

THE ATTENDING PHYSICIAN
CONGRESS OF THE UNITED STATES
H-166, U.S. CAPITOL
WASHINGTON, DC 20515-9086

BRIAN P. MONAHAN, MD, MACP
Professor of Medicine and Pathology

Jun 11, 2021

Attending Physician Pandemic Social Distancing and Daily Health Screening Implementation Guidelines for Congressional Offices and Work Centers

VERSION 6 (previous versions are obsolete)

Attached is version 6.0 of The Pandemic Social Distance Guidelines from the OAP. This version contains many significant changes, 120, compared to the previously published version 5. Please note major changes are as follows:

General changes

The guideline document preserves the requirement for mask wear and social distance separations for individuals who are not fully vaccinated, or vaccine indeterminate.

The guideline document reflects that **fully vaccinated individuals** may discontinue mask wear and 6-foot social distance separations in most situations consistent with the CDC revision regarding fully vaccinated individuals of May 13, 2021.

The guideline document preserves the requirement for mask wear and social distance separations for individuals who are not fully vaccinated, or vaccine indeterminate.

The version 6 document revises the current requirement for mask wear in the Hall of the House and Committee Meetings in response to considerable rate of vaccination participation and diminishing daily evidence of disease transmission in our community. **The present mask requirement and other guidelines have been modified to reflect discretionary mask wear among vaccinated individuals and required mask wear by non-fully-vaccinated individuals.**

A summary of Federal and Local State of Emergency Coronavirus Declarations has been added.

Current coronavirus transmission rates in the local region and nationally have been updated in the introductory paragraphs.

Changes in nomenclature and significance discussion of coronavirus viral variants designations has been updated.

Specifically enumerated paragraphs:

Paragraph 1: reference updated EEOC information on employer's option to require vaccination.

Paragraph 3.2: Changes to face covering requirements in US House of Representatives spaces and in the Hall of the House and Committee Meetings based upon continuous reduction of coronavirus community spread. Emphasis is placed upon the non-fully-vaccinated individual to wear a mask when required. Fully vaccinated individuals no longer have an interior space mask wear requirement.

Paragraph 3.3: Removal of references to face Shield wear.

Paragraph 4: Scheduled official visitors who are not fully vaccinated are required to wear masks, fully vaccinated scheduled official visitors are not required to wear a mask in interior spaces

Paragraph 5.1: References to maximum occupancy calculations for spaces are de-emphasized while offices should maintain the capacity to host non-fully-vaccinated individuals with required social distancing separations and promotion of mask wear. Signage requirements for elevators, and floor markings for 6 foot separation reminders are rescinded

Paragraph 5.1.2: Interior space gatherings of a social nature may now be resumed while allowing for accommodations of the non-fully-vaccinated to participate with required mask wear and social distance separations.

Paragraph 5.2: Clarification of statements with regard to dining facilities to more fully resume pre-pandemic operational posture while allowing for a seating area for non-fully-vaccinated individuals that maintain social distance 6 foot separations.

Paragraph 5.3.3: Simplification of suggestions relevant to plastic face shield use.

Paragraph 6: Importantly, there are no changes to the requirement for daily self-monitoring of health inventory symptoms and reporting to workplace coordinator responses to the summary yes/no questions

Version 6 OAP Pandemic Social Distancing Guidelines

The following guidelines provide for Pandemic Social Distancing and Daily Health Screening implementation in Congressional workplaces. These guidelines, **Version 6** are based on current Centers for Disease Control and Prevention best practices to minimize risk of coronavirus transmission in the workplace through use of coronavirus vaccination, social distancing measures relevant to vaccinated individuals, face cover wear by non-fully vaccinated individuals, daily screening of employee health prior to reporting to work, incorporation of aerosol based viral transmission considerations, cumulative exposure to a COVID 19 case quarantine decisions, and changes to CDC guidelines concerning quarantine in those who have completed coronavirus vaccination. This version reflects the dramatic discontinuation of mask wear and social separations for fully vaccinated individuals released by CDC on May 16, 2021 [CDC: Fully Vaccinated](#). This document contains hyperlinks to primary references indicated in the text that you can utilize with the electronic version of this document. The guidelines represent a considerable reversal of requirements from previous editions. More prescriptive guidelines may return at any time subject to evidence of coronavirus disease transmission in our community.

Limitations in assembly of groups that will affect restaurants, supermarkets, and family gatherings were rescinded on May 21, 2021 [DC government Occupancy Guidelines](#). In the recent weeks, we have seen a continuing 42 percent overall decrease in cases throughout the United States, a continuing decrease daily reported deaths, and continued decrease in hospitalizations. At approximately 2 cases per 100,000 population, this region has approximately half the US average daily case rate. The SARS CoV2 coronavirus pandemic is still here, and daily community transmission of new infections is still occurring. Unvaccinated individuals remain at significant risk to acquire infection. There are still 13,400 new diagnosis each day, 387 deaths and 21,000 people in the hospital every day in the USA. Present changes in pandemic social distance guidelines reflect ongoing reduction in the number of new cases each day rather than attaining a specific vaccination percentage of the population. This version, 6, also incorporates a revision to the directive relevant to all House office spaces released on May 11, 2021 and the Hall of the House of December 15, 2020 requiring increased attention to mask wear, now allowing a person speaking at a microphone, following recognition by a Chair or Presiding Officer, to briefly remove their masks and replace it at the conclusion of their remarks.

