

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

May 19, 2021

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

VERSION 5 (previous versions are obsolete)

Attached is version 5.0 of The Pandemic Social Distance Guidelines from the OAP. This version contains many significant changes, 474, compared to the previously published version 4.5. Please note major changes are as follows:

General changes

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. These CDC revisions are quite substantial and local institutions retain the prerogative to enforce a more prescriptive standard were required. There are circumstances where continued mask wear is required without regard to vaccination status (for example visiting a health unit or OAP medical treatment offices, the Hall of the House, use of public transportation systems, attendance at outdoor events characterized by extreme crowding, etc).

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 5 document restates the current requirement for mask wear in the Hall of the House. The present mask requirement and other guidelines remain unchanged until all Members and floor staff are fully vaccinated.” The Hall of the House has received this special medical consideration for continued mask wear, which is the same for committee meeting spaces, that may change in the future based upon degree of entire group vaccination attained and prevailing coronavirus community risk. These special medical considerations include: The Hall of the House is the only location where many the entire Membership gathers periodically throughout the day in an interior space. Extra precautions are necessary given the substantial number of partially vaccinated, unvaccinated, and vaccine-indeterminate individuals. Additional medical safeguards are required to reduce the risk of coronavirus outbreak in this vital group. The safeguards include universal mask wear, and other social distancing measures (personal daily health symptom inventory review, hand cleansing, periodic cleaning, cohort voting procedures, and identified fixed seating positions). The assembled group also shares variations of underlying health conditions and age which further affect risk. These measures allow for all participants to be treated in the same fashion without displaying any unique identification feature that would separate individuals based

on their vaccination or health status. The mask requirement for the Hall of the House is entirely consistent with Centers for Disease Control prevailing mask guidance as reviewed and endorsed by an expert CDC panel.

Specifically enumerated paragraphs:

-Paragraph 1: Important changes describing staff in the work center and option for discontinuation of mask wear requirements in offices, returning to their pre-pandemic configurations without the need for social distancing, but preserving the requirement to wear masks and maintain social distancing for those not fully vaccinated.

-Paragraph 2: Change to maximal telework guidance: Important changes to telework emphasis now changing from a “maximal” to an individualized emphasis determined by each office.

Paragraph 3.2: Important changes describing use of masks by non-fully vaccinated individuals, and selected use by vaccinated individuals. Restatement of Hall of the House mask wear requirement for all individuals.

-Paragraph 4: Continued requirements for visitors to follow the social distance guidelines and wear a face cover. Offices will require revised signage relevant to the non-fully-vaccinated individual

-Paragraph 5: Significant changes with regard to offices returning to their pre-pandemic occupancy and office configurations with retention of the ability to accommodate the non-fully-vaccinated individuals for 6-foot separations and mask wear.

Paragraph 5.1.2 : Significant changes to gathering limitations which now rescind pandemic restrictions for fully-vaccinated individuals. Gatherings of non-fully-vaccinated individuals should be replaced by alternative such as video or teleconference where possible.

Paragraph 5.2.1: Significant changes regarding seating at dining facilities now allow for assemblage of fully vaccinated people to share a meal together. Dining facilities will still need to maintain options for separation of non-fully-vaccinated individuals (6 feet).

Paragraph 5.3: Significant change to allow offices with fully vaccinated individuals to resume communal food and beverage stations.

Paragraph 5.4.4: Significant change to remove interior Plexiglas barriers between workstations of fully vaccinated individuals but allow retention of Plexiglas barriers at forward facing customer service and reception areas where visitors may arrive at the office.

Paragraph 5.4.8: Significant change reflecting CDC de-emphasis on risk of infection from surfaces and appropriate cleaning instructions.

Paragraph 5.4.8.1: Larger meeting rooms no longer require a 60 minute dwell time prior to initiating cleaning activities. For smaller rooms, incoming individuals may be delegated to clean their individual seating area with an appropriate disposable wipe.

Paragraph 5.4.9: Significant change discussing ventilation importance to coronavirus risk reduction in office spaces that reflects Congressional office far above-average filtration capabilities. In general, supplemental filtration devices are not recommended. Individual supplemental air filtration devices may be considered for individuals with certain underlying medical risk factors for coronavirus infection despite vaccination.

Paragraph: 5.5: Significant change rescinds recommendation against elective domestic travel for fully vaccinated individuals. Travelers are encouraged to pay close attention to local jurisdiction and travel system requirements regarding mask wear, proof of vaccination status, or participation in pre-and post- travel testing where required.

