

COVID-19 Medical, Mental Health, Trainee Employee Assistance Program (TEAP), and Oral Health Protocols



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Protocol Overview



This document provides protocols for the medical, mental health, TEAP, and oral health areas to minimize risk of a COVID-19 outbreak on a Job Corps center, while addressing aspects of the students' physical, emotional, behavioral, and oral health care needs.

Any issue not addressed in this protocol will be handled on a case-by-case basis in coordination with Health and Wellness staff, Regional Health Specialists, and Regional Office personnel. Medical and religious accommodation requests will continue to be handled in accordance with Chapter 2.4, Section R3 and Chapter 6.5, Section R2(c) respectively, of the PRH.

Job Corps Center COVID-19 Guidance

During the resumption of physical operations process, centers must abide by Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), state, and local guidelines regarding physical distancing, size of group gatherings, and wearing masks by following whichever regulations are the **most** restrictive. Job Corps is reviewing relevant sections of the PRH and working to ensure that the PRH aligns with current guidance regarding physical distancing, size of group gatherings, and wearing safety gear.

Definitions

- **Physical distancing:** The practice of maintaining at least 6 feet distance from other people, not gathering in groups as determined by state and local policy, staying out of crowded places, and avoiding mass gatherings.
- **Isolation:** Separation of people infected with a contagious disease from people who are not infected for the duration of time that they are determined to be contagious.
- **Cohorts** are groups of students entering Job Corps at the same time.
- **Clusters** are smaller groups of no more than 6 students within the entering cohort who may be required to share a bathroom and may have limited interaction with each other. Students in clusters will have single dormitory rooms.
- **Quarantine** separates and restricts the movement of people who have had a known or high-risk exposure to a contagious disease for the incubation period of the disease.
 - **Entry Quarantine** is a term used in this protocol to delineate entering students who are placed in quarantine for their initial 7-days on center for unvaccinated students with a negative test on arrival and on day 5-7.
 - **Close-Contact Exposure (CCE) Quarantine** is reserved for unvaccinated students who have been exposed to COVID-19 who will be housed separately for 14 days.
- **“Close contact”** is defined by the Centers for Disease Control and Prevention (CDC) as being within approximately 6 feet of a COVID-19 patient for a cumulative total of 15 minutes or more over a 24-hour period.

Centerwide Protocol

Section 1: Centerwide Infection Control Procedures

Purpose: To describe centerwide procedures to prevent transmission of COVID-19.

Procedures:

- Vaccinations are the most important tool to prevent COVID-19. All staff and students are strongly encouraged to be vaccinated against COVID-19 and to receive vaccination boosters when indicated. Specific information on student vaccination can be found in [Program Instruction 20-21 Job Corps Center Protocols for COVID-19 Vaccinations](#).
- Everyone on a Job Corps center must follow [DOL Community COVID-19 Levels and Masking Requirements by Location](#), which varies based on vaccination status and COVID-19 local rates.
 - Students and staff will be provided with a minimum of five masks.
 - Students may bring masks from home as long as they meet Job Corps' dress code.
- Students and staff must have access to handwashing and hand sanitizing measures throughout the center.
- Centers must regularly clean and sanitize areas in accordance with the CDC's [Guidance on Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#).
- Students and staff must maintain physical distancing (i.e., stay at least 6 feet apart) to the greatest extent possible.
- Centers must follow procedures outlined in [Program Instruction 21-03 Protocol for Returning Non-Residential Students to On-Center Learning](#).

Section 2: Collaboration and Education

Purpose: To outline the Infectious Disease Response Committee and mandatory staff and student education requirements with respect to changed procedures on center due to COVID-19.

Procedures:

- Centers will form an Infectious Disease Response Committee. The Committee will include at least one person from the Health and Wellness Center staff. The Committee is responsible for planning and coordination specific to COVID-19 but will also be responsible for planning and response to other infectious disease occurrences, including influenza, as there will be overlapping needs. Responsibilities will include:
 - Ensuring all plans are in place for center resumption of physical operations and ongoing management.
 - Attending regular meetings to ensure consistent understanding and implementation of protocols.

- Coordinating timely communications with the Regional Office, National Office, and Regional Health Specialists.
- Staying up to date with COVID-19 developments.
- Planning education and training for staff and students.
- Preparing to minimize the impact of infectious disease occurrences on center.
- Responding to positive COVID-19 cases as outlined in [Information Notice 20-02 Updated Checklist Tool for Center Directors when a Staff Member or Student Tests Positive for Coronavirus \(COVID-19\)](#).
- Centers will offer staff and students education on staying safe and healthy during the COVID-19 pandemic. Required trainings are outlined in [Student and Staff Required Education and Training](#).

Medical Protocol



Section 1: General Health and Wellness Center Procedures

Purpose: To outline procedures to be taken in the Health and Wellness Center to minimize the risk of COVID-19.

Procedures:

- Medical-Grade Personal Protective Equipment (PPE)
 - Center Health and Wellness staff must have access to adequate supplies of PPE, including gowns, gloves, N95 respirators, and face shields or goggles. Centers will refer to Job Corps [Program Instruction 19-18 Projected Annual Personal Protective Equipment \(PPE\) Needs for Job Corps Health Staff](#) for guidance.
 - Follow manufacturer's instructions and [OSHA](#) guidance for fit testing for N95 respirators.
 - Health and Wellness staff may wear cloth or surgical masks when not providing direct clinical care and not in high-risk areas (e.g., dental operatories and the instrument recirculation area), at their own discretion.
 - N95 respirators will be prioritized for direct clinical care when there is a shortage in supply. OSHA has developed guidelines for other occupational settings for respiratory protections in times of N95 shortage. (See [Enforcement Guidance for Use of Respiratory Protection Equipment Certified under Standards of Other Countries or Jurisdictions During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) and [Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#).)
 - PPE will be included in the center's medical grab-and-go kit.
- Suspend daily walk-in clinic and establish a protocol for appointment scheduling for urgent and non-urgent care to minimize use of the waiting area.
- Medical Staffing
 - The Health and Wellness Center must have essential medical staff. A center may not input cohorts without a licensed RN and a licensed medical clinician (center physician or a nurse practitioner who can practice independently in the state).
 - It is imperative that centers also fill Center Mental Health Consultant and TEAP Specialist positions.
 - Centers are required to submit the [Weekly Job Corps Health and Wellness Center Staff Vacancy Report](#) to ensure the health and safety of incoming cohorts.
- Medication lockboxes will be used as the primary site for medication administration. Individual appointments in the Health and Wellness Center will be made for students who must receive their medications with direct observation. During quarantine and isolation, medication will be delivered directly to dormitory rooms. Exceptions will be addressed on a case-by-case basis.

- All COVID-19 screening and testing must be documented in the confidential Student Health Record (SHR) and reported in accordance with *JCDC Notice 20-114, New MCI Codes for COVID-19 Infection Tests*.

Section 2: Pre-Arrival Screening

Purpose: To establish a pre-arrival COVID-19 health screening protocol to assess and reduce risk for transmission of COVID-19 on Job Corps centers.

Procedures:

- Health and Wellness staff will be notified of students who are scheduled for arrival.
- Health and Wellness staff will call all returning and entering students within 5 days of their scheduled arrival date. Staff will complete the [COVID-19 Pre-Arrival Questionnaire](#) by phone with each student. If the student is a minor, a parent or guardian will be invited to participate on the call. Specific guidance on each question is provided in the [Guidance on COVID-19 Pre-Arrival Questionnaire](#).
- Health and Wellness staff will ask students about vaccination status in order to prepare for quarantine needs upon arrival. Health and Wellness staff will remind students to bring proof of COVID-19 vaccination, if applicable.
- At the completion of the pre-arrival call:
 - If the pre-arrival call does not identify any concerns, Health and Wellness staff will notify the Center Director, the Records Manager, and any other applicable staff that the student is cleared for arrival and transportation arrangements can be confirmed.
 - Students will be provided with contact information for Health and Wellness staff and instructed to call immediately if they develop any symptoms of COVID-19 before departure. If a student calls with a new onset of symptoms, the student's arrival at the center will be delayed by at least 2 weeks or until a subsequent cohort arrives at the center. Health and Wellness staff will provide a follow-up phone call in 2 weeks.
 - Health and Wellness staff conducting the call will address any affirmative answers in the shaded box at the end of the form and make appropriate referrals to applicable center Health and Wellness staff (medical/CMHC/TEAP specialist/dentist).
 - For any student not cleared to arrive on center, Health and Wellness staff will write a justification and follow-up plan in the second shaded box.
 - If concerns are raised during the interview, the student's arrival will be delayed until the student can be assessed with a phone call by the center medical clinician. If medical clinician is not available, the Regional Medical Health Specialist will be consulted. The Health and Wellness staff will notify the Center Director, the Records Manager, and any other applicable staff that the student is not cleared for return or arrival.
- Any issue not addressed in these instructions will be handled on a case-by-case basis in coordination with center Health and Wellness staff, Regional Health Specialists, and Regional Office personnel.

