

*Job Corps Health and Wellness Program*

# DESK REFERENCE GUIDE

Center Dentist



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## Introduction

This Desk Reference Guide (DRG) summarizes your responsibilities as a Job Corps Center (JCC) Dentist. Use this guide in conjunction with the Policy and Requirements Handbook (PRH), Job Corps directives, and other valuable information found on the Job Corps Health and Wellness website.

If you are new to Job Corps or just new to your position as a part of the Oral Health and Wellness (OHW) team, here are a few tips to get you oriented to your new position:

- Contact the [Oral Health Specialist](#) in your region to introduce yourself and receive an orientation to your new position. Your Oral Health Specialist serves as a technical expert for the Regional Office and the centers in your region. Contact your Regional Oral Health Specialist to answer your questions, help you understand policies, and provide you with up-to-date information that will assist you in your efforts to meet program requirements.
- Send an email to the Lead Oral Health Specialist with your name, position, telephone number, and Job Corps Center. Request to be added to the Lead Oral Health Specialist's email distribution list for monthly oral health personnel teleconference call announcements, teleconference call minutes, webinar announcements and other useful email messages. The center Dental Hygienist and Dental Assistant are encouraged also to email their contact information to the Lead Oral Health Specialist to be added to the email distribution list.
- Familiarize yourself with your center's operating procedures (COPs) for the OHWP. These procedures define how your program will operate on a day-to-day basis, describe personnel roles and responsibilities, and provide guidance on center-specific documentation, reporting, and communication protocols.
- Locate and familiarize yourself with the PRH, particularly Sections 2.3 as well as health and wellness Technical Assistance Guides (TAGs), and health-related Job Corps directives (i.e., Information Notices, PRH Change Notices, and Program Instructions).
- Visit the [Job Corps Health and Wellness website](#) regularly to review the latest information about the Job Corps Health and Wellness Program, including updates to this guide. You can verify the latest update by checking the date at the bottom of the DRG pages.
- Register for relevant Job Corps webinars as time permits to strengthen your clinical knowledge, programmatic knowledge, and interpersonal skills in interfacing with the students. They are free and some webinars award continuing dental education credit. Humanitas, Inc., is a PACE Program Provider.

### HEALTH DIRECTORY

Contact information for Job Corps National Office staff, Health Specialists, and Health Support Contractor staff is located on the [Staff Directory](#) webpage.

Policies and procedures for center Health and Wellness programs are defined and clarified in several documents:

- **Code of Federal Regulations (CFR), Section 670.525**—The CFR states the operating requirements for Job Corps. The promotion and maintenance of student health and

wellness is a desirable goal as well as a requirement under the CFR: “A *Job Corps center operator must provide medical services, through provision and coordination of a wellness program which includes access to basic medical, dental, and mental health services for all students, from their date of enrollment until separation from the program.*” Good health, including good oral health, is seen as an employability and employee asset.

- **Policy and Requirements Handbook (PRH)**—The PRH expands the CFR by establishing operating policy requirements for Job Corps centers. There are six PRH chapters. Chapter 2, section 2.3 R1 through 19, defines the required parameters and services of center Health and Wellness programs.
- **Technical Assistance Guides (TAGs)**— Locate and familiarize yourself with health and wellness [Technical Assistance Guides](#) (TAGs). TAGs contain guidelines and assistance for implementing the policies and requirements set forth in the PRH. As new requirements are added to the PRH, TAGs are updated, or new TAGs are developed to assist in implementing policy.

The Job Corps directive and field communication system is used to update the PRH and to disseminate information throughout Job Corps. Three types of directives are issued:

- **PRH Change Notices**—Contain new or revised policy with instructions to delete, replace, or add pages to the PRH.
- **Program Instructions**—Provide one-time instructions with a designated expiration date and usually require center response (e.g., dental equipment survey).
- **Information Notices**—Provide one-time announcements with information that is of interest to centers (e.g., data summaries, flu vaccines, etc.).

Following an overview of Job Corps, this guide’s format will provide oral health personnel with OHWP requirements and responsibilities throughout the Career Development Services System (CDSS) period, and then follow PRH Chapter 2.3 Health Services, R1 through R19, as well as address other relevant sections of the PRH.

## Job Corps Overview

Job Corps is the nation's largest residential educational and career technical training program for economically challenged young adults aged 16 to 24 (there is no upper age limit for individuals with disabilities who are otherwise eligible). Funded by Congress and administered by the U.S. Department of Labor (DOL), Job Corps has been training young adults since 1964. Students are offered such services as basic education, occupational exploration, career technical training, work-based learning, social and employability skills training, health care, counseling, recreation, and post-program placement support.

The mission of Job Corps is to:

1. Provide students . . .
  - Career and technical training programs that are rigorous and relevant
  - Competencies recognized for employment and advancement in high-growth industries
  - Preparation for multiple jobs in a career path for life
  - Support services to optimize success
2. Provide employers . . .
  - A ready pool of qualified employees
  - Employees with industry-based skill standards and certifications
  - Opportunities to customize training programs with their employment needs
3. Provide communities . . .
  - Partnership opportunities in all phases of the Job Corps operation
  - Partnerships with education and local and regional workforce investment systems
  - A solid business base for those communities in which Job Corps resides
  - A viable resource for community service
4. Provide society . . .
  - Workers and citizens who will contribute to the Nation's economic growth and success

### Organization of Job Corps

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Job Corps is a national program administered by DOL through the National Office of Job Corps and six Regional Offices. The National Office of Job Corps establishes policy and requirements and facilitates major program initiatives. Job Corps' Regional Offices administer contracts and perform oversight activities.

There are currently over 120 operational Job Corps centers throughout the United States and Puerto Rico. Each center is part of a region. The six regions include: Atlanta, Boston, Chicago, Dallas, Philadelphia, and San Francisco. Each region has approximately 20 centers within its jurisdiction.

