent cases appear to have disproportionately impacted men who are gay, bisexual or have sex with other men (MSM), it is important to avoid stigma and stress that monkeypox can affect anyone who comes into prolonged contact with an infected individual or their infected belongings (bedding, towels, personal items, etc.).

The illness typically lasts 2-4 weeks and symptoms may include:

- new rash (any type of rash including macular, papular, vesicular, pustular, generalized or localized, discrete or confluent; rash often becomes umbilicated),
- fever (subjective or measured  $\geq 100.4$  °F [38 °C]),
- or other signs such as exhaustion, myalgias, chills and/or sweats, or new lymphadenopathy (periauricular, axillary, cervical or inguinal).

Healthcare providers should review information related to monkeypox below and keep in mind that it can easily be mistaken for other viral infections (e.g., varicella zoster virus), and sexually transmitted infections (e.g., secondary syphilis, herpes, chancroid; often MPX appear in mucous membranes such as mouth/lips or anogenital region); there are frequent co-infections which can make presentation more complex.

- [Monkeypox symptoms](#), especially among individuals with [relevant travel history](#) (recent travel history to central or west African countries, parts of Europe where monkeypox has been reported, or other areas reporting monkeypox cases such as North America)
- [Transmission](#) and [incubation](#) (meets one of the [epidemiologic criteria](#) AND has fever or new rash AND at least one other symptom within 21 days after exposure meeting epidemiologic criteria)

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- [Specimen collection](#) can induce spread through aerosolization of the virus; it is essential to isolate within a negative pressure room and use enhanced respiratory and contact precautions (N95, eye protection, gown, gloves) when performing specimen collection
- Infection control procedures in the [home](#) and [hospital](#); ensure you are using an appropriate [disinfection agent approved for this emerging viral pathogen \(Tier 1 enveloped virus including monkeypox and SARS-CoV-2 and variants\)](#) and encourage hand hygiene, isolation until all lesions have resolved, scabs have fallen off, and a fresh layer of intact skin has formed, and using a well-fitting mask or respirator (particularly if respiratory symptoms such as cough, sore throat, shortness of breath)
- [Clinical recognition](#), and the [characteristic rash](#) associated with monkeypox; rash will often go through stages before healing completely and can look like pimples or blisters that appear on the face, inside the mouth, and on other parts of the body like the hands, feet, chest genitals, or anus
- [Prophylaxis and possible treatments](#) for monkeypox; currently, there is no treatment approved specifically for monkeypox. Antivirals developed for use against smallpox may prove beneficial. Countermeasures available from the [National Stockpile as options for treatment of monkeypox include: Tecoviramat \(TPOXX, ST-246\)](#) available in pill or injection form with clinical trials indicating safety and minor side effects
- Monitoring of those [exposed to monkeypox](#)

Additional [Clinician FAQ's](#) are available at the Centers for Disease Control and Prevention site and clinicians should first consult their state health department ([State Contacts](#)) or CDC through the CDC Emergency Operations Center (770-488-7100) as soon as monkeypox is suspected.

[Orthopoxvirus Vaccine Guidance for Persons at Risk of Occupational Exposure](#)



Sign up for various topics from the CDC to meet your professional needs. Keep up to date on public health issues, immunization vaccine information, and more. Log into the link below and sign up for free newsletters.

