

HICPAC Isolation Precautions Guideline Workgroup Call

May 9, 2024, 2:00 pm ET

Participants

Workgroup: Mike Lin, Sharon Wright, Hilary Babcock, William Bennett, Lisa Brosseau, Elaine Dekker, Robert Harrison, Morgan Katz, Anu Malani, Melissa McDiarmid, Mark Russi, Erica Shenoy, Connie Steed, Julie Trivedi, Deborah Yokoe

CDC: Mike Bell, Sydney Byrd, Marie de Perio, Alex Kallen, David Kuhar, Kenneth Mead, Devon Okasako-Schmucker, Melissa Schaefer, Erin Stone, David Weissman, Laura Wells

Agenda

- Attendance and conflicts of interest disclosure
- Refine interests relevant to CDC questions
- Discussion for Question 1 and Question 2
- Next Steps

Discussion Summary

- No new conflicts of interest were disclosed.

Refine interests relevant to CDC questions and discussion on questions 1 and 2

- Dr. Lin recapped the last workgroup (WG) meeting and updated the group on the meeting schedule leading up to the June 6-7 public HICPAC meeting.
 - The group will meet on 5/16, 5/23, and potentially on 5/30 if needed.
- The workgroup (WG) continued discussing the list of interests and their meanings.
 - As a reminder, the prompt for the interests is, “For the four CDC questions pertaining to pathogens that transmit by air, regardless of the specifics of any solution we develop, it needs to...”
- WG members agreed to keep the following interest statements to help guide discussion and answer the four questions from the CDC:
 - Protects patients and healthcare personnel from infection that is transmitted via infectious particles in the air.
 - Is evidence-based, incorporating science and adapting as science evolves. In the absence of evidence-based research, utilizes expert opinion and evidence from best practices.
 - Incorporates risk stratification by pathogen.
 - Is feasible and sustainable.
 - Balances benefits and harms in relation to both patients and HCP (Healthcare Personnel).
- WG members suggested that language used in the list of interests needs to be clarified; for example, WG members were concerned the word “feasible” could be misinterpreted.
- There was discussion on whether “Meets OSHA (Occupational Safety and Health Administration) regulations” should remain on the list of interests.
 - The current draft refers to OSHA and includes links to the regulations.
 - WG members reiterated that healthcare facilities must comply with OSHA regulations and will utilize CDC recommendations and OSHA regulations to create their policies, so there may not be a need to state adherence to OSHA regulations explicitly.
 - Some WG members have emphasized that the OSHA respiratory protection voluntary use requirements need to be highlighted more in the guideline update.

- The interest, “Allows HCP to wear a respirator in situations in which a mask is recommended,” will be discussed more thoroughly when the WG addresses CDC question #3: “Is the current guideline language sufficient to allow for voluntary use of a NIOSH-approved N95 (or higher-level) respirator? Should the document include a recommendation about healthcare organizations allowing voluntary use?”

Discussion on Question 1 and Question 2

- Dr. Lin reviewed CDC questions 1 and 2, which will require further discussion.
- As homework, the WG was tasked with offering alternatives to Table 3: Transmission-Based Precautions to Prevent Transmission by Air.
- Additionally, the WG was asked to provide suggested edits to Section A.

Next Steps

- More details on the homework assignment will be emailed to the WG.

The call adjourned at 3:00 pm with no additional comments or questions.
The next Workgroup call is scheduled for May 16, 2024, at 2:00 pm ET.