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KENTUCKY BOARD OF NURSING

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FAQ: SAFE CARE AND USE OF PPE DURING COVID-19 STATE OF EMERGENCY

The Kentucky Board of Nursing has received many calls and emails with concerns about nurses' safety in providing care for patients with suspected or diagnosed with COVID-19 and the actual and projected shortage of PPE provided in facilities across the Commonwealth. Many nurses have expressed concerns regarding what to do if they feel they are putting themselves and their families at risk or are not provided enough resources to protect themselves. The CDC has established guidelines to identify individuals who are "at-risk" for contracting COVID-19, the proper use of PPE and guidelines for alternative plans with limited PPE supplies, and measures to reduce the spread of COVID-19. After reviewing CDC guidelines and Kentucky Nursing Laws, the Kentucky Board of Nursing has worked to create a FAQ and resource guide in response to the many questions and concerns our constituents have expressed regarding COVID-19, and this will be updated as new information is released.

The official Team Kentucky source for information concerning COVID-19 https://govstatus.egov.com/kycovid19

American Nurses Association: Coronavirus Disease (COVID-19) https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/

CDC: Coronavirus (COVID-19)

https://www.cdc.gov/coronavirus/2019-ncov/index.html

CDC: Information for Healthcare Professionals

https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html

CDC: Strategies for Optimizing the Supply of Facemasks https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/facemasks.html#contingency-capacity

- Strategies to optimize the supply of facemasks with different response levels:
 - <u>Conventional capacity</u>: measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and personal protective equipment (PPE) controls should already be implemented in general infection prevention and control plans in healthcare settings.
 - Contingency capacity: measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of healthcare personnel (HCP). These practices may be used temporarily during periods of expected facemask shortages.



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- Organizations may be operating in contingency capacity and are utilizing guidelines provided by the CDC. You may want to refer to specific facility guidelines and response to COVID-19.
- <u>Crisis capacity</u>: strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of known facemask shortages.

CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
 - Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
 - Facemasks protect the wearer from splashes and sprays.
 - Respirators, which filter inspired air, offer respiratory protection.
 - When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Facilities that do not currently have a respiratory protection program, but care for patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.
 - Eye protection, gown, and gloves continue to be recommended.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.

