

Start Step 1 Select the factor from the table below that best matches the group in the activity.

The group is composed of people who...	Group Factor
Are known to be following all public health guidance.	1
You think are following all public health guidance.	17
Who are from the general public.	50
Includes healthcare workers in contact with diagnosed COVID-19 patients.	58
You suspect are not compliant with public health guidance.	67
Are known to be diagnosed with active COVID-19*	100

*Note: Don't adjust for community's current conditions in Step 10 and 11 if Group Factor=100 is chosen.

Step 2 Ventilation Adjustment

Table 1: Select ACH

Medical	ACH
General	6
Laboratory	1.5
Treatment room	6
Examination room	6
Retail	
Sales (except as below)	1.5
Barbershop	1.5
Hair and nail salons	3.75
Supermarket	1
Fast Food	6
Bars	2-6
Restaurants	2-4
Education	
Classrooms (ages 5 to 8)	2
Classrooms (age 9 plus)	2
Daycare (through age 4)	2.5
Multise assembly	5
Lecture hall (fixed seats)	7
Lecture classroom	3
Libraries	1.5
Music/theater/dance	2.5
Office	
Office space	0.5
Reception Area	1.25
Meeting/ Conference Rooms	2
Manufacturing	
Manufacturing Floor	1.5
Residential	
Homes with closed windows	0.5
Rooms with one open window	1.75
Homes with all open windows	3
Travel	
Aircraft	20
Trains/ Buses	6
Cars (Windows Closed)	6
Cars (Windows Open)	10

For Indoor Activities: On Table 1 on left, select the facility type and ACH (Air Changes per Hour) that best matches the activity location. If air is recirculated and filtered, add filter adjustments to the ACH. Next, find the adjustment that matches ACH and duration from table below:

Find the ACH selected in Table 1

Time since activity or event started

ACH	5 min	10 min	15 min	20 min	45 min	1 hr	2 hr	4 hr	8 hr	12 hr
0.25	-5	-0	+2	+4	+9	+11	+14	+16	+17	+17
0.5	-5	-0	+2	+4	+9	+11	+14	+15	+16	+16
0.75	-5	-1	+2	+4	+9	+10	+13	+14	+14	+14
1	-5	-1	+2	+4	+8	+10	+12	+13	+13	+13
1.25	-5	-1	+2	+4	+8	+9	+12	+12	+12	+12
1.5	-5	-1	+2	+4	+8	+9	+11	+12	+12	+12
1.75	-5	-1	+2	+3	+8	+9	+10	+11	+11	+11
2	-5	-1	+2	+3	+7	+8	+10	+10	+10	+10
2.25	-6	-1	+2	+3	+7	+8	+9	+10	+10	+10
2.5	-6	-1	+1	+3	+7	+8	+9	+9	+9	+9
3	-6	-1	+1	+3	+6	+7	+8	+8	+8	+8
3.75	-6	-1	+1	+2	+5	+6	+7	+7	+7	+7
4	-6	-1	+1	+2	+5	+6	+6	+6	+6	+6
4.75	-6	-2	0	+2	+5	+5	+5	+5	+5	+5
5	-6	-2	0	+2	+4	+5	+5	+5	+5	+5
6	-6	-2	0	+1	+3	+4	+4	+4	+4	+4
6.75	-6	-2	0	+1	+3	+3	+3	+3	+3	+3
7	-6	-2	0	+1	+3	+3	+3	+3	+3	+3
8	-6	-3	-1	0	+2	+2	+2	+2	+2	+2
9	-7	-3	-1	0	+1	+1	+1	+1	+1	+1
10	-7	-3	-1	-1	+1	+1	+1	+1	+1	+1
11	-7	-3	-2	-1	0	0	0	0	0	0
12	-7	-4	-2	-1	-1	-1	-1	-1	-1	-1
20	-8	-5	-4	-4	-4	-4	-4	-4	-4	-4
30	-9	-7	-7	-7	-7	-7	-7	-7	-7	-7

If air is recirculated and filtered, adjust ACH value upward

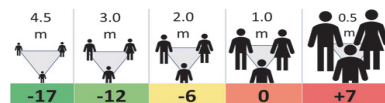
	If MERV 8 filters are used (Typical Home Filters)	If MERV 13 (Commercial)	If HEPA
	Add +3 to ACH	Add +5 to ACH	Add +6 to ACH

For outdoor activities: Select wind conditions that best match.