House and Senate offices may discontinue many of the previously established social distancing limitations to reduce occupancy and require mask wear especially for individuals who are fully vaccinated for SARS CoV2 coronavirus and who have no underlying medical conditions placing them at higher risk despite vaccination. [May 13 2021 E Colleague Letter on Mask Wear](#). [May 17 Dear E Colleague regarding The Hall of The House](#). There are still social distancing and mask wear requirements in place for individuals who are not fully vaccinated and for all incompletely vaccinated individuals present in the Hall of the House, and child care centers. On February 10, 2021, the Centers for Disease Control modified their quarantine guidelines about individuals who have completed their coronavirus vaccination series. A fully vaccinated individual has received the intended vaccination amount for their particular vaccine (Pfizer, Moderna or Johnson and Johnson) and two weeks has elapsed since the concluding dose. These individuals are no longer subject to quarantine if exposed to a COVID19 case. [Public health recommendations among vaccinated persons.html](#). CDC SARS CoV2 pandemic guideline modifications were released on May 16, 2021 to provide more options to fully vaccinated individuals [CDC: What you can do when vaccinated](#). Recovery from COVID19 infection is not recognized as immune

status and these individuals are encouraged to become fully vaccinated to attain a fully vaccinated status [CDC vaccine FAQ's about vaccination](#).

For travel outside the USA, while pre-return and post USA arrival RT-PCR testing remains required, public health requirements to quarantine following return to the USA from foreign travel are now waived for fully vaccinated individuals. [Coronavirus precautions when returning from travel abroad](#).

The Food and Drug Administration provided Emergency Use Authorization to the [Pfizer-BioNTech COVID-19 vaccine](#) on December 11, 2020 [COVID 19 Vaccine](#). On December 18, 2020, the Moderna coronavirus vaccine was also granted Emergency Use Authorization. On February 27, 2021 the FDA granted emergency use authorization to a single-dose adenovirus vaccine made by Johnson and Johnson [EUA for Johnson and Johnson Vaccine](#). An expanded vaccination program utilizing the Pfizer-BioNTech vaccine to support the Legislative Branch Personnel. Any individual with a valid Congressional Agency Identification card can call 202 225 VAXX (8299) for an appointment and receive Pfizer BioNTech vaccination, often on the same day of their request.

Presently, there are significant adjustments to social distance guidelines, mask wear use, and telework status possible with the introduction of vaccines and continued wide adoption by our community. Approximately 43 % of Americans are fully vaccinated and 52 % have received at least one injection [States' vaccine participation](#). Congressional community vaccination rates are generally much higher but vary between Offices and Agencies. Recently published information demonstrates dramatic risk reduction in acquiring infection following vaccination in addition to the previously established benefits profoundly reducing risk of hospitalization and death [Vaccines Shown to Prevent Infection](#). In June 2021 a CDC research study of 4000 recipients demonstrated a 91% reduction in risk of infection [CDC Study of Vaccine Effectiveness](#). It is still possible to become infected with virus even after completing the vaccinations as an individual's degree of protection may be incomplete due to age, failure to complete the full vaccination series, underlying medical conditions, use of certain medications, and passage of time since the vaccine was administered. [Immunocompromised-Coronavirus-Vaccines Responses Reduced](#). Future booster or modified periodic vaccinations may be required to maintain protection. Individual mask wear remains important in selected situations for unvaccinated and incompletely vaccinated individuals, especially indoors and for vaccinated individuals with underlying health conditions placing them at continued higher risk (i.e. immunosuppression, cancer chemotherapy, organ transplant, etc.).

Increasingly, genetic variations of the coronavirus, associated with significantly increased risk of viral transmission (U.K Variant) and poor outcomes (Brazil (P.1), UK (B.1.1.7), India (B.1.617.x) and South African (B.1.351) Variants), are being identified. [Brazil Coronavirus Variant in USA](#) [UK Coronavirus Variant dominates USA](#) This has led to very significant changes in travel restrictions and continued emphasis on medical grade face mask wear (see section 3.6) to reduce transmission risk of disease while using public transportation systems for all individuals (even if fully vaccinated). [The Race for More and Better Masks](#) Some of these new genetic coronavirus variants are dominant in the United States. [New Corona Virus Variants](#) [CDC Guide to Coronavirus Variants](#) Although there are conflicting reports of decreased vaccine effectiveness for these coronavirus variants, the vaccines still protect against severe outcomes from infection (death and hospitalization). There is variable success against protecting against mild or moderate symptomatic infection depending on the specific vaccine and variant [Pfizer vaccine protects against new coronavirus variant](#). Recently, large population-based studies of the Pfizer vaccine,

in nations with prevailing virus variants, demonstrated its effectiveness against the UK (B.1.1.7) and South African (B.1.351) variant coronavirus [Qatar Population Study of Pfizer Vaccine Effectiveness](#). The vaccine variants presently devastating India (B.1.617.1, B.1.617.2, B.1.617.3) are even more infections than the problematic UK variant [India Coronavirus Variant Circulating now in UK](#). With the exception of the P.1 variant, the other variants have been identified in the Washington DC region. The presence of vaccine variants may significantly impact future rates of new cases especially among the unvaccinated. In May 2021, the World Health Organization re-designated the naming convention for variant viruses to eliminate potential stigma associated with geographic origin and replace the viral variant names and numbers with Greek letters. [Greek letter designations for variant coronavirus](#)

