

THE ATTENDING PHYSICIAN
CONGRESS OF THE UNITED STATES
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Feb 23, 2021

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

VERSION 4.5, (previous versions are obsolete)

The following guidelines provide for Pandemic Social Distancing and Daily Health Screening implementation in Congressional workplaces. These guidelines, version 4.5, are based on current Centers for Disease Control and Prevention best practices to minimize risk of coronavirus transmission in the workplace through use of social distancing measures, face cover wear, daily screening of employee health prior to reporting for duty, incorporation of aerosol based viral transmission considerations, incorporation of the recent cumulative minutes of exposure to a COVID 19 case rules with regard to quarantine decisions, recent change to CDC guidelines concerning quarantine in those who have completed coronavirus vaccination and recent National coronavirus policy guidance health relevant to the ongoing decreasing coronavirus case rates in the nation and in this region. These guidelines contain 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 depending on the jurisdiction in conjunction with transmission rates of coronavirus cases. [DC government Occupancy Guidelines](#) In the recent weeks, we have seen a 29% overall decrease in cases throughout the United States, a 30% decrease in daily reported deaths, and a 16% decrease in hospitalizations. This version, 4.5, also incorporates a revised directive relevant to all House office spaces and the Hall of the House of December 15, 2020 requiring increased attention to mask wear especially when a person is speaking at a microphone following recognition by a Chair or Presiding Officer and the January 12, 2021 imposition of fines for House of Representatives mask wear violations. It is especially important to continue efforts reducing attendance at in person meetings to the absolute minimum necessary personnel where possible and consistent with legislative operations. House and Senate offices have already introduced social distancing limitations to reduce occupancy that should be maintained. On February 10, 2021, the Centers for Disease Control modified their quarantine guidelines about individuals who have completed their coronavirus vaccination series within the preceding 90 days. These individuals are no longer subject to quarantine during the 90 days following completion of their vaccine series. [Public health recommendations among vaccinated persons.html](#). Importantly, public health requirements for visitors from a foreign country are not waved from quarantine by virtue of prior coronavirus vaccinations. [Coronavirus precautions when returning from travel](#)

The Food and Drug Administration recently 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. A limited vaccination program utilizing the Pfizer-BioNTech vaccine to support a Continuity of Government requirement is

now underway at the US Capitol. Presently, there are no adjustments to social distance guidelines, mask wear use, or telework status with the introduction of vaccines to our community. Approximately 5.7 % of Americans have received both required injections and 13.1% have received at least one injection [States' vaccine participation](#). It is not yet known if vaccines, approved to decrease the symptoms and severity of coronavirus infection, will prevent a person from acquiring infection or transmitting infection to others. It is critical that even vaccinated individuals maintain adherence to their social distancing practices and mask wear. It is still possible to become infected with virus even after completing the vaccinations.

Increasingly, genetic variations of the coronavirus, associated with substantially increased risk of viral transmission (U.K Variant) and poor outcomes (UK and South African Variants), are being identified. [Brazil Coronavirus Variant in USA](#) [UK Coronavirus Variant likely to dominate USA](#) This has led to very significant changes in travel restrictions and increased emphasis on medical grade face mask wear (see section 3.6) to reduce transmission and increased pace of vaccination in the United States. [The Race for More and Better Masks](#) It is likely that some of these new genetic coronavirus variants will be dominant in the United States. [New Corona Virus 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](#). There are potential concerns for synthetic antibodies being developed as drugs to treat those with infection due to the emergence of these coronavirus variants [South African Variant threatens antibody drug effectiveness](#).

Wearing an approved, well-fitted, face covering, when in the company of another person, is a critical necessity while occupying an indoor space at the Capitol. The Centers for Disease Control revised mask wear guidelines on February 18, 2021 specifying wearing a face cover in any public setting [CDC Mask Wear Guidelines](#). Additional emphasis provided regarding a well-fitting mask and the imperative that masks work best when all individuals wear masks. In summary, mask wear 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) 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) 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. The OAP recommends the headband style KN95 mask.
- 4) N 95 respirator masks, requiring fit testing and a use oversight program are more appropriate for specific settings (health care or industrial) and should not be used in general application.

