



# PADONA /LTCN

Pennsylvania Association of  
Directors of Nursing Administration

AUGUST 2019

PAGE 1

## PADONA ENews



Find us on  
**Facebook**

### **How to Reach Us at :**

**Candace McMullen**  
Chair, Board of Directors /  
Executive Director

[cmcmullen@padona.com](mailto:cmcmullen@padona.com)

**Sophie Campbell**  
Executive Director of Educa-  
tional Programs & Services  
[scampbell@padona.com](mailto:scampbell@padona.com)

[scampbell@padona.com](mailto:scampbell@padona.com)

**Terri Gabany,**  
Area I President

[tgabany@grovermanor.care](mailto:tgabany@grovermanor.care)

**Deborah Kennedy**  
Area II President

[DKennedy@psl.org](mailto:DKennedy@psl.org)

**Lois Pasco**  
Area III President

[lpasco@actslife.org](mailto:lpasco@actslife.org)

**Candace Jones,**  
Administrative Director

[cjones@padona.com](mailto:cjones@padona.com)

Dear PADONA Members,

The one thing that you can count on in this industry is constant change! We have been inundated with regulatory updates and payment system changes while we continually address workforce challenges and increasing regulatory oversight and survey processes.

As I reflect over the recent past, we have implemented 2 phases of changes with our federal requirements of participation with two more phases upcoming....Phase 3 implementation is just three months away. We have transitioned two-thirds of the Commonwealth to Managed Medicaid with full implementation in four months. And, we are less than two months away from a complete overhaul of our Medicare payment system. Oversight of our state survey agency continues to tighten, yielding increased surveys, citations, and enforcement actions. As we work through this constant change, it is so easy to lose our passion and purpose. Passion is what drives our behavior and fills us with energy and enthusiasm. It is so easy to focus on the mounting responsibilities, tasks and obligations, forgetting "why" we do what we do! I have recently challenged myself and I challenge you to take a few minutes each day to really think about what personally drives you and brings gratitude! I can tell you that a few minutes of disciplined reflection will help adjust your attitude and reconnect with the roots of your inspiration and motivation! Starting your day with positive reflection will allow you to gain control of your thoughts and behaviors rather than reacting to the tasks, obligations, and responsibilities. Always remember.....Attitude is EVERYTHING!

Should you find a need for a Department mandated directed inservice or proactively want training for your staff on the regulatory requirements, please contact us! PADONA can also provide nursing CEU's to your nursing staff! Special discounted rates on our directed inservice trainings are available for facilities with at least one active PADONA member. We can mobilize your trainer quickly! For further information, please contact Becky Flack at [rflack@padona.com](mailto:rflack@padona.com) or [cmcmullen@padona.com](mailto:cmcmullen@padona.com).

Our convention is PADONA's largest source of revenue. We had a profitable 2019 convention and are busy preparing for 2020! Our convention request for speaker proposal has been released with deadline for submission of September 6. We also have sponsorship opportunities available to participate in our annual convention! If you know of any business associate that might want to be part of PADONA, please forward our information. We appreciate your assistance to make our convention bigger and better!



# PADONA /LTCN

Pennsylvania Association of  
Directors of Nursing Administration

AUGUST 2019

PAGE 2

Lastly, I don't want you to miss our annual LTC Leadership Development Program, being held OCTOBER 1 – 4, 2019, at Grove Manor in Grove City, PA. Session details and registration information can be accessed in our weekly update and through our [www.padona.com](http://www.padona.com) website. In addition to the knowledge and expertise you will gain, you will also earn CEU's and have the opportunity to earn the Certified Nursing Director in Long Term Care "CNDLTC" certification. This program is extremely popular so I encourage you to join Sophie Campbell and me in October!

We exist for you! So, please let us know how PADONA can be of assistance to you!

Wishing you a great remainder of your summer!

Regards,  
Candace McMullen  
PADONA  
Executive Director /Board Chair

---

**You should have received an email requesting your participation in an educational needs assessment survey that can be completed through SurveyMonkey. The Board of Directors would very much appreciate your participation in this survey. The educational needs assessment will provide information related to your preferences for education sessions and your educational needs so we can best meet your needs and become your one stop for education. We ask that you complete the survey by August 30. Thank you in advance for your participation in the survey!**

---

Dear PADONA Members:

You may have noticed that the PADONA eNews was not delivered in your email each month as you have become accustomed to receiving it—at least we hope you noticed. Because we have been sending the PADONA Updates twice monthly on Fridays with a variety of information for members to assist you with your jobs, we have determined that we will adjust the schedule of the eNews to quarterly and include mostly articles and information that is not related to scheduled education or available education. The eNews will serve as educational with articles and information from guest writers, our Education Specialist and some of our sponsors and vendors. The PADONA Updates, which is provided twice each month, will provide you with scheduled events and items that you may need to attend to as part of your job. We hope you find this helpful!

