Effective May 21, 2021, businesses and community establishments are no longer required to implement restrictions to reduce the spread of COVID-19. While availability of an effective COVID-19 vaccine is allowing for establishments to re-open, COVID-19 still presents a risk to the health of our community. Establishments and businesses in the District of Columbia are recommended to continue to take precautions to keep people safe as vaccination rates increase, recognizing that some may not be feasible in all settings. This document replaces all previous sector-specific guidance (e.g., restaurants, hotels, personal services, places of worship, etc.) and describes best practices that all businesses and community establishments can follow to help reduce the risk of COVID-19 transmission amongst workers, patrons\(^1\), and the community.

This guidance is not intended for use in healthcare settings, educational settings, childcare, or summer camp settings. It is also not intended for non-healthcare congregate settings such as correctional facilities or homeless shelters. These settings have their own specific guidance documents to follow. For additional information, visit coronavirus.dc.gov/healthguidance.

Please note that any individual experiencing symptoms of COVID-19 or who is required to isolate or quarantine due to COVID-19 diagnosis or exposure must not work at or visit an establishment due to the risk of exposing others. Symptoms of COVID-19 may include: fever (subjective or 100.4 degrees Fahrenheit), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or otherwise feeling unwell. Individuals who are fully vaccinated\(^2\), or have tested positive for the virus that causes COVID-19 in the previous 90 days, do not need to quarantine after an exposure\(^3\).

### Fundamentals of Safe Operation
Businesses and organizations play a key role in preventing the spread of COVID-19 by implementing safe operations. Employers are responsible for providing a safe workplace and a safe environment for the people served in their facility. Plans should be carefully and thoughtfully developed around COVID-19 prevention, communication, and response to decrease the risk of spread of COVID-19 within their facilities.

- **How COVID-19 spreads:**
  - The main way COVID-19 spreads is from person-to-person when an infected person breathes out droplets and particles that contain the virus.
    - People can become sick with COVID-19 by breathing in infected air, being splashed or sprayed in their eyes, nose, or mouth with infectious droplets (e.g., from a cough), or touching their eyes, nose or mouths with hands that have the virus on them.
  - People who are 6 feet or closer to the infected person are most likely to get sick.
  - COVID-19 can sometimes spread between people in the air over longer distances, especially in crowded indoor settings with poor ventilation.

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\(^1\) The generic term “patron” will be used throughout this guidance for simplicity. Please substitute whatever term is appropriate for the people served by your establishment (e.g., customer, client, visitor, attendee, guest, congregant).

\(^2\) A person is considered fully vaccinated 14 days after receiving the last dose of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine).

\(^3\) For more information, including information about quarantine and testing exemptions, please see [Guidance for Quarantine after COVID-19 Exposure](coronavirus.dc.gov/healthguidance)
• **COVID-19** can also spread from environmental surfaces, but this is uncommon.

• Use of **multiple layered COVID-19 prevention measures** is the best way to prevent COVID-19 from being introduced and spreading in your facility. No individual method is perfect, but when used together they are very powerful. Even if COVID-19 does get into your facility, the use of these measures can contain the virus and make it less likely to adversely affect operations. They include:
  - Vaccination
  - Wearing Face Masks or Cloth Face Coverings
  - Physical distancing
  - Hand hygiene
  - Staying home when sick
  - Cleaning and Disinfection
  - Ventilation and Building Considerations
  - Plan for COVID-19 Exposure and Reporting Requirements

**Communication/Operations**

Below are recommendations for how to successfully manage communication and operations to keep people at your facility safe during the COVID-19 pandemic.

• **Educate your workers about COVID-19, and how they can protect themselves at work and outside of work.**
  - Actively support and encourage staff to get vaccinated against COVID-19.
  - Encourage them to always follow everyday prevention measures such as: wearing a mask, physical distancing, covering coughs and sneezes, and washing their hands.
  - Encourage them to avoid using other workers’ phones, desks, offices or other work tools and equipment.
  - Refer to [coronavirus.dc.gov](http://coronavirus.dc.gov) for more information.