If your center is managed by a company that won the bid for a contract to operate the center, it is referred to as a contract center. If your center is operated by the USDA Forest Service, you are working at a civilian conservation center (CCC). Both contract centers and CCCs work toward the same goals and objectives.

Each Regional Office has Program or Project Managers (PMs) who work closely with the centers. Your PM is the DOL representative and liaison who works with your center to ensure that you have the resources you need to do your job and that you are working successfully to meet the established program outcomes.

## Career Development Services System

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The Job Corps Career Development Services System (CDSS) is a comprehensive and integrated career management system for equipping all Job Corps students with the skills, competencies, knowledge, training, and transitional support required to facilitate entry into and sustain participation in a competitive labor market, the military or advanced education or training. The four CDSS periods within which health and wellness services and activities are conducted include:

- **Outreach and Admissions (OA) Period**—OA staff members administer a health questionnaire, request immunizations records, explain to applicants the kinds of health and wellness services available at their center, and review requests for accommodations during the admissions process.
- **Career Preparation Period (CPP)**—The CPP ensures that students are introduced to health and wellness services and are provided accommodations, if needed, to fully participate in program offerings.
- **Career Development Period (CDP)**—The CDP ensures that career management teams coordinate with health services on health-related issues, and students perceive good health as being critical to achieving career goals.
- **Career Transition Period (CTP)**—The CTP ensures that students understand health-related aspects of independent living, students with special needs have systems in place to support transition to and retention of employment, and post-center service providers know how to coordinate with Job Corps when needed to help graduates succeed.

## National Health and Wellness and Disability Programs

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The National Office, Health Support Contractor, and Accommodation Support Contractor guide the operation of center Health and Wellness and Disability Programs as follows:

- **The National Office**—The Job Corps health and disability components are led by the National Health and Wellness Team Lead who is responsible for developing and

implementing the policies and procedures that guide the delivery of health care and reasonable accommodation on center.

- **The Health Support and Accommodation Support Contractor**—The Health Support and Accommodation Support Contractor works with the National Office, all Regional Offices, and all centers to develop and enhance center health and wellness and disability services. For example, the contractor assists the National Office in developing policy, training center staff on new health and wellness and disability initiatives, developing resource materials, collecting and analyzing health and disability program data, pilot testing new health and wellness and disability initiatives, and managing a national network of subject-area experts. Functioning under the auspices of the Health Support and Accommodation Support Contractor, a team of Health/Disability staff is assigned to each Regional Office. Every Regional Office has a Nurse Specialist, Medical Specialist, Mental Health Specialist, Oral Health Specialist, TEAP Specialist, and Disability Coordinator. Health and Disability staff provide technical assistance to center Health and Wellness/Disability staff members and conduct center assessments for quality and compliance with the PRH.

## Center Health and Wellness Team

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The Health and Wellness Director (HWD) is the administrative team leader for the Health and Wellness program. All centers have the following staff as part of their Health and Wellness team:

- **Medical**—Center Physician, Nurse Practitioner/Physician Assistant (NP/PA), HWD, nurses, clerical staff
- **Mental Health**—Center Mental Health Consultant (CMHC)
- **Oral Health**—Center Dentist, Dental Assistant, Dental Hygienist
- **Trainee Employee Assistance Program (TEAP)**—TEAP Specialist
- **Disability**—Disability Coordinator (DC)

The Center Physician, NP/PA, CMHC, TEAP Specialist, and oral health positions are usually filled by independent subcontractors rather than by center employees. Required staffing levels have been established for each position based on the center's contracted student enrollment capacity and are included in [Exhibit 5-6 Center Health Services Staffing Requirements](#).

Staffing levels are applicable to both on- and off-center dental facilities. Whether OHW personnel are reimbursed on a fee-for-service basis or hourly basis, it is required for the Center Dentist and center Dental Hygienist each to dedicate three hours of care per one hundred students per week. The Dental Assistant is required to dedicate four hours to chairside assisting and other dental facility duties per one hundred students per week.

The Center Physician's role is that of a Medical Director for the Health and Wellness Center (HWC) and medical care provider. The HWD manages daily operations, while the Center Physician guides the Health and Wellness Program and assumes responsibility for the quality of care rendered. Similarly, the Center Dentist guides the OHWP. The Center Dentist assumes responsibility for the delivery and quality of oral health services rendered. The CMHC and



TEAP Specialist do likewise in their disciplines. Center nurses play a vital role in implementing the Health and Wellness Program and are often given primary responsibility for particular tasks, such as the [Family Planning](#) Program or [Healthy Eating and Active Lifestyles \(HEALs\)](#) Program. In addition, they perform some oral health-related nonclinical tasks and clinical tasks within the scope of their licenses and under a signed authorization by on- and off-center dentists. There are opportunities for the OHW team to contribute to and benefit from the other Health and Wellness disciplines. Collaboration is encouraged and valued.

The Center Dentist may be a dental subcontractor, furnished by a dental subcontractor, or be hired as a center employee. Sometimes, the dental subcontractor furnishes the Registered Dental Hygienist under their subcontract. Other times the Registered Dental Hygienist is a subcontractor or a center employee. The Dental Assistant is a center employee or furnished by the dental subcontractor. Regardless of the contractual or employee status of the members of the OHW team, the Center Dentist provides the direct and general supervision of the Dental Hygienist and Dental Assistant pursuant to the applicable state dental practice act.

The Center Director (CD) has the final administrative decision-making authority on all matters concerning students and staff.

## **Center Assessments**

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Program Compliance Assessments (PCAs) are much like the accreditation reviews that occur at health facilities nationwide. Approximately every 2 years, Health Support and Accommodation Support Contractor personnel visit each center as part of a PCA team. You can expect to have student health records (SHRs), appointment books and other records audited during this assessment. When the PCA is announced, an assessor will contact the HWD to set up an interview appointment with various members of the HWC staff.

In preparation for the OHWP assessment, you will also be requested to complete the [Center Dentist Pre-PCA Questionnaire](#) that can be downloaded from the Job Corps Health and Wellness website.

