

SAFETY & LOSS PREVENTION

OUTLOOK

*Listen
to your
Heart*

CARDIOVASCULAR HEALTH
STARTS WITH MONITORING
YOUR BLOOD PRESSURE

Also Inside:

Hurricane Season 2022

Risk Management's new e-Learning system

Updated COVID-19 testing guidelines from
Florida's Department of Health





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MAY IS NATIONAL HIGH BLOOD PRESSURE EDUCATION MONTH
Around 116 million Americans — nearly half the population of adults in this country — have been diagnosed with high blood pressure (also known as hypertension). Most people are unaware that they even have it until they receive a diagnosis, or worse, experience a cardiovascular event such as a heart attack or stroke. That’s because high blood pressure itself typically has no obvious symptoms, earning it the nickname “the silent killer.”

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A Message from the Editor



My 40th birthday inspired me to make some life changes, as milestone birthdays often do. I went back to work full time after an extended maternity leave. I stopped eating sugar and fried foods. I joined a gym and started running. In the first month, I had already lost eight pounds. At my annual wellness exam later that year, I proudly extolled the details of my new healthy lifestyle to my doctor. She took my blood pressure as I went on about how I could finally run a mile in under 11 minutes. “You didn’t run here, did you?” she asked.

“Your blood pressure is a little high.” *Impossible*, I thought. I had been eating healthier, exercising more, and feeling better than I had in over a decade. I had no family history of high blood pressure. Surely this was a case of a faulty monitor, a false reading, or a fluke. Maybe the stress of the new job, coupled with childcare and parenting headaches, was getting to me.

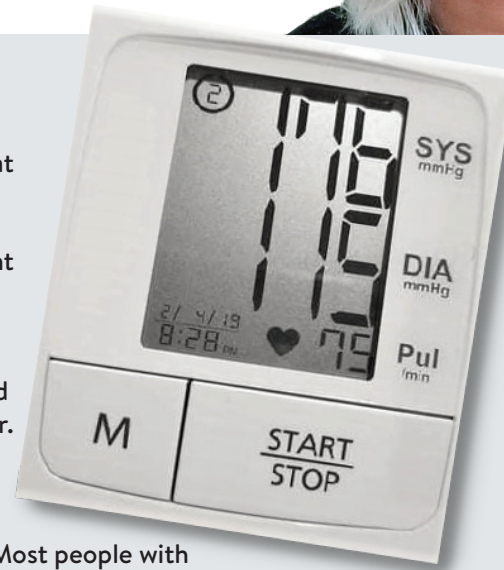
My doctor suggested I purchase an at-home blood pressure monitor so I could keep an eye on it myself. I said I would. And then I did nothing. For three years. Three years of blood pressure readings in the “danger zone” – elevated, but not enough that I couldn’t convince myself (and even the doctors) that they didn’t mean anything. I was *healthy*.

Shortly after my 44th birthday, I found myself in the doctor’s office, plagued with headaches, dizzy

spells, and vision changes – migraines, I thought. Instead of migraines, the doctor found that my blood pressure was not only elevated but dangerously high. I left that appointment and went straight to the pharmacy to pick up my new prescription medication ... and that blood pressure monitor my doctor had recommended four years earlier.

My first high blood pressure reading turned out not to be a fluke, but my symptoms were. Most people with hypertension go about their lives with no noticeable symptoms, not realizing they have it (like I did for years). Many of them (again, like I did) have even had elevated blood pressure readings and choose to ignore them. Remember that my symptoms began only when I was in a hypertensive crisis.

My story could have ended very differently, and it serves as proof that even with a healthy diet and an active lifestyle, hypertension can sneak up without warning – but that doesn’t need to be “all she wrote.” I am happy to report that for the past three years, with the help of medication, my blood pressure has dropped to that of a non-hypertensive person. Nowadays, “crisis mode” usually means I’m rushing to meet a publication deadline!



Actual photo of my blood pressure cuff just days after starting daily medication to lower my blood pressure. The number 2 in the upper left corner indicates Stage 2 hypertension. Both my systolic and diastolic numbers were just five mmHg short of a hypertensive crisis.