• Employers should consider conducting a thorough assessment of the workplace to identify potential workplace hazards that could increase risks for COVID-19 transmission.


• It is important to include all workers in communication plans — for example management, staff, relief employees, volunteers, janitorial staff, maintenance staff, and supervisory staff.
  - If contractors are employed in the workplace, develop plans to communicate with the contracting company regarding modifications to work processes and requirements for the contractors to prevent transmission of COVID-19.

• Consider designating an individual at the establishment to be the point of contact for all COVID-19 related questions and concerns. Make sure all workers know who this person is and how to contact them.

• Employers should account for non-English speaking workers in their communication plans and provide information in appropriate languages.

• Keep abreast of current law, which has amended both the DC Family and Medical Leave Act and the DC Sick and Safe Leave Law and created whole new categories of leave, like Declared Emergency Leave.

• Learn about and inform your employees about COVID-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA) and all applicable District law relating to sick leave.
COVID-19 Vaccination

COVID-19 vaccines are safe, and effective at keeping people from getting COVID-19. There is some evidence to show it may help prevent spread from infected people who are not showing symptoms. They are also very effective at preventing people from needing to be hospitalized or dying if they do get sick with COVID-19. There are now vaccines available for people 12 and older. People are considered fully vaccinated 14 days after completion of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine). After you are fully vaccinated, you can start doing some things you had stopped doing because of the pandemic. Evidence regarding the effectiveness of COVID-19 vaccines in real world settings, including vaccine effectiveness against SARS-CoV-2 variants currently circulating in the US and the region, create an opportunity for reducing public health mitigation measures for fully vaccinated persons. Promoting vaccination amongst staff (and patrons) can help keep facilities open.

- Establishments should actively encourage and consider incentivizing workers to get vaccinated.
- Vaccination decreases an individual’s risk during all activities and will help allow your establishment to keep functioning, even if there is a COVID-19 exposure.
- People who are unvaccinated remain at higher risk for catching COVID-19 and need to take more precautions than people who are vaccinated.
  - People who are immunocompromised may not be protected even when they are fully vaccinated and should consult with their healthcare provider.
- Support staff to get the COVID-19 vaccine by providing leave options to get the vaccine and if they experience common vaccine side effects.
- Find out more about getting the COVID-19 vaccine at coronavirus.dc.gov/vaccine.
- For more information about what you can do if you are vaccinated, see Guidance for Fully Vaccinated People at coronavirus.dc.gov/healthguidance

DC Health and the Office of the Chief Technology Officer (OCTO) have launched the Vaccine Exchange Program that connects District organizations with vaccine providers that can assist with setting up COVID-19 vaccination clinics for members or employees in the workplace or at designated vaccination clinics.

- Business and community organizations are eligible to participate in the Vaccine Exchange Program. Organizations interested in setting up a vaccine clinic should submit a request at request.vaccineexchange.dc.gov/.

Face Masks or Cloth Face Coverings

Face masks are a powerful tool for preventing COVID-19. Masks act as a simple barrier to help prevent respiratory droplets from traveling into the air and to other people when the person wearing the mask talks, coughs, sneezes, or raises their voice. This is called source control. Wearing masks is important to prevent asymptomatic spread, which is estimated to be responsible for more than 50% of COVID-19 cases. Face masks protect the wearer and protect other people. In settings where a mix of fully vaccinated and unvaccinated people may be present, the use of face masks by everyone will reduce the risk to individuals who are not fully vaccinated, including children 11 and under.