This team uses the PRH and [Health and Wellness PCA tools](#) to conduct an overall assessment of your center's Health and Wellness Program. The PCA tools are designed to highlight the strengths of your program and identify any program components and aspects that are out of compliance with the PRH. After the PCA report is released, the center administration will develop and submit corrective action plans (CAPs) to the National and Regional Offices. You may be consulted to assist with formulating CAPs as necessary for the OHWP.

An unannounced Regional Office Targeted Assessment (ROTA) may also occur at any time to assess program compliance, follow up on a complaint, or other inquiry.

In addition to PCAs, ROTAs, and Corporate Office Center Assessments, the HWDs typically conduct their own internal record audits and program assessments on an ongoing basis. If you are familiar with the program requirements and the assessment criteria, it will be easier to maintain a continuous level of quality and a consistent level of compliance.

## Part 1: Oral Health and Wellness Program (PRH 2.3, R3)

### Oral Health and Wellness Program—PRH 2.3, R3

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The general emphasis of the Oral Health and Wellness Program (OHWP) is on early detection and diagnosis of oral health problems, basic oral health care, dental hygiene, and prevention/education. Whether the dental facility is located on-center or off-center, Job Corps centers are required to have a full OHWP with all program elements. Job Corps students are entitled to available and accessible basic OHW services based upon a priority system as resources permit. Job Corps centers are required to inspect students for oral health conditions that require early attention by the Center Dentist. All students are oriented to the OHWP and exposed to oral health promotion.

A quality OHWP will ensure:

- Students are aware of the OHWP and understand how to seek care while enrolled
- Students demonstrate a clear understanding of their individual oral health status and the treatment prescribed
- Students' oral health status is maintained or improved while they are at Job Corps

### Oral Health-Related Interface during the Outreach and Admissions (OA) Period

During the OA period, Admissions Counselors (ACs) ensure that applicants have accurate information about Job Corps and that they are fully prepared for enrollment. All applicants must meet essential admissions requirements as outlined in [Exhibit 1-1 Job Corps Eligibility Requirements](#).

The AC completes the [Job Corps Health Questionnaire \(ETA 6-53\)](#) in conjunction with the applicant offered enrollment and/or his or her parent or other representative during the health interview. The ETA 6-53 assists with determining the health and accommodation/modification needs of the applicant, and obtaining and verifying consent for required routine medical assessments and/or consent to receive basic health care services, as outlined in [Exhibit 2-4 Job Corps Basic Health Care Responsibilities](#).

Oral health-related questions on the ETA 6-53 include:

- Are you currently under the care of a physician, dentist, or mental health professional? How often do you go see the doctor or counselor? [Question 8a]
- Do you wear braces on your teeth? [Question 8e]
- In the past 2 years have you had a serious dental problem or problems (e.g., untreated dental infections, missing teeth, unresolved severe toothaches, etc.)? [Question 8i]

Before the form is signed, the AC should answer any questions the applicant and/or his or her parent or other representative may have and should also provide a list of what is considered "basic routine health care" from the PRH Exhibit 2-4.

The ACs may also collect additional oral health records. A copy of all health information collected is forwarded to the center of assignment.

At the center of assignment, the HWD will review all questionnaire responses. The HWD may enlist the professional expertise of the Center Dentist to evaluate the oral health information in the applicant folder. Every effort is made to assess how the students' untreated oral disease conditions may be addressed with basic oral care on center.

The [ETA 6-53 Job Corps Health Questionnaire, Instructions](#) and [Documentation Guidance](#) is available to download/print.

## **Oral Health-Related Interface during the Career Preparation Period (CPP)**

### ***Health History PRH 2.3, R2 (a, b)***

When students arrive on center, they receive a cursory health evaluation and medical history within the first 48 hours. The medical history is documented on the Job Corps Health History Form.

A nurse or other health professional reviews the Job Corps Health History Form with each new student. Oral health related questions include:

- Question 15—In the past 2 weeks, have you had any untreated dental pain or swelling in the mouth that has interfered with sleeping, eating, or ability to function?\*
- Question 16—Do you have braces or retainers?
- Question 17—Do you need to talk with someone about something related to your mouth today?\*

Some questions on the form are marked with an asterisk (\*). The asterisk signifies an alert question. Questions 15 and 17 are alert questions for oral health. An affirmative answer to any of these questions may signify a serious problem. The health professional that reviews the form with the student should ask more in-depth questions regarding any endorsed alert questions to help clarify responses. Sometimes these questions will trigger false alarms and it is up to the professional reviewing the form to determine whether the affirmative response signifies a serious problem. If the nurse determines that the positive response to an alert question is not a false alarm, (s)he will refer the student to the oral health team per the center or standard operating procedure. The student should be evaluated at first opportunity, preferably during the dental facility's next open hours on-center or at first opportunity by the Center Dentist when oral health services are provided off-center. If the student presents with acute pain or swelling, the nursing staff will triage the student and follow [Health Care Guidelines \(HCGs\)](#) until the student is evaluated by the Center Dentist.

### ***Dental Readiness Inspection—PRH 2.3, R3 (b)***

A dental readiness inspection (DRI) must be completed within 14 days after the students' arrival on center in the most time efficient and cost-effective manner. The purpose of the DRI is to identify signs and symptoms of conditions that may interfere with students' full participation in Job Corps.

The Center Dentist may delegate the DRI to the Dental Assistant, Dental Hygienist, or Nurse with a written personal authorization. The DRI is performed more efficiently on center-by-center nurses when the dentist is located off center. When the dental facility is off center or there is a center dentist vacancy, the Center Physician or advanced care practitioner can authorize the Center Nurse to perform the DRI with a written personal authorization. Annually, whomever makes the authorization should review the DRI technique with the authorized staff who conducts the inspection. The technique involves having a light source, tongue depressor and piece of gauze. The inspector must wear personal protective equipment including eye protection, a mask and gloves.