- Decision regarding student return or delay will be communicated to the Center Director, Records Manager, and Residential Manager. Centers will follow the same procedures to notify center staff that they currently use when students return from Medical Separation with Reinstatement Rights (MSWR) and Administrative Separation with Reinstatement (ASWR).

Section 3: Arrival Screening

Purpose: To define a screening protocol for medical clearance of students arriving on center.

Procedures for Arriving on Center

Student Status	Key Activities
Newly arrived student, vaccination status unknown	<ul style="list-style-type: none"> • Determine and verify student vaccination status as outlined in Program Instruction 21-01 Requirements for Assessing and Offering COVID-19 Vaccination to Students.
Unvaccinated or partially vaccinated residential student arrives on center and Health and Wellness staff are on duty	<ul style="list-style-type: none"> • Provide the student with masks as outlined in Centerwide Infection Control Procedures. • Direct the student to a separate, well-ventilated triage area (e.g., canopy tent adjacent to the arrival area or a large area, such as a gymnasium with a direct entrance to outdoors). • Test students as soon as possible, and within 24 hours. Students must be individually quarantined until they have a negative entrance test. • Individually and privately screen the student for COVID-19 symptoms, to include: <ul style="list-style-type: none"> ○ A review of any COVID-19-like symptoms ○ Measurement of temperature and pulse oximetry ○ Collection of appropriate specimen for COVID-19 testing
Vaccinated residential student arrives on center and Health and Wellness staff are on duty	<ul style="list-style-type: none"> • Provide the student with masks as outlined in Centerwide Infection Control Procedures. • Screen for symptoms of COVID-19. Waive quarantine and testing requirements.
Residential student arrives on center and Health and Wellness staff are NOT available to confirm vaccination status	<ul style="list-style-type: none"> • Student goes to their single dormitory room¹ reserved for quarantine. • Health and Wellness staff will conduct the check-in process when they are available.

¹ Centers resuming operations and returning students to campus are to apply a single occupant per room standard for the initial quarantine period. Where there is inadequate dormitory space or the physical structure of the dormitory does not support single occupancy, the size of the student cohort scheduled to arrive and enter quarantine can be adjusted to ensure that there is one student per room. Centers must inform the COR if they are reducing the cohort size due to space constraints and provide relevant details.

Student has difficulty breathing, chest pain, and/or hypoxemia (pulse oximeter <93 percent)	<ul style="list-style-type: none"> • Transport student by emergency medical services to the nearest hospital.
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Section 4: COVID-19 Testing

Purpose: To establish a consistent approach to COVID-19 testing and management of results.

Procedures:

General COVID-19 Testing Guidelines

- Persons who can provide evidence of a positive COVID-19 test within the last 3 months should not be retested if they are asymptomatic.
- All test results must be documented in the Student Health Record and reported in accordance with *JCDC Notice 20-114, New MCI Codes for COVID-19 Infection Tests*.

Residential Student Testing

Student Status	Key Activities
New or returning students WITHOUT documentation of full vaccination entering Job Corps	Test on day of entry and on day 5-7 of 7-day quarantine. Students may not be released from quarantine prior to day 7 and a negative COVID-19 test result. If the result is positive, refer to Procedures for On-Center Isolation .
New or returning students WITH documentation of full vaccination entering Job Corps	Do not test unless symptomatic. (See exceptions in Program Instruction 21-07 Required Coronavirus Disease 2019 (COVID-19) Testing for All Students Returning from Winter Break and JCDC Notice 21-114 Job Corps Updated COVID-19 Safety Protocols FAQs for January 2022.)
All students WITHOUT documentation of full vaccination	Implement weekly screening testing as outlined in Program Instruction 21-02 Change to Entrance Quarantine, Testing, and COVID-19 Mitigation Requirements for Vaccinated, Partially Vaccinated, and Unvaccinated Students .
Student who is experiencing COVID-19 symptoms, regardless of vaccination status	Test as soon as possible. Individually quarantine while awaiting results.
Student WITHOUT documentation of full vaccination who has a close contact exposure with a known or suspected case of COVID-19	Individually quarantine for 14 days and test 5-7 days after exposure.
Student WITH documentation of full vaccination who has a close contact exposure with a known or suspected case of COVID-19	Do not quarantine. Test on day 5-7 after exposure or if they become symptomatic. Monitor for symptoms for 14 days and wear a mask for 14 days.

Non-Residential Student Testing

Detailed information about non-residential students is provided in [Program Instruction 21-03 Protocol for Returning Non-Residential Students to On-Center Learning](#) and summarized below:

Non-Residential Student Status	Key Activities
New or returning students WITHOUT documentation of full vaccination entering Job Corps	Test no more than 5 days before their initial return to center.
New or returning students WITH documentation of full vaccination entering Job Corps	Do not test unless symptomatic. (See exceptions in Program Instruction 21-07 Required Coronavirus Disease 2019 (COVID-19) Testing for All Students Returning from Winter Break and JCDC Notice 21-114 Job Corps Updated COVID-19 Safety Protocols FAQs for January 2022.)
All students WITHOUT documentation of full vaccination	Implement weekly screening center-provided testing as outlined in Program Instruction 21-02 Change to Entrance Quarantine, Testing, and COVID-19 Mitigation Requirements for Vaccinated, Partially Vaccinated, and Unvaccinated Students .
Student who is experiencing COVID-19 symptoms, regardless of vaccination status	Test as soon as possible. Testing may occur on center or in the community.
Student WITHOUT documentation of full vaccination who has a close contact exposure with a known or suspected case of COVID-19	Test as soon as possible. Testing may occur on center or in the community. Quarantine for 14 days regardless of test results.
Student WITH documentation of full vaccination who has a close contact exposure with a known or suspected case of COVID-19	Do not quarantine. Test on day 5-7 after exposure or if they become symptomatic. Monitor for symptoms for 14 days and wear a mask.

Section 5: Quarantine and Isolation

Purpose: To establish quarantine and isolation protocols to reduce risk for transmission of COVID-19 on Job Corps centers.

Procedures for On-Center Entry Quarantine (upon initial arrival or after leave): The following table identifies the key activities required to ensure student safety on entry and during the first 7 days on center. The date of entry is considered “Day 0” of quarantine.

Non-residential students do not complete entry quarantine or quarantine after leave.

Residential Student Status	Key Activities
Student WITH documentation of COVID-19 vaccination.	<ul style="list-style-type: none"> ● Waive quarantine. ● Follow Section 7: General Procedures.
Student WITHOUT documentation of full vaccination screens negative for COVID-19 symptoms AND has negative COVID-19 test result	<ul style="list-style-type: none"> ● Student assigned to single dormitory room. ● Optionally, students may interact with a small (6-student maximum) cluster group during the 7-day quarantine. ● Clusters will have a dedicated bathroom(s). ● Students in quarantine may not utilize any indoor spaces used by the general student body (e.g., recreation center, cafeteria). If utilizing outdoor spaces, students must be supervised and may not use the area when students outside of their cluster are present (e.g., smoking area, outdoor recreation space). ● Student will complete twice daily Symptom Tracker and Attestation and a temperature check. ● During the quarantine, students will be educated, provided with a handout (e.g., issued by the CDC or local health department), and advised to follow basic protective measures against COVID-19, including handwashing, physical distancing, face masks, and respiratory etiquette.
Student WITHOUT documentation of full vaccination develops COVID-19 symptoms during the on-center entry 7-day quarantine	<p>If the student develops COVID-19 symptoms during the 7-day quarantine, they will be tested for COVID-19.</p> <ul style="list-style-type: none"> ● If positive, follow the On-Center Isolation Procedures. The student will not need to be retested at time of release from isolation. In addition, all students in the cluster (if they meet the definition for a close contact exposure) will need to be individually quarantined per On-Center Individual Quarantine Procedures. ● If negative, the student will continue in their cluster (if applicable) and have repeat testing at day 5-7.
Student completes on-center entry 7-day quarantine	<p>Student will be tested on day 5-7 of entry quarantine.</p> <ul style="list-style-type: none"> ● If positive, follow the On-Center Isolation Procedures. In addition, all students in the cluster who meet the definition for a close contact exposure will need to be additionally quarantined individually per On-Center Individual Quarantine Procedures. ● If negative, the student may move into the main student population after day 7 and into standard center operating procedures.