- To be effective, masks must be worn correctly. Masks should be 2-3 layers of tightly woven fabric, cover the nose and mouth, and fit snugly against the sides of the face.
- A mask is not a substitute for physical distancing.
- Mask wearing is especially important for people who are not fully vaccinated or immunocompromised.
Who Should Wear a Face Mask

- People who are fully vaccinated no longer need to wear face masks in any setting.
- Face masks are still recommended for unvaccinated workers and patrons in indoor and outdoor public settings in DC.
- In settings where fully vaccinated and unvaccinated patrons (including children 11 and under) and workers may be present, the use of face masks will reduce the risk to individuals who are not fully vaccinated or may not be fully protected by the vaccine because they are immunocompromised.
  - Facilities should consider using reminders such as posters, particularly in areas where physical distancing is difficult to maintain.
  - For more information about face masks, please refer to the Guidance about Masks and Other Face Coverings for the General Public on coronavirus.dc.gov/healthguidance.
- If face masks need to be removed in settings with both fully vaccinated and unvaccinated workers and patrons, then ideally people should be separated by more than 6 feet.
- Masks should not be worn by children younger than age 2.

Physical Distancing

Physical distancing remains a vitally important prevention measure to further reduce the spread of COVID-19. COVID-19 spreads when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and are inhaled or land in the mouths or noses of people nearby. This can happen before people develop symptoms or know that they are infected. COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period, and physical distancing helps reduce the risk of coming into contact with an infected person. Physical distancing is especially important for people who are not fully vaccinated or who are immunocompromised. In settings where fully vaccinated and unvaccinated patrons and workers may be present, the use of physical distancing will reduce the risk to individuals who are not fully vaccinated or may not be fully protected by the vaccine because they are immunocompromised.

- Businesses and community establishments are encouraged, but not required to, set up the workplace to promote workers and patrons (or related groups) to maintain at least 6 feet of distance from people not from their household while at the facility.
- Physical distancing is especially important during activities where face masks cannot be worn, such as when eating or drinking.
- Consider options of limiting capacity to achieve physical distancing of 6 feet between patrons or groups of patrons.
- If 6 feet of distance cannot be maintained, consider holding the event outdoors, improving ventilations, or minimizing movement by providing reserved seating events to minimize close contact between patrons.
- Activities in which voices are projected, such as choir or theater, where wind instruments are used, or heavy breathing is involved, present greater risk of spread of respiratory droplets, and should be modified to be outdoors and/or allow for 10 feet of physical distancing indoors.
- Businesses and community establishments can consider modifying operations to allow for 6 feet of physical distancing between workers and patrons in the following ways:
  - Identifying work and common areas (entryways, lobbies, queueing areas) where people could have close contact (within 6 feet) with others and implement interventions to facilitate physical distancing in these locations, such as placing
visual markers or signs or removing furniture.
  o Minimizing face-to-face passing. Have separate entrances and exits and mark one-way paths in the facility.
  o Closing off or limit access to areas where physical distancing cannot be practiced.
  o Continue utilizing the following methods as much as possible:
    ▪ Contactless payment methods.
    ▪ Online, delivery, and drive-through services to decrease crowding in the facility.
    ▪ Limiting self-service options.
    ▪ Installing physical barriers, such as sneeze guards and partitions, in areas where it is difficult for employees to remain at least 6 feet from patrons, or for employees to remain at least 6 feet from other employees.
    ▪ Scheduling appointments for services to avoid crowding.
• Businesses and community establishments can also consider modifying operations to allow for 6 feet of physical distancing between workers in the following ways:
  o Discouraging physical contact (e.g., handshakes, hugs, high-fives) in the workplace. Encourage people to greet each other verbally or use other non-contact means of communication.
  o Monitoring areas prone to congregation (e.g., common areas, staff breakrooms) and using visual cues or room capacity limits to help prevent congregation.
  o Staggering shift and break start times.

Hand Hygiene
Hand hygiene is an important part of preventing the spread of many infectious diseases, including COVID-19. When viral particles are on hands and people touch their eyes, nose, and mouths this can cause them to become infected. Promoting hand hygiene can help to reduce this risk.

