HICPAC Isolation Precautions Guideline Workgroup Call
June 22, 2023, 2:00 pm ET

Participants
Workgroup: Sharon Wright, Mike Lin, Hilary Babcock, Anu Malani, JoAnne Reifsnyder, Mark Russi, Connie Steed, Julie Trivedi, Deborah Yokoe
CDC: Mike Bell, Sydney Byrd, Abigail Carlson, Melissa Schaefer, Devon Schmucker, Christine So, Erin Stone, David Weissman, Laura Wells

Agenda
• Recap and debrief from HICPAC meeting
• Detailed review of Section C draft, Standard + Transmission-Based Precautions

Discussion Summary
Recap and debrief from HICPAC meeting
Dr. Lin summarized the HICPAC meeting and led a discussion with the group.
• There was a general acceptance amongst HICPAC members, ex-officios, and liaisons of the concepts presented.
• There were many public comments focused on routine air precautions and the use of a med/surg mask vs. an N95 respirator.
  – Members discussed ways to communicate with and educate interested groups about the development and progress of this guideline update.
  – Members expressed that engaging patient and family advocacy groups would also be helpful.
• There was a lack of consensus on the language around Enhanced Barrier Precautions (EBP), mostly concerning whether this will be an optional approach vs. a mandatory one for residents with wounds and medical devices.
• There are five more workgroup meetings before the August 22nd HICPAC meeting.
• One of the July meetings will be reserved for a discussion on EBP.

Detailed review of Section C draft, Standard + Transmission-Based Precautions
• Dr. Lin reviewed some unresolved issues with the group.
  – How to address aerosol-generating procedures (AGP) in Section C
  – How to describe cohorting
  – How to address airborne infection isolation rooms (AIIR) and possibly rename them.
  – Transporter considerations
  – A member added possibly renaming Standard Precautions to the list
• Review of what is in Section C – Standard Precautions, Transmission-Based precautions introductory paragraph, transmission by touch, which includes contact precautions and enhanced barrier precautions, transmission by air, special situations
• The special situations section is where AGPs would be addressed
  – Currently not endorsing creating a list of AGPs
  – Members discussed how to provide guidance for AGPs.
  – Members agreed it might be best not to create a list but that there does need to be clear guidance around this topic.
  – There were three options discussed – no list, give examples of high-risk procedures, or provide a definitive list
– Members agreed it would be beneficial to give examples of high-risk procedures that may need a higher level of respiratory protection but avoid using the term aerosol.
– A member commented that if the term AGP goes away, there needs to be an explanation.
– From the chat:
  o I could wrap my head around mechanical manipulation of airways like bronch, emergent intubation. Still not a fan of paragraph 2 which I think will be very misinterpreted as n95s (or higher?) for every pt with a cough....
  o We recommend N95 for any bronch in which an AFB is sent, even if atypical mycobacteria are suspected to cover these situations.
  o Thinking out loud, With the statement, would the guidance say No recommendations due to insufficient data?
  o We changed AGP term to "high risk procedure" in summer 2020. I still feel like our system list is too long, though
– The group agreed to delete the second paragraph of the special situations section.
• The group discussed the patient placement section, specifically cohorting
  – A member suggested using the language “including but not limited to” instead of “including.”
  – Otherwise, the group agreed with this section as currently written.
• The next topic discussed was Airborne Infection Isolation Rooms (AIIR), currently titled Special Air Handling
  – Members agree that this is a good time to change the name to decouple airborne/aerosols from this concept.
  – Suggested names (including comments in the chat):
    o Special Air Handling Room
    o Contained Air Handling Rooms
    o Protective Ventilation Rooms
    o A member liked special air handling or contained air handling
    o We need to clarify that these rooms are meant to protect individuals outside the room and not those entering the room
    o There are other places where there is special air handling (operating rooms) but not negative pressure, so there needs to be a distinction that this is a negative pressure room.
    o Negative High Ventilation Room
    o Enhanced Ventilation for Containment
    o Facility Air Protection Rooms
    o "air isolation room" would still sound the same but get rid of "airborne?"
    o Likely many cascading impacts even beyond CDC documents to consider. OSHA, FGI, building codes, etc.
    o I think that the engineers would just argue it’s about so much more than negative pressure
    o A member liked using ventilation or containment in the name.
• The group discussed Patient Transport, including patient and transport considerations.
  – The group discussed when the transporter should don and doff PPE
    o This was not finalized, but members agreed the solution might be to have the transporter carry PPE to put on if they need to touch the patient.
  – The group agreed that PPE requirements for visitors should be addressed in section C.
• Safe zones for contact precautions need to be better defined – this will be discussed at a future meeting.
The call adjourned at 3:01 pm with no additional comments or questions. The next Workgroup call is scheduled for July 6, 2023, at 2 pm ET.