Residential Student Status	Key Activities
Student WITHOUT documentation of full vaccination leaves center for an overnight stay	<p>Upon return to center, student will be placed in quarantine for 7 days and receive a COVID-19 test on day of return and on day 5-7.</p> <p>Student will complete twice daily Symptom Tracker and Attestation and a temperature check.</p> <p>The CMHC will check in on students' wellbeing during individual quarantine per the Mental Health Procedures for Students Returning to Center.</p>

Procedures for Close Contact Exposure: The following table identifies the key activity required if a student has close contact exposure with a known COVID-19 case.

Students with documentation of full vaccination do not have to quarantine after close contact exposure.

Residential Student Status	Key Activities
Student WITHOUT documentation of full vaccination with close contact exposure to known COVID-19 case	<p>Students who have a close contact exposure (as defined by the CDC) will be placed in quarantine for 14 days and receive a COVID-19 test on day 5-7 after exposure, or at onset of symptoms. A negative test does not exclude student from quarantine. They must have an individual room and individual bathroom.</p> <p>Student will complete twice daily Symptom Tracker and Attestation and a temperature check.</p> <p>The CMHC will check in on students' wellbeing during individual quarantine per the Mental Health Procedures for Students Returning to Center.</p>

Procedures for On-Center Isolation: The following table identifies the key activities required if a residential student (regardless of vaccination status) has a suspected or confirmed COVID-19 case.

Residential Student Status	Key Activities
Student tests positive for COVID-19	<ul style="list-style-type: none"> ● Isolate at least 10 days after the onset of symptoms and at least 24 hours have passed since last fever without the use of fever reducing medications and symptoms have improved. If asymptomatic, isolate for 10 days from the date of the positive test. ● Should a student’s parent or legal guardian request that the student return home, the center must inform the parent or guardian of the isolation policy and measures taken to contain spread of the virus. If the parent or legal guardian still requests that the student return home, contact the Job Corps Regional Office immediately. ● For public health reasons, the center will not arrange for or use public transportation or center transportation for any residential student known to be positive for COVID-19. ● Isolate the student in a dormitory isolation ward. COVID-19 positive students may be housed together. ● Arrange for the delivery of food and beverages to students. ● Health and Wellness staff² will assess (i.e., temperature, symptom screen, pulse oximetry) the student twice daily.
Student has or develops any COVID-19 symptoms (e.g., student starts to feel ill in class or in dormitory)	<ul style="list-style-type: none"> ● Students must avoid contact with others while awaiting assessment. ● Notify Health and Wellness Center staff as soon as possible. ● Test the student for COVID-19 as soon as possible if symptoms are consistent or concerning for COVID-19. ● Instruct symptomatic students to notify residential staff if symptoms worsen. Residential staff should be trained to follow the COVID-19 Symptomatic Management Guidelines (SMG).
Student has symptoms of COVID-19, but tests negative	<ul style="list-style-type: none"> ● House individually until assessment from the center clinician is complete to determine if further testing or move to isolation is necessary. ● Consult with Regional Health Specialist as needed.
Student discharged from isolation	<ul style="list-style-type: none"> ● Discharge student from isolation 10 days after onset of symptoms, as long as 24 hours have passed since resolution of fever without the use of fever-reducing medications and after other symptoms have improved, in accordance with CDC recommendations. As outlined in CDC recommendations, isolation may last longer for severe cases of COVID-19, at the advice of a healthcare clinician. ● Student returns to standard protocols including physical distancing and wearing a mask.

² Health and Wellness staff are not expected to provide 24-hour/day care.

Procedures for Off-Center Quarantine and Isolation for Non-Residential Students: The following table identifies the key activities required if a non-residential student has close contact with a known or suspected COVID-19 case, becomes symptomatic, or develops COVID-19.

Non-Residential Student Status	Key Activities
Student tests positive for COVID-19	<ul style="list-style-type: none"> Isolate at home for at least 10 days after the onset of symptoms and at least 24 hours have passed since last fever without the use of fever reducing medications and symptoms have improved. If asymptomatic, isolate for 10 days from the date of the positive test.
Student has or develops any COVID-19 symptoms (e.g., student starts to feel ill in class or in dormitory)	<ul style="list-style-type: none"> Isolate student on center until transportation can be arranged. Test as soon as possible.
Student WITHOUT documentation of full vaccination with close contact exposure to known COVID-19 case	Students who have a close contact exposure (as defined by the CDC) will be instructed to quarantine at home for 14 days and receive a COVID-19 test on day 5-7 after exposure, or at onset of symptoms. A negative test does not exclude student from quarantine.

Section 6: Response to COVID-19 Cases

Purpose: To establish a uniform response to the report of positive COVID-19 cases of a student or staff member.

Procedures:

- Centers will follow procedures outlined in [Information Notice 20-02 Updated Checklist Tool for Center Directors when a Staff Member or Student Tests Positive for Coronavirus \(COVID-19\) and Information Notice 21-04 Amendment of Reporting Requirements in Instruction Notice 20-02](#).
- Refer to [Isolation Protocol](#) for disposition of student. Refer to [Section 8: Staff Guidance](#) for information on staff.
- Health and Wellness staff will follow [Health and Wellness Treatment Guidelines for COVID-19](#)
- Non-health staff will follow [Symptomatic Management Guidelines for COVID-19](#) (Appendix 6).

Section 7: General Procedures (Post 7-Day Entry Period)

Purpose: To establish procedures for the general student body.

Procedures:

- All non-quarantined/non-isolated students will be required to follow [Centerwide Infection Control Protocols](#).
- All students outside of quarantine or isolation will self-monitor once a day for COVID-19 symptoms using the [Symptom Tracker and Attestation](#). Quarantined students will self-monitor twice daily.
- A maximum of four students will share a dormitory room. If possible, double occupancy is preferred.
- Students who leave center for same-day medical, dental, or other health appointments and are transported by center staff will not have to quarantine upon return. Staff will ensure that students follow masking and physical distancing requirements off center. Students will follow procedures established by off-center medical facilities.
- Students without documentation of COVID-19 vaccination who are off center for an overnight stay will be placed in individual quarantine and tested for COVID-19 infection, as outlined in [Quarantine and Isolation](#). Students who have documentation of COVID-19 vaccination do not need to be quarantined or tested upon return.

Section 8: Staff Guidance

Purpose: To establish procedures for vaccinated and unvaccinated staff.

All staff regardless of vaccination status must complete the [Symptom Tracker and Attestation](#) daily prior to arriving on center or at the Security Check-In. Symptomatic staff must not come to center and must contact their supervisor. If a staff member becomes symptomatic while on center, they must leave immediately and refer to guidance below.

Staff must follow applicable guidance as outlined in the [DOL's COVID-19 Workplace Safety Plan](#) and in JCAS Guidance Document 2021-05 Revision 3.

Fully Vaccinated Staff

Staff who attest that they are fully vaccinated (≥2 weeks past having completed a COVID-19 vaccination series of two doses of two-dose regimen or one dose of single-dose regimen), must [follow CDC guidance](#), as outlined in the following table.

Situation	Guidance
Masking indoors	<ul style="list-style-type: none"> ● Follow DOL Community COVID -19 Levels and Masking Requirements by Location.
Masking outdoors	<ul style="list-style-type: none"> ● Waive mask requirements if allowed under state and local orders.
Screening testing	<ul style="list-style-type: none"> ● Waived.

Staff member has a close contact exposure	<ul style="list-style-type: none"> • Quarantine not required. • Test 5-7 days after close contact with someone with suspected or confirmed COVID-19. May test on center if close contact exposure was work related. • Wear mask in public indoor settings for 14 days or until negative test result.
Staff member experiences symptoms of COVID-19	<ul style="list-style-type: none"> • Do not come to work or leave immediately if at work. Notify supervisor. • Isolate from others. • Consult with healthcare provider and test for COVID-19. • If test result is positive, follow guidance for isolation. • If test result is negative, follow healthcare provider guidance. Stay home until fever free for 24 hours and symptoms improve, or symptoms are identified by a healthcare provider as having a non-contagious cause (e.g., allergies, migraine).
Staff with confirmed case of COVID-19 (regardless of vaccination status)	<ul style="list-style-type: none"> • Isolate at home for at least 10 days after the onset of symptoms and at least 24 hours have passed since last fever without the use of fever-reducing medications and symptoms have improved. If asymptomatic, isolate for 10 days from the date of the positive test. • Clearance from a healthcare clinician or a negative test is not required for release from isolation.