Health and Wellness personnel conducting the DRI will utilize the Dental Readiness Inspection Checklist and look specifically for holes in the students' teeth, swelling in mouth or jaw, sores, bleeding, and other obvious serious oral health issues. Non-dentists do not diagnose the conditions; they merely detect signs and symptoms.

The staff member who conducts the inspection should also show the student a pain scale and inquire about the presence of moderate-to-severe oral pain. A pain scale can be downloaded from the internet and a sample is available on the Job Corps Health and Wellness website. The results of the DRI are recorded on the [Job Corps Physical Examination Form](#) in section 14.

The personnel who perform the DRI should inform students of the inspection results. Some students may have low oral health literacy levels and need simple explanations. An oral health fact sheet is also helpful.

The [Oral Health Fact Sheet](#) (may be customized), [Dental Readiness Inspection Checklist](#) and [Pain Rating Scale](#) are available to download/print.

### ***Encouraging a Follow-up Oral Examination after the DRI***

While the oral examination is elective, the staff member who conducts the DRI should be prepared to share the limitations of the DRI and the solid benefits of the oral examination, especially to students with findings who do not have access to oral health care otherwise. All students, whether they have DRI findings or not, are entitled to an oral examination. There are many reasons why Job Corps students may decline the oral examination even when they have oral conditions that require diagnosis and treatment (e.g., not understanding that oral conditions are treatable, devaluing oral health treatment, fear). Embracing a motivational interviewing stance may facilitate building rapport with the students and help overcome any ambivalence to consenting to the oral examination.

Centers should document the decision of students regarding the elective oral examination. Centers may wish to use the [Elective Oral Examination Consent/Refusal Form](#) to document consent or refusal. Alternatively, the person conducting the DRI can enter a note in the SHR.

Students who decline the elective oral examination initially may rescind their refusal at any time. Students with urgent or emergent oral health conditions may access the Center Dentist whether or not they have had an oral examination.

Students must have an oral examination before accessing oral hygiene services unless the State dental practice act permits otherwise.

The point at which students become legal patients of the Center Dentist varies according to state laws/practice acts. Unless state laws state otherwise, a student is not considered a patient of the Center Dentist until after the student receives the oral examination and consents to treatment.

## **Oral Health-Related Interface during the Career Preparation and Career Development Periods**

### ***Elective Oral Examination—PRH 2.3, R3 (c)***

An elective oral examination, including bitewing x-rays and other x-rays as necessary to assist in diagnoses, priority classification, and treatment plan, shall be completed by the Center Dentist upon the student's request as a follow up to the DRI. There is no mandated timeframe for performance of the elective oral examination; however, the elective oral examination should be completed as expeditiously as possible.

During the elective oral examination, the Center Dentist assigns each student a priority classification (1 through 4) based on the student's oral health/disease conditions that are treatable by basic oral care. The [Priority Classification System](#) and procedures for assigning priority classification are intended to help personnel identify students with the most urgent oral health care needs, establish the sequence in which students receive treatment, determine the sequence of treatment, and determine what treatment is within the scope of the centers' immediate capabilities.

During the elective oral examination, the Center Dentist will develop a treatment plan to treat the oral conditions that are classified on the Priority Classification System document. The elective oral examination is also an opportunity to provide oral health education and promotion at the chair side.

At the conclusion of the elective oral examination, students should know their oral health status, understand their treatment plan, and be aware if they have caries risk factors and what they can do to reduce their caries risks (use the [Caries Risk Assessment Form](#) to document). They should also be encouraged to see the Dental Hygienist for periodontal disease prevention or treatment.

The results of the oral examination are recorded on the [Job Corps Oral Examination Record](#). The [Job Corps Chronological Record of Medical Care sheet](#) is used for recording progress notes and is filed behind the Job Corps Oral Examination Record under the Oral Health tab in the SHR.

The x-ray images should be securely stored as part of the SHR. X-ray films must be mounted. Digital x-ray images must be printed or stored on a compact disk and the images on the computer must be deleted as it is personally identifiable information (PII).

After the elective oral examination, students will decide whether or not they want to proceed with basic oral care. The dentist will take the student through an informed consent process. The [Oral Health Treatment Consent/Refusal Form](#) is optional for documenting a student's decision regarding oral health treatment. This form contains a summary of the treatment plan, benefits of the treatment plan, risks of not following the treatment plan, alternatives to the

treatment plan, the student's decision regarding oral health treatment, and a space for the student to sign. This optional form may be customized by OHWP personnel. Alternatively, this information may be recorded in the SHR.

Although it should not be encouraged, it is permissible for a student to decline basic oral care and receive dental hygiene services. It has been shown that students who initially decline basic oral care sometimes reverse their refusal of basic oral care after a good introduction to dentistry with the receipt of dental hygiene services.

Off-center dentists should follow the same guidelines above. When the center pays for OHW services that are provided off-center, the HWD should approve in advance any services necessary beyond the elective oral examination and radiographs unless they are necessitated by an emergency.

Some students may already have a dental home and want to continue to receive their OHW services there. In that case, they should be encouraged to stay at their existing dental home for the sake of continuity of oral health care.

### ***Treatment—PRH 2.3, R3 (d)***

Center operators are responsible for providing and paying for basic oral health care as detailed in PRH Exhibit 2-4 (B). Basic oral care can be provided any time after the oral examination. It includes dental procedures to treat oral disease and correct oral health conditions that may represent employability barriers, including:

- Restorations
- Extraction of pathological teeth—Job Corps dentists often extract pathological teeth without issue. Sometimes problems arise with symptomatic third molars. Some problematic third molars can be managed by medication, debridement, or rinsing. Others need to be extracted by the Center Dentists or by oral surgeons to eliminate pain and infection, thus, allowing student stay in the program and enhancing employability. [Exhibit 2-4 Job Corps Basic Health Care Responsibilities](#) includes referral to dental specialists under basic care. In most cases, the center should refer students to an oral surgeon and assume the cost. A medical separation with reinstatement rights (MSWR) may be appropriate in some circumstances when exceptional costs are involved, because of the need to use general anesthesia or hospitalize the student. Some centers have identified pro bono resources for students to pursue.
- Root canal therapy on anterior and other strategic teeth—Determining whether a tooth is “strategic” calls for professional judgment, including whether the tooth can be restored, how many other teeth are missing, the location as an abutment for a prosthesis in the future, the student's opinion, and the resources available.
- Replacement of missing upper anterior teeth with a removable prosthesis
- Dental hygiene treatment that involves nonsurgical periodontal care to treat periodontal disease

Because the personnel hours are limited and the need for basic oral care is usually great, it is imperative that OHW staff work productively and efficiently in order to maximize the number of students who receive oral health care.