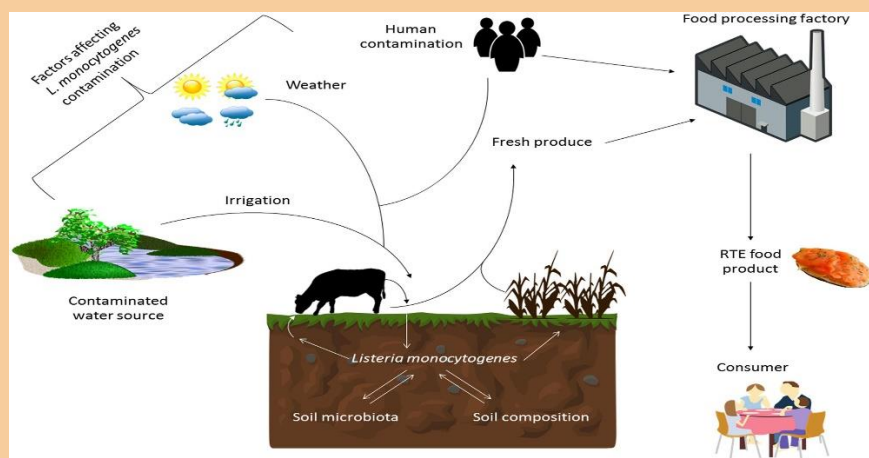
- Headache
- Muscle aches
- Fatigue
- Flu-like symptoms
- Stiff neck
- Confusion
- Loss of balance

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The patient population most adversely affected by Listeriosis are people over 65, those with a weakened immune system and pregnant women. The current outbreak is due to “Big Olaf Creamery” ice cream. This brand has been distributed in Florida and Ohio. Customer base is retail, restaurants and senior care facilities. Other past reported outbreaks have been credited to:

- Packaged salads
- Fully cooked chicken
- Queso Fresco
- Deli meats
- Enoki mushrooms
- Hard boiled eggs
- Raw milk cheese

Symptoms can also cause food poisoning symptoms. These include diarrhea and fever. The symptoms may start on the first day of exposure up until 70 days following exposure. For most who contract Listeria, the recovery without treatment is expected. Treat symptomatically.



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## Award Nominations



**Vice President**

**[Tessa Stanaland RN, BSN](#)**

Scholarships are still available. Show your appreciation by nominating colleagues, organizations, or a provider 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 as they are fast approaching**. 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](#)**



## Peer review process

### Introduction to peer review

Accessed 7/17/2022 from: <https://www.biomedcentral.com/getpublished/peer-review-process>

#### What is peer review?

Peer review is the system used to assess the quality of a manuscript before it is published. Independent researchers in the relevant research area assess submitted manuscripts for originality, validity and significance to help editors determine whether a manuscript should be published in their journal.

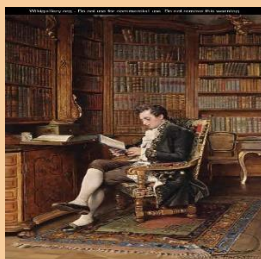
#### How does it work?

When a manuscript is submitted to a journal, it is assessed to see if it meets the criteria for submission. If it does, the editorial team will select potential peer reviewers within the field of research to peer-review the manuscript and make recommendations.

There are four main types of peer review used by BMC:

**Single-blind:** the reviewers know the names of the authors, but the authors do not know who reviewed their manuscript unless the reviewer chooses to sign their report.

**Double-blind:** the reviewers do not know the names of the authors, and the authors do not know who reviewed their manuscript.



**Transparent peer:** the reviewers know the names of the authors, but the authors do not know who reviewed their manuscript unless the reviewer chooses to sign their report. If the manuscript is accepted, the anonymous reviewer reports are published alongside the article and the authors' response to the reviewer.

Different journals use different types of peer review. You can find out which peer-review system is used by a particular journal in the journal's 'About' page.

### Why do peer review?

Peer review is an integral part of scientific publishing that confirms the validity of the manuscript. Peer reviewers are experts who volunteer their time to help improve the manuscripts they review. By undergoing peer review, manuscripts should become:

**More robust** - peer reviewers may point out gaps in a paper that require more explanation or additional experiments.

**Easier to read** - if parts of your paper are difficult to understand, reviewers can suggest changes.

**More useful** - peer reviewers also consider the importance of your paper to others in your field.

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*For more information and advice on how to get published, please see our blog series [here](#).*

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### From the Membership Committee

We would like to thank all of our State Chapter members for renewing their memberships when it came due with either AAOHN or through our Nursing Network website for Chapter only members. Each of you are important to us and we appreciate all you do. You are welcome to engage with each of us directly (our email addresses can be found on our board link on our website) if you have any membership questions or concerns.