• Encourage workers to perform frequent hand hygiene (with soap and water or alcohol-based hand sanitizer with at least 60% alcohol).
  o Washing hands with soap and water is necessary if hands are visibly dirty.
  o Key times to promote hand hygiene include:
    ▪ Before eating or preparing food;
    ▪ After using the restroom;
    ▪ Before and after putting on, touching, or removing a mask;
    ▪ Before and after work shifts and work breaks;
    ▪ Before and after services to each patron;
    ▪ After handling another person's belongings; and
    ▪ After blowing your nose, coughing, or sneezing.
• Consider using signs to remind workers and patrons not to touch their faces, eyes, mouths, or noses or mouths with unwashed hands.
• Businesses and community establishments are recommended to provide supplies to allow for frequent hand hygiene for use by workers and patrons.

Staying Home when Sick
Identifying sick workers, or workers that have been exposed and need to quarantine, is important to preventing the spread of COVID-19 in the facility and maintaining operations.

• Actively encourage workers to stay home if they are sick. Staff with symptoms consistent with COVID-19 should be encouraged to talk to their healthcare provider and seek testing.
Business and community establishments are recommended to implement leave policies that are flexible and non-punitive. Leave policies are recommended to account for the following:

- Employees who report COVID-19 symptoms,
- Employees who were tested for COVID-19 due to symptoms, exposure, or travel and test results are pending,
- Employees who are isolating due testing positive for COVID-19;
- Employees who need to quarantine due to close contact to someone who tested positive for COVID-19;
- Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.

- Consider posting signage at the entrance stating that nobody with a fever or symptoms of COVID-19 is permitted to enter the facility.

Businesses and community establishments can consider screening employees for symptoms before shifts, but this may have a limited effect as the virus that causes COVID-19 can also be spread by people who are not showing symptoms.

- Screening can be done by attestation before arrival or on-site.
- See the Sample Health Screening Tool at coronavirus.dc.gov/healthguidance.

Screening testing is generally not recommended. People who are fully vaccinated or have tested positive for the virus that causes COVID-19 in the previous 90 days, should not participate in asymptomatic screening testing.

Cleaning and Disinfection
The virus that causes COVID-19 can land on surfaces. While it is not the primary way of spread, it is possible for people to become infected if they touch those surfaces and then touch their nose, mouth, or eyes. The most reliable way to prevent infection from surfaces is to frequently perform hand hygiene by washing hands or using alcohol-based hand sanitizer. Cleaning and disinfecting surfaces can also reduce the risk of infection. If no people with confirmed or suspected COVID-19 are known to have been in a space, cleaning high-touch surfaces once a day is usually sufficient to remove virus that may be on surfaces.

- Businesses and community establishments are recommended to develop a comprehensive plan for increased routine cleaning (and disinfection as needed) of common spaces and frequently-touched surfaces within the facility (e.g., counters, keyboards, telephones, handrails, printer/copiers, drinking fountain, door handles, workstations, cash registers, payment kiosks, light switches).

- Businesses and community establishments should consider implementing the following practices:
  - Training workers on cleaning procedures and monitor cleaning schedules to ensure compliance.
  - Cleaning frequently touched surfaces at least daily.
  - Cleaning any shared objects frequently, based on level of use.
  - Cleaning and disinfecting restrooms frequently, with special attention to high-touch surfaces (such as faucets, toilets, stall doors, door handles, countertops, diaper changing tables, and light switches. Adequate supplies of soap and paper towels should always be present.
  - Providing workers with appropriate PPE, such as disposable gloves for cleaning activities and handling trash. Hand hygiene should be performed before and after wearing gloves.

- If a sick person, or someone with COVID-19, has been within a facility or space within 24 hours, cleaning and disinfection is recommended. If it has been more than 24 hours, cleaning should take place. If more than 3 days have passed since the person who is sick or
diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is recommended.