Unvaccinated/Not Fully Vaccinated Staff

Staff who do not attest to being fully vaccinated must follow CDC guidance as outlined in the following table:

Situation	Guidance
Masking indoors	<ul style="list-style-type: none"> • Follow DOL Community COVID -19 Levels and Masking Requirements by Location.
Masking outdoors	<ul style="list-style-type: none"> • Follow DOL Community COVID -19 Levels and Masking Requirements by Location.
Screening testing	<ul style="list-style-type: none"> • Required within 5 days prior to resumption of physical operations. • Required every 72 hours.
Staff member has a close contact exposure	<ul style="list-style-type: none"> • Do not report to work. • Quarantine off center for 14 days after last exposure. • Test 5-7 days after close contact with someone with suspected or confirmed COVID-19. May test on center if close contact exposure was work related. • Healthcare clinician clearance is not required to return to work. Staff member is cleared to return to work after a 14-day quarantine if COVID-19 test was negative.
Staff member experiences symptoms of COVID-19	<ul style="list-style-type: none"> • Do not come to work or leave immediately if at work. Notify supervisor. • Isolate from others. • Consult with healthcare provider and test for COVID-19. • If test result is positive, follow guidance for isolation.

	<ul style="list-style-type: none"> • If test result is negative, follow healthcare provider guidance. Stay home until fever free for 24 hours and symptoms improve, or symptoms are identified by a healthcare provider as having a non-contagious cause (e.g., allergies, migraine).
<p>Staff with confirmed case of COVID-19 (regardless of vaccination status)</p>	<ul style="list-style-type: none"> • Isolate at home for at least 10 days after the onset of symptoms and at least 24 hours have passed since last fever without the use of fever-reducing medications and symptoms have improved. If asymptomatic, isolate for 10 days from the date of the positive test. • Clearance from a healthcare clinician or a negative test is not required for release from isolation.

Mental Health Protocol



Purpose: To provide early identification and rapid assessment of students with emotional and behavioral difficulties who would benefit from mental health services and to promote well-being for all students.

Protocol Key Principle: Utilization of an evidence-based **Trauma-Informed Approach (TIA)** throughout Job Corps for providing education, training, care, and interacting with students. TIA recognizes the pervasive impact of trauma for all parties (students and staff) and responds by promoting a culture of safety, collaboration, and empowerment. TIA seeks to shift the perspective of center administration and staff from “what’s wrong with you” to “what happened to you” by recognizing and accepting symptoms and difficult behaviors as strategies developed to cope with trauma. A trauma-informed approach will incorporate the following:

Section 1: Considerations and Logistics for Students Returning to Center

Center Mental Health Consultants (CMHCs) will outline the following processes in the [COVID-19 Health and Wellness Standard Operating Procedure](#):

- CMHCs will inspect their offices to ensure physical distancing is possible during sessions and adhere to mask-wearing policy. If physical distancing is not possible, identify alternate private space for individual and/or small group sessions or utilize HIPAA-compliant online videoconferencing.
- Identify telehealth community resources for student referrals for mental health, substance use, and grief support.
- Plan for virtual activities (e.g., mindfulness, small group psychoeducation) for students in quarantine and those still at home engaged in virtual learning.

Section 2: Mental Health Training for Center Staff Prior to Student Return

Purpose: To prepare staff for students' return to center and address mental health needs.

Procedures: As outlined in [Student and Staff Required Education and Training](#), prior to students returning to center, the CMHC will provide staff training on:

- Managing anxieties about student return (collaborate with center administration)
- Trauma Informed Approach and Student Observations (PowerPoint template to be available on Job Corps Health and Wellness Website)

Section 3: Mental Health Procedures for Students Return to Center

Purpose: To outline procedures the CMHC and counselor will take when students return to center.

Procedures:

- The CMHC and counselor will conduct voluntary individual assessments of returning, new, and referred students. These sessions will take place via HIPAA-compliant videoconferencing or in a private setting where physical distancing can be maintained with masks.
- Social Intake Form (SIF) Review
 - Prior to the HIPAA-compliant videoconference or in-person meeting with the returning student, the CMHC will review the SIF found in the Student Health Record. This will provide a baseline for the student’s disclosed emotional wellness history prior to the extended Spring Break. The CMHC will also review the SIF with the student for any changes due to the impact of the COVID-19 pandemic and determine if additional support is needed.
 - During the first 48 hours on center new students will be given the SIF by counseling staff. (PRH 2.1, R2(a)).
- In the case of a mental health emergency, CMHC will either:
 - Activate emergency services per center operating procedure,
 - Use HIPAA-compliant video conferencing to conduct an assessment,
 - Meet the student in a safe and private location near the residence halls while maintaining physical distancing with masks to conduct assessment, or
 - Use PPE and meet the student in the Health and Wellness Center
- Individual Assessment Process
 - Based on the SIF information and/or clinical interview, students may be provided with one or more evidence-based questionnaires related to their self-disclosed symptoms to voluntarily self-administer (e.g., [PHQ-9](#), [GAD-7](#), [CSSR-S](#)). CMHCs may select other appropriate questionnaires as indicated based on student’s self-disclosed symptoms.
 - The CMHC will score the questionnaire(s), and then meet with the student via HIPAA-compliant videoconferencing or in an appropriate private setting where physical distancing can be maintained with masks. The CMHC and student will review the results and develop an agreed upon support plan which may include, but is not limited to:
 - Additional clinical evaluation
 - Short-term therapy
 - Psychoeducational groups
 - Referral for medication evaluation
 - Peer supports
 - Referral to TEAP/TUPP
 - Referral to counselor for personal support
 - Referral to disability coordinator
 - Referral to an off-center clinician for long-term telemental health

- Utilization of apps and other on-line self-help resources
- Documentation and Referral
 - The CMHC will ensure that the assessment results are documented in the SHR in the Mental Health Section. The documentation requirement includes signing the assessment protocols, detailing the results of the assessment, the CMHC's recommendations, the student's response, and the agreed-upon support plan in the SHR.
 - If at any time the student discloses other health-related concerns, the CMHC will refer the student to the appropriate Health and Wellness staff, such as the TEAP specialist for substance use concerns, nursing staff for medical concerns, disability coordinators for reasonable accommodations, or the Tobacco Use Prevention Program (TUPP) coordinator for tobacco-related concerns.

Section 4: Small Group Interaction and Support

Purpose: To provide opportunities for the CMHC to address students' emotional and/or behavioral needs.

Procedures:

- To reach all returning students, small groups (less than 10) will be offered by CMHCs through online classroom or in-person (after quarantine) over the first few weeks to remind students how to access mental health services and how to recognize and respond to a mental health crisis.
- CMHCs and/or counselors will offer small groups that engage both students and residential staff with discussions about the impact of COVID-19, strategies for developing and promoting resilience, positive mental health, and managing stress.³
- Students will be observed and monitored regularly by residential staff for changes in mood, changes in appetite, sleep difficulties, low motivation, and any tendency to isolate and not engage in scheduled activities. Students who have been observed with these behaviors will be referred to the counselor for initial assessment, who will then decide if a referral to the CMHC is needed.
- To assist with monitoring students' emotional wellness while in quarantine or isolation, students will voluntarily complete the [Daily Emotional Wellness Checklist](#) to be reviewed by the Health and Wellness team.
- Consider developing and/or enhancing the availability of peer support options on centers, such as peer mentoring, as another mechanism for supporting students during this transition time.

³ Examples of small group strategies may include mindfulness skills, journaling, distress tolerance, sleep hygiene, music, art, use of apps, free peer-to-peer support resources and "Positive Practices" coping card. Resources available on Job Corps Health and Wellness Website.

Section 5: Mental Health Services for Students Engaged in Distance Learning Off Center

Purpose: To provide continuity of services while students are engaged in distance learning.

