

HICPAC Isolation Precautions Guideline Workgroup Call

March 16, 2023, 2:00 pm ET

Participants

Workgroup: Sharon Wright, Elaine Dekker, Judith Guzman-Cottrill, Anu Malani, JoAnne Reifsnnyder, Mark Russi, Connie Steed, Deborah Yokoe

CDC: Mike Bell, Sydney Byrd, Marie de Perio, Melissa Schaefer, Devon Schmucker, Matt Stuckey, Laura Wells

Agenda

- Review feedback from HICPAC member meeting on 3/2/23
- Discuss next steps
 - Where do we go from here
 - Writing plan/timeframe
- Review naming tables for Air and Touch
- Standard precautions
 - Review what is in 2007 Isolation Precautions guidelines and Core Practices for any updates/additional detail
 - Discuss portions to include in 2023 Isolation Precautions guideline

Discussion Summary

Review feedback from HICPAC member meeting on 3/2/23

- Overall, the group was very supportive.
- The OGER team presented the results and progress of the evidence reviews.
- There was a question about the transmission by touch table and whether *Candida Auris* should be under contact precautions rather than EBP in long-term facilities or if it should be specified in Appendix A.
- There was a discussion about Standard Precautions needing to be emphasized more.
- There was a lot of feedback on the naming.

Next Steps

- Finalize the naming discussion
- The gown and gloves targeted review is in progress.
- A draft of Part I will be presented at the June HICPAC meeting.
- A comment was made that because new transmission categories are being created, how the recommendation for each row is described will be important.
 - In Appendix A, how a pathogen transmits will determine its category because there will not be evidence-based justification for these new categories yet.
 - The language used needs to be honest and straightforward because it will not point to a publication or case-control study but rather experience and historical precedence.
- Members agreed that the evidence reviews that have been completed and are in progress are sufficient for Part I.
- Writing is in progress, and a draft will be sent to internal CDC support for feedback and then sent to the workgroup in about 3 – 4 weeks.

Review naming tables for Air and Touch

- Dr. Wright presented the updated naming tables and reviewed the feedback from HICPAC.

- HICPAC members preferred the “what” rationale over the “why” rationale.
- They did not like the word enhanced in the Air table because of its use in Enhanced Barrier Precautions in the Touch table (or EBP needs to be changed).
- Some also felt it sounded ordinal.
- It was suggested to use emerging, but the pathogens in that category are not all emerging.
- The feedback on using the word “Air” was mixed.
 - o Members felt it could be confusing and didn’t speak enough about what we were trying to protect against, which is mainly respiratory infections.
- The workgroup’s concern about using the word respiratory was discussed, but HICPAC members were not as concerned.
- There was a concern about using letters and that frontline workers may have trouble remembering what the letters stand for.
 - o They agreed it fit better on a sign.
- The group discussed ideas for naming the Air categories:
 - TBD III could be “Negative Pressure Isolation,” and TBD II could be “Precautionary Airborne Isolation.”
 - o Members agreed but had some feedback:
 - Some facilities may not have negative pressure rooms.
 - These rooms use air exchange as well as negative pressure.
 - Options 2 and 3 work better than 1 and 4 because it would be a mistake to create new categories and names and then continue using language and labels from the old categories.
 - Prefer using the word air instead of respiratory - there may be a way to blend 3 and 4
 - o “Routine Air transmission Precautions” was given as an example.
 - o Prefer to find another word besides emerging for TBD II.
 - “Special Air Flow” was suggested for TBD III in order to incorporate negative pressure and air exchange.
 - A member said they would like a reference to near-range inhalation in TBD I, possibly a version of Option 2, because words like routine, enhanced, and special seem unclear.
 - “Inhalation” could be used instead of “air.”
 - o Examples: short-range or close-range predominant inhalation, novel or emerging or precautionary, and inhalation long-range predominant
 - A member expressed concern about short and long-range and if it would capture that it’s not just about distance but also about duration of time.
 - Inhalation does not capture exhalation or eye protection.
 - o It explains protecting against what a person is breathing in but not against what the source is breathing out.
 - o It misses eye protection.
 - One short phrase will not explain it all; there will need to be education.
 - Members discussed option 2.
 - o Like using the word Air with the explanation in the parentheses.
 - o Like option 2 in concept, but the average HCW may not remember what they mean; option 4 is probably more straightforward.
 - o Prefer Option 2 but would not use a single letter as a code unless the additional explanatory information is there.
 - HICPAC members preferred the word routine.
 - Standard signage (maybe from CDC) with graphic images depicting what to do would help.

- Ideas suggested in the chat: Routine Air Precautions, Enhanced Air Precautions, Special Airflow Precautions and Air-Routine, Air-Enhanced (or Novel or Emerging), Air-Special airflow (or special ventilation)
- Prefer emerging instead of novel because it could be a bad flu season or something else that is not novel.
- HCP may understand novel better than emerging.
 - o Is novel a trigger word due to the pandemic?
- The group discussed the Touch categories:
 - No change to Contact Precautions
 - Ideas for EBP: Enhanced Standard Precautions, Modified Barrier Precautions, Modified Contact Precautions

Standard Precautions (SP)

The group discussed where SP should live in the new document and what should be emphasized.

- Hand hygiene and how you decide what to wear should be emphasized.
- Environmental cleaning practices by organism could be in Appendix A.
- It will be necessary to have a section describing SP, but this is different from isolating a patient.
- It needs to describe the expectations for SP, specifically the use of PPE.
- A member suggested changing "standard precautions" to "empiric precautions."
 - It's an opportunity to start fresh.
 - A member commented that SP is what we do for all patients and suggested "standard of care" might be a better term.
 - Another member suggested "Basic PPE Standards."

The call adjourned at 3:02 pm with no additional comments or questions.

The next Workgroup call is scheduled for March 30, 2023, at 2 pm ET.