

HICPAC Isolation Precautions Guideline Workgroup Call

June 6, 2024, 2:00 pm ET

Participants

Workgroup: Mike Lin, Sharon Wright, Hilary Babcock, William Bennett, Lisa Brosseau, Elaine Dekker, Judith Guzman-Cottrill, Morgan Katz, Anu Malani, Melissa McDiarmid, Mark Russi, Erica Shenoy, Jane Thomason, Julie Trivedi, Deborah Yokoe

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

OSHA: Andrew Levinson

Agenda

- Attendance and conflicts of interest disclosure
- Current regulations around voluntary use of respirators
- Summary of prior Isolation Workgroup and HICPAC discussions
- Discussion of Q3
- Updated roadmap

Discussion Summary

- No new conflicts of interest were disclosed.

Introduction

- Dr. Wright introduced the agenda and reviewed 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?
- Dr. Wright reviewed the current language in the Isolation Precautions updated draft: “While not required for Routine Air Precautions, HCP may choose voluntarily to wear a NIOSH-approved® N95 (or higher-level) respirator. Federal regulations specify employers’ responsibilities when voluntary use of respirators is allowed in workplaces.”

Current regulations around voluntary use of respirators

Andrew Levinson, Director of OSHA Directorate of Standards and Guidance, attended as a guest to discuss current regulations and answer questions from the workgroup (WG).

- Mr. Levinson shared the history of the OSHA regulation. 1910.134(c) is a limited provision that allows voluntary use of a respirator when there is not a hazard that requires respiratory protection (e.g., worn due to allergies when cleaning an area that is dusty or moldy).
- Mr. Levinson explained that OSHA law requires protection against a significant risk of material impairment of health.
 - Significant risk of disease is defined as one in a thousand.
 - If 1000 people are exposed, one might get the disease.
 - An example of “Material impairment of health” could be an illness severe enough to cause an employee to miss work.
- During the pandemic, Mr. Levinson shared that OSHA saw employers prohibiting respiratory protection for two reasons:
 - They were afraid it could scare patients.
 - Felt that voluntary use by one employee when not required could make other employees nervous and question the determination of the employer that a respirator was not required.

- Because of this, an OSHA COVID-19 Healthcare Emergency Temporary Standard was implemented during the pandemic but only enforced for six months.
- OSHA is creating an Infectious Disease Standard that will address infectious diseases more broadly, including the voluntary use of respiratory protection. The Standard is currently under development.
- Follow-up questions for Mr. Levinson from WG members:
 - How will the OSHA Infectious Disease Standard take into consideration guidelines from CDC and other organizations?
 - The OSHA Standard will address processes to create a good infection control program and what will be required in that program, not the technical and medical issues that CDC and infection control experts address.
 - If CDC decides a respirator is not necessary for pathogen X, could that conflict with the OSHA Infectious Disease Standard?
 - There could be potential for conflict, but OSHA reviews evidence, and the Standard will go through an interagency review that will include the CDC. OSHA rulemakings, including findings of evidence of a risk/hazard, are subject to judicial review.
 - Will the voluntary use requirement apply to other PPE, such as gloves, which could present an increased risk to patients if worn more than required?
 - What the Infectious Disease Standard covers is not yet finalized.
 - Can you describe the difference between the focus of OSHA versus HICPAC?
 - HICPAC focuses on both worker and patient health and safety.
 - OSHA focuses on worker safety and worker rights under the Occupational Safety and Health Act but is mindful not to enact any standards that could cause patient harm.

Summary of prior Isolation Workgroup and HICPAC discussions related to Q3

- Regulations permitting voluntary use already exist.
- Voluntary use could be confusing for some HCP when they see a sign indicating what PPE is required to enter a patient's designated space but then see other HCP wearing different types of protection not indicated on the sign.
- There is ambiguity about what types of PPE can be requested under voluntary use.

Discussion of Q3

- Q3: 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?
 - The language about voluntary use in the current draft was included because of discussions at public HICPAC meetings and comments from the public.
 - It was not added as a recommendation but addressed in the narrative with a link to the OSHA standards.
 - Several WG members agreed that language about voluntary use of respirators should remain in the current draft of the guideline update; however, there was debate about whether it should be a recommendation or addressed in the narrative.
 - Concerns were expressed around the need for fit testing to ensure proper use.
 - A suggestion was made that some conditions that might lead HCP to select a respirator voluntarily should be described.
 - This would help employers understand why voluntary use is important to allow.
 - The WG discussed language for a potential recommendation for voluntary use of respirators.

- WG members discussed whether a recommendation for voluntary use should be directed toward the employer or HCP.
 - It was suggested that a potential recommendation should be clear that HCP are allowed to choose to wear an N95 respiratory voluntarily, and that employers should allow voluntary use when HCP decide to do so and provide the necessary equipment.
 - Other members expressed that it is implied that an employer would allow what is recommended and provide the necessary materials, so this does not need to be stated explicitly.

Updated Roadmap

- The July 4th meeting has been rescheduled to July 11th.
- The next meeting on June 20th will focus on CDC Question 4.
- The July 11th meeting will be an opportunity to address the topic of ventilation.
- The discussion on clinical epidemiological studies related to Transmission by Air and Section A will be continued at the July 18th meeting.

The call adjourned at 3:01 pm with no additional comments or questions.

The next Workgroup call is scheduled for June 20, 2024, at 2 pm ET.