Beaufort Scale	Adjust
Very Calm 0.8 - 1.5 km/h	-16
Calm 2 - 5 km/h	-21
Light 6 - 11 km/h	-31
Gentle 13 - 19 km/h	-35
Moderate 21 - 29 km/h	-38

Step 3

3a. Select Distancing Adjustment



3b. Adjust for area and % capacity of the room occupied. Interpolate as needed.

Room Area = 10 m²	Room Area = 50 m²	Room Area = 100 m²	Room Area = 500 m²
2 peo 25% 50% 75% 100% Cap	2 peo 25% 50% 75% 100% Cap	2 peo 25% 50% 75% 100% Cap	2 peo 25% 50% 75% 100% Cap
1.5 -1 -1 -1 0 17	-3 -2 -2 -2 -1 66	-3 -2 -2 -2 -2 125	-3 -3 -2 -2 -2 575
3 0 0 0 0 +1 9	-2 -2 -1 -1 -1 34	-3 -2 -2 -2 -1 63	-3 -3 -2 -2 -2 279
6 +4 N/A +4 +4 +4 4	-1 -1 -1 -1 0 15	-2 -2 -2 -1 -1 27	-3 -2 -2 -2 -2 112
10 +10 N/A N/A N/A +10 2	+1 +1 +1 +1 +1 8	-1 -1 -1 -1 -0 14	-2 -2 -2 -2 -1 53
15 N/A N/A N/A N/A N/A	+3 N/A +3 +3 +3 5	+1 +1 +1 +1 +1 8	-2 -2 -2 -1 -1 29

If outside, use -3

Table 2: Add values from Steps 1 through 6

STEP	Scenarios	
	A	B
1		
2		
3a		
3b		
4a		
4b		
5		
6		
Tot.		

If negative, use Zero in Step 7.

Step 4 Mask Effectiveness

	4a. Exhalation				4b. Inhalation			
	% of People Wearing Masks				% of People Wearing Masks			
	ALL	75%	50%	25%	ALL	90%	50%	25%
N95/KN95	-22	-14	-5	-2	-17	-12	-4	-2
Surgical Mask	-12	-9	-4	-2	-8	-6	-3	-1
Average Mask	-5	-4	-2	-1	-5	-4	-2	-1
Cloth Mask	-5	-4	-2	-1	-3	-2	-1	-1
No Mask	0	0	0	0	0	0	0	0

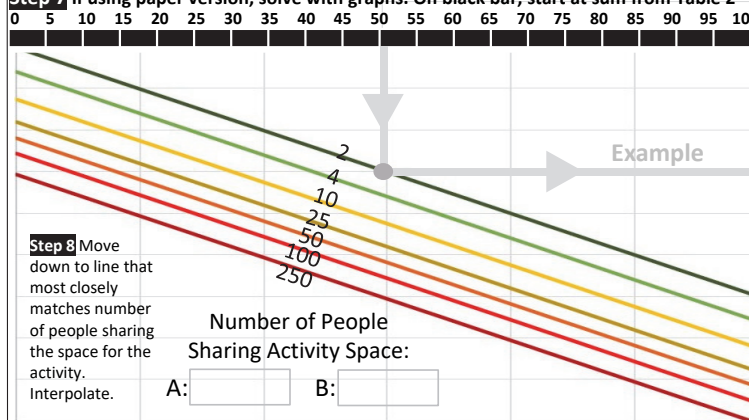
Step 5 Vocalization Intensity

Activity	Exhalation Type	Adjust
Resting	Silent/ Sleep	-13
	Speaking	-1
	Loudly speaking	+12
Standing	Silent	-12
	Speaking	0
	Loudly speaking	+13
Light Exertion	Singing	+18
	Silent	-5
	Speaking	+6
Heavy Exertion	Loudly speaking	+20
	Silent	+1
	Loudly speaking	+26

