



Leadership FAQs – COVID-19

What if a team member appears sick?

If any team member presents at work with a fever or any flu-like symptoms, they should be sent home and advised to seek medical attention. While these symptoms are not always associated with COVID-19, it pays to err on the side of caution. It is the responsibility of supervisors and managers to not overreact to the situation while also assuring the team that we are taking all reasonable precautions to stop the spread of the virus, including enhanced PPE and Infection Control protocols.

Can we ask a team member to stay home or leave work if they exhibit symptoms of the COVID-19 coronavirus or the flu?

Yes, we should ask the team member to stay home or leave work and seek medical attention, including getting tested for COVID-19 if possible.

How can we distinguish between a “suspected but unconfirmed” case of COVID-19 and a typical illness?

There is no easy way for you to make this determination, but you should let logic guide your thinking. The kinds of indicators that will lead you to conclude an illness could be a suspected but unconfirmed case of COVID-19 include displaying any [COVID-19 symptoms](#) such as fever, cough or difficulty in breathing. Please notify and partner with your regional leadership, department supervisor and HR on any suspected case. Please reinforce proper use of PPE, Infection Control, Temperature Monitoring and Social Distancing.

A patient appears asymptomatic on date of procedure, but later informs practice that they have tested positive for COVID-19. What should we do?

If a patient later informs the practice that they are COVID-19 positive, this will no longer automatically warrant a practice closure. The enhanced Safety Standards were put in place for this very reason. The Office Manager should immediately inform the Regional Director of Operations and HR and follow the steps below:

- a. Identify each team member, both clinical and administrative, who had direct contact with the patient in the 48 hours before they exhibited symptoms
- b. Assess the level of risk exposure for each team member
- c. Categorize team members by low risk vs high risk exposure (see description below)
- d. Team members with a low exposure risk, can continue to work with appropriate PPE and should actively self-monitor their health for 14 days

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- i. Team members are not required to work during the 14 day period after exposure. Team members can continue to work if they feel comfortable.
 - ii. If symptoms appear within 14 days, stay home and get tested
- e. Team members with a high exposure risk, should stay home to self-quarantine and get tested
- f. All team members temperatures will continue to be taken daily. Any team member who experiences COVID-19 symptoms should not continue working and be tested.
- g. After completing the above steps, the team should strive to keep that practice open for our patients whenever possible.

A team member has tested positive for COVID-19. What should we do?

If this scenario arises, all Office Managers/Supervisors should send an email to Covid19@nadentalgroup.com. Please include team member name and practice/location. When informing team members of the positive COVID-19 test, do not identify the infected team member by name for privacy reasons.

For patient-serving practices, the Office Manager should immediately inform the Regional Director of Operations and HR. If a team member presents as COVID-19 positive, this will no longer automatically warrant a practice closure in recognition of the important dental care services we provide to our patients and the communities we serve.

To minimize potential exposure within the practice, it is very important to adhere to the Safety Standards and consistently wear a face mask even while in the break room.

The below process should be followed:

- a. Perform thorough, deep cleaning of the practice
- b. Identify each team member, both clinical and administrative, who had direct contact with the team member in the 48 hours before they exhibited symptoms
- c. Assess the level of risk exposure for each team member
- d. Categorize team members by low risk vs high risk exposure
- e. Team members with a low exposure risk, can continue to work with appropriate PPE and should actively self-monitor their health for 14 days
 - i. Team members are not required to work during the 14 day period after exposure. Team members can continue to work if they feel comfortable.
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- f. Team members with a high exposure risk, stay home to self-quarantine and get tested
- g. All team members temperatures will continue to be taken daily. Any team member who experiences COVID-19 symptoms should not continue working and be tested
- h. After completing the above steps, the team should strive to keep that practice

open for our patients whenever possible.

For Resource Center teams, notify Supervisor, Department Leader and HR. Team members should work from home for a 14 day period since they last worked closely with the infected team member, or if it is not possible for them to work at home, given the option of staying home and not working for the 14 day period since their last close contact.

How do I distinguish between low risk versus high risk exposure?

a. Low risk exposure

- i. No contact with confirmed positive person
- ii. Limited to no direct contact with confirmed positive person, but had contact with someone who had contact with a confirmed positive person (secondary exposure)
- iii. Clinical team member performed procedure on confirmed positive patient, and wore appropriate PPE per Safety Standards

b. High risk exposure

- i. Had prolonged (i.e. 15 minutes or greater) close contact (generally within six feet) with confirmed positive person (i.e. within 48 hours before the onset of symptoms) and was not wearing a respirator mask
 - ii. Clinical team member performed an aerosol generating procedure on confirmed positive person, but was NOT wearing appropriate PPE according to Safety Standards
- c. CDC Link with more guidance for healthcare personnel in general: [here](#)
- d. ADA Link with more guidance if patient reports COVID exposure after treatment: [here](#)

If I contract COVID-19 and need to miss work, will I be paid?

If you have PTO available, we recommend that you exhaust your available PTO options first. Under the NADG PTO policy, if you are a full-time team member, you may borrow up to 40 hours of PTO if you have exhausted your current accrual. If you have exhausted your PTO options, you may request an unpaid leave. Additionally, if you elected Short Term Disability, and your illness meets the requirements to receive the benefit, you may be eligible to receive compensation through UNUM, our disability carrier, for extended periods of absence. Lastly, many states have unemployment provisions tied to COVID-19, therefore utilize state support where applicable.

Do I have to use my own paid time off if I'm quarantined, or sent home from work, even though I think I'm well enough to work?

We recommend that you exhaust your available PTO options for time off work, whether you are ill or not able to work due to other restrictions. However, if you do not have PTO available, or wish to take time off unpaid, please contact your HR Business Partner to discuss the options available to you. It is our #1 priority to ensure that you, your teams and patients are safe.

Does Family and Medical Leave Act (FMLA) leave apply for team members or immediate family members who may contract COVID-19?

If medically diagnosed, COVID-19 qualifies as a "serious health condition" under FMLA, which allows for a team member to take FMLA leave if either they or an immediate family member contracts the disease. FMLA ensures the team member would be entitled to job reinstatement if they qualify for and return to work with the guidelines of the Act. If all the following criteria are met and you meet the eligibility criteria for FMLA (generally you have worked 12 months and have worked 1,250 hours in the preceding 12 months), FMLA will apply:

- A period of incapacity of more than three consecutive, full calendar days and
- Two in-person visits to a health care provider; the first visit within seven days of the first day of incapacity and the second visit within 30 days of the first day of incapacity or
- One in-person visit to a health care provider within seven days of the first day of incapacity and subsequent treatment that includes prescription medication

For assistance determining your eligibility or applying for FMLA leave, please contact your Human Resources Business Partner.

Will my NADG-sponsored healthcare plan cover medical expenses associated with treatment for COVID-19?

The NADG medical plans offered through Highmark Blue Cross Blue Shield offer a number a coverage options, depending on your plan. Please refer to the [ADP Forms Library](#) for a summary

of benefits of your specific plan or contact Highmark by visiting www.highmarkbcbs.com, or calling 1-800-241-5704 for additional information.

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