Sophie Campbell, Executive Director Educational Programming and Services



## Clinical Pearls

### Clinical Pearls: Flu Vaccine is the Best Protection Against Flu

According to the Center for Disease Control (CDC) flu vaccination has been shown to reduce flu illnesses and serious flu outcomes that can result in hospitalization or even death in older people

Flu vaccines are updated annually to keep up with changing viruses. Research indicates what will be the most common flu virus during the upcoming season and a vaccine is developed to protect against getting the flu. Immunity from vaccination develops antibodies within the body in about two weeks.

Types of flu vaccine recommended by the CDC for 2019-2020:

**Trivalent** (three-component) vaccines contain an H3N2, an H1N1 and a B virus. Four component vaccines have an additional B virus component.

**Quadrivalent** (four-component) vaccine contain an H3N2, an H1N1, B virus and an additional B virus component vaccine.

Older people with a weaker immune system often has a lower protective immune response after flu vaccination compared to younger, healthier people. This can make the elderly more susceptible to the flu. Although immune responses may be lower in the elderly, vaccine effectiveness has been similar in most flu seasons among older adults and those with chronic health conditions compared to younger, healthy adults. Although older adults have a weaker immune response to flu vaccines, there are many reasons why people in that age group should be vaccinated annually. Complications from the flu may include sinus and ear infections; pneumonia is a serious infection alone or from co-infection of flu virus and bacteria. Other possible serious complications triggered by flu can include inflammation of the heart, brain or muscle tissues, and multi-organ failure such as respiratory and kidney failure. Flu virus infection of the respiratory tract can trigger an extreme inflammatory response in the body and can lead to sepsis.

The best way to protect against flu and its potentially serious complications is with a seasonal flu vaccine each year by the end of October. However, as long as flu viruses are circulating, vaccination should continue throughout flu season, even in January or later.

Resources:

<https://www.cdc.gov/flu/highrisk/65over.htm>

[Influenza vaccination of health care providers in long-term care: Letter from the Assistant Secretary for Health CDC-pdf \[121 KB, 2 pages\]](#)

[Treating Flu Fact Sheet CDC-pdf\[308 KB, 2 Pages, 8.5" x 11"\]](#)

Brought to you by:

Rebecca Flack, RN, BSN, MSN, CRNP, DNP

Pennsylvania Director of Nurses Association

Professional Development Nurse Educator



## **New Hazardous Waste Pharmaceuticals Rule:**

### **EPA Revises Management Standards for Hazardous Waste Pharmaceuticals (HWPs)**

The final rule from the Environmental Protection Agency (EPA) , was effective August 21, 2019 and impacts the long term care continuum of care The list of types of facilities included in the requirements has been revised by the EPA and now applies to any licensed entity providing assistance with activities of daily living, as well as managing and administering pharmaceuticals to one or more individuals at the facility. This includes, but is not limited to, hospice facilities, nursing facilities, skilled nursing facilities, and the nursing and skilled nursing care portions of continuing care retirement communities. The EPA does not include group homes, independent living communities, assisted living facilities, and the independent and assisted living portions of continuing care retirement communities in the requirements of this rule.

The final rule does not increase the universe of pharmaceuticals that are considered hazardous waste. However, it does accomplish four significant and practical changes in the management of pharmaceuticals: (1) HWPs that are to be sent off-site for reverse distribution will be regulated as hazardous wastes under the RCRA while still at the health care facility, (2) HWPs are banned from being disposed of down a drain or in a toilet, thereby reducing the amount of pharmaceutical ingredients that contaminate drinking water and endanger the environment, (3) it is easier to make a HWP container legally “empty,” and (4) nicotine replacement therapies are no longer considered potential hazardous wastes. Some of the components of the final rule will relieve the existing burdens on generators of HWPs, while other components may make the management of HWPs more onerous, at least initially.



The new EPA rule prohibits disposing of hazardous waste pharmaceuticals down the drain. The EPA understands that the primary focus of healthcare personnel is to provide care for patients/residents. Until the enactment of this rule, many healthcare personnel have been responsible for making hazardous waste determinations related to disposal of unused medications and treatment substances initially intended for provision of patient care. However, the EPA recognizes that this issue typically falls to nursing personnel who are not trained in making hazardous waste destruction determinations or in taking on responsibility for a disposal process. The EPA in its final rule is now providing guidance that removes responsibility from healthcare personnel for making decisions about hazardous waste.