The featured article in this issue of *Outlook* provides valuable information and resources regarding prevention and management of high blood pressure. I hope that each of you will take what you learn here to heart (pun completely intended) and not ignore this most important aspect of your health. I encourage you to share it with your coworkers, family, and friends.

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BLOOD PRESSURE BASICS 101

Nearly all medical appointments, whether at a doctor's office, hospital, or even the blood donation center, begin the same way — by measuring your blood pressure. So you know it must be relevant to your overall health, but you may not understand why. Here's a basic primer on what blood pressure is, how it's measured, and why knowing your blood pressure is important.

WHAT IS BLOOD PRESSURE? As your heart beats, it pushes blood through your arteries. Blood pressure is the amount of force placed on the artery walls by the blood as it is pumped through your body.

WHY IS IT IMPORTANT TO MEASURE BLOOD PRESSURE? Too much pressure can damage the tissues of the heart and the arteries themselves, increasing the risk of serious cardiovascular illnesses such as heart disease, the number one cause of death here in the United States.

HOW IS BLOOD PRESSURE MEASURED? Blood pressure readings consist of two measurements — the force on the arteries when the heart contracts (known as systolic pressure), and the force when the heart relaxes (diastolic pressure). This is done with a device called a sphygmomanometer, which has an inflatable arm cuff and a gauge. The cuff is inflated, blocking the flow of blood into the lower arm. The pressure of the cuff is then slowly

released until a pulse can be detected using a stethoscope; the measurement at this point is the systolic pressure. Diastolic pressure is measured at the point when the pulse can no longer be audibly detected.

WHAT DO THESE MEASUREMENTS MEAN? Your systolic and diastolic readings combined constitute your blood pressure, typically noted as a fraction with systolic over diastolic (for example, 120/80). Blood pressure falls into one of five ranges: normal, elevated, stage 1 hypertension, stage 2 hypertension, and hypertensive crisis.



DID YOU KNOW?

The very first sphygmomanometers in the 1800s used mercury (similar to thermometers) to measure blood pressure. Though mercury devices remain the most accurate, the high toxicity of mercury has led to the development of safer alternatives.

Regardless of which type of blood pressure device is used, readings are still given in units of millimeters of mercury (mmHg).

Blood pressure of less than 120/80 mmHg is considered in the **normal** range. Systolic readings between 120 and 129 mean your blood pressure is **elevated**, and you are at risk of developing high blood pressure (HBP) if steps are not taken to get it under control. Consistent measurements of 130/80 or higher means that you have HBP, also known as **hypertension**.

Doctors will typically prescribe lifestyle changes such as adjustments to diet and activity level to a patient with **stage 1 hypertension**. At **stage 2**, doctors are likely to add a prescription for one or more blood pressure medications.

A **hypertensive crisis** occurs when a person’s blood pressure rises to 180/120 or greater. Blood pressure in this range falls into one of two categories: **hypertensive urgency**, in which blood pressure is in the crisis zone but without any other symptoms; and **hypertensive emergency**, in which the person is also experiencing symptoms such as chest pain, shortness of breath, back pain, numbness or weakness, changes in vision, or difficulty speaking.

WHAT CAUSES HBP? Some risk factors can’t be prevented, including **age** (our arteries harden and become less flexible as we age), **genetics** (HBP often runs in families and is more prevalent among certain races and ethnicities), **other health issues** (those with preexisting conditions such as diabetes or obesity are more likely to develop HBP), and even **geography** – a study published in 2021 by the Mayo Clinic found that cases of hypertension are significantly more prevalent in the southeastern U.S., as are cardiovascular-related deaths (though the causes of this are still uncertain). The study also reported that while one in six Americans is considered to have “ideal cardiovascular health” (an already low statistic), that number among Americans in the southeast is only one in ten.