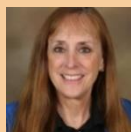
Thank you,

Cathy and Donna

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## CHAPTER NEWS

### FWCAOHN



#### News from the West Coast Chapter

Happy summer to all! A special meeting of the FWCAOHN Board of Directors and our FSAOHN President, was called to discuss our membership current state of affairs. We have seen more and more members not renewing membership. New members have also been on the decline. We have reviewed possible reasons for this decrease in membership, the top being the decrease of employers willing to pay for member dues. We

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want to keep our Chapter active and we urge all members to encourage co-workers to join, volunteer to become a committee member or run for a position on the Board. Elections are coming up in the fall and we need to have more of your expertise and commitment to Occupational Health. Please contact me or one of our BOD for further information on our Chapter and how you can strengthen FWCAOHN!

**Member Spotlight**  
**Dr. Helen Conlon DNP**

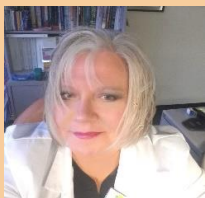


USF is saying a sad goodbye to one of their most beloved Professors, Dr. Helen Conlon DNP. Dr. Conlon served alongside of Dr. Candace Burns as one of the two leaders in the AGPC NP/Occupational Health program and Deputy Director of the SERC program for 15 years. She has shaped the minds and careers of many of our colleagues in the field of Occupational Health.

Dr. Conlon has been a member of AAOHN for many years. Serving in various positions in the organization. She encouraged her USF students to join AAOHN, knowing the importance of being a member of a professional organization.

Dr. Conlon has chosen to retire and spend time focusing on her family and her fur babies. She will be passing the baton to a fellow member of the organization. We wish her health, happiness and a wonderful retirement!

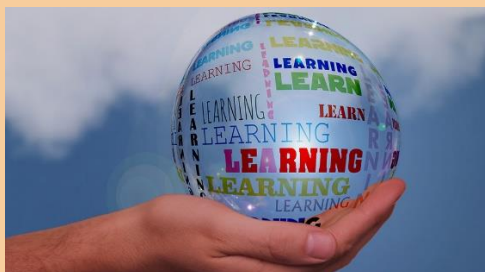
**Message from the Editor**



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The CUE is developed to keep you updated on current issues related to Occupational Health. It includes educational opportunities and messages from our various Board of Directors and Committee leaders, but it needs more! **The CUE needs you.** I search the web for articles that may be of interest, but I need to know, what are your interests? Submitting scholarly articles is a great way to share knowledge and add to your CV. It would be nice to have “happy news”, comics, recipes, etc. as part of our balance between work and home life. Can you help? Please submit suggestions or articles to me and see your knowledge in print!

### Educational Opportunities



### Earn CE credit and unwind in Anaheim during the 2022 AANP Fall Conference

Make plans to join your friends and colleagues this September in beautiful Anaheim, California! The American Association of Nurse Practitioners invites you to learn, network and celebrate the nurse practitioner role at the [2022 AANP Fall Conference](#). Choose from more than 100 CE sessions, with the opportunity to earn up to 18 contact hours of CE credit in-person and free access to the on-demand conference package. Be sure to pencil in a little time to restore as you relax by the pool or visit world-renown attractions nearby. [Register now!](#)



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AAOHN Recorded Webinars: AAOHN strives to provide continuing education (CNE) on subjects pertinent to the occupational & environmental nursing professional. These recorded webinars can be viewed at any time. Topics include:

- Workplace Bullying:
- What Occupational Health Nurses Need to Know
- Management of blood-borne pathogen exposures: A quality improvement project
- Managing the business with a dwindling workforce due to COVID-19
- Mitigating health risk with international business travel consultations
- Using malpractice claim stated to identify risk of nursing practice
- Occupational health nursing underneath the hood
- Opportunities and advancing work her safety, health, and wellbeing
- Contact tracing and coordination with health departments and NIOX during COVID–19 pandemic
- DIY strategies to make health information stick
- Aligning safety and wellness pathway to achieve total work her health excellence
- And more

