HICPAC Isolation Precautions Guideline Workgroup Call
August 17, 2023, 2:00 pm ET

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

Agenda
- Welcome / Recap
- Enhanced Barrier Precautions – proposed wording update
- Draft Guideline discussion with NIOSH Subject Matter Experts (including NPPTL)
  - Background
  - Specific topics
    - Review 'Transmission by Air' Precautions
    - Renaming of Airborne Infection Isolation Rooms (AIIRs)
    - To reduce length and guideline redundancy, what are opportunities for linking out PPE/ventilation details to existing CDC or NIOSH documents?
    - Other feedback

Discussion Summary
<u>Welcome/recap</u>
- Thank you to NIOSH subject matter experts (SMEs) for attending today.
- Updated timeline:
  - An update will be presented at the August 22nd public HICPAC meeting.
  - The goal is to have a draft ready for a vote in November, and if approved, it will move on to CDC clearance and then be posted to the federal register for a 60-day public comment period.

<u>Enhanced Barrier Precautions (EBP) – proposed wording update</u>
- The group discussed the two proposed criteria for EBP.
  - EBP is "indicated" for residents infected or colonized with an MDRO.
  - "Consider" EBP for residents with a wound or indwelling device.
    - Those at high risk for acquiring an MDRO.
- The group agreed with the wording as written.

<u>Draft Guideline discussion with NIOSH Subject Matter Experts</u>
- The NIOSH SMEs were introduced and given background on the goal and charge of the workgroup, along with some background on the work that has been done up to this point. Including:
  - Infections are not uniform in severity or consequence, so risk assessment is involved.
  - Introduction of the concept of the broad transmission categories of transmission by touch and by air.
- NIOSH SMEs asked if CDC would be the publisher of this document.
  - This will be a CDC guideline, and the process informing it follows the process outlined in the Federal Advisory Committee Act. HICPAC, as a Federal Advisory Committee, will be making recommendations to CDC.

- NIOSH SMEs advised that registration symbols and attribution statements need to be added for wording around N95 respirators. They said they can provide guidance and a style guide on how that should be done in the document (style guide cannot be distributed outside of HHS).
  - Examples:
    - NIOSH approved and N95 are both registered marks.
    - Those certification marks must be used as an adjective, not a noun or a verb.
    - Do not call something "an N95;" it must have the word respirator after it.
- NIOSH SMEs asked about ventilation.
  - Ventilation will be included in section B and referenced as needed in section C.
- The group discussed the literature review.
  - NIOSH SMEs advised that there are unpublished studies that could be of value.
- NIOSH SMEs spoke about device performance and proper use and that the guideline should not imply that the device itself is not protective.
  - The problem may be that the user is not adhering to how the device should be used.
  - Do not want the perception that an N95 respirator has equivalent or less efficacy than a surgical mask.
  - Studies show it does provide better protection and that the issue is proper use.
  - Concerned the audience will walk away with the wrong impression.
- A workgroup member responded that the draft in progress does not contain the table from the literature review, and no decisions have been made yet about how the literature review will be used to advise the recommendations.
- Another workgroup member expressed that the group was trying to measure the real-world use of these devices in healthcare settings.
  - The differences in filtration and efficacy between N95 respirators and facemasks are pointed out in section B, and the group agreed that the language about the differences needs to be explicit.
- NIOSH SMEs reiterated that although some of these studies show no difference between respirators and surgical masks in these real-world settings, they believe the studies are limited because they do not consider the exposures in the community and other exposures, so they must be looked at again before conclusions are drawn.
  - A soon to be released publication is coming out that will show the limitations of these studies.
- A workgroup member asked when the manuscript will be published so the group can see it.
- NIOSH SME is going to share the manuscript with HICPAC.
- A workgroup member commented that the workgroup is trying to reconcile the results of studies conducted in a laboratory setting vs. those conducted in real-world healthcare settings.
  - We can acknowledge the limitation and be very clear about it.
- A workgroup member commented that the focus on the results of the literature review is overshadowing what the group is trying to do.
  - Respirators are still recommended for novel and pandemic pathogens, and
  - The workgroup is also trying to create space for learning from our experience dealing with a novel pathogen (SARS-CoV-2) in real-world healthcare settings.
  - The workgroup agrees that there are limitations to all the available evidence.
- The group discussed the proposal to rename Airborne Infection Isolation Rooms (AIIR).
- Will it be confusing to keep the word "airborne" in the name of these rooms if we are doing away with airborne vs. droplet for the transmission categories?
- The workgroup proposed Air Containment Room (ACR)
  - This is a renaming and not redefining what the room requirements are but the workgroup recognizes there could be unintended implications to this name change.

- A NIOSH SME proposed not to go through a broad renaming because there could be unintended consequences.
  - The term is used broadly, so the learning curve will take time, and the lag will lead to vulnerability.
  - It was proposed to keep AIIR terminology but introduce a new room type that would align with the new categories.
  - A new room type that would be responsive to the recent experience.
    - recommend six or more air changes, negative pressure, and preferably a closing door and a private restroom; could be modified from an existing room.
  - The group discussed the history and evolution of these types of rooms.
  - Workgroup members expressed concern about creating a new room category and felt it would be a challenge for hospitals.
  - The group agreed that air ventilation and cleanliness are important and that there needs to be a push towards better ventilation.
- There was agreement that there needs to be more discussion about ventilation and opportunities for linking to PPE/ventilation details in existing CDC or NIOSH documents.
- The group thanked the NIOSH SMEs for attending and for the valuable feedback.

The call adjourned at 3:01 p.m. ET with no additional comments or questions.
The next Workgroup call is scheduled for August 31, 2023, at 2:00 pm ET.