Procedures:

- Continue to provide HIPAA-compliant videoconferencing, telephone calls, support services, and/or community resources to students on the mental health caseload as well as students referred to the CMHC from staff conducting check-in calls with students.
 - Telehealth sessions via telephone or video utilizing guidelines from professional associations and in compliance with state and federal practice laws.
 - Text messages utilizing apps that can shield one's private mobile phone number can serve as a mechanism to remain in contact with students and provide information on resources related to coping with COVID-19.
 - CMHCs will provide center staff who are contacting students with a list of coping strategies that they can provide to students during their check-ins by telephone or other means. CMHCs will also provide guidance to staff about when to refer a student due to mental health or behavioral concerns.
 - Develop and implement virtual mental health promotion and education activities via email, video, online classrooms, and other media platforms.
- CMHCs will develop virtual ways to carry out the PRH requirements for the Mental Health and Wellness Program (PRH 2.3, R4). Examples include:
 - Use of online classroom for providing resources to students and conducting student presentations and psychoeducational groups
 - Video conference/teleconference calls⁴ with:
 - Counselors and TEAP specialist for regular case management meetings
 - Wellness staff for medication case management
 - Disability coordinators and participation in the reasonable accommodation committee (RAC)
 - Center director and other departments to develop integrated mental health promotion and education services

⁴ When discussing protected health information (PHI) during meetings, use teleconference calls or HIPAA-compliant videoconference platforms. For additional information refer to the [Office for Civil Rights \(OCR\) at the U.S Department of Health and Human Services \(HHS\) Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#).



TEAP and TUPP Protocol

Purpose: To provide early identification and rapid assessment of new and returning students with substance use difficulties who may benefit from TEAP and TUPP services.

Section 1: Considerations and Logistics for Students Returning to Center

Purpose: To outline steps to prepare for students' return to center.

Procedures: TEAP Specialists will outline the following processes in the [COVID-19 Health and Wellness Standard Operating Procedure](#):

- TEAP specialists will inspect their offices to ensure physical distancing is possible during sessions and adhere to the mask-wearing policy. If physical distancing is not possible, identify alternate private space for individual and/or small group sessions or utilize HIPAA-compliant online videoconferencing.
- Identify telehealth community resources for student referrals for mental health, substance use, and grief support.
- Plan for virtual activities (e.g., mindfulness, small group psychoeducation) for students in quarantine and those still at home engaged in virtual learning.

Section 2: TEAP Procedures for Students Returning to Center

Purpose: To outline procedures the TEAP specialist may take when students return to center.

Assessment Instruments

- The [Drug Abuse Screen Test \(DAST-10\)](#) is a brief measure used to detect emerging substance use problems associated with the use of a variety of drugs other than alcohol. When scoring the DAST-10, a score of 3 or more indicates a student is at higher risk for problematic drug use and additional support, and services will be offered.
- The [Michigan Alcohol Screening Test \(MAST\)](#) is a brief measure that is used to detect emerging substance use problems associated with alcohol. When scoring the MAST, a score of 4 or more indicates a student is at higher risk for problematic alcohol use, and additional support and services will be offered.

Procedures:

- The TEAP specialist will conduct an individual assessment of each student when they return to center.
- Social Intake Form (SIF) Review

- During the first 48 hours, new students will be given the SIF by counseling staff.
- Prior to the HIPAA-compliant videoconference meeting with the returning student, the TEAP specialist will review the SIF and, specifically, the embedded risk assessment measure. This will provide a baseline for the student's drug and alcohol history prior to the Spring Break and assist in identifying a student that may be at higher risk.
- Individual Assessment
 - Students will be offered the DAST-10 and MAST to self-administer.
 - The TEAP specialist will score each screening instrument, and then meet via HIPAA-compliant videoconferencing with each student to review the results and offer a support plan as needed.
 - A student who obtains a score of *2 or lower* on the DAST-10 and/or a score of *3 or lower* on the MAST is not reporting current concerns with their drug or alcohol use.
 - This student will be considered lower risk for substance use interfering with their training at Job Corps.
 - The TEAP specialist will review the assessment results with the student and then ask whether the student has any additional TEAP-related concerns.
 - If the student does not disclose TEAP-related concerns, the TEAP specialist will discuss employability as it relates to alcohol and drug use and encourage the student to seek out the TEAP specialist as needed.
 - A student who obtains a score of *3 or more* on the DAST-10 and/or a score of *4 or more* on the MAST falls above the clinical cut-off and is reporting current concerns with drug and alcohol use.
 - This student will be considered at elevated risk for substance use interfering with their training at Job Corps so further in-depth assessment and monitoring will occur.
 - The TEAP specialist will conduct in-depth assessment, including a clinical interview, to determine if the student has a substance use disorder.
 - For the student who does not meet criteria for a substance use disorder, the TEAP specialist will explain how the clinical concerns relate to employability and offer the student an individualized support plan with a copy provided to the student.⁵
 - For the student who does meet criteria for a substance use disorder, the TEAP specialist will assess whether a MSWR is warranted and, if so, make the recommendation to the Center Director.
 - If a MSWR is not warranted at this time, then the TEAP specialist will explain how the clinical concerns relate to employability and offer the student an

⁵ Elements of this type of support plan could include, but are not limited to, individual check-in meetings, attending TEAP intervention and/or relapse prevention groups, and utilization of on-line self-help resources.

individualized support plan to assist the student to address their substance use problems.⁶ A copy of this support plan with a copy provided to the student.

- For the elevated-risk student, they will be offered additional check-in meetings for at least 2 months following their return to the center.
- Documentation and Referral
 - The TEAP specialist will ensure that the assessment results are documented in the SHR in the TEAP section. The documentation requirement includes signing the assessment protocols, detailing the results of the assessment, the TEAP specialist's recommendations, the student's response, and the agreed-upon plan in the SHR.
 - If at any time the student discloses other health-related concerns, the TEAP specialist will refer the student to the appropriate Health and Wellness staff, such as the CMHC for mental health concerns, nursing staff for medical concerns, or the TUPP coordinator for tobacco-related concerns.
- TEAP Comprehensive Behavioral Health Response
 - TEAP specialists will intensify their visibility as part of a strategy to encourage student engagement.
 - Consider increasing the frequency of ongoing educational and prevention activities with the focus on educating students about the impact of COVID-19 and assist with the development of positive coping strategies.
 - Collaborate with the CMHC, Health and Wellness, and other Job Corps staff for integrated prevention and education activities.
 - Consider developing and/or enhancing the availability of peer-support options, such as peer mentoring, as another mechanism for supporting students during this transition time.

Section 3: TEAP Services for Students Engaged in Distance Learning Off Center

Purpose: To provide guidance for continuity of services while students are engaged in distance learning.

Procedures:

- TEAP specialists will develop virtual ways to carry out the PRH requirements for the TEAP (PRH 2.3 R5), including education and prevention activities as well as intervention services.
- Continue to provide support services and community resources to students on the TEAP caseload as well as students referred to the TEAP from staff conducting check-in calls with students.
 - Check-ins by telephone calls. TEAP specialists can establish regular times during the week or every other week to speak with students to assist them with predictability in their routines and having a sense of connection to the center.

⁶ Elements of this type of support plan could include, but are not limited to, referral to an off-center clinician for substance use therapy (via telehealth), regular and ongoing individual meetings, attending TEAP intervention and/or relapse prevention groups, peer supports, and utilization of on-line self-help resources.

- Text messages can serve as a mechanism to remain in contact with students and provide information on resources related to coping with COVID-19.
- TEAP specialists will provide center staff responsible for contact with students a list of when a referral will be made to the TEAP specialist. In conjunction with the CMHC, staff will also be provided with a list of coping strategies staff can provide to students during their check-ins.
- Videoconferences/telephone calls with counselors and CMHCs for regular case management as needed.

Section 4: TUPP Services for Students Returning to Center

Purpose: To outline procedures the TUPP coordinator and medical staff must take when students return to center.

Procedures:

- Centers are encouraged to be entirely tobacco-free (including cigarettes, vaping, and chew) or at least tobacco-free during the training day.
- Tobacco users are more vulnerable to COVID-19, so physical distancing will need to be maintained in the tobacco use areas.
- A TUPP coordinator will be identified.
- Nicotine replacement products will be available to students.
- TUPP coordinators will provide support services and online resources for students identified as tobacco users.
- Centers will identify evidence-based nicotine cessation programs that are designed for adolescents and young adults, such as Not On Tobacco by the American Lung Association.

Oral Health Protocol



Purpose: To outline logistics for resumption of operations of the dental facilities, to provide guidance on managing potential COVID-19 risk exposure in the dental facilities, and to prevent cross-contamination. This protocol is designed to provide guidance on the delivery of the Job Corps scope of basic oral care and dental hygiene services in a safe environment for patients and oral health personnel (OHP). OHP will take the initiative to stay informed regarding [regulations, recommendations, guidelines, and mandates](#) of federal, state, local, tribal, and/or territorial public health agencies, state dental boards, and professional organizations. OHP will check the websites regularly for COVID-19 updates regarding the safe scope and practice of dentistry and dental hygiene. Current information, recommendations and requirements specific to Job Corps' localities are subject to change based upon the level of community transmission in the county where the Job Corps Center is located. They will follow whichever regulations are the most restrictive.