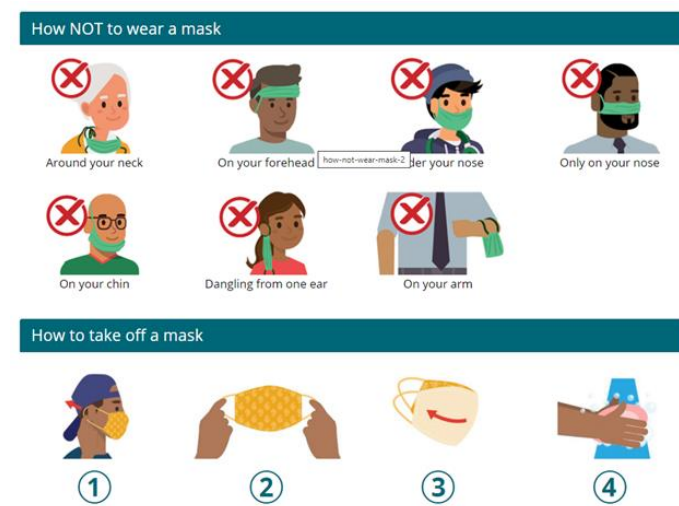
| WHO label | Pango lineage | GISAID clade/lineage | Earliest documented samples |
|-----------|---------------|---------------------------|-----------------------------|
| Alpha | B.1.1.7 | GRY (formerly GR/501Y.V1) | United Kingdom, Sep-2020 |
| Beta | B.1.351 | GH/501Y.V2 | South Africa, May-2020 |
| Gamma | P.1 | GR/501Y.V3 | Brazil, Nov-2020 |
| Delta | B.1.617.2 | G/452R.V3 | India, Oct-2020 |

There are demonstrated concerns for synthetic antibodies developed as drugs to treat those with infection due to the emergence of these coronavirus variants. The previously released single agent bamlanivimab has been withdrawn [FDA revokes single agent Bamlanivimab EUA](#). This drug remains in production for use in combination with other synthetic antibodies for COVID-19 patients, but is no longer used as a single agent.

For individuals relying upon recovery from natural infection for their protection, re-infection from variant viral strains is a highly significant risk [Coronavirus Variant Strains and Reinfection Risk](#). All individuals recovered from SARS CoV2 coronavirus infections should seek vaccination to reduce their re-infection risk.

Wearing an approved, well-fitted, face covering, if unvaccinated or not fully vaccinated, is a necessity while occupying an indoor space at the Capitol. The Centers for Disease Control revised mask wear guidelines on May 13, 2021 to remove the requirements for fully vaccinated individuals to wear a face cover in most indoor and outdoor situations [CDC Mask Wear Guidelines](#). However, there remain circumstances where mask wear by all individuals is required (e.g. visiting a medical treatment facility such as the OAP office or Health Units, public transportation modalities, etc). In summary, when mask wear is required, options include:

- 1) A surgical mask with a cloth face cover overlay to improve its fit to the face contours (The “Double Mask”). A correctly fitted single mask with good filtration capability is preferable to multiple masks that have an inadequate fit. Individuals should consider that multiple layers of masks will affect the perceived work of breathing and increase other factors such as facial moisture, speech clarity reduction etc. The “Double Mask” is popular but not an explicit CDC recommendation.
- 2) An FDA authorized KN 95 Ear Loop mask with special attention to correct facial fit (for example some may need a posterior scalp strap that links the ear loops together behind the head or tie a knot on each ear loop to decrease ear loop length). For many individuals, the ear loops may be too loose fitting resulting in gaps of the mask wear it touches the cheek surface.
- 3) An FDA Authorized KN 95 Headband style mask. This style of mask has an exceptionally good fit and as a single mask represents excellent filtration and reduces some of the negatives encountered in the multiple mask option. It is a helpful option for individuals seeking to avoid skin irritation from ear loops. The OAP recommends the headband style FDA Authorized KN95 mask.
- 4) A NIOSH Listed N95 respirator mask, requiring fit testing and a use of an oversight program, are more appropriate for specific settings (health care or industrial worker) and should not be used in general application.



The United States COVID19 experience is greater than 33,400,000 confirmed cases with 114,600,000 estimated total infections attributed to SARS CoV2 coronavirus [CDC Disease Burden of COVID19 in USA](#). [US Covid19 Metrics](#). On May 6,2021, The Institute for Health Metric and Evaluation (IHME, Univ of Washington) made a very significant change to adjust the mortality tabulation of SARS CoV2 that now includes estimated total mortality incorporating previously uncounted deaths. Public Health authorities are forecasting approximately 942,000 total deaths projected by September 1, 2021. [University of Washington USA COVID 19 Data](#). Continued urgency to complete individual vaccinations, mask wear by unvaccinated and incompletely vaccinated individuals, selected testing, contact tracing, quarantine, isolation, hand washing, and social distancing measures remain important. Given the increasing deployment of an effective SARS CoV2 vaccine, and demonstrated protection against infection, individual Congressional offices, may modify the overall range of telework/in-person work options.

Telework remains an important option for incompletely or unvaccinated individuals and those individual workers with ongoing personal infection risks, or with individual household infection risk considerations.

These guidelines incorporate recent changes to CDC guidelines regarding duration of quarantine ([Reduce Quarantine Duration 3 December 2020](#)). The OAP decision matrix for managers has also been revised to Version 9.1 [OAP decision matrix tool 9.1](#)

In February 2021, President Biden extended the National State of Emergency for 1 year through February 2022 [National State of Emergency](#). The U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra extended the ongoing COVID-19 public health emergency (PHE) for an additional 90 days, effective April 21, 2021. The new expiration date for the COVID-19 PHE is now July 20, 2021. Currently, it is expected that HHS will continue to renew its declaration of PHE every 90 days through the end of 2021 and will provide 60 days' notice prior to ending it [HHS Public Health Emergency Declaration](#). The Governor of the state of Virginia issued the State of Virginia Declaration of Emergency on May 26, 2020 without expiration date [Virginia State of Emergency Declaration](#). The Governor of the State of Maryland issued the State of Maryland Emergency Declaration on March 20, 2020 and renewed on Oct 30, 2020 without expiration date. [Maryland State of Emergency COVID19](#). The Mayor of the District of Columbia extended the State of Emergency Order on May 21, 2021 without expiration [District of Columbia State of Emergency Order COVID19](#).

