

## **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 22<sup>nd</sup> 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:
  - 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....
  - We recommend N95 for any bronch in which an AFB is sent, even if atypical mycobacteria are suspected to cover these situations.
  - Thinking out loud, With the statement, would the guidance say No recommendations due to insufficient data?
  - 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):
    - Special Air Handling Room
    - Contained Air Handling Rooms
    - Protective Ventilation Rooms
    - A member liked special air handling or contained air handling
    - We need to clarify that these rooms are meant to protect individuals outside the room and not those entering the room
    - 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.
    - Negative High Ventilation Room
    - Enhanced Ventilation for Containment
    - Facility Air Protection Rooms
    - "air isolation room" would still sound the same but get rid of "airborne?"
    - Likely many cascading impacts even beyond CDC documents to consider. OSHA, FGI, building codes, etc.
    - I think that the engineers would just argue it's about so much more than negative pressure
    - 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
    - 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.