

HICPAC Isolation Precautions Guideline Workgroup Call

November 17, 2022, 2:00 pm ET

Participants

Workgroup: Sharon Wright, Mike Lin, Hilary Babcock, Elaine Dekker, Judith Guzman-Cottrill, Anu Malani, JoAnne Reifsnnyder, Mark Russi, Connie Steed, Julie Trivedi, Deborah Yokoe

CDC: Mike Bell, Sydney Byrd, Fernanda Lessa, Melissa Schaefer, Devon Schmucker, Christine So, Erin Stone, Matt Stuckey, David Weissman, Laura Wells

Agenda

- Recap of HICPAC meeting
- Overall timeline discussion
- Discussion with the OGRE team on targeted reviews
- Contact Precautions discussion
- Enhanced Barrier Precautions discussion

Discussion Summary

Recap of HICPAC meeting

Dr. Lin summarized the HICPAC presentation and asked the group if they had received feedback in their local areas.

- Members reported that the information presented so far has generally been well received.
 - There is agreement on the proposed use of masks, but similar to the group, feedback on when to use eye protection is mixed.
- Members also spoke about others in their facilities requesting clarity on what PPE to wear during AGPs
- The group discussed separating the AGP piece from the patient care piece.
 - It was pointed out that more evidence will be available in the next few months to help define which procedures are AGPs and the appropriate PPE to wear.
 - A member expressed that AGPs should be addressed in the context of the three proposed transmission-by-air categories because there are so many questions about AGPs.
 - Decoupling PPE and the need for airborne infection isolation could cause confusion and will conflict with some OSHA regulations.
 - The group agreed that the AGP piece is an important part that needs to be addressed and will require more discussion and evidence.

Overall timeline discussion

- The next two to three meetings will focus on transmission by touch.
- Early 2023 will be spent writing.
- A draft will be presented at the March HICPAC meeting and then submitted to CDC clearance.

Discussion with the OGRE team on targeted reviews

- Both targeted reviews are being finalized.
- The group discussed adverse events affecting compliance with masks and eye protection.
- A member reported that the top complaints they hear are fogging of face shields during surgical procedures and that face shields are off-putting to patients.

- Another member said the most common questions are around when eye protection is necessary, especially regarding AGPs (Due to various adverse events, HCP would rather not wear eye protection if it's not essential).
- The group agreed it would be helpful to look at whether HCP feel wearing masks/eye protection interferes with the ability to do their job.
- Other adverse events discussed were difficulty breathing, skin irritation, and difficulty communicating with patients.

Contact and Enhanced Barrier Precautions discussion

- The group discussed the contact and enhanced barrier precautions rows of the table.
- A member commented that some hospitals are reducing the use of contact precautions with MDROs and moving to other strategies, such as nasal decolonization.
- It was pointed out that the term Enhanced Barrier Precautions is confusing and that Enhanced Standard Precautions would be a better name.
- The group discussed the issue of non-compliance with these precautions for more common organisms and the need to simplify and clarify when they are required.
 - A comment was made that HCP are looking for something more pragmatic for common organisms and that contact precautions be reserved for a smaller group of patients and strictly enforced.
- The group reviewed the 2007 language for contact precautions and agreed it reads well as is.
 - It was suggested that environmental controls, such as dedicated equipment and enhanced cleaning and disinfection, be emphasized.
- A member asked if a distinction will be made between colonization and infection.
 - This should be considered in the update of Appendix A.
- It was suggested that something be added about organizations making risk assessments and increasing precautions based on their unique circumstances.
- The group discussed the recommendation for >3 feet of spatial separation and the need to clarify this to prevent cross-contamination of other surfaces.
 - Families/visitors moving in and out of the rooms should be addressed.
 - Three feet may not be enough space in some situations.
 - Could look for literature on this topic in the industrial hygiene/safety world or reach out to large healthcare organizations such as Kaiser.
 - Need to consider old and new construction (recommendations for new facility design, retrofitting, etc.)
 - Could describe what is ideal but recognize it's not possible in all settings (facilities will need to make modifications based on what's possible in their space)

Next Steps

- The discussion at the next meeting will focus on Enhanced Barrier Precautions.
- Question to consider: Can EBP, as defined in long-term care, be applied to acute care hospitals and other settings, or is there a need to come up with something new for these other settings?

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

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