Step 6 Breathing Rate

Activity	Adjust
Sleep	-8
Resting	-7
Passive	0
Light Exertion	+6
Heavy Exertion	+10

Step 7 If using paper version, solve with graphs. On black bar, start at sum from Table 2



Step 8 Move down to line that most closely matches number of people sharing the space for the activity. Interpolate.

Number of People Sharing Activity Space:

A: B:

END Take actions to reduce exposure!

MEDIUM: When possible make adjustments to reduce the activity-related exposure. Consider mitigations such as wearing a mask increasing ventilation, increasing distancing, reducing people, or duration of the activity.

HIGH OR VERY HIGH: Make changes to reduce exposure. Rethink the event or activity. Combine multiple mitigations such as using N95 masks, increasing ventilation, holding event outside, greatly increasing distancing, reducing people, or shortening the duration.

Step 10 Calculate Adjustment to Local Community's Current Conditions

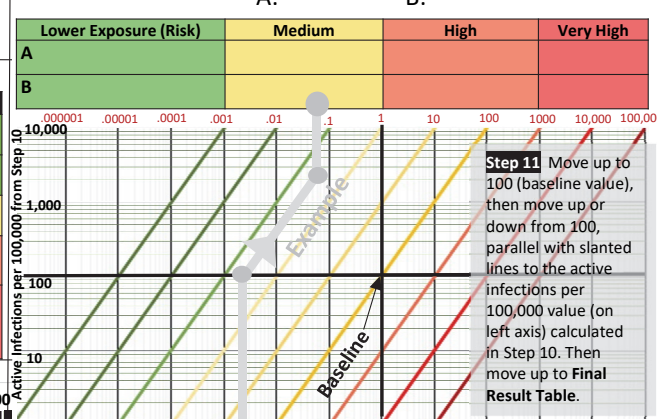
Average Daily Cases per 100,000 in the Last Week*	Average Days Infectious	Undiagnosed Factor for Area (Set to 5 if not known)	Active Infections per 100,000

*Lookup <https://coronavirus.jhu.edu/us-map>

latest data https://covid.cdc.gov/covid-data-tracker/#cases_casesinlast7days

here: <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

Relative Exposure Ratio: A: B:



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Duration of Activity (hours):

A: B:

Step 9 Move across to duration line that most closely matches activity. Duration used in Step 2 should match Step 9 duration.

A Simple-to-Use Tool (BETA Version) for Comparing Group Exposure to SARS-COV-2 based upon Mechanistic Factors, Group Behavior, and Infection Prevalence in the Community

This simple-to-use nomogram allows users to estimate a group-wide relative exposure to SARS-COV-2 associated with various activities. The tool facilitates understanding of the relative importance of factors that contribute to increased exposure. It incorporates both scientific principals and recent findings regarding virus characteristics to assess relative exposure based on the key mechanistic and epidemiological factors including: 1) the emission rate of virus, 2) viral aerosol degradation and removal, 3) duration of activity/exposure, 4) inhalation rates, 5) ventilation rates (indoors and outdoors), 6) volume of indoor space, 7) HVAC filtration removal efficiency, 8) mask use and effectiveness, 9) distance between people, 10) group population’s adherence to public health guidance, 11) size of the group, and 12) prevalence of infection in the population. The nomogram model can be broadly applied to many situations (i.e., worker safety, public events, and schools). The model’s results are aligned with the United States Occupational Safety and Health Administration (US OSHA) classifications of exposure risks [1], by benchmarking the exposure calculations to a baseline scenario that is considered high risk by US OSHA. We define the baseline scenario to represent a person (i.e., medical worker) who is exposed to a COVID-19 infected person. We apply assumptions to this scenario, addressing each of the factors in Table 1 to arrive at a baseline inhalation exposure dose value (exposure). The inhalation exposure for other scenarios are compared to the baseline by a ratio of the scenario exposure to the baseline exposure.