COVID 19 disease features have continued to demonstrate recent decreases in rates of hospitalizations, and new cases. The daily new coronavirus cases rate is now over 55,000 cases per day (decreasing from 289,000 Jan 8, 2021 daily case peak). The United States experience is greater than 28,000,000 confirmed cases attributed to SARS CoV2 coronavirus. Presently approximately 60,000 individuals are hospitalized on any given day [US Covid19 Metrics](#) Public Health authorities are forecasting approximately 548,552 total deaths projected by April 1, 2021. [University of Washington USA COVID 19 Data](#). Continued, mask wear, selected testing, contact tracing, quarantine, isolation, hand washing, contact surface cleansing, and social distancing measures remain critical. Until widespread deployment of an effective SARS CoV2 vaccine has occurred, or development of other pharmaceutical measures to prevent/treat infection, the overall operational posture in areas such as office telework imperative and related Capitol activities remain unchanged.

These guidelines incorporate recent changes to CDC guidelines regarding duration of quarantine ([Reduce Quarantine Duration 3 December 2020](#)), special instructions for those requiring quarantine within 90 days of vaccine completion, and the CDC recommendation that all travelers should undergo COVID 19 testing within 72 hours of departure and again 3-5 days after arrival at their destination [Travel During COVID-19](#). The OAP decision matrix for managers has also been revised to Version 9.0 [Decision Matrix 9.0](#)

1. Reduce the Number of Staff in the Work Center. Each Office (Member office, Committee group, Support office) should continue to commit to established social distancing guidelines when considering in office staffing plans. In circumstances where social distancing standards are unable to be met in an office space, emphasis should be placed on limiting the number of personnel physically present in a work center. The balance of personnel may be assigned to a telework or remote work capacity. The contribution of telework to office productivity will continue indefinitely for significant numbers of staff. Each Office should maintain reliance on phone conversations/video type interactions over in-person meetings whenever possible. Additional helpful guidelines can be found on the 12 June 2020 Centers for Disease Control website entitled "[Considerations for Events and Gatherings](#)". Recently, the Centers for Disease Control revised the threshold guidelines requiring individuals to be placed into a quarantine status following exposure to a COVID 19 person. This new 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 contacts within the preceding days) This new cumulative standard should prompt employment work centers to closely plan their employee interactions to reduce contact within a 6 foot distance to the minimum possible time. For example, it would be better to speak to a co-worker by telephone, despite distance of only 10 feet away, than it would to walk up to them and speak to them at a conversation distance of arm's length. Although a provocative notion, this serves to illustrate the importance of minimizing interpersonal interactions in the workplace to reduce the spread of coronavirus. [New CDC Definition of "Close" contact](#) Individuals within 90 days of 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) It is important that individuals who are vaccinated maintain their coronavirus vigilance to avoid becoming reinfected with coronavirus, acquiring infection with a resistant variant, or acquiring infection that could be transmitted to others. These are important considerations for those seeking to maintain availability of critical personnel for Legislative Processes.

2. Use Telework or Staggered Schedules. Office Staff in excess of the maximum occupancy of the work center (see section 5.1) should be in a telework status. Telework status is among the best options to limit individual risk of disease from workplace encounters. Continued reliance on telework is very important at this time and should be promoted. Staff may be rotated between a telework and in-office status or individual staff arrival and departure work hours may be staggered as determined by individual Offices. Prolonged telework practices may be necessary for certain individuals who fall into conventionally recognized medical risk groups. These individuals have been encouraged by other Federal guidelines to minimize their contact with others until effective medical countermeasures for the coronavirus are widely available. Telework policies 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. Current Evidence and Consensus. Additional 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. 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. All Americans have a responsibility to protect themselves, their families, and their communities.” CDC Universal Mask Imperative. CDC has recently urged that 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 November 27, 2020, CDC further specified wearing a face cover in any public setting CDC Mask Wear Guidelines. 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



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 considering the multiple factors that affect risk such as ventilation, occupancy, and exposure time. Guide for transmission risk which varies with settings, occupancy level, contact time, and

