

**PRIMECARE MEDICAL, INC.**  
**PRIMECARE MEDICAL OF WEST VIRGINIA, INC.**  
**PRIMECARE MEDICAL OF NEW YORK, INC.**  
**Professional Care Medical Practice P.C.**  
**Professional Care Dental Services P.C.**  
**Personalcare Registered Professional Nursing P.C.**

**Re: Protocol for Health Care Personnel Returning to Work Following COVID-19  
Exposure or Infection**

Effective Date: April 1, 2020

Revised: August 10, 2020

Reference: CDC Coronavirus Disease 2019 (COVID-19) Healthcare Personal with Potential Exposure to COVID-19, Issued March 7, 2020; NYSDOH Bureau of Healthcare Associated Infections, *Health Advisory: Updated Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection*, Issued March 28, 2020; NYS DOH, *Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection*, Issued July 3, 2020; State of New York Executive Order No. 205, issued June 24, 2020; NYS DOH Office of the Commissioner, *Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel*, Issued June 24, 2020; Pennsylvania Department of Health, 2020-PAHAN-516-07-28-UPD, *UPDATE: Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19*, Issued July 18, 2020; New York State Department of Health, *Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection*, Issued July 24, 2020; CDC, *Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)*, Updated August 10, 2020

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- I. INTRODUCTION:** This will serve as PCM's protocol and procedures to be followed by health care personnel (HCP) who have been exposed to a confirmed case of COVID-19, or have traveled in the past 14 days. This Protocol will also set forth the policy for health care personnel (HCP) with confirmed or suspected COVID-19, including when they are to report back to work.
  
- II. PURPOSE:** To ensure, to the greatest extent possible, that we maintain adequate staffing during the COVID-19 pandemic to address the needs of our patients. Given the nature of the current pandemic, it is almost a certainty that every individual in the Country will be exposed to someone who is positive for CoIVD-19. To quarantine every health care worker found in this situation would needlessly and severely reduce staffing. Decisions regarding an employee's ability to return to work following travel, potential exposure to COVID-19 and/or infection will be made on a case-by-case basis, guided by the procedures and protocols set forth in this Policy as well as those of the facility at which the employee works.

### III. PROCEDURE:

#### A. Employee Personal Travel and Vacation

1. As cities and states across the nation are lifting stay-at-home orders and beginning the process of “reopening,” PCM recognizes that employees are eager to plan vacations and engage in personal travel.
2. PCM cautions its employees who may be considering travel, either domestic or international, to give strong consideration to the risks associated with personal travel.
3. In addition to the serious health risks currently associated with travel, employees may also risk being stranded in a foreign country due to travel restrictions or being quarantined upon their return. Many state and local governments have also implemented their own travel restrictions and requirements for individuals returning from travel to identified “hot spots,” both internationally and throughout the United States.
4. Employees should consult the COVID-19 Travel Recommendations by Country bulletin on the Centers for Disease Control and Prevention’s (CDC) homepage for information regarding international travel, as well as their respective state and local government resources for up-to-date information on travel restrictions at the state and local government-level.
  - i. ***New York Employees.*** Be advised that, under New York state law, employees who travel to states designated as high risk by the State or countries with a Level 2 or Level 3 Travel Health Notice by the CDC are not eligible for paid sick leave benefits under New York’s COVID-19 Paid Sick Leave Act.
    - a. A current list of these states designated as “high risk” is conspicuously posted on the New York State Department of Health website <https://coronavirus.health.ny.gov/covid-19-travel-advisory>
    - b. For a list of countries with a Level 2 or 3 Travel Health Notice, employees should consult the “COVID-19 Travel Recommendations by Country” on the CDC’s website: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>
5. Employees must also remain mindful of any additional travel restrictions and/or return-to-work requirements implemented by the facility at which they work. As always, PCM employees are expected to comply with facility policies.

6. PCM reserves the right to deny an employee's request to use company-paid PTO, floating holidays, or advanced leave where an employee voluntarily travels to a COVID-19 "hot spot" and is subsequently unable to work due to symptoms consistent with COVID-19, confirmed illness, or government-imposed travel restrictions.