Certain behaviors can also increase your risk of hypertension, such as a **diet** too high in sodium or too low in potassium, **physical inactivity**, and

BLOOD PRESSURE CATEGORY	SYSTOLIC (upper number)		DIASTOLIC (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
STAGE 1 HYPERTENSION	130-139	or	80-89
STAGE 2 HYPERTENSION	140-179	or	90-120
HYPERTENSION CRISIS	HIGHER THAN 180	and/or	HIGHER THAN 120

HYPERTENSIVE URGENCY	BP OVER 180/120	and	NO SYMPTOMS
HYPERTENSIVE EMERGENCY	BP OVER 180/120	and	SYMPTOMS

If you experience hypertensive urgency : contact your doctor as soon as possible.	If you experience a hypertensive emergency: CALL 911 IMMEDIATELY.
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unhealthy habits like smoking or excessive alcohol use. Making healthy lifestyle choices – changing your diet, getting more exercise, and quitting smoking – can help lower your risk of developing HBP. This is even more important for those already at risk due to other factors they cannot control.



DID YOU KNOW?

Most people with HBP never experience symptoms – a lack of symptoms cannot be used as an indicator of normal blood pressure.

Heart rate can be used to measure cardiovascular activity and oxygen consumption, but it cannot be used to measure BP.

The only way to find out if you have HBP is to measure it with a blood pressure monitor and track the results over time.

HOW CAN I FIND OUT WHETHER I HAVE HBP? Blood pressure tests are a routine part of most doctor visits. Your doctor will alert you to any concerns they have and may recommend lifestyle changes or prescribe medication. If your BP is normal, the practitioner may not tell you the result; if they don't, be sure to ask.

Your doctor may also recommend monitoring it yourself at home, especially if your blood pressure levels are elevated or you are otherwise at risk of developing HBP. At-home monitors are widely available, inexpensive, and easy to use. When choosing a monitor for personal use, consider the accuracy of the device (upper arm devices are more accurate than those that fit on the wrist or finger) as well as the features – many digital models can sync with your computer, smartphone, or smartwatch, making it even simpler to keep a record of your numbers to share with your doctor. After purchasing a device, take it with you on your next doctor visit so they can compare the readings against their own instruments and make sure you are using it properly. *NOTE: Home blood pressure monitoring is not a substitute for doctor visits.*

WHAT SHOULD I DO IF I RECEIVE A DIAGNOSIS OF HBP? Adopting a healthy lifestyle can lower your blood pressure, enhancing the effectiveness of and reducing the need for blood pressure medications. While heart disease remains the number one cause of death, rates have decreased significantly thanks to early and better treatment of HBP.

Click the links below for detailed information and recommendations from the American Heart Association:

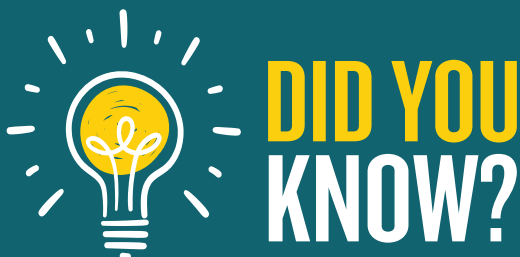
- [Listen to your doctor](#)
- [Take your medications properly](#)
- [Eat a heart-healthy diet](#)
- [Maintain a healthy weight](#)
- [Limit alcohol](#)
- [Get active](#)
- [Reduce stress](#)
- [Quit smoking](#)

HOW TO MONITOR BLOOD PRESSURE AT HOME

TIPS FROM THE MAYO CLINIC

- Measure twice a day. Blood pressure varies throughout the day, often higher in the morning. Measure first at least 10-15 minutes after waking up, but before eating or exercising. Measure again in the evening at least 30 minutes after any food, caffeine, tobacco, or alcohol have been consumed. Take two readings each time.
- Sit quietly before and during monitoring. Get in a comfortable position with legs and ankles uncrossed and back supported by a chair, and don't talk.
- Position your arm properly. Rest your elbow on a table or chair arm, making sure to place your arm at heart level (use a pillow or cushion if necessary). Always use the same arm when measuring.
- Place the cuff on bare skin, not over clothing. Wear short sleeves or slip your arm out of a long sleeve. Rolling up a sleeve can tighten your arm and result in an inaccurate reading.
- Take a repeat reading. Wait 1-3 minutes after the first reading and take another to check accuracy.
- Write it down. If your monitor doesn't automatically log readings, keep a handwritten log, or download an app that allows you to keep track. Call your doctor if you have any unusual or persistent increases in your blood pressure.

