



ACTION NEEDED: Urge the CDC and HICPAC to Fully Recognize Aerosol Transmission and Protect Health Care Workers and Patients

Background Information

Please reach out to Jane Thomason, Lead Industrial Hygienist, National Nurses United, with any questions or for more detailed notes on background, jthomason@nationalnursesunited.org, 510-409-2732.

The Healthcare Infection Control Practices Advisory Committee (HICPAC) to the Centers for Disease Control and Prevention (CDC) recently initiated work to update the CDC's guidance, *Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, last updated in 2007. This foundational guidance directs infection control practices for a wide range of pathogens in health care settings in the United States and around the world. Employers and other government agencies frequently reference this guidance document. The updates to the CDC's *Isolation Precautions* guidance are intended to capture "lessons learned" from the Covid-19 pandemic.

Problematically, **HICPAC's process to make these updates is obscured.** Working group meetings regarding the guidance updates are closed door, not open to the public. Updates from the working group to HICPAC are not publicly posted. Meeting minutes are not posted. Meeting summaries are posted months after the fact. The public may make comment during each HICPAC meeting, but there is no other mechanism for HICPAC or its working groups to garner input from the frontline health care workers, unions who represent them, and patients who will be impacted by the updated guidance.

Presentations during HICPAC meetings from the past year as well as a presentation given by CDC staff to the NIOSH NORA Healthcare Sector Council in March 2023 indicate that the **CDC/HICPAC are headed in problematic directions with these guidance updates,** including:

- 1. The CDC/HICPAC are reportedly updating the CDC's scientific paradigm on infectious disease transmission by name only. The CDC/HICPAC appear to be failing to fully recognize the scientific evidence on aerosol transmission of respiratory infections.**

Presentations at HICPAC meetings indicate that the CDC/HICPAC is planning to update language on infectious disease transmission, leaving behind the faulty contact-droplet-airborne distinctions, and moving to a paradigm with two non-exclusive transmission methods: by air and by touch. This update moves in the right direction; however, these presentations also indicate the CDC's plan to create two tiers within the by-air category and to only recommend N95 respirators for one tier. See the table below, which was shared during the working group update

to HICPAC in the meeting on November 3, 2022. Thus, these changes represent a change in language with no corresponding change in practice.

2. The CDC/HICPAC appears to be eager to adopt a lesser standard of respiratory protection for health care workers exposed to respiratory pathogens.

Discussions at past HICPAC meetings indicate multiple committee members and CDC staff desire and may be planning to incorporate Workplace Performance and Workplace Performance Plus masks into updated infection control guidance for health care settings. Workplace Performance and Performance Plus masks are new categories designated by the National Institute for Occupational Safety and Health (NIOSH) that must conform to the criteria in the ASTM F3502-21 consensus standard, which was primarily crafted to help the public evaluate face masks available for purchase during initial Covid-19 surges.

The ASTM F3502-21 consensus standard has two primary metrics that masks must meet: they must be designed to cover the wearer's nose and mouth and to fit snugly and they must meet minimum filtration levels (50 percent or 80 percent) and leakage testing on a limited population sample. For more info: <https://www.cdc.gov/niosh/topics/publicppe/barrier-face-coverings.html>. Notably, there are no fit-testing requirements or recommendations.

While this consensus standard is unequivocally helpful for the public, it is harmful when applied to the health care workplace. Throughout the Covid-19 pandemic, health care employers have raced to the lowest standard, especially when it comes to personal protective equipment (PPE) for health care workers—from locking up N95s and other PPE and preventing health care workers from accessing it to reusing single-use PPE to implementing unproven decontamination procedures to reprocess single-use PPE. Incorporating Workplace Performance and Performance Plus masks into the health care workplace will provide health care employers with a lower level of protection to embrace.

3. The CDC/HICPAC reportedly are incorporating the crisis standards approach into the CDC's foundational infection control guidance for health care settings.

Discussions at past HICPAC meetings indicate that the Committee and the CDC are eager to change the entire framework of the existing *Isolation Precautions (2007)* guidance. Instead of clear and explicit recommendations for precautions that are needed when dealing with particular pathogens, discussions at past meetings have indicated that HICPAC and the CDC want the updated guidance to provide a “basement” upon which individual health care employers should build their infection control programs based on individual risk assessments regarding patient population, staff, and facilities.

The CDC adopted such an approach in its Covid-19 infection control guidance early in the pandemic when it implemented crisis and contingency strategies, which directed health care employers to select a level of infection control measures based on their own risk assessment, with no accountability or oversight for whether those risk assessments were accurate. This led to many health care employers implementing fewer or less protective infection control practices

inappropriately and without demonstrated need. For example, many health care employers implemented reuse of single-use N95s and restricted when health care workers could access N95s (e.g., only during aerosol-generating procedures on Covid-positive patients), while also stating that they had sufficient supply. The CDC's crisis and contingency standards allowed and enabled health care employers to race to the lowest standard, which led directly to an uncounted number of Covid infections among patients and health care workers, their families, and their communities. Embracing this approach in all infection control programs will have disastrous impacts on health care worker and patient safety.

4. The CDC/HICPAC process is obscured and there is a significant lack of transparency and public input into the guidance updates.

Currently, access to HICPAC meetings and meeting materials is extremely limited. Working group meetings are closed to the public. Meeting minutes are posted to the CDC's website often after a long delay and meeting recordings are not posted at all. Meeting materials are only shared with those who pre-register for the meeting. [Liaisons](#) to CDC/HICPAC represent health care employers and executives. There is no mechanism for HICPAC members to garner input from health care workers, their unions, patients, or community members regarding the updates to guidance. Input from these groups is essential to creating effective guidance because they have insights regarding content, implementation, and language that will be key to the guidance being effectively adopted after publication.

Please reach out to Jane Thomason with any questions or for more detailed notes on background, jthomason@nationalnursesunited.org, 510-409-2732.

Please take action to urge the CDC/HICPAC to fully recognize the science on aerosol transmission and to protect health care workers and patients:

1. **Make comment at the June 8-9 HICPAC committee meeting.** [Register here](#) by May 26. Notify Jane Thomason, NNU Lead Industrial Hygienist, to receive talking points and be notified of when to log onto the meeting to comment (jthomason@nationalnursesunited.org, 510-409-2732).

2. **Sign the following sign-on letter:**

Individual sign-on:

<https://act.nnu.org/letter/Urg-the-CDC-and-HICPAC-recognize-aerosol-transmission/>

Organizational sign-on:

<https://act.nnu.org/letter/Urg-the-CDC-and-HICPAC-recognize-aerosol-transmission-org/s/>