Type and level of group activity	Low occupancy			High occupancy		
	Outdoors and well ventilated	Indoors and well ventilated	Poorly ventilated	Outdoors and well ventilated	Indoors and well ventilated	Poorly ventilated
Wearing face coverings, contact for short time						
Silent	Low	Low	Low	Low	Low	Medium
Speaking	Low	Low	Low	Low	Low	Medium
Shouting, singing	Low	Low	Medium	Medium	Medium	High
Wearing face coverings, contact for prolonged time						
Silent	Low	Low	Medium	Low	Medium	High
Speaking	Low	Medium*	Medium	Medium*	Medium	High
Shouting, singing	Low	Medium	High	Medium	High	High
No face coverings, contact for short time						
Silent	Low	Low	Medium	Medium	Medium	High
Speaking	Low	Medium	Medium	Medium	High	High
Shouting, singing	Medium	Medium	High	High	High	High
No face coverings, contact for prolonged time						
Silent	Low	Medium	High	Medium	High	High
Speaking	Medium	Medium	High	High	High	High
Shouting, singing	Medium	High	High	High	High	High

Risk of transmission
 Low ■ Medium ■ High ■

* Borderline case that is highly dependent on quantitative definitions of distancing, number of individuals, and time of exposure

whether face coverings are worn. The estimate applies when everyone is asymptomatic. (note: This illustration does not consider the susceptibility of individuals, shedding level from an infected person, indoor airflow patterns, or relative locations of individual to the infected that could substantially alter risk estimates).

- 3.1.2. Centers for Disease Control and Prevention guidance on "[Considerations for Events and Gatherings June 12, 2020](#)" 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](#) The CDC advises the use of cloth face coverings in any public setting (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. Face coverings are strongly encouraged in settings where individuals might raise their voice (e.g., shouting, chanting, singing).
- 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 recent publication in the [Annals of Internal Medicine](#) which reviewed the experience of asymptomatic SARS-CoV-2 in a variety of international cohorts. Additional recent 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 National Institute of Standards and Technology reported on its [blog](#) that qualitative testing of a variety of homemade face coverings, in different facial positions, demonstrated even the most basic face coverings reduced the distance the airflow exiting a person's lungs travelled during talking and coughing trials. They noted implications for slowing the spread of disease.
- 3.1.5. [The Lancet](#) published their meta-analysis of all published materials about face covers and reducing spread of coronavirus. In conclusion, mask wear is recommended to reduce the spread of COVID19.
- 3.1.6. [Health Affairs](#) published the results of observational cohort study investigating the impact of state government mandates for face mask use on the daily COVID19 growth rate in 15 states and the District of Columbia. Findings suggest that that requiring face mask use in public might help in mitigating COVID19 spread.
- 3.1.7. [Fox News](#) reported on an [international study](#) that compared real world face mask experiences with COVID19 to two previous simulation models. Results demonstrated a correlation between early universal ($\geq 80\%$ of the population) masking and successful suppression of daily case growth rates and/or reduction from peak daily case growth rates.








- 3.1.8. [Science](#) published a summary discussion on reducing the transmission of SARS-CoV-2. Their assertion is, “For society to resume, measures designed to reduce aerosol transmission must be implemented, including universal masking...”
- 3.1.9. Several [International Public Health authorities](#) view mask wear as a public activity to minimize infection risk to others, reduce the experience of disease in the community, and ultimately serve to protect individuals and their families. Mask wear is a source control measure to limit the spread of virus from asymptomatic people toward others who may be at increased risk to acquire the disease and to other individuals they would subsequently pass it to. The amount of virus released into the environment by infected people may be substantial and lead to a significant infection risk to others.
- 3.1.10. Face cover wear is consistent with Federal, Local, State and District of Columbia Governments now requiring mask wear in public spaces such as businesses, stores, markets, medical offices, hospitals, mass transportation, car for hire services, use in airplane travel, etc. ([CA](#), [DC](#), [MD](#), [VA](#), [AL](#), [TX](#)) Over 36 States, and other areas have now mandated use of face coverings while in public. Recent comprehensive reviews of Universal Masking in the United States have demonstrated the utility of state Governors’ mandates, the public health rationale, and ethical/legal basis to require mask wear [Universal Masking in The United States](#).
- 3.1.11. Most national major retail stores (Walmart, Target, Walgreens, CVS, Publix) now require face cover wear as a condition for entry. [stores-require-face-coverings-to-halt-covid-19-spread](#)
- 3.1.12. Certain [Federal Courts](#) have required mask wear by all parties as a condition to enter the courthouse
- 3.1.13. The Washington Post recently 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](#)
- 3.1.14. On July 17, 2020 the Director of the National Institute of Allergy and Infectious Disease urged all government leaders to be as forceful as possible in requiring use of face covers to reduce the spread of COVID 19 [Leaders urged to be forceful](#)