The analysis necessary to determine whether a given substance is considered a HWP involves three questions:<sup>7</sup>

Question 1 – Is it a Pharmaceutical?<sup>8</sup> Under the final rule, a pharmaceutical includes, but is not limited to, the following:

- ☐☐ Dietary supplements, as defined by the Federal Food, Drug and Cosmetic Act;
- ☐☐ Prescription drug, as defined by 21 C.F.R. § 203.3(y);
- ☐☐ Over-the-counter drugs;
- ☐☐ Homeopathic drugs;
- ☐☐ Compounded drugs;
- ☐☐ Investigational new drugs;
- ☐☐ Pharmaceuticals remaining in non-empty containers;
- ☐☐ Personal protective equipment contaminated with pharmaceuticals; and
- ☐☐ Clean-up material from spills of pharmaceuticals.

The definition also includes any electronic nicotine delivery system and liquid nicotine packaged for retail sale. Excluded from the definition are sharps and dental amalgam.



Question 2 – Is it a Solid Waste? A solid waste is any discarded material that is not otherwise excluded under the regulations that implement RCRA. What constitutes a RCRA9 solid waste, however, is not limited to wastes that are physically solid. Many solid wastes are liquid, semi-solid, or gaseous material. A material is considered “discarded” once the facility has decided to discard it, and must be managed appropriately at that point in time. A material that is legitimately going to be used, reused or reclaimed is not discarded and is not a solid waste.

Question 3 – Is it a HWP? Solid wastes that are pharmaceuticals are only considered hazardous waste under RCRA if they are either listed as hazardous wastes or exhibit one of the characteristics of hazardous waste. There are four lists-- F10, K11, P12 and U13--based on either manufacturing and industrial processes, or chemical designations. The F and K lists are based on manufacturing and industrial processes, none of which apply to pharmaceuticals for humans. The P and U lists are based on chemical products. The EPA notes that there are approximately 30 “Commercial Chemical Products” on the P and U lists that have uses in multiple pharmaceuticals. A Commercial Chemical Product is only a waste if (i) it has not been used or used as intended, and (ii) consists of the commercially pure grade of the chemical, any technical grades of the chemical that are produced or marketed or the chemical is the sole active ingredient in the formulation.<sup>14</sup> If these criteria are not met, then the pharmaceutical is not a HWP, even if included in the P or U list.

As noted above, even if a pharmaceutical waste is not listed on any of the lists, it may also qualify as a hazardous waste if it exhibits one of the four characteristics of hazardous waste:

Ignitability<sup>15</sup> (something flammable) – for example, solutions containing more than 24% alcohol,

Corrosivity<sup>16</sup> (something that can rust or decompose) – for example, certain compounding chemicals,

Reactivity<sup>17</sup> (something explosive), and

Toxicity<sup>18</sup> (something poisonous).

The answer to all three of the foregoing questions must be yes for the material to qualify as a HWP. though the final rule does contain certain exceptions that may apply to exclude a pharmaceutical from being considered a HWP for purposes of RCRA Subpart P.<sup>19</sup> A long-term care facility that determines that it does generate HWPs must then conduct further analysis to determine the nature of its obligations under Subpart P.

Information provided from several articles and the final rule related to the HWPs.

**WATCH YOUR EMAIL FOR INFORMATION RELATED TO A PADONA WEBINAR ON THIS TOPIC**



## Featured Vendor



*Medical Supplies & Services Specialist*

Columbia Ancillary Services, in business since 1991, is a Joint Commission Accredited, family owned business that provides: Oxygen (Tanks of all sizes, Concentrators, tubing etc.), Beds, Specialty Mattresses, Bi-C-PAPS, Ventilators, Trach compressors and trach cleaning supplies, Nebulizers, Negative Pressure Wound Therapy and other DME to Nursing Homes and other entities spanning 4 States. CAS focuses on providing **quality, cost effective** products and specializes on providing **Exceptional Customer Service** from both our professional staff of Respiratory Therapists and Nurses to our Technical Staff and Drivers.

## New Members

- Stephanie Fisher - Nottingham Village - Area II
- Susan Foster - The Gardens at Camp Hill - Area II
- Jamie Muendlein - Timber Ridge Health Care Centers - Area III
- B. Renee Neiswender - Londonderry Village - Area II
- Michele Scaliti - Acadia Pharmaceuticals - Area III
- Kayla Singleton - Elizabethtown Healthcare & Rehab - Area II
- David Sinha - Area III
- Shari Stefl - LaFayette Manor, Inc. - Area I