HICPAC Isolation Precautions Guideline Workgroup Call
February 16, 2023, 2:00 pm ET

Participants
Workgroup: Sharon Wright, Mike Lin, Hilary Babcock, Elaine Dekker, Judith Guzman-Cottrill, Anu Malani, JoAnne Reifsnyder, Mark Russi, Connie Steed, Julie Trivedi, Deborah Yokoe
CDC: Mike Bell, Sydney Byrd, Abigail Carlson, Marie de Perio, Fernanda Lessa, Melissa Schaefer, Devon Schmucker, Christine So, Erin Stone, Matt Stuckey, David Weissman, Laura Wells

Agenda
- Recap
- HICPAC call (March 2) with committee and ex officios members, anticipated agenda
- Transmission by touch
  - Review proposed table
- Naming Categories for Transmission by Air

Discussion Summary
<u>HICPAC call (March 2) with committee and ex officios members, anticipated agenda</u>
After recapping the previous meeting, Dr. Lin updated the group on the March 2nd HICPAC call.
- This call is for members, ex officios, and workgroup leads.
- It will be a good opportunity to receive feedback from colleagues on the work the group has done thus far.

<u>Transmission by touch</u>
The Workgroup discussed the proposed table.
- The group agreed row 1, which is the current practice of contact precautions, will be for epidemic or higher-priority pathogens.
- Row 1 can also be applied to other pathogens based on risk assessment.
- Row 2 is Enhanced Barrier Precautions (EBP), which is currently endorsed by CDC for Long Term Care facilities only.
- In prior discussions, the group decided more evidence was needed to endorse EBP for acute care settings.
  - The evidence review will be complete in 5-6 weeks.
- A member commented it needs to be clear that the Situation column in Row 2 is referring to patients in a LTC setting, and not a LTC resident who has been admitted to an acute care setting.
  - The table was edited to clarify this point.
- A comment was made that in the LTC setting, the use of EBP is meant to be kinder and less stigmatizing for the resident but may be harder to implement. In acute care, this could be the reverse and more feasible if HCP can target the patients they are applying it to.
- The group discussed how to clarify the difference between Standard Precautions (SP) and EBP and if the subtle differences will be confusing.
- Members agreed this is an opportunity to emphasize the importance of SP, that SP should be applied in all situations, and that the different categories of isolation precautions are applied in addition to SP.
- A comment was made that a column for Setting could be added to help clarify.
- A member pointed out that EBP includes gown and glove use and SP does not always include a gown and it is hard to enforce widespread gown use.

- Another member expressed concern about creating another category for acute care settings and that implementing something like EBP would mean a sign on every patient's door which could lead to sign fatigue.
- The member added staff might choose to not enter a room because they do not want to put on gown and gloves, which could lead to "over isolation" and suggested it would be better to educate staff to take a moment to risk assess before entering the room.
- A comment was made that applying EBP in the LTC setting helps HCP to identify high-risk activities and this could be missed with SP.
- A member commented that there is confusion over using a pathogen-based approach or a risk-based approach and if both need to be used vs. choosing one or the other. There needs to be clarity on the option to choose one or the other, but more feedback from the frontline would be beneficial.
- It was suggested that there is nothing wrong with SP and Core Practices, but they are not always being followed, so there is a need to emphasize their importance or possibly provide something that is easier to enforce. This is the same for Contact Isolation and mask use (surgical mask vs. respirator). HCP don't always follow the recommended precaution because they feel it is not necessary.
- A member responded that the answer may be to limit certain precautions to the highest priority pathogens; they will be easier to enforce if there are fewer patients on them.
- A comment was made that education on why a patient is on precautions may help HCP to understand the importance of adhering to those precautions.
- Members agreed separating Transmission by Touch into two tables (by setting) would help avoid confusion.
- The group agreed on keeping EBP in the content being presented to HICPAC in order to get their feedback.
- A member emphasized the need for education of HCP and keeping the precautions simple.

<u>Naming Categories for Transmission by Air</u>

Dr. Lin led a discussion on proposed names for Transmission by Air categories.

- A member suggested the language needs to be consistent across the Air and Touch tables.
- Dr. Bell reviewed proposed approaches to naming categories based on what is recommended vs. the rationale behind why it is recommended.
- A member expressed concern over using the word "respiratory" because of OSHA's respiratory protection standard requiring the use of a respirator.
- The use of enhanced in the Air table is a step up in protection, but in the Touch table it indicates a step-down, which could cause confusion.
- A member expressed they prefer using "Air" vs. "Respiratory" because transmission by air is being described as deposition on the mucous membranes and not just inhalation.
- Concern was expressed that using the terms short and long-range when referring to how specific pathogens transmit will invite lots of scientific debate.
  - There would need to be clarification that these terms describe what we are protecting against and not how the pathogen transmits.
  - The letters refer to patterns of disease transmission.

The call adjourned at 3:01 pm with no additional comments or questions.
The next Workgroup call is scheduled for March 16, 2023, at 2:00 pm ET.