Section 1: Considerations and Logistics for Students Returning to Center

Purpose: To outline steps to prepare dental facilities for students' return to center.

Procedures:

- Contact the community dental facility with whom Job Corps has a written referral plan or agreement to confirm hours of operation and scope of oral health services.
- Identify an appropriate facility that follows the aerosol transmissible disease standard and will accept on referral students diagnosed with COVID-19 who develop oral health emergencies that require medically necessary dental care.
- Perform the maintenance and/or repair on dental equipment required after the period of non-use during the center closure.
 - Test dental unit waterline (DUWL) quality to ensure it meets standards for safe drinking water as established by the Environmental Protection Agency (< 500 CFU/mL). Confer with the manufacturer regarding recommendations on the need to shock DUWLs of any devices and products that deliver water used for oral health procedures.
 - Perform all routine cleaning and preventive maintenance on the autoclave and instrument cleaning equipment as recommended by the manufacturers. Test the autoclave using a biological indicator.
 - Follow the manufacturers' recommended preventive maintenance on the air compressor, vacuum and suction lines, radiography equipment, amalgam separators and other dental equipment.
- Stock the clinic with supplies, including 2 weeks' worth of PPE as outlined in [Personal Protective Equipment \(PPE\) Requirements for Oral Health Personnel \(OHP\)](#).

- Obtain preventive maintenance on the ventilation system. The [CDC guidelines for maintaining the ventilation system](#) include ensuring that there is a clean-to-contaminated air flow direction; increasing the filtration efficiency to the highest level compatible with the HVAC system without significant deviation from the designed airflow; maximizing the percentage of outdoor air supplied safely through the HVAC as permitted by the equipment capacity and environmental conditions; and programming the ventilation system to limit demand-controlled ventilation during the dental facility occupancy and for up to two hours post dental facility occupancy).
- Clean and disinfect all contact surfaces (e.g., countertops, dental chairs, equipment in treatment areas).
- Organize the treatment areas so that portable equipment, instruments, and supplies are in covered storage to be brought out only when needed for specific oral health procedures.
- Become familiar with the instructions for using aerosol containment equipment and strategize how to utilize them and other engineering controls when needed into patient care.

Section 2: Scope of Oral Health Treatment

Purpose: To outline procedures for oral health screening and treatment while balancing the need to minimize risk to patients and OHP.

Definition

Aerosol generating procedures (AGPs) are defined as those procedures performed on patients such as splashes, splatter, or sprays that are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These AGPs potentially put healthcare personnel and others at an increased risk for pathogen exposure and infection.

Procedures During Oral Health Visits:

- Screen students for fever and other symptoms of COVID-19 before they enter the dental facility. Students will use hand-sanitizer immediately before and after any contact with their masks and will wear masks except during intraoral procedures.
- Refrain from providing oral health care to students with confirmed COVID-19 or with COVID-19 symptoms. Oral health visits will be deferred for students while they are in isolation or quarantine unless they have urgent or emergent needs.
- When aerosol-generating procedures are performed, the following actions should be taken:
 - Use rubber dams and high-volume evacuation
 - High-volume evacuators are available for all members of the dental team.
 - Restrict the number of individuals present in the treatment area to the patient and those engaged in direct patient care.
 - Utilize a dental assistant for four-handed dentistry.
 - Utilize aerosol containment equipment.

- Incorporate HIPAA-compliant videoconferencing (e.g., voice or video conferences) to triage students, to conduct problem-focused evaluations, and to provide prevention/education when possible.
- If oral healthcare is provided in individual operatories, close the doors during aerosol generating procedures. For the dental facilities with open floor plans, limit care to one patient in the dental facility when performing aerosol generating procedures if there is less than 6 feet of space between unmasked students in adjacent treatment areas.
- Follow standard precautions as part of routine oral health and dental hygiene care for all patients. See [Personal Protective Equipment \(PPE\) Requirements for Oral Health Personnel \(OHP\)](#).
- Follow [CDC guidelines](#) for oral health non-emergency (basic oral care) procedures

Section 3: Minimizing COVID-19 Risk Exposure During and Post-Aerosol Generating Oral Health Procedures Protocol

Purpose: Ensure that engineering, administrative, and PPE controls are in place in the dental facility when performing oral health and dental hygiene procedures that generate droplet, spatter, and aerosols. Refer to [PI 20-02 Aerosol Containment Engineering Controls](#) for more information.

Definitions

Aerosols are airborne particles composed of debris, saliva, blood, and microorganisms propelled into the air from the oral cavities of patients when compressed air is used during oral health and dental hygiene procedures

Procedures:

- Set up treatment areas so that supplies and instruments not needed are in covered storage and away from potential contamination.
- Use preprocedural mouth rinses with an antimicrobial product to reduce the level of oral microorganisms in aerosols and spatter.
- Avoid using handpieces, air-water syringes, and ultrasonic scalers whenever possible.
- When aerosol-generating dental procedures are necessary, use four-handed dentistry and dental dams as much as possible.
- Contain aerosols through high-volume evacuation intraorally, extraoral suction between the patient's mouth and OHP's head, and air purification filtration/UV germicidal irradiation to capture/destroy residual dental aerosols that escape suction devices.
- Treat oral health conditions as minimally invasively as possible. Manage extensive, painful dental caries or defective restorations with interim restorative techniques when possible.
- When calculating the daily patient volume, take into account the time required to clean and disinfect treatment areas between patients. After aerosol generating procedures, allow time for droplets to sufficiently fall from the air to begin the cleaning and disinfection process.

Section 4: Sterilization and Disinfection of Patient Care Items

- Follow routine procedures when disinfecting and sterilizing contaminated patient care items, contact surfaces, and equipment as described in the CDC [Guidelines for Infection Control in Dental Health Care Settings – 2003](#) and [Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008](#).
- Operatories are cleaned and disinfected with products from the Environmental Protection Agency (EPA) List N: Disinfectants for Use Against SARS-CoV-2. Follow the manufacturer’s instructions for use on listed contact times to ensure adequate disinfection of surfaces. Use cleaners and water to pre-clean surfaces prior to applying the disinfectant.
- Allow sufficient time to clean and disinfect operatories between patients.

Appendix 1: COVID-19 Health and Wellness Standard Operating Procedure

Purpose: This plan provides an outline for reducing the risk of COVID-19 infection and transmission. *The plan must be center and location specific.*

Procedures: Provide a specific explanation for how the center will fulfill each procedure.

Section 1: Centerwide Infection Control

1. Provide name and contact information for the local Health Department.
2. Describe the center's guidelines and expectations regarding physical distancing, including allowable and restricted behaviors.

Section 2: Staff

1. Outline process for daily temperature and symptom checks and attestation for staff.

Section 3: Health and Wellness Center

Student Entry

1. Describe a plan for educating students about COVID-19 and infection control.
2. Describe the plan for communication between center staff (including records, transportation, and Health and Wellness) to ensure pre-arrival screening takes place in a timely manner.
3. Describe logistics for student screening on entry (e.g., when and where it takes place).

Center Health Services

1. Describe plan for testing students for COVID-19.
2. Describe how the center will limit crowding in the Health and Wellness Center waiting area.
3. Describe the appointment system for routine and urgent care for Health and Wellness Center that allows for physical distancing.
4. Describe plan to clean the Health and Wellness Center between student visits.
5. Describe current levels of required PPE and plan for acquisition of PPE in accordance with Job Corps [Program Instruction No. 19-18 Projected Annual Personal Protective Equipment \(PPE\) Needs for Job Corps Health Staff and any updated or revised guidance issued by Job Corps.](#)
6. Describe plan to train wellness staff on proper donning and doffing of use PPE.
7. Describe plan for N95 fit testing, if needed.
8. List the nearest hospital. How many miles away from the center is this hospital? Does this hospital have mental health evaluation capabilities?
9. Describe the center's plan for student medication, including use of medication lockboxes, medication when students are in isolation/quarantine, and students who require direct observation treatment.

Behavioral Health

1. Describe staff training plan to promote resilience and positive coping skills among students and staff.
2. Describe the center's plan for TEAP, CMHC, and TUPP for physical distancing, and identify alternate meeting spaces if necessary.
3. Describe the center's plan for on-site HIPAA-compliant videoconferencing, if necessary.
4. Describe the center's plan for virtual mental health and substance use prevention activities for students engaged in virtual learning either on or off center.

Oral Health

1. Describe plan for pre-screening students for COVID-19 prior to oral health appointments.
2. Describe plan for physical distancing in the oral health treatment area.