The starting point for the mechanistic inhalation exposure model is to use the relationship that defines inhalation exposure as:

Ēmass = C̄AVE × Qinhalation × Δt × PeExposed

where Qinhalation is the inhalation rate, C̄, is the average concentration, Δt is the duration of exposure, and PeExposed is the number of people exposed. Ē is the total quantity of contaminant that enters the respiratory tract through the nose or mouth during inhalation over the duration of a potential exposure [2].

One critical variable that must be estimated by the model is the concentration of virus-containing aerosols that occurs as a result of the exhalation (i.e., breathing and singing) from people in close proximity. The underlying concentration model used in the nomogram assesses both the contributions of concentration of virus due to the “nearness” of people (i.e., people in the Near Field whether indoors or outdoors) and the build up of concentration in a room over time (Far Field - only used indoors) [3] [4].

https://www.cov-irt.org/exposure-assessment-tool

Table 1. Exposure Factor Assumptions used in the Nomogram

Exposure Factors	Range of Values used in the Nomogram	Baseline Assumption
Emission rate of Infectious Aerosols Released through Breath	Range of viral RNA emissions based upon work by Buonanno, et al. [5][6]	11.4 quanta per hour, associated with speaking while standing.
Inhalation Rate	Typical inhalation rates for adults at various activity intensities [7]	0.46 cfm (13 liters per min), based on assumption of light intensity
Duration of Exposure	Varies between 5 minutes and 12 hours	15 minutes, corresponding to the time defined by CDC contact tracing as a significant exposure [8]
Volume of Room or Space	Area varies between 100 ft² (~10 m²) and 5000 ft² (~500 m²). Height is assumed to be 9 ft (2.7 m).	100 ft² (~10 m²), assuming a small room (e.g., a medical examination room)
Ventilation rates (Air changes per hour [ACH])	Values based on published sources [9][10][11]. ACH impacted by outside air, recirculation rate, and effective ACH contribution from viral aerosol degradation and removal by deposition on surfaces.	6 ACH, based on recommendation for medical treatment rooms [9]. Viral aerosol degradation/removal is assumed to be approximately 0.87 ACH for indoors (0.63 for viral degradation due to temperature and humidity and 0.24 due to surface deposition[12]).
Mask effectiveness	Range of mask effectiveness values based on published data for cloth, surgical, and N-95 masks [13][14]	Assume no masks are worn in the baseline scenario.
Distance between people	15 ft (4.5 m), 10 ft (~3 m), 6 ft (~2 m), 3 ft (~1 m), and 1.5 ft (~0.5 m).	3 ft (~1 m), based on estimated average distance during the event.
Number of people	Ranges from 2 to 250 people.	Two (2)
Likelihood of Infectious persons present	Ranges over 6 orders of magnitude from the lowest (0.0001%) assumed for people adhering to strictly to public health guidance, to the highest (100%) for those known to be infected.	100 percent likelihood of Infectious persons present (1 infected person is assumed)

These concentration contributions are calculated for a person assumed to be at the center of a triangular grid where people are spaced equidistantly (based upon the distancing specified). We assume the concentration at the center is representative for all people in the group since: (1) each person’s location is likely not static during the activity and (2) exposure is driven chiefly by the close-in sources (i.e., other people) and all people have close-in sources. The exposure calculation also incorporates the likelihood that people in the group are infected based on the prevalence of infection in the local community and assumed adherence to public health guidance, as well as the air changes per hour associated with the venue, the assumed activity level of individuals (affecting inhalation and exhalation rates) and the duration of the event.

