

HICPAC Isolation Precautions Guideline Workgroup Call

March 14, 2024, 2:00 pm ET

Participants

Workgroup: Mike Lin, Sharon Wright, William Bennett, Elaine Dekker, Judith Guzman-Cottrill, Robert Harrison, Morgan Katz, 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 Conflict of Interest Disclosure
- Brief recap
- Discussion of Question 1
- Summary/Homework

Discussion Summary

Attendance and Conflict of Interest Disclosure

- No new conflicts of interest were disclosed.

Discussion of Question 1

After recapping the last meeting, Dr. Wright led a discussion of Question 1.

- Should there be a category of Transmission-based Precautions that includes masks (instead of NIOSH Approved® N95® [or higher-level] respirators) for pathogens that spread by the air? Should N95 respirators be recommended for all pathogens that spread by the air?
- Dr. Wright reviewed the definitions of the transmission by air categories.
- A member commented that, as an aerosol scientist, it gets to the question of what we are trying to filter out. It's the particles that are deposited in the respiratory tract, and surgical masks are fairly effective at filtering larger particles from entering high up in the respiratory tract. Also, it may be difficult as far as compliance is concerned to not have surgical masks as an option.
- Another WG member agreed it would be hard to enforce and not a good use of resources. They also asked if this would apply to source control upon return to work.
- A WG member expressed that their facility has done this for decades and that it does present some challenges.
- A comment was made that it's surprising that the data doesn't give a better picture. The studies probably don't show a difference because of compliance. The annual fit test is challenging. The moment there's a recommendation for N95, you have to have the fit test, and it cannot be used for voluntary use.
- A WG member agreed that the annual fit test could be challenging and that supply and compliance would be difficult. If someone fails a fit test, they must wear a PAPR (Powered Air Purifying Respirator).
- A WG member commented that this would mean that procedures would also require a respirator, and that does not seem practical or necessarily more efficacious than the surgical mask.
- A WG member spoke about how California has had an aerosol transmissible disease standard for years ([California Workplace Guide to Aerosol Transmissible Diseases](#)). There is a definition for air transmission pathogen, including a list of pathogens, and COVID has been added to the list. They

added that the N95 has better filtration than a mask and that they favor the higher level of protection when there is evidence of aerosol transmission.

- A WG member asked if the standard addresses any pathogens that transmit through the air but do not require a respirator.
- The WG discussed that the list is 15 years old and probably needs to be updated based on new data.
- A WG member said they had not seen a difference in transmission between respirators and isolation masks. They also said they unknowingly received counterfeit masks during the pandemic and did not have an increase in transmission.
- Another WG member confirmed that the CA ATD standard distinguishes between aerosol transmissible diseases that require airborne vs. droplet precautions.
 - A WG member expressed that might support retaining the current routine air as is in the draft.
- Other members agreed that the Droplet Precautions in the CA Regulation would be comparable to the proposed routine airborne precautions.
- A WG member endorsed an earlier remark that the group should look at the science and explore what the science says.
- A WG member commented that they were disturbed when it came out during the pandemic that nursing homes should wear contact precautions (surgical masks) and that it does not seem right to have a different guideline for nursing homes just because it does not seem feasible to require respirators.
- A member commented that the word “air” in the draft is a bit confusing. If an agent is listed as “air,” it suggests that infection can spread through the air. If that's the case, an N95 would be better for fit and filtration.
 - They continued that maybe there is a better way to define the terms but were not sure exactly how yet. For healthcare workers, the air is the air, and it will be hard to explain why masks are sometimes needed and N95 are sometimes needed.
- Another WG member spoke about the availability of vaccines and environmental controls on top of PPE.
- A WG member spoke about how behavioral health was very challenging during the pandemic because patients often could not wear masks or respirators.
- A WG member suggested that masks could be okay where evidence suggests that air transmission is “low risk” and that N95s should be recommended where evidence suggests the risk of air transmission is “high.”
- WG members discussed ambulatory settings and the challenge of requiring visitors to wear a respirator.
- Some WG members agreed that a mask might be sufficient for some pathogens and that they do not like an all-or-nothing approach.
- A WG member commented that if the routine category does not exist, there is no option for a mask.
- Another WG member added that wearing an N95 for long surgeries would be difficult.

Next Steps

- WG members were asked to continue to review the current draft.

The call adjourned at 2:56 pm with no additional comments or questions.

The next Workgroup call is scheduled for March 28, 2024, at 2 pm ET.