Checklist items:

Item	Check when complete
Health and Wellness Center is fully staffed per PRH-5: Exhibit 5-6. A center may not input cohorts without a licensed RN and a licensed medical clinician (center physician or a nurse practitioner who can practice independently in the state).	
Medication SOPs are updated and submitted for approval.	
Center has HIPAA-compliant platform for videoconferencing.	
Staff is prepared to conduct COVID-19 Pre-Arrival Questionnaire .	
Ensure each student has his or her own thermometer in their dormitory room.	
Health and Wellness Center has pulse oximeter.	
Center has established entry quarantine, CCE quarantine, and isolation areas.	
Establish an alternate Health and Wellness triage area on center to accommodate students who are new arrivals.	
Health and Wellness staff received training on contact tracing.	
Identified community resources for mental health, substance use, and grief support that offer telehealth services for students.	

Appendix 2: Symptom Tracker and Attestation

Centers should use this form as a template. JCDC will provide training for tracking this information in Google Forms.

All students in quarantine will complete an online/app symptom review log and attestation twice a day (morning and evening).

Staff, non-residential students, as well as residential students who are released from quarantine, will complete it every morning before reporting for work/training day.

Name:

Student or staff ID Number:

Email:

Date: (autofill if possible)

AM/PM:

Do you currently have any symptoms of COVID-19 (fever of greater than 100.4°F or feeling feverish (chills, sweating), new cough, difficulty breathing, sore throat, muscle aches or body aches, vomiting or diarrhea, new loss of taste or smell)?

- Yes, I currently have one or more COVID-19 symptoms.*
- No, I do not have any symptoms of COVID-19.

Have you had close contact with a person who has a diagnosed or suspected case of COVID-19 in the last 14 days?

- Yes*
- No

By checking this box, I attest that the answers to these questions are true. (checkbox)

*If you have symptoms of COVID-19 or have been in close contact with someone with COVID-19, do the following:

- **Residential students** should stay in their dormitory room and call the Health and Wellness Center at [insert number].
- **Non-residential students** should stay home and contact the Health and Wellness Center at [insert number].
- **Staff** should remain at home and contact their supervisor and their personal health care clinician to evaluate the need for COVID-19 testing.

Appendix 3: Student and Staff Required Education and Training

Topic	Who is required to take this training?	Timing	Who will provide the training?
The “new normal” due to COVID-19, including requirements to wear a mask, practice physical distancing, hand hygiene, symptom reporting, quarantine procedures, and potential changes in the center environment to promote a sense of safety and transparency.	<ul style="list-style-type: none"> All staff All students 	<ul style="list-style-type: none"> Information communicated prior to return Reinforced during return to center and for students in 14-day quarantine Updated information and reminders available 	<ul style="list-style-type: none"> Center
Managing anxieties about student return (collaborate with center administration)	<ul style="list-style-type: none"> All Staff 	<ul style="list-style-type: none"> Prior to student return 	<ul style="list-style-type: none"> Center
Trauma-Informed Approach	<ul style="list-style-type: none"> All Staff 	<ul style="list-style-type: none"> Prior to student return 	<ul style="list-style-type: none"> Center <p>(Sample PowerPoint template to be available on Job Corps Health and Wellness Website)</p>
Donning and Doffing PPE video from the CDC	<ul style="list-style-type: none"> Medical Staff 	<ul style="list-style-type: none"> Prior to student return 	<ul style="list-style-type: none"> Watch video from CDC or obtain training in the local community
Quarantine, Isolation, and Positive Case Response Webinar	<ul style="list-style-type: none"> Medical Staff Social Development/ Dormitory Staff Infectious Disease Response Committee Administration 	<ul style="list-style-type: none"> Prior to student return 	<ul style="list-style-type: none"> Humanitas

Topic	Who is required to take this training?	Timing	Who will provide the training?
COVID-19 Contact Tracing course	<ul style="list-style-type: none"> • Medical staff • Infectious Disease Response Committee • Administration 	<ul style="list-style-type: none"> • Prior to student return 	<ul style="list-style-type: none"> • Center, health department, or online course
SMGs, quarantine, and isolation procedures	<ul style="list-style-type: none"> • Dormitory staff 	<ul style="list-style-type: none"> • Prior to student return 	<ul style="list-style-type: none"> • Humanitas

Appendix 4: COVID-19 Pre-Arrival Questionnaire

Recent Symptoms

1. Have you or someone you live with had any of the following new symptoms that are not explained by other health conditions in the last two weeks?

Symptom	You?	Someone you live with?
Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extreme tiredness/exhaustion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Headache or muscle ache	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of taste or smell	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chills/shaking with chills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea, vomiting, or nausea	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COVID-19 History

2. Have you ever been diagnosed with COVID-19? Yes No
3. Do you have any reason to think you have ever had COVID-19 (e.g., symptoms including cough, fever, aches, exhaustion, loss of taste/smell, chills, sore throat, diarrhea) even if you have not been diagnosed? Yes No
4. Has a family member or someone you spend time with ever had COVID-19 (either diagnosed or suspected)? Yes No

Medication Review in Preparation for Arrival

5. Have you stopped taking or run out of any medications in the past 3 months? Yes No
6. List all prescriptions and non-prescription medications that you take for medical, mood, or behavior problems (e.g., vitamins, supplements, home remedies, birth control, herbs, inhalers, medications that help with your mood or behavior, etc.).

Medication	Dose (e.g., mg/pill)	How many times per day?

Other

7. Do you have any upcoming medical, oral health, or therapy appointments? Yes No

8. Is there anything else you would like to talk about? Yes No

Health and Wellness staff: Address any affirmative answers.	
<i>Signature of staff who reviewed above with student</i>	<i>Date</i>
<p>Is the student cleared to depart for center? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Justification:</p> <p>Follow-up plan if not cleared to return:</p>	

Appendix 5: Guidance on COVID-19 Pre-Arrival Questionnaire

Question	Explanation	Action
1. Have you or someone you live with had any of the following new symptoms that are not explained by other health conditions in the last two weeks?[table specifies symptoms]	These are common symptoms of COVID-19, per the CDC .	If a student answers “yes” to any of these, the center medical clinician will conduct a follow-up call to ascertain if these symptoms could be due to chronic conditions (e.g., seasonal allergies, migraine headaches). If no chronic condition is identified and COVID-19 is a suspected cause of the symptom(s), the student’s arrival will be delayed at least 2 weeks or until a subsequent cohort. A follow-up phone call will be conducted in 2 weeks, and the student will be reassessed.
2. Have you ever been diagnosed with COVID-19?	Ascertain when the diagnosis was made and if the individual has current active infection.	Consistent with CDC symptom-based strategy for end of isolation : Has it been more than 10 days since diagnosis or symptom onset and have they been symptom free for at least 3 days? <ul style="list-style-type: none"> • If yes, student may be scheduled for arrival. • If no, center clinician will call and evaluate further.
3. Do you have any reason to think you have ever had COVID-19 (e.g., symptoms including cough, fever, aches, exhaustion, loss of taste/smell, chills, sore throat, diarrhea) even if you have not been diagnosed?	Ascertain when the student had symptoms and if the student has current symptoms.	Consistent with CDC symptom-based strategy for end of isolation : Has it been more than 10 days since diagnosis or symptom onset, and have they been symptom-free for at least 3 days? <ul style="list-style-type: none"> • If yes, student may be scheduled for arrival. • If no, center clinician will call and evaluate further.
4. Has a family member or other member of your household ever had COVID-19 (either diagnosed or suspected)?	Ascertain when the diagnosis was made and if the student has recently had close contact (been within 6 feet for more than 15 minutes in a 24-hour period, living in same household).	CDC guidelines : If close contact with confirmed COVID-19, student will be advised to self-quarantine at home for 14 days. Reschedule pre-arrival screen in 14 days. Student will need to be rescheduled with a subsequent cohort.
5. Have you stopped taking or run out of any	Ascertain medications that student may need upon	Provide medication case management.

medications in the past 3 months?	arrival on center.	
6. List all prescriptions and non-prescription medications that you take for medical, mood or behavior problems (e.g., vitamins, supplements, home remedies, birth control, herbs, and inhalers).	Ascertain medications that student may need upon arrival on center.	Provide medication case management and instruct student to bring all medications with them upon arrival to the center.
7. Do you have any upcoming medical, oral health, or therapy appointments?	Job Corps is limiting non-essential travel.	Ascertain appointment information and assist with planning.
8. Is there anything else you would like to talk about?	Allows student to voluntarily share additional information.	Discuss concerns and questions with student.