For more information about home blood pressure monitoring, visit the [Mayo Clinic website](#).



According to the CDC, nearly half of all American adults (50% of men and 44% of women) have been diagnosed with HBP, and of those, only one quarter have it under control.

The risks stack up – HBP can cause not only heart attack and stroke, but also kidney disease, peripheral artery disease, cognitive decline, vision loss, pregnancy complications, and sexual dysfunction.

Long work hours may up your risk of high blood pressure: study

Originally published February 4, 2020

Quebec City, Quebec – Working more than 40 hours a week can increase your risk of both typical high blood pressure and masked hypertension – defined as a blood pressure reading that’s normal during a doctor’s office visit but high at home or elsewhere, results of a **recent study** in Canada show.

The study involved more than 3,500 white-collar workers, who wore monitors that recorded their resting blood pressure in the morning and during the rest of the workday. Samples were taken at three different times during the five-year study period.

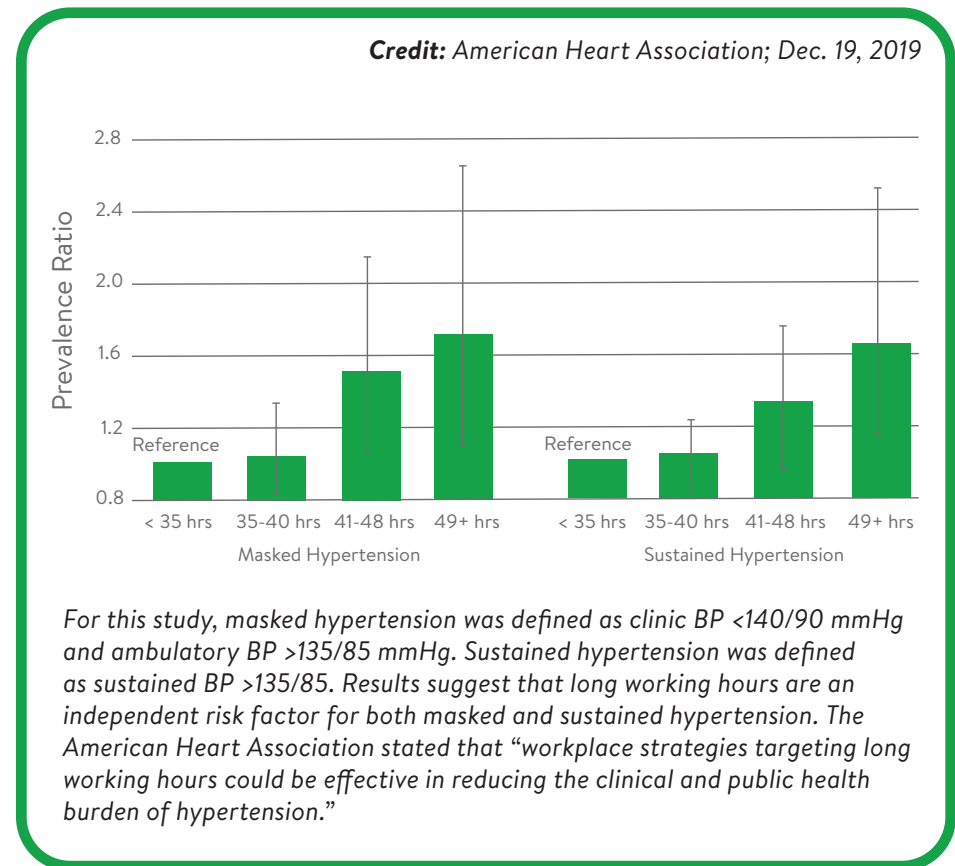
The results: Participants who said they worked 49 or more hours a week had a 66% increased risk of sustained hypertension and a 70% greater risk of masked hypertension compared with workers who logged 40 hours a week or less. Those percentages were 51 and 33, respectively, for workers who logged 41 to 48 hours a week.