Basic oral care conditions requiring treatment by a specialist (e.g., oral surgery or endodontist) require a referral from the Center Dentist to the appropriate treating provider. The referral must be approved by the HWD for payment authorization, as the HWD is responsible for the health and wellness budget.

Some students may have public or private insurance and seek out community health services or a private dentist on their own.

Oral health conditions that require care that exceeds basic oral health care, referred to as advanced oral health care, are not assigned a priority classification and are not paid for by Job Corps. Oral health staff should inform students of their oral health care needs that exceed basic oral care and the associated options. Options include waiting to tend to those needs after they graduate from Job Corps, seeking community oral health resources, or obtaining a MSWR if the untreated oral health condition is interfering with the student's performance in Job Corps. In the case of a MSWR, the center will help the student identify oral health care resources.

### ***Emergent and Urgent Oral Health Care***

Oral health emergencies may occur at any time. Emergent or urgent conditions may include:

- Intolerable oral or craniofacial pain
- Traumatic injury (e.g., a broken jaw, avulsed tooth, or broken tooth)
- Swelling accompanied by a combination of the following signs and symptoms—fever is  $\geq$  102 degrees F, marked dehydration, rapidly progressing, swelling, trismus and difficulty swallowing, marked pain, elevated tongue, swelling of the soft palate, and/or bilateral submandibular swelling
- Prolonged and profuse bleeding after an extraction

If a student presents with an emergent or urgent oral health condition after hours, non-health staff should follow the [Symptomatic Management Guidelines \(SMGs\)](#) and alert on-call Health and Wellness staff as applicable. Health and Wellness staff should follow the Standard (Center or Department) Operating Procedure, including calling the Center Dentist or, if he/she is not available, using off-center emergency oral care. Per PRH 2.3, R2 (k), Job Corps is required to have a 24-hour emergency care system and written referral plan or agreement for off-center oral health care. The Center Dentist's involvement is outlined in his/her statement of work.

Sometimes a student will present with an urgent condition that is beyond the scope of practice for a general dentist. Per PRH 2.3, R3 (e), centers are required to have a written referral plan or agreement with community facilities for emergent or urgent conditions treatable beyond the expertise of a general dentist. The Center Dentist should work with the HWD to ensure this referral plan or agreement is in place.

## **Responding to Oral Health Needs when the Dentist is not Available**

Occasionally, a student will complain of an oral health condition outside of the Center Dentist's schedule. Center personnel will follow HCGs to manage the student's condition until the student can be seen by the Center Dentist. The HWC should have a mechanism for referring such students to the Center Dentist for follow-up.

On an annual basis, the Center Dentist authorizes HCGs, which include both [Treatment Guidelines \(TGs\)](#) for use by Health and Wellness staff, and SMGs for use by all other staff when the HWC is closed, to enable staff to assist students until the Center Dentist is available. The oral health-related HCGs include oral pain, oral infection, oral bleeding, avulsed tooth, infective endocarditis prophylaxis, and oral herpes.

### **Students with Orthodontic Appliances—PRH 2.3, R3 (f)**

It is not unusual for students to have or want orthodontic appliances; however, orthodontics exceeds basic oral health care and is not paid for by Job Corps. Applicants with fixed orthodontic appliances must furnish:

- Proof of orthodontic care visits during previous 3 months consistent with orthodontic treatment plan.
- Proof that a treatment plan is in place for continued care.
- A signed agreement that the cost of continued treatment and transportation related to treatment will be borne by the student, parent, or legal guardian.
- A signed agreement by the applicant (parent/guardian of a minor) that he/she will remain compliant with orthodontic care and schedule all orthodontic appointments such that he/she will not exceed authorized leave limits for elective dental treatment.

Students who start fixed orthodontics while on center are required to furnish:

- A signed agreement that the cost of continued treatment and transportation related to treatment will be borne by the student, parent, or legal guardian.
- A signed agreement by the applicant (parent/guardian of a minor) that he/she will remain compliant with orthodontic care and schedule all orthodontic appointments such that he/she will not exceed authorized leave limits for elective dental treatment.
- Some oral health services are amenable to being performed through teledentistry. Job Corps has two teledentistry platforms: Webex and Google Classroom. Oral health education, follow-up visits, caries risk assessments, and some office visits are some examples of visits that can be performed using teledentistry.

Students with orthodontics are welcome to have basic oral care on center if they wish.

A sample [Orthodontic Care Agreement Form](#) is available to download/print.



## **Oral Disease Prevention Education and Management (PRH Chapter 6, Exhibit 2-4, B3)**

Oral health education, including oral hygiene instruction/education, caries risk assessment, and oral health promotion activities with an overall emphasis on wellness and employability, should be provided to students. Education includes:

- **Oral hygiene instruction**—Instruction should take place chairside.
- **Group oral health education**—Seek out opportunities during the students' orientation period or during Wellness Education. Find creative ways to engage the students.
- **Caries risk assessments**—Caries management by risk assessment (CAMBRA) is an evidenced-based approach to manage dental caries, the disease that causes caries lesions. The purpose of integrating CAMBRA into your Job Corps practice is to expose, educate and motivate students to take responsibility for managing their caries as a chronic disease to their extent possible and to improve their behaviors.
- **Oral health promotion activities with an overall emphasis on wellness and employability**—Participate in the annual center health fair, contribute to the Healthy Eating and Active Lifestyles (HEALs) Program, or perform an oral cancer screening.