1. Staff in the Work Center. Each Office (Member office, Committee group, Support office) may discontinue mask wear requirements for fully vaccinated individuals and retain mask wear and social distancing requirements for those who are non-fully-vaccinated or vaccination-indeterminate. Offices may operate at their pre-pandemic staffing levels and configuration without the need for fully vaccinated individuals to wear a mask while in that office space. In interior spaces, non-fully vaccinated and vaccination-indeterminate individuals must wear correctly fitted masks and continued emphasis should be placed on limiting the number of these individuals physically present needed to maintain usual six-foot separations (the non-fully-vaccinated individuals should maintain 6-foot separations from each other). Additional helpful guidelines can be found on the June 12, 2020 Centers for Disease Control website entitled "[Considerations for Events and Gatherings](#)". The Centers for Disease Control revised the threshold guidelines requiring incompletely vaccinated individuals to be placed into a quarantine status following exposure to a COVID 19 person. This guideline imposes a quarantine status if a cumulative experience of 15 minutes of close (within 6 feet) exposure to a COVID19 person occurs in a 24 hour period. (this exposure is evaluated retrospectively following the discovery of the COVID 19 person and their incompletely vaccinated contacts within the preceding days) This cumulative standard should prompt employment work centers that where incompletely vaccinated individuals are present to closely plan their employee interactions to reduce contact within a 6-foot distance to the minimum possible time. Generally, incompletely vaccinated workers should continue minimizing interpersonal interactions in the workplace to reduce the spread of coronavirus. [New CDC Definition of "Close" contact](#) Individuals following completion of their coronavirus vaccination series will not be subject to quarantine should they meet this contact threshold. (Completion is considered to begin 14 days after the concluding dose in the vaccine series). Individuals who are fully vaccinated may elect to maintain their coronavirus vigilance (mask wear) if interacting with unvaccinated individuals to avoid becoming

reinfecting, protect at risk-household family members from infection with coronavirus, or acquiring infection with a resistant virus variant. Employers are permitted to request information regarding whether and when an employee has been vaccinated. This includes requesting proof of receipt of a COVID-19 vaccination from an employee. [EEOC Reference](#) Please note, however, that there are legal exceptions to requiring a COVID-19 vaccination in certain cases that may be implicated by disability, religion, and current health conditions including, but not limited to, pregnancy. Therefore, employers are strongly encouraged to contact their respective House and Senate employment counsels prior to inquiring about an employee's vaccination status or requiring proof of vaccination. On May 28, 2021 the EEOC updated their guidance on employer's options to require vaccination. [EEOC Vaccination Update](#)

2. Use Telework or Staggered Schedules. Telework status remains among the options to limit individual risk of disease from workplace encounters. For individuals whose vaccination status is incomplete or undetermined, continued options for telework remain important at this time. Individual staff may also have specific health conditions or household member health considerations that make telework a preferred option even with vaccination participation. Staff may continue to be rotated between a telework and in-office status or individual staff arrival and departure work hours staggered as determined by individual Offices. As stated, telework practices remain a recommended and effective tool in disease prevention for certain individuals who fall into conventionally recognized medical risk groups. Such practices may have advantages in maintaining a cadre of individuals familiar with office practices that are available to replenish those individuals temporarily unavailable due to illness or quarantine.

3. Use of Face Covers
 - 3.1. Evidence and Consensus. Information has been released by the Centers for Disease Control and Prevention, international public health organizations, regional government officials, scientific organizations and private industry that better inform best practices and the case for individual mask (a face covering consisting of a surgical mask or a cloth-based mask that covers the nose and mouth completely) use by unvaccinated and incompletely vaccinated individuals and for all individuals in certain specified settings (medical treatment facilities, conjugate living facilities, etc). On July 16, 2020, The Director of the CDC changed the Nation's focus on face covering use to an essential civic duty of all Americans to adopt Universal Mask Wear whenever an individual is in public. "We are not defenseless against COVID-19," said CDC Director "Cloth face coverings are one of the most powerful weapons we have to slow and stop the spread of the virus – particularly when used universally within a community setting. [CDC Universal Mask Imperative.](#) CDC continues to state that for all individuals (even fully vaccinated) masks should be worn on public transportation conveyances and at transportation hubs (airports, train and bus stations)[CDC Urges Masks on Planes, Trains, Busses.](#) On January 20, 2021 President Biden issued an executive order requiring mask wear on federal property and in transit between states on all commercial transportation systems [Executive Order on Mask Wear.](#) On April 30, 2021, the Transportation Safety Administration extended the initial rule for mask wear on airplanes and trains through September 30, 2021 [TSA Transportation-mask-mandate.](#)

