





COVID-19 Aerosol Exposure Consensus Statement

Context:

COVID-19 is a viral illness transmitted from person-to-person primarily through droplet transmission. Droplet transmission occurs when an infected person coughs, sneezes, sings, talks or otherwise projects oral or respiratory secretions into the air. If infectious droplets reach an uninfected person's mouth, nose, or eyes that person can become infected. Maintaining a physical distance ≥ 6 feet between persons and universal mask wearing whenever persons are in close proximity to others remain the primary methods to prevent disease transmission via this route.

While droplet transmission is the primary route of transmission, it is not the only means of transmission. COVID-19 can also spread by surface contact (i.e., uninfected person touches a surface contaminated by infectious respiratory droplets and then infects themselves by touching their own mouth, nose, or eyes). This route of transmission is interrupted by frequent hand washing and sanitizing as well as avoidance of and/or frequent cleaning of objects that are high-touch, shared between persons, or otherwise high-risk of contamination by infectious respiratory droplets.

Finally, COVID-19 may also spread via aerosol transmission. This mode of transmission occurs when infectious respiratory particles smaller than droplets (i.e., a mist) are spread into the air, remain suspended for some time, travel distances > 6 feet, and/or concentrate in crowded or insufficiently ventilated spaces. While COVID-19 does not spread aggressively via this route like measles and tuberculosis, this mode of transmission remains a concern and may not be adequately addressed by the combined measures of physical distancing ≥ 6 feet plus universal mask use.

<u>Aerosol Exposure Consensus Opinion:</u>

Until scientific understanding recommends otherwise, it is the consensus opinion and statewide guidance agreed upon by the Kentucky Commissioner for Public Health and the state's 61 local health department directors that, outside of environments meeting separate high-risk criteria:

- Exposure will not be deemed to have occurred solely on the grounds of extended proximity to a person found infected with COVID-19 when all of the following conditions are met:
 - All individual persons are consistently spaced ≥ 6 feet apart;
 - High-aerosol risk activities (e.g., singing, shouting, cheering) are not performed; and
 - o All persons are compliant at all times with universal masking.
 - Additionally, if information gathered by public health professionals finds the above conditions are unlikely to have been met and/or other high-risk activities are likely to have occurred, a determination of elevated exposure may be made based on other public health guidance and professional judgment.

Date: September 29, 2020







- In the interest of clarity:
 - School classrooms, auditoriums, and certain work environments are examples of controlled, monitored settings where these conditions may be satisfied.
 - This guidance will <u>not</u> typically apply to household exposures, informal settings (e.g., social gatherings, unmonitored environments) where compliance with these conditions is unlikely and cannot be safely and responsibly assumed.

Concluding Statement:

The COVID-19 pandemic has profoundly disrupted our lives. This requires that all parties work collaboratively to implement guidance and regulatory measures while seeking to ensure that we incorporate the best scientific evidence available. Where clear scientific support is not currently available, the goal is to incorporate the best education, public health, and social guidance to safeguard the public's health.

With the above in mind, we provide this document as core guidance to reopen Kentucky's schools and other institutions as safely as possible. It is important to acknowledge that these guidelines and recommendations are based on optimal behaviors and activities from a public health standpoint. Making use of this guidance and informed by specific situations and local circumstances, the local health department applies its expert, professional judgment to make final determinations within its jurisdiction.

Date: September 29, 2020