The [Caries Risk Assessment Form](#) and [Dental Habits Questionnaire](#) are available to download/print.

### **Oral Health-Related Interface during the Career Transition Period (CTP)**

The Career Transition Period (CTP) is a time when graduates and former enrollees receive initial placement services and other career transition services. Career transition services providers help students to figure out their transitional support needs. Following initial job placement, Job Corps personnel work with graduates for up to 18 months to help them continue moving toward stable and productive lives beyond the center. They identify resources and provide direct referral of graduates to social services that provide assistance with health care.

The CTP ensures that students understand health-related aspects of independent living, students with special needs have systems in place to support transition to and retention of employment, and post-center service providers know how to coordinate with Job Corps when needed to help graduates succeed.

Students should receive a copy of their oral health treatment plan that shows remaining treatment to be done. Oral health staff should develop an updated list of local community dental resources for uninsured adults and community dental facilities that provide oral health care to adults with Medicaid.

## Part 2: Health Services (PRH 2.3)

The Oral health team should be familiar with the other Wellness units and be open to interprofessional collaboration.

### **Student Introduction to Health Services—PRH 2.3, R1**

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Students learn about the center's Health and Wellness Program through orientation sessions and the student handbook. The Health and Wellness orientation session occurs soon after students arrive on center, and is designed to:

- Prepare students for required medical examinations and tests
- Inform students about available health and wellness services
- Begin building motivation for preventive care
- Elicit questions and concerns
- Help new students feel comfortable and at ease using health and wellness services

OHW personnel at on-center dental facilities are encouraged to participate in orientation. The ultimate goal is to foster wellness as an employability skill and to move students from a school-based model of health care to a work-based model of health care with reliance upon self-management during the workday.

### **Health and Wellness Program (Medical)— PRH 2.3, R2**

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The Health and Wellness Program is in place to assist students in attaining and maintaining optimal health. Job Corps centers are required to provide basic health services ([Exhibit 2-4 Job Corps Basic Health Care Responsibilities](#)) to all students and accommodations for students with disabilities. In providing care, Job Corps adheres to all current HIPAA and 42 CFR Part 2 regulations regarding consent and confidentiality for protected health information.

Health and Wellness staff may identify students with oral health needs and counsel and educate students about health-related issues such as alcohol and drug use, tobacco use, reproductive health, weight control, hypertension, etc.

Because of the interdependence of physical health, emotional well-being, oral health, and overall student success, it is essential that an efficient system for student referrals and feedback exist among you, the Health and Wellness staff, and other staff, as appropriate.

Chronic diseases can have a major impact on the employability of Job Corps students. Chronic care management plans (CCMPs) are tools that provide a systematic approach to treating and managing chronic conditions. Each CCMP includes a disease overview; a disease-specific questionnaire sent to the applicant's health care provider during the application process by the OA counselor; a summary of specific interventions; and a flow sheet for periodic treatment plan monitoring.

A nurse most often assumes the role of case manager and works with other center staff to coordinate care. For those chronic diseases that require medications with xerostomic (dry) side-effects, the Center Dentist should evaluate and manage the xerostomic effects of students that present with xerostomia as a chief complaint.

A [Xerostomia Chronic Care Management Plan](#) is available for further guidance.

### **Mental Health and Wellness Program—PRH 2.3, R4**

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The general emphasis of the Mental Health and Wellness Program shall be on the early identification and diagnosis of mental health problems, basic mental health care, and mental health promotion, prevention, and education designed to help students overcome barriers to employability.

Among other functions, the CMHC:

- Provides assessments and recommendations for Job Corps applicants.
- Coordinates a mental health promotion and education component for Job Corps staff and students.
- Utilizes an employee assistance program approach that includes short-term counseling, referral to center support groups, and crisis intervention services for students with mental health conditions.
- Makes recommendations for care management plans and accommodations for students with chronic mental health conditions.
- Assists students with chronic mental health conditions. Services may be documented on Mental Health Chronic Care Management Plans (MHCCMPs).
- Receives referrals for students who are exhibiting atypical behavior or a behavioral change as subtle as sudden oral hygiene neglect that may be indicative of mental health issues.

### **Trainee Employee Assistance Program (TEAP)—PRH 2.3, R5**

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The general emphasis of TEAP shall be on prevention, education, identification of substance use problems, intervention services, relapse prevention, and helping students overcome barriers to employability.

The TEAP Specialist:

- Ensures orientation of new students to the center's TEAP program as a center-wide alcohol and drug prevention and education effort with a focus on preventing barriers to employability.  
Provides center-wide substance prevention and education services that encourage healthy lifestyle choices.
- Conducts assessment of students to identify substance use problems and develops intervention services as needed.

- Coordinates relapse prevention services.
- Assures adherence to Job Corps' Zero Tolerance (ZT) policy for substance abuse among students.
- Coordinates all aspects of the biochemical testing program—from scheduling students for drug testing to training staff in the use of alcohol testing devices.
- Ensures that the integrity of the biochemical testing program is maintained.
- Submits quarterly alcohol reports to the National Office.

The Center Dentist and TEAP Specialist may collaborate in the following ways:

- Sometimes, a student enrolled in TEAP may have the manifestations of past drug use that represent an oral health-related employability barrier. As a result, they may be in an extreme high-risk category to future carious lesions and require caries management by risk assessment.
- Alcohol and smoking are both risk factors for oral cancers. TEAP and oral health might co-host an oral cancer screening or educational event.

### **Tobacco Use Prevention Program (TUPP)—PRH 2.3, R6**

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Centers must implement a program to prevent the onset of tobacco use and to promote tobacco-free environments and individuals. To support this program, a TUPP Coordinator shall be appointed (they need not be a health services staff member). Centers must establish a smoke-free, tobacco-free environment for the majority of the center. Centers are encouraged to maintain an entirely tobacco-free environment, especially during the training day.