- 3.1.15. 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.
- 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 with at least one other person present. Examples may include during the use of community services, such as the office supply store, banking facilities, barbershop, etc., among others. An Office should STRONGLY RECOMMEND the use of face covers whenever more than one person is present in the office.
- 3.2.1. For meetings in an enclosed US House of Representatives controlled space, face coverings are REQUIRED. Face covers will be provided by the meeting sponsor to individuals arriving without face covers. Waterless hand cleanser should be used by individuals on entry and exit. Seating arrangements in accordance with social distancing guidelines and contact surface cleaning procedures will be facilitated by staff.
- 3.2.2. Members and staff will be required to wear masks at all times in the Hall of the House without exception, including while Members are under recognition. Members will not be recognized unless they are wearing a mask, and recognition will be withdrawn if they remove their mask while speaking. 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 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 momentary removal to facilitate recognition is an option, followed by immediate replacement of the face cover for the remainder of the address. Individuals 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 recommended but not required in outdoor settings when six-foot separation between individuals is able to be maintained. If unable to maintain separation in outdoor public spaces, the use of face coverings is STRONGLY RECOMMENDED. A face cover should be worn in any gathering of people, even when conducted outside.

- 3.5. Use of a face covering is a separate secondary method of lowering transmission risk. It is NOT a substitute for social distancing. Even if you wear a face covering, every effort should be made adhere to six-foot social distancing guidelines.
- 3.6. 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 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 approved 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. Visitors must follow the social distancing guidelines regarding 6-foot separation, limit their visit to less than 15 minutes, no physical contact with staff, appropriate use of hand cleansing and 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 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. Each Office should determine the maximum number of individuals that can safely occupy a work center or other space and conduct their work where possible without exceeding social distancing standards (six-foot separation). 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. Where possible, strive for the minimum necessary number of people in the space. If an individual's presence in a space is no longer required, they should leave the space. Other considerations to promote meeting safety would be to periodically ensure all 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.
 - 5.1.1. There are specific areas in the Capitol where fixed seating and structures are present (for example the Dais of the Senate Chamber and House of Representatives Chamber) where 6 foot separations are not possible due to the structure and seating of essential personnel whose functions cannot be performed at another chamber position. In that instance, use of a face cover by all seated Dais participants in addition to social distancing separation is STRONGLY RECOMMENDED in the Senate and REQUIRED in the House. Non-seated participants in the Chamber should maintain 6-foot separation from those seated Dais positions. The preferred option is to verify that the individual cannot be

relocated from the Dais to another location in the Chamber where their duty can be performed. Personnel seated on the Dais, electing to briefly remove their face cover to address the Chamber or a Member, are reminded to reapply their face cover following their remarks.

- 5.1.2. 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 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 have suitable floor markings to facilitate the 6-foot separation guidelines with supervision of guideline adherence provided by the host of the primary event.
- 5.1.2.1. 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 individuals in this brief circumstance is STRONGLY RECOMMENDED.
- 5.1.2.2. 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.
- 5.1.2.3. 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 recent 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 . with a face cover is STRONGLY RECOMMENDED (Senate) REQUIRED (House)”. Use of waterless hand cleanser before and after elevator use is also recommended. Several smaller elevators may allow for 1- 2 individuals to be in the elevator. Larger sized elevators may allow additional individuals suggested by the square foot calculation estimates. If more than one person is in the elevator, face cover wear is STRONGLY RECOMMENDED (Senate) and REQUIRED (House) by all individuals There are occupancy limit exemptions for emergency medical, fire, and law enforcement personnel use.
- 5.1.3. Avoid Gatherings. Each Office should evaluate activities within their work centers that cause individuals to aggregate together and avoid or limit such activities. Daily meetings, staff recognition events, etc. should be modified to occur via teleconference, occur outside, or meet 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. Social gathering events should be avoided during this time. 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 the group is later found to