- 3.1.1. Aerosol transmission of Coronavirus: Coronavirus may be transmitted by large droplets emitted during coughing and sneezing and has also been discovered to be transmitted by much smaller particles released during activities such as speaking or singing. [The Skaggit County Choir: 63 exposed, 53 sick, 2 dead](#). These much smaller particles are called aerosols that can remain in the atmosphere for several hours after release and travel distances greater than 6 feet. Two significant articles recently published discussed this in more detail and provide helpful guidance. [Physical Distancing in COVID-19: New considerations](#) There has also been laboratory confirmation of actual transmission of infectious virus by this aerosol mechanism over a distance of 16 feet that supplements greater than 6 months of publications related to detection of particles emitted from the mouth and the nose [University of Florida Investigators Culture Coronavirus from the Air](#). The emerging consensus is to view coronavirus risks as not simply a matter of maintaining appropriate social distances, but rather to consider the multiple factors that affect risk such as achieving a fully vaccinated status, ventilation, occupancy, and exposure time. [Limiting Virus Exposure](#).
- 3.1.2. Centers for Disease Control and Prevention guidance on “[Considerations for Events and Gatherings April 27, 2021](#)” characterizes meetings as “highest risk” when individuals assemble from various regions of the country in large numbers and appropriate social distancing is difficult to maintain. Many recent events illustrate the substantial public and individual danger of ignoring critical safety measures. [Washington DC Super-Spreader Event](#) For both fully vaccinated and incompletely vaccinated individuals, the CDC still advises the use of cloth face coverings in selected public settings (e.g., when moving within a crowd or audience). The cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms.
- 3.1.3. The Scripps Research Institute commented in an article titled “[Silent Carriers: Extraordinary Percentage of SARS-CoV-2 Coronavirus infections may be asymptomatic](#)” that up to 45% of SARS-CoV-2 of people infected with SARS-CoV-2 never show symptoms of disease and, “to protect others wearing a mask makes a lot of sense.” Their comments are based upon a publication in the [Annals of Internal Medicine](#) which reviewed the experience of asymptomatic SARS-CoV-2 in a variety of international cohorts. Additional publications are further clarified that people who never develop symptoms account for 24% of disease transmission cases while those who are initially without symptoms, and then subsequently become sick, account for 39% of transmissions. [Coronavirus and Asymptomatic Spread](#)
- 3.1.4. [The Lancet](#) published their meta-analysis of all published materials about face covers and reducing spread of coronavirus. In conclusion, mask wear is recommended by those not fully vaccinated to reduce the spread of COVID19.
- 3.1.5. The Washington Post published the clearest real-world example of the ability of masks to slow the spread of the coronavirus. They described the circumstance of a sick hair stylist who directly exposed 84 of their customers within inches of her face for 30 minutes each








over 9 days of her illness to COVID 19. The next day another ill, infected stylist exposed 56 additional clients. Over 140 clients had a very high-risk exposure, and an additional 200-300 customers were also exposed in the store. Fortunately, the State of Missouri required mandatory cloth face masks for hair stylists beginning May 4, 2020, and no infections occurred. [Great Clips Springfield, MO](#)

- 3.2. Encourage Use of Face Coverings. Unless required by specific Agency policy, the use of face coverings (approved surgical masks or cloth face covers) completely covering the nose and mouth is STRONGLY RECOMMENDED to be worn when an individual is in an enclosed, Congressional space and is not fully vaccinated or has a vaccination indeterminate status. Examples may include during the use of community services, such as the office supply store, banking facilities, gymnasiums, rest rooms, barbershop, etc., among others. An Office should STRONGLY RECOMMEND the use of face covers for unvaccinated or vaccination-indeterminate individuals. Fully vaccinated individuals may also elect to wear a mask based on their individual risk considerations. Recent trends in continuous reduction of coronavirus community spread have allowed for modification of face covering guidelines for US House of Representatives interior spaces. Evidence of community coronavirus transmission is evaluated on a periodic basis and may require changes mask wear requirements to revisit more prescriptive mask wear as needed.
 - 3.2.1. For meetings in an indoor US House of Representatives controlled space, face coverings are REQUIRED for non-fully-vaccinated and vaccination-indeterminate individuals. Face covers will be provided by the meeting sponsor to individuals requiring but arriving without face covers. Waterless hand cleanser should be used by individuals on entry and exit. While fully vaccinated individuals may resume pre-pandemic seating configurations, seating arrangements in accordance with social distancing guidelines are required for non-fully-vaccinated or vaccine indeterminate individuals. Individual contact surface cleaning procedures will be facilitated by staff but may be delegated to meeting attendees.
 - 3.2.2. Non-fully vaccinated Members and staff are required to always wear masks in the Hall of the House and in Committee Meetings, excluding the period while Members are under recognition (speaking from a fixed microphone position). Non fully vaccinated members may remove their mask while speaking under recognition from the chair and reapply their mask at the conclusion of their remarks. Masks will be available at the entry points for any Member who needs one. Failure to wear a mask in the Hall of the House when required, unless under recognition, may be subject to fines imposed for violation. [Fines for mask wear violations](#).
- 3.3. For non-fully-vaccinated individuals, Face coverings are NOT required in indoor spaces when an individual is alone. Limited exceptions are also permissible. For example, if addressing the Chair in a House committee room during an event or as part of recognition by a Presiding Officer in the Hall of the House removal of the mask to facilitate recognition is an option, followed by immediate replacement of the face cover following their address.

- 3.4. Face coverings are not required in outdoor settings when some separation between individuals is able to be maintained. If unable to maintain separation in crowded outdoor public spaces, the use of face coverings is RECOMMENDED. This recommendation applies without regard to vaccination status.
- 3.5. A face cover should be worn in any crowded gathering of people, indoors or outdoors (for example an outdoor concert or sports stadium event). This recommendation applies without regard to vaccination status.
- 3.6. Use of a face covering is a separate secondary method of lowering transmission risk. It is NOT a substitute for social distancing. For individuals with a continued face covering requirement, every effort should be made adhere to six-foot social distancing guidelines.
- 3.7. Selection of Face Coverings: Face coverings approved for use may consist of multiple fabric layers fashioned into a well-fitting mask, a surgical mask (minimum 3-layer polyester), or a multiple fabric layer neck tube mask, "gaiter". Face covers that contain an unfiltered exhalation valve or single fabric layer "gaiters" must not be used. In November 2020, CDC mask guidance was amended to introduce a new aspect of mask wear to serve not only for virus source control but to "filter for protection" [CDC Masking Science](#). With the emergence of more virulent strains of coronavirus in many nations now and in the United States, individuals required to wear a mask should transition to medical grade masks for filtration rather than rely upon cloth face covers as now allowed in CDC guidance. (An excellent example is the FDA authorized KN95 headband style mask [FDA authorized KN 95 respirator masks](#).) I have provided a previous link to additional considerations for personal protection and mask wear on my website [Mask Wear Update](#). Attention should be given to correct application to the face to cover the nose and mouth and fit the face well:

How to Select

When selecting a mask, there are many choices. Here are some do's and don'ts.

| DO choose masks that | DO NOT choose masks that |
|--|---|
|  <p>Have two or more layers of washable, breathable fabric</p> |  <p>Are made of fabric that makes it hard to breathe, for example, vinyl</p> |
|  <p>Completely cover your nose and mouth</p> |  <p>Have exhalation valves or vents which allow virus particles to escape</p> |
|  <p>Fit snugly against the sides of your face and don't have gaps</p> |  <p>Are intended for healthcare workers, including N95 respirators</p> |
|  <p>Have a nose wire to prevent air from leaking out of the top of the mask</p> | |

4. **Screen Visitors.** Official Visitors should use hand sanitizer upon entry and prior to departure, and if non-fully-vaccinated, utilize a face covering for the duration of their visit. (Fully vaccinated visitors are not required to wear a face mask). Sponsoring Offices should ask scheduled visitors to state they have completed the Health Screening Inventory (see page 16) before arrival at the Capitol on the day of their visit or committee appearance and answered “no” to all questions. The sponsoring offices should indicate that any visitor who is not fully vaccinated must wear a mask in any interior space.
 - 4.1. Use of a face cover by non-fully-vaccinated visitors is **STRONGLY RECOMMENDED** Individuals who choose not to wear a face cover should reschedule their visit to a future time when the national public health emergency has ended. Non-fully-vaccinated and vaccination-indeterminate visitors must follow the social distancing guidelines regarding 6-foot separation, limit their close contacts to less than 15 minutes, have no physical contact with staff, use hand cleansing appropriately and observe cough etiquette. Refusal to follow the social distancing guidelines should cause the visit to be immediately concluded. If a visitor is not adhering to a specific office policy, and the office manager is requesting that individual be removed from the office, the US Capitol Police will assist with this request.
 - 4.2. A face covering is **REQUIRED** for non-fully-vaccinated official visitors attending an event described in sections 3.2.1, and 3.2.2.
 - 4.3. Any person that appears ill (shaking chills, flushed appearance, vomiting, frequent coughing, nasal drainage, etc.) should reschedule their appointment for a future time when they are in good health.

4.4. Offices should post clearly visible signage regarding these requirements relevant to non-fully-vaccinated and vaccination-indeterminate individuals within their office such as a reception countertop area or near an office entry door. In other public areas, signage will be provided by the Architect of the Capitol.

5. Maintain Meaningful Social Distancing Standards.

5.1. Determine Maximum Occupancy of Each Work Center or Other Space. While most offices can resume their pre-pandemic occupancy and configuration, there may be circumstances where maintenance of social distance guidelines is still required. For those circumstances (an event for non-fully-vaccinated or vaccine-indeterminate individuals), the maximum number of individuals that can safely occupy a work center or other space should be determined without exceeding the social distancing standards (six-foot separation and mask wear). The preferred practice to establish this maximum occupancy number involves consultation with the Architect of the Capitol or Chief Administrative Officer (for the US House of Representatives spaces) to review a detailed drawing of the proposed space for refined guidance. When planning for non-fully-vaccinated or vaccination indeterminate individuals, strive for the minimum necessary number of people in the space. Other considerations to promote meeting safety would be to periodically ensure mask wear required occupants of the space are wearing their face cover throughout the meeting. Impediments to face cover wear such as service of food or beverages should be prohibited during meetings in interior spaces when non-fully vaccinated or vaccination indeterminate individuals are attending. The maximum occupancy and space configuration for child care centers, gymnasiums, and dining facilities have unique requirements not specified here.

5.1.1. Limit Occupancy. Visitors and attendees that exceed the maximum occupancy for the space should wait outside the space. Any waiting area should also be subject to crowd control to limit aggregation of people and avoid crowding closer than 6-foot separation. Ideally any waiting of individuals in such areas should be discouraged. Face coverings use by non-fully vaccinated and vaccination-indeterminate individuals is STRONGLY RECOMMENDED at all times in waiting areas in general with specific requirements noted for space that is controlled by the House of Representatives. Any area that is prepared for a video simulcast of proceedings should also incorporate social distancing guidelines. The alternate viewing or waiting areas should plan for attendance by non-fully-vaccinated and vaccination-indeterminate individuals with supervision of guideline adherence provided by the host of the primary event.

5.1.1.1. Occupancy guidelines may make allowances for those brief circumstances where close quarters will not allow for full social distancing (for example access to equipment or uniform storage areas during a personnel shift change). Use of a face cover by non-fully-vaccinated individuals in this brief circumstance is STRONGLY RECOMMENDED.

5.1.1.2. Recommendations regarding the use of elevators are influenced by both the small size of the elevator and the brief duration of the contact there. Non-fully-vaccinated individuals should wear a mask at all times even during elevator operations. Previous requirements for social distance signage to be posted in elevators are rescinded.