#### **TUPP requirements:**

- All buildings and center-operated vehicles must be smoke free.
- Tobacco products must not be sold on center.
- If center operators choose to allow smoking and use of tobacco products, they must designate specific areas for tobacco use. It is required that these areas be at least 25 feet, or as required by state law, away from all building entrances.
- Minor students' access to tobacco products should be restricted as required by federal and state law.
- Minors who use tobacco products shall be referred to the TUPP.
- All services provided should be documented in the SHR.

TUPP promising practices:

- Case management for tobacco cessation is offered to all students who use tobacco products.

- Designated smoking areas are located away from central locations thereby discouraging non-smokers from congregating with smokers and have proper receptacles.
- Staff do not congregate with students for the purpose of smoking together.

As the Center Dentist, you will be asked to support the center's efforts to educate students about tobacco use health risks and the benefits of being tobacco free. Tobacco use can cause oral cancer and can stain teeth. Oral health staff should ask students if they use tobacco, offer to make a referral of tobacco users to the TUPP, and provide tobacco use prevention education. At some centers, student smokers are incentivized with tooth whitening kits and tobacco stain removal to complete TUPP.

### **Family Planning Program—PRH 2.3, R7**

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Health and Wellness staff members provide reproductive health services with the assistance of mental health and other staff, as needed. These services cover sexuality, family planning, sexually transmitted infections and pregnancy management. Both female and male students should be included in family planning education and services.

Special outreach should be made to pregnant students. According to evidence-based perinatal oral health guidelines, prevention, diagnosis and treatment, including dental x-rays and local anesthesia, are highly beneficial and can be undertaken during pregnancy with no additional fetal or maternal risk when compared to the risk of not providing care. It has also been determined that preeclampsia is not a contraindication for dental care and that controlling oral disease in pregnant patients has the potential to reduce the transmission of cariogenic bacteria from new mothers to their infants.

### **HIV/AIDS—PRH 2.3, R8**

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The HIV/AIDS program includes education, testing, follow up, and counseling for all students, as well as case management for HIV positive students.

People living with HIV/AIDS are at higher risk to periodontal disease. There should be special outreach to them to ensure that they are offered dental hygiene services as often as necessary.

### **Healthy Eating and Active Lifestyles—PRH 2.3, R9**

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Sound nutrition and physical activity, along with other healthy behaviors, form the basis for wellness. Centers are required to establish a Healthy Eating and Active Lifestyles (HEALs) Committee to oversee and coordinate this program, incorporate student preferences into program planning, provide individualized weight management programming and/or counseling, incorporate motivational interviewing and goal setting into counseling, and periodically assess the program.

Job Corps' [HEALs program](#) website provides an evidence-based curriculum to educate students; offer guidance for food service, recreation, Health and Wellness staff; offer web-based trainings and workshops; offer tips to integrate healthy living into the center culture; and share strategies to evaluate the program.

At some centers, [OHW personnel](#) are valued members of the HEALs Committee.

## **Health Aspects of Sports—PRH 2.3, R10**

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Job Corps students' participation in sports and athletics can lead to improved physical/mental health and well-being. A well-planned program can only be achieved when factors such as adequate nutrition, general health and safety, environmental conditions, training, protective equipment, first aid and treatment of injuries are understood and implemented, when necessary, by center staff. The oral health personnel can be instrumental in advising students to wear mouth guards if they engage in contact sports. Students can purchase mouth guards least expensively at a pharmacy.

## **Basic Health Services Provided by Job Corps Centers—PRH 2.3, R11**

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Center operators are responsible for providing and paying for basic health care as detailed in [Exhibit 2-4 Job Corps Basic Health Care Responsibilities](#).

Providers may not bill third party payers, including Medicaid, for basic health services, including basic oral care covered by the provider's subcontract.

OHP are encouraged to provide oral health and wellness visits utilizing a telehealth format. Post-operative visits and oral health education are examples of visits that can be delivered with telehealth technology. Job Corps has HIPAA compliant platforms such as Webex.

## **Health and Medical Costs Exceeding Basic Health Services Provided by Job Corps—PRH 2.3, R12**

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Centers should assist students in seeking third-party health insurance coverage that will be available should the student have medical needs or costs beyond the basic health services provided by the center.

If a Job Corps student needs oral health care beyond the scope of basic oral care (requiring off-center treatment):

- The Center Dentist will be asked to evaluate the student's oral health condition to determine if a medical separation or MSWR is appropriate.
- Request third-party payment only for services beyond those basic services stipulated in the center operator's prime contract.

If you belong to a dental society whose members donate dental services, or you are acquainted with colleagues who do so, consider asking them to donate dental services to uninsured students needing advanced oral care or students with needing basic oral care by specialists. Sharing the mission of Job Corps could convince local dentists to donate dental services.

## **Professional Standards of Care—PRH 2.3, R13**

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The dental practice standards for Job Corps HWCs are comparable to those for other health facilities found in communities nationwide. All personnel in the Job Corps setting should follow accepted professional standards of care and are subject to state laws.

Documentation of current state dental licensure, DEA registration, and professional liability insurance should be kept on file in the HWC.

As part of professional standards of care, all Health and Wellness staff must document all prescribed medications, treatment, laboratory tests ordered and results in the SHR. The primary purpose of the SHR is to provide a complete, concise, and accurate health history of each student. Therefore, oral health encounters are documented in the SHR. Oral health personnel are required to document legibly on required Job Corps forms. Job Corps oral health personnel at off-center dental facilities also are required to document on Job Corps forms. If a student is sent by Job Corps personnel to another dentist for a consultation or treatment, a visit summary should be filed in the SHR.

The [Essentials of Job Corps Health and Wellness Charting \(Medical, Oral Health, Mental Health and TEAP Charting\)](#) provides additional information.