have COVID 19. Due to experience in the Congress of increased disease frequency occurring in certain circumstances, I recommend that you carefully consider not attending dinners, receptions, or restaurant gatherings outside of your family unit. Gatherings of individuals for office receptions, and celebrations are strongly discouraged. Select outside seating or carry-out if available when dining alone or with your family unit.

- 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 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 6-foot separation locations or have furniture rearranged or removed. (even in a large cafeteria room) Sharing meals together, when face coverings are not worn, has been a source of exposure to individuals here at the Capitol resulting in many cases of quarantine and illness following a COVID 19 case exposure. Whenever possible, individuals sharing a meal should consider having it outside areas with and separated by at least 6 feet.
 - 5.2.2. Individual 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. 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. Staff should be encouraged to utilize their own personal utensils, plates, cups, etc., or designate these items from office supplies such that they will not be shared by other individuals. Contactless, water fountains and water bottle refilling stations could also be considered.
- 5.4. Modify Office Layouts and Flow Patterns. Each Office should alter the physical layout of work center spaces where possible in accordance with any Architect of the Capitol or Chief Administrative Officer parameters to maximize 6-foot distancing between Members, staff, and visitors. Additionally, offices should re-assess office flow patterns to limit intra-office and visitor traffic as much as possible. Selective removal of furniture may be helpful to minimize circumstances where individuals are seated too close together.
 - 5.4.1. Seating. A minimum of six-foot separation between individual workstations remains the goal. Seating plans should be modified to meet this goal wherever possible. Examples may include the establishing the necessary physical distance between workstations, or

adopting an “every other desk” occupancy with reduction in lounge and common space capacity are two examples of strategies that may be employed. (see exception paragraph 5.1.1)

- 5.4.2. 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.
- 5.4.3. Circulatory Paths. Create “one-way” primary circulation paths to avoid bottlenecks in hallways and passageways where possible.
- 5.4.4. Signage. Post signage encouraging face cover use, 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.
- 5.4.5. 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. A floor marking indicating a six-foot standoff mark from the forward-facing employee, or a pair of floor stanchions with cord suspended between them are other alternatives. This will reduce risk of virus transmission with activities such as speaking, sneezing, or coughing. Another example would be to remove community use landline phones. 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. The uninformed construction of desktop barriers may have unintended effects regarding disease transmission risk due to reduction of ventilation and other cleaning considerations.
- 5.4.6. Plastic Face Shields 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 avoid

consumption of food or beverages while traveling to provide for uninterrupted protection by their masks and face shields.

- 5.4.7. 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.
- 5.4.8. 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.
- 5.4.9. Cleaning. Each Office should create an overall cleaning schedule that accounts for periodic pauses in office activity throughout the day for hand cleansing (waterless hand cleanser, or soap and water) and cleansing of contact surfaces with approved materials by work center individuals. Individual workstation configuration should accommodate simplified cleaning measures wherever possible. For example, desktops should be free of clutter (devices, memorabilia, photographs, etc.), disposable membranes or plastic wrap may be used on keyboards, phones, or other devices, etc.
- 5.4.9.1. 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. Prior to room cleaning, a 60-minute interval should pass from the conclusion of the meeting to the start of the cleaning process for settling of any possible infectious droplets, and atmosphere ventilation replenishment. 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.
- 5.4.10. 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 can treat up to 800 sq feet), purchased at office supply stores, are another consideration but may be duplicative of what is already available in the office space ventilation system and may introduce considerable noise into the office environment.
- 5.4.11. 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.

5.4.12. Use of outside spaces: Selection of outdoor space for event locations is an important risk reduction measure. 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](#).