- 5.1.2. Gatherings Gatherings of a social nature may now be resumed and allow for accommodation for the non-fully-vaccinated in a separated area. Daily meetings, staff recognition events, etc. are most safely conducted when all participants are fully vaccinated. Alternatives to meeting in person include via teleconference, meeting outside, or with social distancing requirements. Social gathering events should be planned to accommodate the non-fully-vaccinated in a separated area. Non-fully-vaccinated and vaccination indeterminate individuals should limit face to face interactions to less than 15 minutes, if possible. Be careful to note that cumulative exposures, closer than 6 feet, in a 24 hour period may have later quarantine related consequences if one of the individuals in this group is later found to have COVID 19. [Stunning Exclusion of Unvaccinated Golfer from Tournament](#) Events attended outside, are a safer option.
- 5.2. Dining Facilities. Dining facilities are resuming their pre-pandemic operational postures with an allowance for a separate seating area for non-fully vaccinated individuals that maintains social distance 6 foot separations.
- 5.2.1. Seating areas at dining facilities may need to be marked to guide diners to appropriate locations (for example , a seating area with seating separations for non-fully-vaccinated individuals) Many dining facilities will need to presume non-fully vaccinated individuals are present. Sharing a meal together, among fully vaccinated individuals, does not require social distancing separation.
- 5.2.2. Individuals required to wear a mask should replace their mask when they have consumed their meal or beverage if they stay for some additional brief time in the dining facility. Sitting in front of an open beverage container is not an excuse for prolonged mask wear avoidance for those individuals acquired to wear a mask.
- 5.3. Seating. For Non-Fully vaccinated occupants an office should maintain, a minimum of six-foot separation between their individual workstations. Seating plans should be modified to meet this goal where necessary. For those areas where non-fully-vaccinated people are present, this may include establishing the necessary physical distance between workstations, or adopting an “every other desk or seat” occupancy with reduction in lounge and common space capacity are two examples of strategies that may be employed. (see exception paragraph 5.1.1)
- 5.3.1. Circulatory Paths. Create “one-way” primary circulation paths to avoid bottlenecks in hallways and passageways where possible.
- 5.3.2. Signage. Post signage encouraging non-fully-vaccinated individuals to wear face covers, along with promotion of hand washing, hand sanitizing and wiping down of surfaces in high traffic, shared spaces (elevator lobby, community desk, pantry, nooks, meeting rooms, restrooms, phone booths, etc.). Public space signage will be placed by the Architect of the Capitol where indicated. Private office space area sign placement will be responsibility of the Office. Where all office occupants are fully vaccinated, as described in paragraph 1 “Staff in the work center”. Signage requiring universal mask wear and 6-foot distancing may be removed. Floor markers for six-foot separations may be removed in most situations.
- 5.3.3. Plexiglass Shields (Sneeze Guards) and Communal Landlines. An example of a good office practice to reduce potential virus exposure involves placement of a “sneeze guard” or

plexiglass barrier at the point of entry between visitors and forward-facing customer service staff. This will reduce risk of virus transmission with activities such as speaking, sneezing, or coughing. Consultation with the Chief Administrative Officer (for the US House of Representatives spaces) or the Architect of the Capitol can be requested to review other circumstances where barriers can reduce disease transmission risk. In the case of offices where all staff members are fully vaccinated, interior Plexiglas barriers between workstations may be removed while barriers which face forward customer service entry areas should remain.

- 5.3.4. Plastic Face Shields For unvaccinated, incompletely vaccinated and for those with underlying medical risk conditions despite vaccination, a transparent plastic barrier placed over the entire face, from ear to ear, from the forehead to below the chin, suspended by an elastic headband is known as a Face Shield. A Face Shield, is worn in addition to a face cover or surgical mask in certain situations for additional protection from virus exposure. The Face Shield does not reduce virus particles that may leave your nose or mouth and is not an effective source control without simultaneous use of a face cover or mask.
- 5.3.5. Cleaning. Each Office should create an overall cleaning schedule. Individual workstation configuration should accommodate simplified cleaning measures wherever possible. For example, desktops should be free of clutter (devices, memorabilia, photographs, etc.), Recently, CDC provided new guidance on cleaning surfaces to deemphasize the actual risk of acquiring infection from a surface following new research. [CDC: disinfecting surfaces April 5, 2021](#).
- 5.3.5.1. Larger Meeting Rooms: A large meeting room, defined as greater than 1800 square feet, should have an appropriate interval established after the meeting is adjourned and all participants leave that allows for cleaning. Cleaning personnel, attired in appropriate personal protective equipment, may then wipe down contact surfaces with the approved cleaning product prior to the arrival of individuals for start of the next meeting. For smaller rooms, the incoming individuals may clean their individual seating area with an approved disposable wipe.
- 5.3.6. Ventilation. Each Office should consult with the Architect of the Capitol and US Capitol Police regarding ventilation systems to determine if any air circulation mitigation is required. The Architect of the Capitol is following CDC and American Society of Heating, Refrigeration, and Air Conditioning Engineers recommendations for building ventilation systems. In many circumstances, opening a window or hallway door may worsen air quality compared to office ventilation systems. The increased use of outside air introduction may lead to variations in desired temperature ranges. With the increased attention of aerosol/micro particle transmission of virus in the recent months, additional measures such as filtration of air handling systems may also mitigate risk and is already in place at the Capitol. The use of supplemental filtration such as HEPA fan-forced air filters (for example Medify MA 40 or the fda-cleared Molekule Air Purifier [Molekule Mini Purifier](#)), is duplicative of what is already available in the office space ventilation system and may introduce considerable noise into the office environment. Many of the US Congress spaces already utilize levels of air filtration (MERV 13+) that is higher than typical commercial office buildings. Supplemental air cleaning filters do not offer significant additional advantages in most Congressional workspaces. Fully vaccinated

individuals may not benefit by supplemental air filtration measures beyond existing office ventilation systems. Individuals with underlying medical risk factors for coronavirus infection despite vaccination may consider supplemental filtration devices.