The link between working long hours and hypertension was the same for men and women, according to a Dec. 19 press release from the American Heart Association.

In 2018, AHA estimated that more than 103 million U.S. adults had high blood pressure, adding that, in 2015, the condition led to more than 79,000 deaths in the United States.

“If [people are] working long hours, they should ask their doctors about checking their blood pressure over time with a wearable monitor,” lead study author Xavier Trudel, an assistant professor in social and preventive medicine at Laval University, said in the release. “Masked hypertension can affect someone for a long period of time and is associated, in the long term, with an increased risk of developing cardiovascular disease.”

The study was published online Dec. 19 in the AHA journal **Hypertension**.



HURRICANE SEASON 2022

The Atlantic is primed and ready for another record-breaking year ... are you?

The arrival of both the 2020 and 2021 hurricane seasons brought the possibility of unprecedented double disaster, with a major hurricane occurring alongside the ongoing COVID-19 pandemic.

Well, here we go again.

An old saying holds that everybody talks about the weather, but nobody does anything about it. While that is true, it's also true that we can do something about preparing for the weather. Tropical storms and hurricanes, unlike many other violent and damaging weather events, generally allow time for people to put their plans into action. The key is to have a plan ready to be implemented.

The **Oct-Dec 2020 issue of OUTLOOK** includes an article on hurricane preparedness during a COVID-19 outbreak, which bears repeating here:

Make a plan and a backup plan. A good hurricane plan will include evacuation routes and destinations, should that become necessary, and communication strategies and devices. The ongoing COVID-19 pandemic may continue to constrain capacities at hotels and restaurants, and this should be taken into account during planning.

Give yourself more time than you think you'll need. Though hurricanes do give us some warning, that warning time is not unlimited, so some actions need to be undertaken early. Among these are making sure shopping for food and prescriptions is done ahead of

time and during non-peak shopping hours, when possible.

Update and replenish your hurricane supplies. Anyone potentially susceptible to tropical cyclone activity should have a hurricane supply kit ready to use and maintained yearly. Don't be caught off guard by flashlights with corroded batteries or food that's past its prime. Remember to include routine medications and a well-stocked first aid kit. It's important to remember again this year that infection prevention supplies, such as medical masks, soaps, hand sanitizers, and disinfecting wipes are essential components of a modern hurricane supply kit.

Many organizations throughout Florida hold "Build Your Bucket" events each year, providing resources such as information regarding emergency services and disaster kit checklists; some even offer items for disaster kits for free or for purchase. Consult your local county website for information regarding hurricane preparedness events near you, and visit www.ready.gov/kit for more information on compiling and maintaining a hurricane supply kit.

No plan is assured of success, but when anticipating the unpredictable inevitability of hurricane season, every bit of preparation helps.

The 2021 Atlantic hurricane season broke records by being:

- the third most active on record in terms of named storms;
- the sixth in a row with above-average tropical storm activity; and
- the seventh in a row in which the first tropical storm formed before the official start of the season on June 1.

Forecasters predict 2022 will again be busier than normal, with a 65 percent chance for an average to above-average season with 13-18 named storms, 6-11 hurricanes, and 2-5 major hurricanes. Expect to be watching the tropics for activity beginning in May rather than June.

STORM NAMES

2020	2021	2022
Arthur	Ana	Alex
Bertha	Bill	Bonnie
Cristobal	Claudette	Colin
Dolly	Danny	Danielle
Edouard	Elsa	Earl
Fay	Fred	Fiona
Gonzalo	Grace	Gaston
Hanna	Henri	Hermine
Isaias	Ida	Ian
Josephine	Julian	Julia
Kyle	Kate	Karl
Laura	Larry	Lisa
Marco	Mindy	Martin
Nana	Nicholas	Nicole
Omar	Odette	Owen
Paulette	Peter	Paula
Rene	Rose	Richard
Sally	Sam	Shary
Teddy	Teresa	Tobias
Vicky	Victor	Virginie
Wilfred	Wanda	Walter
Alpha	COLOR KEY TROPICAL STORM CATEGORY 1 CATEGORY 2 CATEGORY 3 CATEGORY 4	
Beta		
Gamma		
Delta		
Epsilon		
Zeta		
Eta		
Theta		
Iota		

Both 2020 and 2021 used every name on the list for the first time in consecutive years. Will 2022 follow suit?