**B. Travel to a State with Significant Degree of Community Spread**

1. The latest available data indicates it is safe and appropriate for health care personnel who have traveled in the past 14 days, including to a state with a significant degree of community spread, to continue to work as long as all of the following criteria and conditions are met.
2. Employees who are not feeling well or having symptoms consistent with COVID-19 (i.e., fever, respiratory issues, head and body aches), whether exposed to someone COVID-positive or not, are to stay at home and contact their primary care physician.
3. An employee who has traveled to a state with a significant degree of community spread can, and is expected to, return to work **as long as they are asymptomatic.**
4. An employee who has traveled to a state with a significant degree of community spread, must comply with all of the following steps:
  - i. Obtain diagnostic testing for COVID-19 within twenty-four (24) hours of returning from travel;
  - ii. self-monitor for temperature or other symptoms at least three times a day. While working, such monitoring shall occur at the beginning of each shift and every 8 hours thereafter;
  - iii. wear a surgical mask while working;
  - iv. self-quarantine when not at work; and
  - v. when possible, the employee should not be assigned to patients with high-risk for complications from COVID-19 (e.g., severely immunocompromised, respiratory issues, elderly).
5. Any employee who develops symptoms consistent with COVID-19, they should immediately stop work and isolate at home. All employees with symptoms consistent with COVID-19 should immediately seek diagnostic testing for SARS-CoV-2.
  - i. Employees are encouraged to inquire into the availability of free testing in their area.
  - ii. If unavailable, the employee should contact his/her supervisor to request testing by PCM. The availability of this testing is dependent on PCM's supply of tests.

**C. Exposure to Confirmed Case or International Travel.**

1. Latest available data indicates it is safe and appropriate for an employee exposed to a confirmed case of COVID-19, or who has traveled internationally in the past 14 days, to continue to work as long as the following criteria and conditions are met:
2. Employees who are not feeling well or having symptoms consistent with COVID-19 (i.e., fever, respiratory issues, head and body aches), whether exposed to someone COVID-positive or not, are to stay at home and contact their primary care physician.
  - i. If COVID-19 testing is clinically indicated, PCM will administer the test and have it analyzed free of charge for the employee (as of the date this policy was issued, results have typically been available 24 hours after testing).
  - ii. The availability of this testing is dependent on PCM's supply of tests.
3. An employee who has been exposed to someone known or suspected of having COVID-19 can, and expected to, continue to work **as long as they are asymptomatic.**
4. An employee exposed and asymptomatic must comply with all of the following steps:
  - i. wear a surgical mask while working for 14 days;
  - ii. self-monitor for temperature or other symptoms at least three times a day. While working, such monitoring shall occur at the beginning of each shift and every 8 hours thereafter;
  - iii. Self-quarantine when not at work; and
  - iv. when possible, the employee should not be assigned to patients with high-risk for complications from COVID-19 (e.g., severely immunocompromised, respiratory issues, elderly).
5. Once the employee has gone 14 days since the last high-risk exposure without developing symptoms may discontinue the steps listed above.

6. Any employee who develops symptoms consistent with COVID-19, they should immediately stop work and isolate at home, and contact their primary care physician.
  - i. If COVID-19 testing is clinically indicated, PCM will administer the test and have it analyzed free of charge for the employee (as of the date this policy was issued, results have typically been available 24 hours after testing).
  - ii. The availability of this testing is dependent on PCM's supply of tests.
7. All staff with symptoms consistent with COVID-19 should be managed as if they have this infection regardless of the availability of test results.

**D. Confirmed or Suspected COVID-19.** Employees with confirmed or suspected COVID- 19, should return to work if all of the following conditions are met:

1. An employee with *mild to moderate illness* AND is not severely immunocompromised may return to work after:
  - i. At least ten (10) days have passed since symptoms first appeared; and
  - i. At least 72 hours fever-free without fever-reducing medication; and
  - ii. Symptoms have improved.
2. Employees with *severe to critical illness* OR are **severely immunocompromised**<sup>1</sup> may return to work after:
  - i. At least twenty (20) days have passed since symptoms first appeared; and
  - ii. At least 72 hours fever-free without fever-reducing medication; and
  - iii. Symptoms have improved.

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<sup>1</sup> Return-to-work guidance for health care professionals issued by the CDC, as of August 10, 2020, offers the following definition of “severely immunocompromised”:

Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and require actions such as lengthening the duration of HCP work restrictions.

Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect occupational health actions to prevent disease transmission.

Ultimately, the degree of immunocompromise for [the health care professional/employee] is determined by the treating provider, and preventive actions are tailored to each individual and situation.

3. Asymptomatic Employees:
  - i. Employees who are not severely immunocompromised and were asymptomatic throughout infection, may return to work when at least 10 days have passed since date of their first positive viral diagnostic testing.
  - ii. Employees who are severely immunocompromised and were asymptomatic throughout infection may return to work when at least 20 days have passed since date of first positive viral diagnostic test.