



COVID Protocols & Leadership FAQs

1. 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.

2. 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.

3. 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.

4. 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)

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- 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
 - 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.

5. 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.

6. 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 (also called close contact)

- i. Was not wearing a respirator or facemask, and had prolonged close contact within 6 feet of a confirmed positive person for a cumulative total of 15 minutes or more over a 24-hour period, starting from 2 days before symptoms onset
- ii. Clinical team member performed an aerosol generating procedure on confirmed positive person, but was NOT wearing appropriate PPE according to Safety Standards

If it is determined that you must quarantine due to high risk exposure, you are required to follow local public health guidance for quarantine period for your local community.

7. If it is determined that I must quarantine, how long must I quarantine before returning to work?

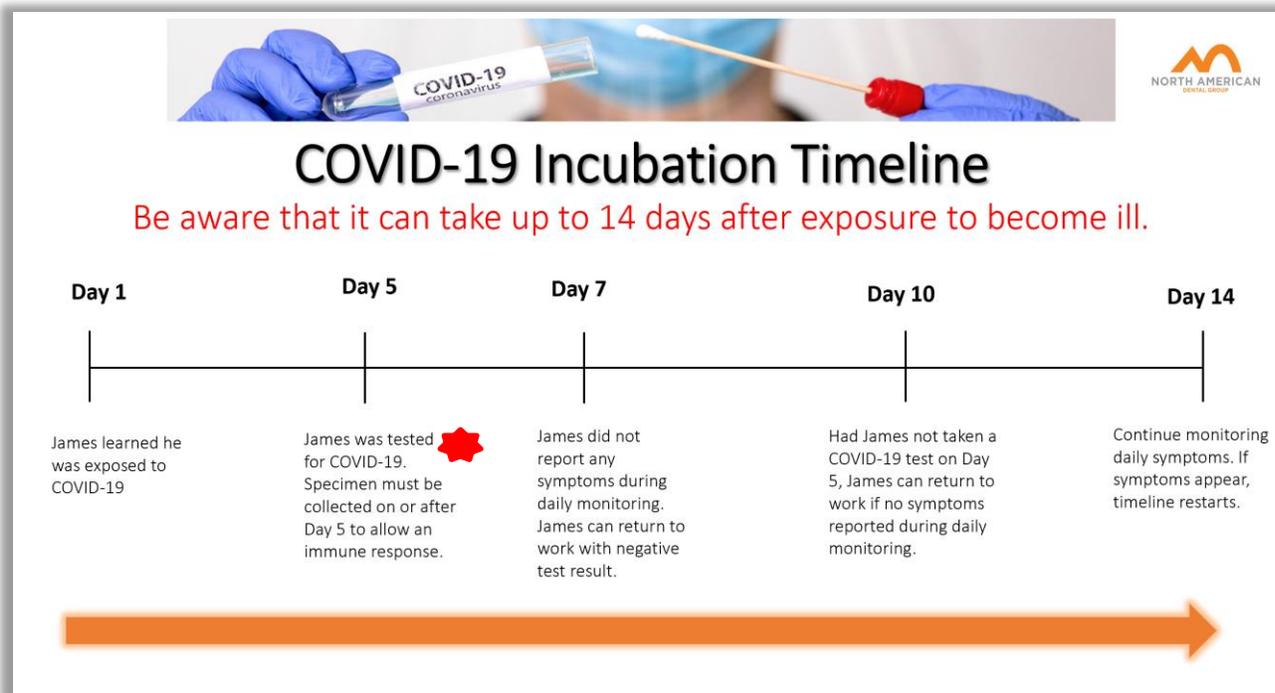
Local public health authorities make the final decisions about how long quarantine should last in the communities they serve, based on local conditions and needs. Follow the recommendations of your local public health department if you need to quarantine.

The CDC now recommends two additional options for how long quarantine should last. Based on local availability of viral testing, for people without symptoms quarantine can end:

- **On day 10 without testing:** Quarantine can end after Day 10 without testing if no symptoms have been reported during daily monitoring

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- **On day 7 after receiving a negative test result:** When diagnostic testing resources are sufficient and available, quarantine can end after Day 7:
 - If no symptoms were reported during daily monitoring; AND
 - If a diagnostic specimen (PCR or antigen) tests negative.
 - **Note:** The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (e.g., in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7. **Therefore, the specimen must be collected on or after Day 5.**



When people meet these criteria and end quarantine early, these individuals must continue symptom monitoring and meticulous mask use and social distancing through day 14.

- Watch for symptoms until 14 days after exposure
- If they have symptoms, immediately self-isolate and contact their healthcare provider or local public health authority
- Wear a mask, stay at least 6 feet from others, wash their hands, avoid crowds, and take other steps to [prevent the spread of COVID-19](#).

8. If I develop a fever after receiving the COVID vaccine, am I allowed to work?

Unfortunately, no. Out of an abundance of caution, since we cannot rule out COVID entirely it is best to stay home until your fever subsides. The COVID-19 vaccination will help protect you from getting COVID-19. You may experience some side effects, which are normal signs that your body is building protection. These side effects may affect your ability to do daily activities, but they should go away in a few days. Common side effects as described by the CDC (fever, chills, swelling, local pain) can be found [here](#).

9. If I received the COVID vaccine and become exposed to someone who is COVID positive, am I required to quarantine?

While the efficacies of the vaccines give us reasons to be optimistic, the CDC recommendations suggest that vaccinated people still need to take the necessary precautions to protect themselves and others from COVID-19.

Per CDC's guidance, vaccinated people with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
- Are within 3 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure

People who do not meet all three of the above criteria should continue to follow current [quarantine guidance](#) after exposure to someone with suspected or confirmed COVID-19.

Regardless of vaccination status, everyone must continue wearing facial coverings and practice social distancing for everyone's safety. This protocol applies to patients and guests entering the practices as well.

10. 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.

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11. 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.

12. 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.

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

For 2021, NADG medical plans are administered through UnitedHealthcare (UHC), offer a number of coverage options, depending on your plan. Please refer to the Tools and Resources page in ADP for a summary of benefits of your specific plan or contact UHC by visiting www.uhc.com, or calling 1-866-414-1959 for additional information.

14. Is there a policy on how to address support persons during the pandemic?

All NADG-supported practices must adhere to the following as it relates to support persons during the Covid-19 Pandemic:

1. One support person is allowed to be present with the patient in the operatory.
2. The dental office is not responsible for providing support persons.
3. All support persons must follow the standard safety protocols in place including:
 - Confirm they do not have a suspected or confirmed case of COVID-19
 - Confirm they have not been exposed to someone with COVID-19
 - Comply with office's screening protocol for any symptoms consistent with COVID-19
 - Comply with office protocol regarding face coverings or personal protective equipment
4. The support person must follow the team's instructions and not hinder the delivery of care to the patient (including the use of X-Ray instrumentation)

Additionally, patients with minors (children/grandchildren) may not leave the children unattended in the waiting room in instances when the support person is also the supervisor for the minors.

Finally, patients may designate any person of their choosing to be their support person. While many patients will provide medical documentation as proof of the need for a support person, no patient should be denied access to care or their appointment if the patient does not show or have this documentation available.