E-Learning

from the

DIVISION OF RISK MANAGEMENT

The following online training modules are now available on the People First Learning Management System:

SAFETY COORDINATOR ORIENTATION

ACCIDENT INVESTIGATIONS

PROMOTING EMPLOYEE SAFETY AWARENESS

FACILITY & EQUIPMENT INSPECTIONS

The following online training will be offered via GoToTraining through our Webinar Wednesday program:

WORKERS' COMPENSATION & RETURN-TO-WORK:

APRIL 20, 2022 @ 10AM & 2PM

Introducing our new e-Learning platform!

The safety training required per section 284.50, F.S. for all newly appointed safety and alternate safety coordinators, previously available solely in webinar format, is now being provided through online training modules available at your convenience.

PEOPLE FIRST



DRM WEBSITE REGISTRATION

Employees who use People First for timekeeping:

- Login to People First
- Click on Talent Management
- Click on Learning
- Click on Find Learning
- Type "DFS_RM" into the search bar for a list of current courses
- Click "Start Course" on the module of your choice

All others:

- Click the button to access the external registration portal on the Division of Risk Management's website
- Submit your information

This is a single registration process for the People First Learning Management System and will allow access to all of our trainings.

On January 6, 2022, the Florida Department of Health issued updated COVID-19 testing guidelines:

Individuals who have symptoms and are at increased risk of severe illness (those with a greater chance of hospitalization, intensive care, or death) should get tested soon after symptom onset and seek antiviral and/or other treatment as soon as possible.

Groups at risk for severe illness include:

- Adults 65 and older
- People with medical conditions such as cancer, diabetes, lung or heart diseases, or are otherwise immunocompromised
- Those pregnant or recently pregnant

Individuals who have symptoms and are not at increased risk should consider getting tested and seek medical treatment only as necessary.

All individuals with symptoms of COVID-19 should avoid contact with others, regardless of testing outcomes.