- For comprehensive guidance on cleaning and disinfection, including if someone with COVID-19 was at the facility, please see the following DC Health guidances at coronavirus.dc.gov/healthguidance:
  - Guidance on Cleaning and Disinfection for Community Facilities with Suspected or Confirmed COVID-19
  - Guidance on Routine Cleaning and Disinfection for Community Facilities

**Ventilation and Building Considerations**

Particles of the virus that cause COVID-19 can cause someone to get sick by inhalation or splash/spray in the eyes, nose, or mouth. This can happen more easily in an indoor environment, particularly if there is poor ventilation, allowing for increased concentration of viral particles to build up if an infected person is in the space, as opposed to outdoors where air movement can rapidly decrease concentrations. The lower the concentration of particles and droplets in the air, the less risk there is that the virus can be transmitted by inhalation or spray, or deposited on surfaces. Outdoor events are safer than indoors, but improving ventilation systems indoors can provide an additional layer of protection in addition to other mitigation strategies to decrease the risk of spread of COVID-19 in your facility.

- Consider making the following improvements to improve building ventilation (cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html):
  - Increase circulation of outdoor air as much as possible, for example by opening windows and doors. Use fans to increase the effectiveness of open windows.
    - Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms).
  - Verify ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
  - Decrease occupancy of spaces with poor ventilation.
  - Improve central air filtration to the highest level compatible with the filter rack, and seal edges of the filter to limit bypass.
  - Check filters to ensure they are within service life and appropriately installed.
  - Turn off any demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.
  - Consider portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas).
  - Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
  - Consult with a specialist to see what works for your building.

- If the building was closed for an extended period of time, remember to check HVAC systems, and ensure all water systems are safe to use. For more information, see CDC’s Guidance for Reopening Buildings after Prolonged Shutdown or Reduced Operation: cdc.gov/coronavirus/2019-ncov/php/building-water-system.html.

**Plan for COVID-19 Exposure/Reporting Requirements**

A timely public health response is critical to preventing further spread if an outbreak is identified. All COVID-19 cases in DC residents will continue to be interviewed and provided isolation guidelines, and their close contacts identified and provided quarantine guidelines by the DC Contact Trace Force. Businesses and community establishments should also report cases that meet the criteria below to prevent further spread between employees and/or patrons.

- Establish a plan in the event a worker or patron is diagnosed with COVID-19.
Businesses and community establishments can consider keeping a record of workers and patrons who have visited the facility or attended an event in the last 30 days to assist with contact tracing.

If a worker or patron develops any symptoms of COVID-19 while at the facility, businesses and community establishments should have a plan in place for that individual to immediately isolate, notify their supervisor (if the individual is an employee), and leave the premises.


Identify a point of contact at the establishment that a worker or patron (if needed) can notify if they test positive for COVID-19 and choose to disclose this information (this may be the same person designated as the point of contact for general COVID-19 concerns and questions in the Communication/Operations section).

If a staff member or patron chooses to report to the business or community establishment that they are positive for COVID-19, the establishment should:

  - A close contact is someone who was within 6 feet of a person who tested positive for COVID-19 for at least 15 minutes (cumulatively) over a 24-hour period, during that person’s infectious period.
  - The infectious period starts two days before symptom onset date and typically ends 10 days after symptom onset date (the test collection date should be used for infected people who did not have symptoms).
- Have a notification process to share the following to those who may have been exposed, while maintaining the privacy of the person who tested positive.
  - Education about COVID-19, including the signs and symptoms of COVID-19,
  - Referral to the Guidance for Contacts of a Person Confirmed to have COVID-19, available at coronavirus.dc.gov,

Cases must be reported to DC Health per the criteria below. Staff and patron information must be provided when available if requested to assist with contact tracing.

- For multipurpose event venues (e.g., places of worship, hotels, convention centers, entertainment venues):
  - If two or more persons (e.g., workers, volunteers, attendees) test positive for COVID-19 (not before results come back) within a 14-day period or at a given event.
- For businesses and community establishments:
  - If two or more workers test positive for COVID-19 (not before results come back) within a 14-day period.

Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website dchealth.dc.gov/page/covid-19-reporting-requirements:

- Submit a Non-Healthcare Facility COVID-19 Consult Form.

An investigator from DC Health will follow-up in 24-72 hours to all appropriately submitted notifications.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov for the most updated information.