

HICPAC Isolation Precautions Guideline Workgroup Call

December 15, 2022, 2:00 pm ET

Participants

Workgroup: Sharon Wright, Mike Lin, Elaine Dekker, Judith Guzman-Cottrill, Anu Malani, Mark Russi, Deborah Yokoe

CDC: Sydney Byrd, Abigail Carlson, Marie de Perio, Ryan Fagan, Melissa Schaefer, Devon Schmucker, Christine So, Erin Stone, Matt Stuckey, David Weissman, Laura Wells

Agenda

- Recap
- Review of updated proposal of Transmission by Touch table

Discussion Summary

Review of updated proposal of Transmission by Touch table

After giving a brief recap of the previous meeting, Dr. Lin reviewed the proposed table sent to the group before the meeting.

- The new proposed table has two rows vs. three.
 - Currently, row one is labeled Contact Precautions, and row two is Enhanced Standard Precautions, but these labels can change.
 - A member asked if there is literature that addresses the difference between donning a gown and gloves for all activities vs. high-contact activities with specific organisms.
 - There are studies looking at self-contamination, but it is challenging to examine if there's transmission to another patient.
 - At the last meeting, Kara Jacobs Silfka presented early data from a study in nursing homes showing that implementation of Enhanced Barrier Precautions led to a decrease in the transmission of MRSA and MSSA.
 - There is also early data from a similar study out of the University of Michigan.
- Members expressed concern about basing PPE use on specific activities.
 - This might require a more complicated system for communicating what PPE to use in what situations.
- The goal is to offer more guidance through signage, etc., to help healthcare workers to know what to do.
- A member commented that their facilities put signs on the door for patients in isolation and not for those in Standard Precautions, so implementing Enhanced Standard Precautions as a form of isolation would require signs.
 - Everyone could end up with a sign on their door.
- A member commented on the amount of waste produced by Contact Precautions and that Enhanced Standard Precautions might reduce waste.
- The group agreed there is a burden of proof on the group to justify introducing something new.
- Dr. Lin reviewed comments received from CDC.
 - There would need to be modifications to the transmission by touch table for long term care vs. acute care vs. outpatient and dialysis settings.
 - It was recommended to remove MDROs from the ESP recommendation.
- Members discussed separate precautions that their facilities have developed for specific pathogens, such as *C. difficile*.
- The group moved on to discuss possible key questions for transmission by touch literature reviews.

- There's an opportunity to highlight the paucity of evidence and then come together as a group to fill that void
- The group will come up with questions for targeted reviews to be discussed at the next meeting.
- At the last meeting, Kara requested that the group consider including guidance on Enhanced Barrier Precautions for long term care (LTC) facilities.
 - A member suggested a search be done for studies on using Enhanced Barrier Precautions in LTC.
- The group discussed possible questions for a targeted review.
 - What is the effectiveness of an EBP (risk-based application of gown/glove) approach in preventing the transmission of pathogens?
 - Are there studies with comparators to Standard Precautions and Contact Precautions?
 - other outcomes? Surrogates of transmission, such as self-contamination of gown/glove/other
- The group would like to see if there is data on the use of EBP in LTC and some form of EBP in acute care.
 - If not, the group can highlight the lack of evidence.
- A member suggested looking for studies on the effectiveness of Contact Precautions.
- A comment was made on the GRADE approach.
 - When there is a lack of evidence, there must be some rationale behind a recommendation.
- Dr. Lin summarized the discussion:
 - the group has concerns about the feasibility of introducing Enhanced Standard Precautions
 - there is a need for better studies and evidence that this prevents transmission
 - this might not be popular to introduce because of the lack of evidence, and it might require more work
 - there is concern about producing medical waste
 - is there a need to create variations of Contact Precautions? (several facilities have created versions, such as contact plus, contact enteric, etc.)

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

The next Workgroup call is scheduled for January 5, 2023, at 2 pm ET.