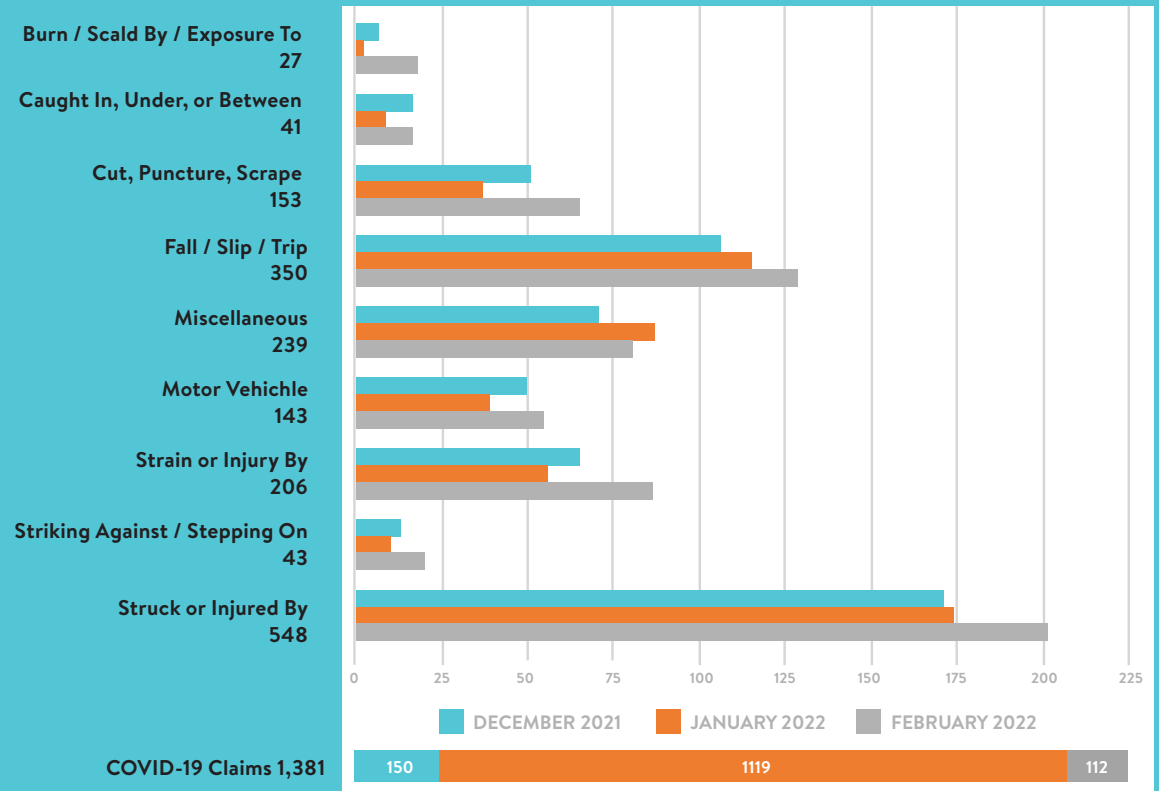


Updated Guidance Regarding COVID-19 TESTING

Up to 4 free self-test kits per household can be ordered online at COVIDtests.gov. Free onsite tests are also available through local health departments. Insurance companies are now required to reimburse the cost of self-test kits purchased at pharmacies or other retail outlets.

OUTLOOK SNAPSHOT

2021 STATE OF FLORIDA WORKERS' COMPENSATION CLAIMS BY CAUSE



Total WC claims for December 2021-February 2022: 3,131 – a 21% increase over the previous three-month total of 2,461; however, “COVID-19” claims account for this increase, with 1,381 (depicted in the color bar below the main graph), 80% of which occurred in January 2022 alone. January 2022 had more than twice the number of COVID-19 claims than the previous four months combined (Sept-Dec 2021) and was the second highest month since the pandemic began (August 2021 had slightly more with 1,222).

Total claims excluding those for COVID-19: 1,750 – a 13% decrease from the previous three-month total of 2,017. Claims in nearly every category dropped during this period (only “MOTOR VEHICLE” and “STRIKING AGAINST/STEPPING ON” categories saw slight increases).

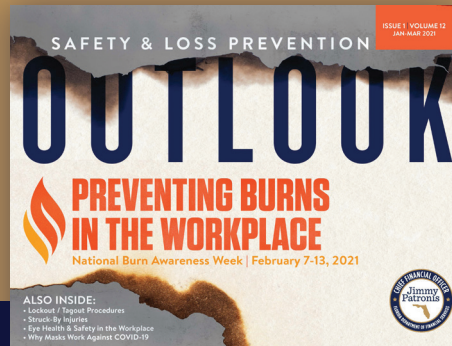
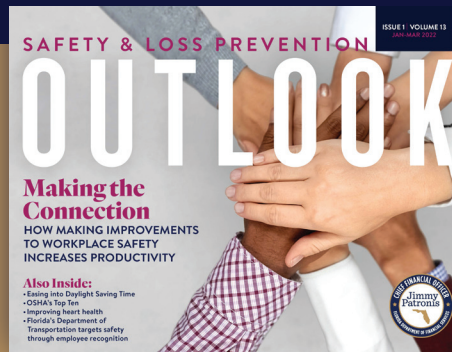
The most concerning trend to note is the significant jump in claims from January to February in all categories except “MISCELLANEOUS”: “CAUGHT IN/BETWEEN” and “CUT/PUNCTURE/SCRAPE” claims increased by more than 43%; “STRIKING AGAINST/STEPPING ON” and “FALL OR SLIP—FROM LIQUIDS OR GREASE” injuries both doubled; and “BURN/SCALD BY/EXPOSURE TO” claims jumped a whopping 89%.

“MISCELLANEOUS” includes subcategories such as “Absorption/Ingestion/Inhalation,” “Cumulative,” “Foreign Matter,” “Natural Disasters,” and “Other Than Physical Cause Of Injury.” (COVID-19 claims fall under this category but have been separated out and are not included in the monthly totals on the main graph.)

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