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## **DOL Panel Discusses 50-year Legacy of National Commission on State Workmen's Compensation Laws**



JULY 18, 2022 - WORKCOMPWIRE

Washington, DC – The U.S. Department of Labor recently held a panel discussion on the 50-year legacy of the Report of the National Commission on State Workmen's Compensation Laws and whether the workers' compensation system is fulfilling its obligation to injured workers, at its Frances Perkins Building headquarters in Washington.

The panel discussion, titled "50 Years after the National Commission: Is the Workers' Compensation System Serving Injured Workers?" included the department's Office of Workers' Compensation Programs Director Chris Godfrey; former Chairman of the National Commission on State Workmen's Compensation Laws, Professor John F. Burton Jr.; Northeastern University School of Law Professor Emily Spieler; and workers compensation attorney Alan Pierce.

"In the 50 years after the National Commission, we've seen a period of initial expansion, then a race to the bottom in most state workers' compensation systems," said Office of Workers' Compensation Programs Director Chris Godfrey. "Millions of working people injured in the workplace are at great risk of falling into poverty because of the failure of state workers'

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compensation systems to provide them with adequate benefits. This event was an opportunity to highlight the question of whether the workers' compensation system is actually providing economic security for injured workers and their families, especially the most vulnerable workers."

In July 1972 – roughly 50 years after the passage of the first state workers' compensation laws – the [National Commission on State Workmen's Compensation Laws](#) (PDF) evaluated whether state workers' compensation systems provided "adequate, prompt and equitable" compensation to injured workers. The reforms adopted in response to the commission's recommendations have formed the basic structure of the modern workers' compensation system in the U.S.

"As part of the department's effort to help meet the needs of workers, we are working to provide employers, workers, federal agencies, state and local governments, and other advocates with a roadmap to advance the goal of quality jobs for all workers," Godfrey added. "The principles of a good job must include workers' compensation benefits that promote economic security, and safe, healthy, accessible workplaces for all workers."

Watch a replay of the discussion here:

<https://www.workcompwire.com/2022/07/dol-panel-discusses-50-year-legacy-of-national-commission-on-state-workmens-compensation-laws/>



## **Criminal Charges Against Nurses: What You Should Know and What You Can Do**

### **A Free On-Demand Webinar**

In February 2019, RaDonda Vaught, RN, was arrested on a criminal indictment and charged with reckless homicide and abuse of an impaired adult after mistakenly administering the wrong medication that killed an elderly patient in 2017. This spring, Nurse Vaught was found guilty and sentenced to three years supervised probation.

**Nurses across the United States were shaken by these shocking events. Many are now worried that their mistakes can result in prosecution and possible imprisonment.**

**Register now to view the on-demand webinar!**

**Attendance is FREE for both ANA members and non-members.**

Registration closes on September 3, 2022 at 1 pm.

**SPACE IS LIMITED!**

Click the button below to register:



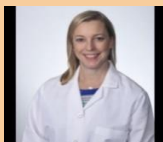
**Please join us for this valuable webinar!**  
**This program is informational only; no CNE is being awarded.**

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**Registration is required for individuals and groups.**

### FSAOHN 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 Chair



**Tessa Stanaland RN, BSN**

Occupational Health Nurse  
Manager/Pivot-Onsite Innovations

#### Secretary/Space Coast President Membership Chair



Cathy DiBiase, RN, BSN COHN-S  
InoMedic  
Kennedy Space Center

#### FWCAOHN President Director/FSAOHN



Karen Shumar RN, COHN-S, CCM, COHC  
Occupational Health Nurse  
Instrument Transformers

#### CFAOHN President Director/FSAOHN



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

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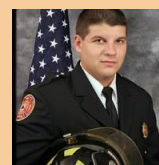
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