The 11-step tool enables exposure calculations to be done in two ways:

- 1. Using a graphical nomogram with paper, pen and a straightedge.
- 2. Using Adobe Reader, enabling Javascript dropdown menus and an interactive bar graph to display results. (Graphs in Steps 7 – 11 can be skipped.)

To accomplish the calculations, the tool uses a log-linear transformation, which allows the calculations of quotients and products to be made by adding and subtracting whole numbers.



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The final results are relative exposure values, which are then categorized exposure into four bins, ranging from “Lower Exposure” through “Very High Exposure.” Users can use the tool to assess the impact of changing scenario parameters (e.g., duration, number of people, spacing, mask use) to compare scenarios with the goal of lowering exposure and thereby lowering risk.

List of References:

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3. “Toxic Risk Symposium: Estimating Exposure for On-Site Worker Health Risk Estimates” October 2014, <https://www.aqmd.gov/home/rules-compliance/compliance/vocs/exempts/toxic-symp>.
4. Jaylock, M et al., “The Daubert Standard as Applied to Exposure Assessment Modeling Using the Two-Zone (NF/FF) Model Estimation of Indoor Air Breathing Zone Concentration as an Example.” Journal of Occupational and Environmental Hygiene 8, no. 11 (November 2011): D114-122. <https://doi.org/10.1080/15459624.2011.624387>.
5. Buonanno, G., et al., “Quantitative Assessment of the Risk of Airborne Transmission of SARS-CoV-2 Infection.” Environment International 145 (December 2020): 106112.
6. Buonanno, G., et al., “Estimation of Airborne Viral Emission: Quanta Emission Rate of SARS-CoV-2 for Infection Risk Assessment.” Environment International 141 (August 2020)
7. US EPA, ORD. “Exposure Factors Handbook Chapter 6.” Reports and Assessments. US EPA, September 18, 2015. <https://www.epa.gov/expobox/exposure-factors-handbook-chapter-6>.
8. CDC. “Public Health Guidance for Community-Related Exposure.” CDC. <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>.
9. CDC, “Appendix B. Air Guidelines for Environmental Infection Control in Health-Care Facilities,” July 22, 2019. <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html>.
10. ANSI/ASHRAE Standard 62.1-2019, “Ventilation for Acceptable Indoor Air Quality,” 2020. <https://www.ashrae.org/technical-resources/bookstore/standards-62-1-62-2>.
11. Howard-Reed, Cynthia, et al., “The Effect of Opening Windows on Air Change Rates in Two Homes.” Journal of the Air & Waste Management Association 52, no. 2 (February 1, 2002): 147–59. <https://doi.org/10.1080/10473289.2002.10470775>.
12. CIRES. “COVID-19 Airborne Transmission Tool Available.” Text. CIRES, June 25, 2020. <https://cires.colorado.edu/news/covid-19-airborne-transmission-tool-available>.
13. Mueller, Amy V., et. al., “Quantitative Method for Comparative Assessment of Particle Removal Efficiency of Fabric Masks as Alternatives to Standard Surgical Masks for PPE.” Matter 3, no. 3 (September 2020): 950–62
14. CDC. “Scientific Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2, Centers for Disease Control and Prevention, November 2020. <https://www.cdc.gov/coronavirus/2019-ncov/more/masking-science-sars-cov2.html>.

Disclaimer Statement:
By using this tool you agree to be bound by this disclaimer. This tool does not provide a prediction of the likelihood of infection or transmission of disease, nor does the tool provide advice or guarantee outcome. It solely provides a means for the user to estimate theoretical relative exposure. It is intended for informational purposes only and users should not rely on output for decision-making. Information is gathered from various sources and neither Signature Science, LLC nor COV-IRT are responsible for errors or omissions in data. No warranties are given in relation to this tool and it is not guaranteed as fit for purpose.