- 5.3.7. Ultraviolet C spectrum light irradiation: Certain frequencies of light in the ultraviolet C spectrum, of sufficient intensity and duration, can sterilize viral particles and are commonly used in sterilization of medical equipment and in certain air handling systems. This type of light energy can damage human skin, and should not be employed without proper shielding, as in an air handling enclosure. Use of Ultraviolet direct-to-consumer type devices to sterilize cell phones, pocket contents and other objects are ineffective and are not recommended.
- 5.3.8. Use of outside spaces: Selection of outdoor space for event locations is an important risk reduction measure especially for events where non-fully vaccinated individuals are attending. Respiratory droplets are more quickly diluted in well aerated outdoor settings contributing to reduction in coronavirus transmission risk. One study by Japanese investigators characterizing disease transmission in French ski chalet's and religious ceremonies in China demonstrated a 20 fold reduction in risk by outdoor versus indoor settings. [outdoor locations reduce risk substantially](#). CDC recently revised and reduced mask-wear guidelines for outdoor spaces to reflect this much reduced risk. [CDC Face Cover Guidelines](#)
- 5.4. Review your individual risk associated with travel and reduce it: Travel in commercial travel systems places you at increased risk for acquiring coronavirus due to crowding. You can reduce your risk by delaying travel until two weeks after you are fully vaccinated and wearing your face mask in crowded areas. Areas subject to choke points and crowding include gates, terminals, jetways, train and bus stations, aircraft seating configurations, and vehicle boarding and disembarkation. Observed crowd compliance with social distancing guidelines in these situations is highly variable and the extent of vaccination among the crowds is unknown. If you are a passenger in a commercial transportation vehicle such as aircraft, buses, or trains, limit consumption of beverages or meals that would require you to remove your face mask or face shield. You need to take personal interest in your protective stance. Mask use requirements, coronavirus testing, and/or proof of vaccination requirements, separate from the Centers for Disease Control guidelines, may be directed by individual commercial travel entities and regulatory bodies. You are encouraged to review these requirements well in advance of any planned travel.
6. Health Monitoring of the Work Force.
 - 6.1. Participation in a Health Monitoring Program. Participation in a health monitoring program is still required for all Congressional employees (even for those fully vaccinated) unless impacted by a collective bargaining agreement or in those instances where employment is exclusively by telework or at an isolated/solitary occupancy duty station. Employees already participating in an employer health monitoring program (for example US Capitol Police) do not have additional health monitoring requirements or reporting obligations.
 - 6.2. Work Center Monitor. Each Office should assign an individual as Work Center Monitor in each work center. This person will have the responsibility of coordinating results of the health

screening inventory from all employees in their assigned work center on a daily basis. Since most offices have an Emergency Coordinator role already identified, that individual is an example that may be designated for that purpose. In large organizations another functional area (for example Human Resource section) may serve as the Work Center Monitor.

- 6.2.1. The Work Center Monitor shall report their personal health inventory status result to their office Chief of Staff or another designated individual.
- 6.2.2. An Alternate Work Center Monitor should be designated to fulfill these functions in the absence of the Work Center Monitor.

6.3. Employee Self-Monitoring Procedures.

- 6.3.1. Self-Monitoring of Temperatures. Each employee shall measure their temperature each morning at their home before reporting to the workplace. Temperature testing in the workplace is to be discouraged. Office based temperature measurements are problematic due to contact precautions and virus exposure risk to the person assigned the temperature testing role and issues of re-use of equipment without complete cleansing between users. Use of a communal “office thermometer” is discouraged.
- 6.3.2. Health Self-Assessment. Unless already participating in an employee workplace health monitoring program (for example US Capitol Police), each employee will complete a self-assessment utilizing the Health Screening Inventory tool found at the Office of Attending Physician website. This is required even after the individual is fully vaccinated. This inventory consists of a series of brief “yes or no” questions. The individual will take their temperature with their own home thermometer as part of this self-assessment.

[English language Daily Health Screening Inventory \(version 5.3\)](#)

[Spanish Language Daily Health Screening Inventory \(version 5.3\)](#)

- 6.3.2.1. If the employee responds “yes” to any question on the Health Screening Inventory, the employee will be required to avoid the workplace setting and directed to consult with their health care provider. The employee should not come to the workplace.
- 6.3.2.2. If the employee responds “no” to all questions on the Health Screening Inventory, the employee may plan on reporting to work as usual.
- 6.3.3. Reporting of Self-Monitoring Results. Employees should report via phone, text message or email the results of their Health Screening Inventory to their designated Work Center Monitor or their existing Human Resource Department program before arriving in the workplace (a “screening attestation”).
 - 6.3.3.1. The screening attestation should only say, “I answered ‘no’ to all questions,” or, “I answered ‘yes’ to at least one question.”
 - 6.3.3.2. If a screening attestation is not received pre-arrival, employees will not be allowed into the workspace.

- 6.3.3.3. Employees should not turn in a written copy of the Health Screening Inventory or report the results verbally to the workplace.
 - 6.3.3.4. Individual work centers will monitor and assess compliance for their work center employees. While the workplace may retain an individual's screening attestation of the completed Health Self-Assessment, there is no centralized reporting obligation of the individual work center to others.
- 6.4. Workplace Monitoring. Individual work centers will monitor for the appearance of respiratory symptoms such as frequent coughing or sneezing. Individual work centers will need to develop their own guidance with regard to actions consistent with the general approach that individuals who are visibly ill with a respiratory illness (fever, cough, sneezing, vomiting, shortness of breath, other signs such as loss of the ability to taste or smell, etc.) should not be present in the workplace until they have recovered. Self-reporting of symptoms by individuals is encouraged. Exclusion from the workplace of those who are visibly ill with a respiratory illness is still required even if fully vaccinated.
- 6.5. Return to Work. During the period of this Pandemic, the Centers for Disease Control has requested whenever possible, Offices should not require a doctor's note to return to the workplace after resolution of their symptoms but will rely upon the individual's assurance that they have consulted with their primary care provider. (This request is based on the need to diminish appointment burdens on medical resources for verification of wellness that compete with individuals seeking access for initial evaluation of illness where availability of health resources is impacted by the pandemic). Each individual work center should review their policies on requiring doctor's notes to return the individual to duty.