

COVID-19 Exposure and Quarantine Process

Context:

The Coronavirus Pandemic has changed many things, but the Commonwealth of Kentucky has a public health system that is able to continue functioning in this kind of situation. Kentucky public health operates under a hybrid “home rule” system with a centralized state government that issues guidance and a decentralized local government structure that interprets, implements, and responds using that guidance locally. This structure facilitates inclusion of and flexible response to local circumstances, but is not intended to create or encourage loopholes, work-arounds, or outright ignoring of centrally-developed and distributed guidance.

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, KDPH provides 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.

COVID-19 Exposure Guidance:

What is a “contact”?

A contact is defined as a person who has close interaction with a person with confirmed or probable COVID-19 infection. There are several aspects to this. CDC guidance (i.e., within 6 feet for >15 minutes with or without a mask = + exposure) is the basic criteria used in Kentucky. The minimum time recommendation (>15 minutes) is determined by the amount of time that the contact is exposed to a person with COVID-19 and does not necessarily need to be a consecutive 15 minutes. Situations where close interaction occurs intermittently over a longer period of time should be assessed by the local health department which will determine if a high-risk COVID-19 exposure requiring quarantine has occurred.

“Contact” can be constituted by many different situations, including the 15 minute criteria, and should be assessed by public health personnel when in question. Close contact could also be due to being coughed or sneezed upon by a confirmed case, sleeping in the same room though more than 6 feet apart for an extended period of time, physical contact with a confirmed case, sharing of food, drink, or other personal items (e.g., utensils, cigarettes), extended time in an enclosed space with limited ventilation, etc.

Date: September 18, 2020

Guidance for Mask Wear and Exposure Status

Mask wear reduces, but does not fully eliminate, risk of transmission. For this reason, if exposure to a COVID-19 infected person occurs for > 15 minutes and within 6 feet distance, this is considered a “contact” requiring quarantine.

Face shields are not equivalent to face masks. Until more explicit guidance becomes available, local health department must determine on a situation-specific basis whether face shield use was sufficiently beneficial to reduce exposure risk.

Maintaining Physical Separation

It is strongly advised to maintain a minimum of six feet separation even when wearing a mask. The guidance of six feet is a minimum, but greater separation is recommended whenever possible. Additionally, wearing a mask at all times when in the presence of others is strongly recommend, even when greater than six feet apart and outdoors. All of these steps help lower the risk of exposure to COVID-19 and help inform the local health department when evaluating exposure risk.

Hand Hygiene

Washing hands frequently and specifically before and after contact with others, surfaces, and after coughing and sneezing reduces exposure. When soap and water are not available, use of alcohol-based hand sanitizer is recommended as a substitute.

High Incidence in a Community

High incidence in a community creates more risk for exposure. At the other extreme, if there were no disease, there would be no risk of exposure. As such, guidance for permitted activities should be tailored to the level of disease activity within a community when possible.

Prevailing Authority

The Kentucky public health community protects the public’s health by reducing opportunities for transmission through use of CDC and KDPH guidance. Within their area of jurisdiction, local health departments have final authority for determining COVID-19 exposure risk and making decisions about quarantine and isolation based on situation-specific assessment, known science, and professional judgment. In making these determinations, the public health community seeks to partner with people and their communities to keep Kentuckians safe.

In situations where exposed individuals live and work in different jurisdictions, coordination between health departments may be necessary to minimize confusion and present a consistent approach to each situation.