Paragraph 6: Daily health symptom inventory and monitoring by a work center monitoring **is still required.**

Version 5 OAP Pandemic Social Distancing Guidelines

The following guidelines provide for Pandemic Social Distancing and Daily Health Screening implementation in Congressional workplaces. These guidelines, **Version 5** 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.

Limitations in assembly of groups that will affect restaurants, supermarkets, and family gatherings have been subject to recent revisions (May 6, 2021), depending on the jurisdiction, and in conjunction with transmission rates of coronavirus cases. [DC government Occupancy Guidelines](#). These DC government restrictions are scheduled to be rescinded on May 21, 2021. In the recent weeks, we have seen a continuing 35 percent overall decrease in cases throughout the United States, a continuing decrease daily reported deaths, and continued decrease in hospitalizations. The SARS CoV2 coronavirus pandemic is still here and significant levels of daily community transmission of new infections is still occurring. There are still 31,000 new diagnosis each day, 637 deaths and 33,000 people in the hospital every day in the USA. Ongoing significant changes in pandemic social distance guidelines await further reduction in the number of new cases each day rather than attaining a specific vaccination percentage of the population. This version, 5, 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. The Hall of the House January 12, 2021 imposition of fines for House of Representatives mask wear violations remains in effect at other times. Offices should continue efforts to identify opportunities to replace in-person meetings where possible and consistent with legislative operations.

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 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 or within a day or two 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 37 % of Americans have received both required injections and 48 % 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](#). 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 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 that 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.

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 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 critical 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 33,000,000 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 946,875 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](#)

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 reinfected, 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.

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](#)
 - 3.1.6. The Congress has unique risks in that individuals attending the Congress do not represent a gathering of regional citizens but an intra-National assembly of individuals traveling from areas of variable disease activity to assemble in Washington DC. As such, Congress may experience not only the local District of Columbia circumstance, but also that of areas with higher risk or prevailing variant virus.
- 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.
- 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. All Members and staff will be required to wear masks at all times in the Hall of the House, excluding the period while Members are under recognition (speaking from a fixed microphone position). The requirement to wear a mask within the Hall of The House applies without regard to individual vaccination status. The present mask requirement and other guidelines remain unchanged until all Members and floor staff are fully vaccinated. The Hall of the House has received this special medical consideration for continued mask wear, which is the same for committee meeting spaces, that may change in the future based upon degree of entire group vaccination attained and prevailing coronavirus community risk. These special medical considerations include: The Hall of the House is the only location where many the entire Membership gathers periodically throughout the day in an interior space. Extra precautions are necessary given the substantial number of partially vaccinated, unvaccinated, and vaccine-indeterminate individuals. Additional medical safeguards are required to reduce the risk of coronavirus outbreak in this vital group. The safeguards include universal mask wear, and other social distancing measures (personal daily health symptom inventory review, hand cleansing, periodic cleaning, cohort voting procedures, and identified fixed seating positions). The assembled group also shares variations of underlying health conditions and age which further affect risk. These measures allow for all participants to be treated in the same fashion without displaying any unique identification feature that would separate individuals based on their vaccination or health status. The mask requirement for the Hall of the House is entirely consistent with Centers for Disease Control prevailing mask guidance as reviewed and endorsed by an expert CDC panel. Members will not be recognized unless they are wearing a mask, they may then remove their mask while speaking and reapply their mask at the conclusion of their remarks. Members and staff will not be permitted to enter the Hall of the House without wearing a mask. 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, unless under recognition, is subject to fines imposed for violation. [Fines for mask wear violations.](#)
- 3.3. 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. Individuals required to wear a mask but with an authorized medical exemption to face covering use due to a specific health reason are not required to wear a covering (a face shield must be used as an alternative in these limited situations). However, six-foot minimum separation must be accommodated in all cases of exemption.
- 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 very crowded outdoor public spaces, the use of face coverings is STRONGLY 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 utilize a face covering for the duration of their visit. 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.
 - 4.1. Use of a face cover by 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 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). This number will be the maximum allowable number of individuals in the office at any given time. Maximum occupancy should also be calculated for each reception room, hearing room or conference room. For example, an estimate of the number of individuals that can occupy a given square foot area could be approximated by dividing the square footage by 36. 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 and have suitable floor markings to facilitate the 6-foot separation guidelines 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. Offices with limited space for employees to participate in shift breaks or meals may need to explore use of alternative spaces or staggered times to promote adherence to social distancing guidelines during these times for those who are non-fully-vaccinated.
- 5.1.1.3. Recommendations regarding the use of elevators are influenced by both the small size of the elevator and the brief duration of the contact there. There have been several reports COVID 19 infections sourced to a brief elevator ride with an infected rider [Elevator Super Spreader Event, Coronavirus and Elevators](#) To reduce risk associated with elevator use, signs will indicate that “Use of this elevator .is STRONGLY RECOMMENDED (Senate) REQUIRED (House)”. Use of waterless hand cleanser before and after elevator use is also recommended. When utilized by non-fully-vaccinated or vaccination-indeterminate individuals, face cover wear is STRONGLY RECOMMENDED (Senate) and REQUIRED (House). There are occupancy limit exemptions for emergency medical, fire, and law enforcement personnel use.
- 5.1.2. Avoid Gatherings. Each Office should evaluate activities within their work centers that cause non-fully-vaccinated and vaccination-indeterminate individuals to aggregate together and avoid or limit such activities. 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. Areas typically used for informal staff gatherings, such as coffee or kitchen locations, break rooms, etc. should be modified or monitored to prevent crowds of non-fully-vaccinated or vaccination indeterminate individuals. Social gathering events should be minimized. 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. Due to experience in the Congress of coronavirus occurring in certain circumstances, and unless all present are known to be vaccinated, I recommend that you carefully consider not attending dinners, receptions, or restaurant gatherings outside of your family unit. Events attended outside, are a safer option for all individuals involved.

