

HICPAC Isolation Precautions Guideline Workgroup Call

August 18, 2022, 2:00 pm ET

Participants

Workgroup: Sharon Wright, Mike Lin, Elaine Dekker, Anu Malani, JoAnne Reifsnnyder, Mark Russi, Connie Steed, Julie Trivedi, Deborah Yokoe

CDC: Mike Bell, Darian Bishop, Sydney Byrd, Abigail Carlson, Marie de Perio, Ryan Fagan, Jamesa Hogges, Fernanda Lessa, Melissa Schaefer, Erin Stone, Matt Stuckey, Laura Wells

Agenda

- Recap of prior meeting
- Section C Transmission-based precautions: Discuss potential approaches
- Discuss potential targeted review questions

Discussion Summary

Section C Transmission-based precautions: Discuss potential approaches

After summarizing the previous meeting, Dr. Lin led a discussion on Section C.

- Dr. Bell reviewed the draft Components of Isolation table.
 - This table identifies the function/intent for individual and combinations of the various isolation components.
 - The first section of the overall draft is why this update is being done, the second section is how we think things spread, and the third section is what are all the various devices we use to prevent spread, so this table intends to tie what we do to why we do it.
 - Row 1 and 2 - the focus is on non-sterile gloves, preventing exposure of damaged skin and movement of pathogens from location to location, and other things that need to be considered (contact precautions)
 - Row 3- looks at protection against splashes and sprays - adds barriers to protect facial mucous membranes and isolation gown
 - Rows 4 and 5 – prevention of infection from high-risk respiratory pathogens and routine respiratory pathogens
 - can't predict how far a pathogen might go when inhaled, so need to think about the level of hazard rather than the splash vs. inhalation issue
 - omission of negative pressure room is on purpose – it does not prevent inhalation or deposition; it contains the airspace
 - Row 6 – getting to the source control issue, correct use of any mask
 - Row 7 – addresses the negative pressure room, which keeps a patient's exhaled air from moving out of the room
 - 8- speaks to keeping people from being in an enclosed space sharing air that could lead to a cross-transmission (single patient room)
 - 9- the handling of air space to reduce exposure of aerosols from procedures – there are alternatives to the negative pressure room
- The group discussed the table, starting with Row 1.
 - Should “damaged” be removed and say “skin of hands” because of the risk of colonization?
 - Gloves are overused, so there could be a footnote to address the use of gloves to prevent colonization, but keep the word damaged.
 - Part II (update of Appendix A) will be more specific for each pathogen, but it may be a good idea to add a syndromic piece to this table (rash, etc.).

- It was suggested it would be good to explain why gloves are not recommended in every situation and when healthy intact skin is okay.
- The use of gloves is required when the wearer has non-intact skin but also is necessary when there may be contact with broken skin, a rash, body fluids, etc. of others.
 - If either person has non-intact skin, gloves should be worn.
- Row 2
 - Should the containment of druggable items be in Standard Precautions?
 - A member recommended qualifying that the movement of pathogens from one location in a facility to others also includes movement from patient to patient.
- Row 3
 - A member commented on the importance of explaining the differences between face shields and eye shields.
 - The previous section discusses the various devices used to prevent transmission and why we use them.
 - The goal is to help people understand why the recommendation is made vs. doing something solely because the recommendation tells you to do it and not understanding the rationale behind it.
 - The group agreed this should say splashes and sprays vs. just splashes.
- Rows 4 and 5
 - The group discussed using the term “non-fit tested” respirators and the concern around OSHA standards.
 - This table provides the minimum requirement for protection. An explanation could be added that a person could voluntarily choose to do more than required (e.g., wear a non-fit tested respirator).
 - A healthcare worker who is immunocompromised may choose a higher level of protection than recommended.
 - Should the terminology be pathogens that transmit by air vs. respiratory pathogens?
 - Some pathogens have respiratory transmission but do not cause respiratory disease.
 - The group discussed eye protection being in row 4 but not row 5 and if it should be in both.
 - The recommendations will be pathogen-specific in the update to Appendix A, so there will be more clarity on eye protection in specific situations.

Discuss potential targeted review questions

Dr. Lin presented a potential targeted question on eye protection.

- “Is the addition of eye protection, compared to no eye protection, more effective in preventing respiratory virus infection among HCPs caring for infected patients?”
- The group agreed it is challenging to enforce wearing eye protection, so it will be beneficial to look at the evidence.
 - If there is a solid basis for why it is recommended, it will carry more weight.

Next Steps

The rest of the table will be discussed at the next meeting, and the group is invited to share further comments on the document in Box.com.

The call adjourned at 3:01 pm with no additional comments or questions.

The next Workgroup call is scheduled for September 1, 2022, at 2 pm ET.