

HICPAC Isolation Precautions Guideline Workgroup Call

January 5, 2022, 2:00 pm ET

Participants

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

CDC: Sydney Byrd, Abigail Carlson, Marie de Perio, Ryan Fagan, Fernanda Lessa, Melissa Schaefer, Devon Schmucker, Christine So, Erin Stone, Laura Wells

Agenda

- Eye protection
 - Presentation by Erin's team
 - Brief discussion/questions
- Transmission by Touch discussion, part 2
- Target review on EBP
- Next steps/HW

Discussion Summary

Eye protection

Ms. Stone summarized the eye protection literature review for the group.

- This information is in the box.com account:
<https://app.box.com/s/x9dgkua686cnlfdg03g0sx968owyrfo>
- A member asked what the typical ranges of heterogeneity scores are.
 - Anything above 60-70% is very poor.
- A member asked about methodology, and what types of eye protection were used in the studies.
 - The studies were observational and looked at face masks or goggles.
 - One study looked at glasses.
- A member asked what was included in the pandemic pathogens.
 - SARS 1, SARS 2, and one MERS study
 - Not flu or H1N1

Transmission by Touch discussion

Dr. Wright led a discussion on the proposed table.

- The group discussed how to address facilities creating variations of contact precautions in certain circumstances (e.g., a contact plus protocol for handwashing vs. alcohol-based hand rubs for *C. diff*).
 - Members agreed this could be addressed in the narrative or the new appendix A.
- The group discussed the possible categories for contact precautions and if a separate category for “lower risk” pathogens is necessary.
- Members agreed it might be hard for some facilities to risk assess what level of contact precautions to use.
 - A member pointed out that APIC (Association for Professionals in Infection Control and Epidemiology) and others have some tools to help with risk assessment.
- Some members agreed that adding an Enhanced Standard Precautions (ESP) category might create more work for facilities and could cause confusion.
 - It was suggested that Contact Precautions be recommended for a set of high-priority pathogens and then provide some flexibility to apply them for other pathogens based on risk assessment.

- The group discussed if Enhanced Barrier Precautions (EBP) should be endorsed as a separate long-term care category.
 - Members agreed that deciding about endorsing EBP and how to apply the updated isolation precautions to different healthcare settings can be done later.
- A comment was made that ESP would enforce what's already in Standard Precautions and expand upon Standard Precautions (e.g., wounds).
- A member pointed out that EBP emphasizes transmission (MDROs), not just protection.
 - There is also a focus on interaction with patients with devices.
- There was a discussion about the possible challenges of implementing EBP (and ESP)
 - A member commented that there is a lack of understanding of the effectiveness of these enhanced precautions.
- A member spoke about all the factors that need to be considered, such as whether a patient is colonized vs. infected.
- There was a question about defining "high contact" patient care activities.
 - Is it potential contact with blood and body fluids? Frequency of contact? Duration of contact?
 - Are there studies to help define this?
 - A member commented that EBP for LTC provides a list of high-contact activities.
 - A member suggested that "direct contact" may be a better term for acute care.
 - The size of the facility may also need to be considered.
- A member expressed concern about how ESP would be taught to the frontline healthcare worker and if the term "Standard Precautions" should be changed because some healthcare workers do not have a good understanding of what it is.
 - Workers want clear guidance that tells them what to do.
- The group discussed the current terminology and if that should be changed to be simpler and more apparent.
- Some members agreed there is a gap between Contact Precautions and Standard Precautions, and something like EBP/ESP could help direct workers on what to do and remove the need for risk assessment.
- A member suggested returning to the term "Universal Precautions" and redefining what that means, then having a category for contact with the patient called "Direct Contact Precautions" and a category for entering the environment called "Environmental Contact Precautions."
- Another member expressed concern that an intermediate category like ESP would cause confusion and be hard to apply and suggested that a set of high-consequence pathogens be identified for automatic Contact Precautions. Everything else would require a risk assessment. If it is determined that the patient needs isolation, then they would be on Contact Precautions, not an intermediate category.
- The group did not reach a consensus on these categories, but members agreed it warrants more discussion.
 - A member wanted to hear CDC's feedback at the next meeting.

Target review on EBP

The group discussed a possible question for a targeted review and agreed that this would provide helpful information.

- What is the effectiveness of risk-based application of gown/glove or gloves alone in preventing transmission of pathogens?
 - Comparator: standard precautions or contact precautions

- Other outcomes: pathogen prevalence; surrogates of transmission such as self-contamination of gown/glove/other; patient through-put (?)
- Adverse effects: negative patient outcomes, stigma, cost (?)
- Risk-based application can mean patient risk (e.g., only target certain patient-level factors other than MDRO status, such as presence of wound or device) or task risk (e.g., tasks involving direct patient contact versus indirect/no patient contact)

Next Steps/HW

- The group was asked to look at the targeted review information in the Box.com account in order to pick back up on the Transmission by Air discussion at the next meeting.
- Ms. Stone will talk to the librarian about the feasibility of the gown/glove targeted review question, and the group will discuss moving forward with that review at the next meeting.

The call adjourned at 3:01 pm with no additional comments or questions.
The next Workgroup call is scheduled for January 19, 2022, at 2 pm ET.