- 5.2. Avoid Crowding at Dining Facilities. Each Office should consider regulating business practices related to mealtimes and other breaks. These should be staggered throughout the day rather than at socially conventional times, such as 12 PM to 1 PM. If able, staff should be encouraged to bring food from home or use 'grab and go' options to promote dining at their workstation. This will minimize assembly of non-fully-vaccinated individuals at locations such as dining facilities, etc. dining facility should not serve as a location for congregation, when a meal or beverage is consumed individual should leave the area.
- 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. Individual 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.
- 5.3. Avoid Communal Food and Beverage Stations. As these types of food and beverage stations may be accessed by non-fully-vaccinated individuals, each office should evaluate general food and beverage procedures. Communal coffee and water dispensers should be subject to the cleaning of commonly touched surfaces in between each individual user. Communal meal platters, such as continental breakfast trays, should also be avoided. Self-service, commonly shared utensils, plates, cups, etc. should be removed from this area. Examples of good practices to minimize use of shared bulk containers include sealed, single serving packets of sweeteners, creamers, condiments, etc. Contactless, water fountains and water bottle refilling stations could also be considered. Offices consisting of all fully vaccinated personnel may resume their pre-pandemic use and configuration of communal food and beverage stations
- 5.4. 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)
- 5.4.1. Seating on Capitol Inter-Building Trains. Trains operated by the Senate (automatic and attended) and trains operated by the House (attended) require a seating convention to maximize social distancing. In the Senate automatic train, one person should sit at each end of the train car and one person can stand equally distant in the middle of the train car. In the attended trains, two people may sit in the individual seating sections at diagonal seating positions. Passengers using multi-occupant trains are **STRONGLY**

RECOMMENDED(Senate) and REQUIRED (House) to wear a face cover as separations cannot be precisely maintained at 6 feet.

- 5.4.2. Circulatory Paths. Create “one-way” primary circulation paths to avoid bottlenecks in hallways and passageways where possible.
- 5.4.3. 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 mask wear and 6-foot distancing may be discontinued.
- 5.4.4. 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.
- 5.4.5. 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. In those settings where very close proximity to another person could lead to a direct sneeze or cough spray deposit (such as airplane flight, supermarket line, subway or bus ride) the plastic face shield use is an option. 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. Although uncomfortable to wear for a prolonged period, the Face Shield has additional value in reducing external soiling or contamination of your face cover or surgical mask, prompts other people to respect social distancing, limits virus contact and absorption through the eyes and serves as a reminder to avoid touching your face with your hands. [JAMA Face Shields for Community use](#) Individuals are encouraged to minimize consumption of food or beverages while traveling to provide for uninterrupted protection by their masks and face shields.
- 5.4.6. There are several functional areas at the Capitol such as police barricades and screening facilities where Plexiglass barriers are not practical and thus cannot be used.
- 5.4.7. Hand Contact Points. Wherever possible, hand contact points should be minimized. In circumstances where US Capitol Police and Fire Marshall considerations permit, doors

may be propped open. Motion sensing lights in community spaces would be helpful to reduce reliance on common touch objects in the office.

- 5.4.8. 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](#).
- 5.4.8.1. 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.
- 5.4.9. 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.
- 5.4.10. 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.
- 5.4.11. 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](#)

5.5. 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.