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. 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. If you are a passenger in a commercial transportation vehicle such as aircraft, buses, or trains, do not consume 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. Wherever possible, wear a face shield in addition to a face cover if you anticipate close crowding. During this time of dramatic and sustained increase in coronavirus transmission nationally, if you can remain in the Washington, DC region and avoid travel, that would be preferable.

6. Health Monitoring of the Work Force.

6.1. Participation in a Health Monitoring Program. Participation in a health monitoring program is required for all Congressional employees 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 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.
- 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.

- 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.

Daily Health Screening Inventory

Regarding your personal health, please answer the following questions to the best of your ability:

Are you currently experiencing, or have you experienced within the past 10 days any of the following symptoms?

Fever (Temp equal to or greater than 100.4 F)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chills with shaking or teeth chattering	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No
Muscle or body aches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Congestion or runny nose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath at rest	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nausea or vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of ability to taste or smell	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you or a member of your household awaiting COVID-19 test results, or have you been told to Isolate or Quarantine by a healthcare provider?

Yes No

Stop here, if you completed a full vaccination course at least 14 days AND no more than 90 days ago; OR have been diagnosed with COVID 19 in the past 90 days. If not, continue to the next two questions

Are you well, but a member of your household is sick at home with bronchitis-like or cold symptoms?

Yes No

Have you been in direct close contact with a person with lab confirmed or suspected case of COVID-19 within the past 14 days?

Yes No

***Before arriving to work, notify your work center monitor via text or email of your response by indicating “I answered no to all questions,” or, “I answered yes to at least one question.” *If you answered yes to any of the above questions, DO NOT report to work. Stay home and consult your personal physician for further guidance.**

Inventario de Detección de Salud

Con respecto a su salud personal, responda las siguientes preguntas lo mejor que pueda:

¿Está actualmente experimentando, o ha experimentado en los últimos 10 días alguno de los siguientes síntomas?

Fiebre (temperatura igual o mayor a 100.4 F)	<input type="checkbox"/> Sí <input type="checkbox"/> No
Escalofríos con temblores o castañeteo de dientes	<input type="checkbox"/> Sí <input type="checkbox"/> No
Fatiga	<input type="checkbox"/> Sí <input type="checkbox"/> No
Dolores musculares o corporales	<input type="checkbox"/> Sí <input type="checkbox"/> No
Congestión nasal	<input type="checkbox"/> Sí <input type="checkbox"/> No
Dolor de garganta	<input type="checkbox"/> Sí <input type="checkbox"/> No
Tos frecuente	<input type="checkbox"/> Sí <input type="checkbox"/> No
Falta de aliento en reposo	<input type="checkbox"/> Sí <input type="checkbox"/> No
Nausea o vomito	<input type="checkbox"/> Sí <input type="checkbox"/> No
Diarrea	<input type="checkbox"/> Sí <input type="checkbox"/> No
Dolor de cabeza	<input type="checkbox"/> Sí <input type="checkbox"/> No
Pérdida de la capacidad para saborear u oler	<input type="checkbox"/> Sí <input type="checkbox"/> No

¿Está usted o un miembro de su hogar esperando por un resultado para el COVID-19, o algún personal de la salud le recomendó que se aislara estuviera en cuarentena

Sí No

Deténgase aquí, si ya completo el curso de la vacuna hace 14 días, pero no más de 90 días; O has sido diagnosticado con COVID-19 en los últimos 90 días. Si no, continúe con las próximas dos preguntas.

¿Está bien, pero un miembro de su hogar está enfermo en su hogar con síntomas similares a los de la bronquitis o el resfriado?

Sí No

¿Has estado en contacto directo con alguna persona que tenga un resultado de laboratorio o un caso sospechoso del Covid-19 en los pasados 14 días?

Sí No

Antes de llegar al trabajo, notifiqué a su monitor del centro de trabajo por mensaje de texto o correo electrónico sobre su resultado indicando "Respondí no a todas las preguntas" o "Respondí sí al menos a alguna pregunta". Si respondió que sí a cualquiera de las preguntas anteriores, **NO se presente al trabajo.**

Quédese en casa y comuníquese con el médico de guardia para obtener más orientación.