Appendix 6: COVID-19 Symptomatic Management Guidelines for Non-Health Staff

Authorized non-health staff may assist students with COVID-19 as follows:

1. **Non-health staff should not enter the room of a student who is positive for COVID-19. All conversations should take place via telephone or text message. Medication should be left outside of the student's door.**
2. Students with COVID-19 disease must remain in isolation, as detailed in the COVID-19 protocols and must not be cleared from isolation without a directive from the health and wellness staff.
3. If fever is $>100^{\circ}\text{F}$, offer the student acetaminophen 650 to 1000 mg every 4 hours [maximum daily dose 4 g] or ibuprofen 400 to 600 mg every 6 hours [MDD 2400 mg]. Encourage oral hydration.
4. If the student reports worsening cough and/or difficulty breathing, observe for:
 - a. Noisy breathing, gasping, blue color and other signs of acute distress suggest that immediate attention is needed. Call 911. Offer the student oxygen by facemask if available.
 - b. If coughing without pain or respiratory distress, offer the student cough syrup in a dose containing 30 mg of dextromethorphan, for use primarily at bedtime, but no more than every 12 hours. Encourage oral hydration.
5. If sore throat, offer the student a throat lozenge or have him/her gargle with warm salt water every hour as needed while awake.
6. If headache, offer the student the same over-the-counter medications as recommended for fever (see above).
7. Students with nausea, vomiting and/or diarrhea should be offered clear fluids to take frequently in small quantities.
8. Students with abdominal pain should generally avoid solid food but may take small amounts of clear fluids.
9. For mild abdominal cramps caused by diarrhea, offer the student loperamide caplets (Imodium AD), 2 caplets initially, then 1 caplet with each subsequent loose stool, not to exceed 4 caplets in 24 hours. Take caplets with 8 ounces of water.

WHEN TO CONTACT THE ON-CALL HEALTH AND WELLNESS STAFF

- If fever is $\geq 103^{\circ}\text{F}$
- If signs of acute respiratory distress
- If difficulty swallowing or drooling
- If headache is associated with changes in vision or vomiting, or does not respond to the recommendations given above
- If abdominal pain
- If nausea, vomiting and/or diarrhea does not respond to the recommendations given above
- If the student vomits more than twice in an hour or is not able to keep any liquid down
- If the student reports having blood in the stools or vomits blood

Appendix 7: COVID-19 Treatment Guidelines for Health Staff

Authorized health and wellness staff may treat COVID-19 as follows:

1. Students testing positive for SARS-CoV-2 virus require isolation and can cohort with other COVID-19 positive students in a dorm or Health and Wellness Center ward. Food and beverages will be delivered by food services.
2. The health staff must follow the COVID-19 Protocols when a student is determined to have COVID-19.
3. In the event that the student reports difficulty breathing, chest pain, the lips appear blue, or pulse oximetry is below 93%, call emergency medical services (EMS) for immediate transport to the hospital.
4. The student will have twice daily assessment by the Health and Wellness staff including temperature, symptom screen, and pulse oximetry.
5. Bed rest is indicated if the student has symptoms. If no symptoms, student may participate in virtual learning and other activities while remaining isolated to room.
6. Encourage oral hydration. Adequate fluids are necessary to prevent dehydration and adequate nutrition fosters recovery.
7. For fever and muscle pain, offer the student acetaminophen 650-1000 mg orally every 4 hours [MDD 4 g] or ibuprofen 400-600 mg po every 6 hours [MDD 2400 mg] as needed. Aspirin should not be given to students under age 18, as its use with influenza is associated with Reye Syndrome.
8. For sore throat, offer the student analgesic throat lozenges or throat spray for relief of symptoms, in addition to the medications listed above.
9. For nasal congestion, offer saline nasal spray OR nasal decongestant spray OR pseudoephedrine (Sudafed) 30 mg – 60 mg every 8 hours. Note that nasal decongestant spray should not be used for more than 3 days.
10. For earache, offer the student acetaminophen or ibuprofen as listed above, and refer to the clinician for further evaluation.
11. Symptomatic students will be instructed to call residential staff if symptoms worsen overnight or on weekends and the residential staff should be trained in and follow the COVID-19 Symptomatic Management Guideline.
12. Students with asymptomatic COVID-19 will be cleared from isolation 10 days after their positive test. Symptomatic students may be cleared from isolation 10 days after the onset of symptoms and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
13. Preventive measures should be stressed with well students and staff, including masks, physical distancing and frequent hand washing/sanitizing.

WHEN TO REFER TO THE CENTER PHYSICIAN

- If any student tests-positive for SARS-CoV-2 virus
- If any student requires transportation to the hospital
- If the student has persistent symptoms for more than 72 hours
- If pneumonia is suspected
- If sinusitis is suspected
- If the student has a persistent earache
- If diarrhea or vomiting occur

Appendix 8: Daily Emotional Wellness Checklist

During CCE quarantine or isolation, students will voluntarily complete the Daily Emotional Wellness Checklist. JCDC will provide training on using Google Forms to track this information.

Daily Emotional Wellness Checklist Job Corps cares. We want to make sure you are doing well on center.				
Name:			Today's Date:	
Student ID:			Time:	
<i>Please check one box for each row. How was your:</i>				
1. Sleep last night?	<input type="checkbox"/> Great	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
2. Appetite during the past day?	<input type="checkbox"/> Great	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
3. Mood during the past day?	<input type="checkbox"/> Great	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
4. Sense of support during the past day?	<input type="checkbox"/> Great	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Overall, how are you doing?	<input type="checkbox"/> Great	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<input type="checkbox"/> I would like to talk to someone from the Health and Wellness Center.				
<input type="checkbox"/> I am choosing not to complete this checklist.				

Answers would then be automatically submitted to the Health and Wellness Center staff or the CMHC. If a student has selected "fair" or "poor" for one or more items or has selected the option "I would like to talk to someone from the Health and Wellness Center," then the CMHC, or another designated health and wellness staff member will follow-up with the student on the same day. Follow-up may occur by phone, via a HIPAA-compliant videoconferencing platform such as WebEx, or in person with masks and physical distancing.

Appendix 9: Personal Protective Equipment (PPE) Requirements for Oral Health Personnel (OHP)

- If aerosol-generating procedures must be performed, OHP must wear an N95 respirator, a full-face shield, goggles, gloves, and a gown.
- Follow CDC recommendations and FDA emergency use authorizations for any extended use or reuse of PPE.

The following PPE guidelines must be followed by oral health staff:

Face masks	<ul style="list-style-type: none"> • In the treatment and sterilization area, OHP will wear fit-tested NIOSH-approved N95 respirators or duck-bill respirators that do not require fit testing for extended use until they become visibly contaminated.
Facial Shields	<ul style="list-style-type: none"> • Facial shields provide additional coverage protection and will be worn to cover loupes, head lamps, and N95 masks. Clean after use.
Eye Protection	<ul style="list-style-type: none"> • Glasses or protective eyewear must be worn for protection during aerosol-generating procedures and when the ultrasonic cleaner top is off. Reusable eye protection must be cleaned following each use and disinfected according to manufacturer's reprocessing instructions prior to reuse.
Gloves	<ul style="list-style-type: none"> • Put on clean, non-sterile gloves upon entry into the patient care area. Change gloves if they become torn or heavily contaminated during the encounter. Remove and discard gloves when leaving the patient care area and perform hand hygiene immediately afterward. • Wear gloves whenever carrying contaminated items to the instrument recirculation room. Wear gloves when cleaning and disinfecting anywhere in the dental facility. Wear puncture resistant utility gloves while handling contaminated instruments in the instrument recirculation area.
Gowns	<ul style="list-style-type: none"> • Nonsterile, disposable gowns are appropriate for use by OHP. Disposable gowns are not typically amenable to being doffed and reused because the ties and fasteners typically break during doffing. However, they may have extended use until they are worn during an aerosol-generating procedure or become visibly soiled. Gowns will be discarded after aerosol generating procedures. Otherwise, OHP will use their judgment regarding when to discard their gowns.
<u>Donning and Doffing PPE</u>	<ul style="list-style-type: none"> • Properly don, use, and doff PPE in a manner to prevent self-contamination. Properly dispose of or disinfect PPE. A standard top-to-bottom application and a reversed (bottom-to-top) removal are essential.
Head and shoe coverings	<ul style="list-style-type: none"> • Head covers are not standard or required PPE but should be worn during aerosol-generating procedures. Shoe coverings are not standard or required PPE but may be worn optionally at the OHP's discretion.
Hand Hygiene	<ul style="list-style-type: none"> • OHP must perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. • OHP will perform hand hygiene by using hand sanitizer or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water. • Make hand sanitizer available to students.