All personnel must follow current standards of care when providing health services and treating illnesses and injuries. OHP will stay informed regarding [regulations, recommendations, guidelines, and mandates](#) of federal, state, local, tribal, and/or territorial public health agencies and professional organizations.

## **Medication Management—PRH 2.3, R14 and Appendix 203**

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Schedule II controlled substances on center should be limited to individual prescriptions for specific students. It is vital to follow appropriate procedures when storing controlled substances on center. Among other procedures, all controlled substances must be double locked and counted by two staff members at least weekly.

Review the [Information Notice 08-17 Protocol for Purchasing, Storing, Administering and Disposing of Controlled Substances in the Health and Wellness Center](#) and ([Attachment 08-17a](#)) dated September 17, 2008 for more requirements and tips.

Center dentists should be cognizant that some students are recovering from habitual drug use. It is important to refrain from prescribing narcotic medications for them while still providing adequate pain management.

## **Health Care Guidelines—PRH 2.3, R16**

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Health Care Guidelines provide information concerning accepted practices for common health problems and situations in Job Corps. There are several reasons why it is important that each center has specific written instructions to be used throughout Job Corps. They are designed to:

- Help ensure the safety and comfort of students.

- Provide evidence-based scientific rationale to support decisions regarding treatment of students.
- Decrease the possibility of medicolegal concerns for center staff.
- Provide information and training on current health care practices for the staff.
- Save time for the consulting medical personnel to address other problems requiring their special attention.
- Facilitate the orientation of new health and non-health staff.
- Provide non-health staff with direction for action, especially when a member of the health services staff is not available or not on center.

All Health Care Guidelines shall be approved and signed annually by you, the CMHC, or Center Physician, as appropriate, and shall be kept in the HWC.

Annually, each center shall submit a memorandum to the Regional Office indicating which, if any, HCGs have been modified. Copies of any personal authorizations for health staff and HCGs that have changed shall be sent to the Regional Office for approval. Personal authorizations for non-health staff shall be retained on center.

The [Health Care Guidelines and Written Instructions TAG](#) includes Health Staff Treatment Guidelines, Non-Health Staff Symptomatic Management Guidelines, and Prototype Staff Authorizations.

## **Communicable Disease and Infection Control—PRH 2.3, R17**

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The HWD should establish infection control policies and procedures, train staff, and monitor compliance. Center staff must always use protective measures as recommended by the CDC, especially when there is a potential for exposure to blood or body fluids.

Standard precautions are defined as the minimum infection prevention practices that apply to all patient care regardless of suspected or confirmed infection status of a patient and include: (1) hand hygiene; (2) use of PPE (e.g. gloves, masks, gowns); (3) respiratory hygiene/cough etiquette; (4) sharps safety (engineering and work practice controls); (5) safe injection practices; (6) sterile instruments and devices; and (7) clean and disinfected environmental surfaces.

Oral health personnel working in off-center facilities must follow their facility policies and procedures consistent with the CDC.

The CDC has a procedure to follow in the event of positive spore tests with sterilization including steam sterilization. The CDC recommends that steam sterilizers be tested over again with biological and chemical indicators after a sterilization failure to ensure that they are functioning prior to placing it back into routine use. According to the CDC, if the chemical indicators suggest that the sterilizer was functioning properly, a single positive spore test

### **Resources**

- [CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008.](#)
- [CDC Guidelines for Infection Control in Dental Health-Care Settings—2003.](#)



probably does not indicate sterilizer malfunction, but the spore test should be repeated immediately after notified of positive results. If the spore test is positive again, use of the sterilizer should be discontinued until it is serviced. If a sterilizer malfunction is discovered, the items from the suspect load(s) must be considered nonsterile, and the items should be recalled and reprocessed. According to the CDC, the margin of safety in steam sterilization is sufficiently large that there is minimal infection risk associated with items in a load that show spore growth, especially if the items were properly cleaned and the temperature was achieved (e.g., as shown by an acceptable chemical indicator). The CDC states that there are no published studies that document disease transmission via a nonretrieved surgical instrument following a sterilization cycle with a positive biological indicator.

Improper autoclave loading can lead to sterilization failures. According to the CDC, the autoclave should be loaded such that the instrument packages allow for free circulation of steam around each item. In other words, the autoclave should not be overloaded.

The CDC recommends weekly spore tests. A log of spore test results dating back 3 years should be held on center for inspection by Health Specialists during PCAs.

If a disease outbreak occurs on center, cases must be reported to state or local health departments. The HWD is responsible for reviewing and updating the Bloodborne Pathogen Plan annually. The plan should be kept on center. Off-center dental facilities must have their own Bloodborne Pathogen Plans.

**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. Ensure that engineering, administrative, and PPE controls are in place in the dental facility oral health and dental hygiene procedures that generate droplet, spatter, and aerosols are performed.

For the CDC's suggested protocol for management of positive biological indicators in a steam sterilizer, see [CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008](#).

For guidance in disinfection, Oral Health Personnel should consult [CDC Guidelines for Infection Control in Dental Health-Care Settings—2003](#).

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## **Inventory Records—PRH 2.3, R18**

Oral health personnel are responsible for controlling access, inventory, and storage of dental supplies and equipment. Order supplies in quantities that can be used before they expire. Supplies should be checked for outdated ones and they must be discarded according to center procedures.

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## **Continuous Quality Improvement—PRH 2.3, R19**

Oral health personnel should work with the HWD to create quality improvement activities focusing on improving performance, as well as compliance, with the standards of care. These activities are essential to managing and improving the quality of the OHWP. Consider the following when participating in a quality assurance/improvement project on your center:

- Seek feedback from students through [student satisfaction surveys](#).
- Establish ongoing processes to assess effectiveness of current treatment protocols, such as the [Plan-Do-Check-Act cycle](#).

## Part 3: Other Program Management

### PRH Chapter 2.0 Student Support Services

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#### Disabilities—PRH 2.4

Because it is a federally funded training program, Job Corps is required to ensure its program and facilities are accessible and provide reasonable accommodation to individuals with disabilities to prevent discrimination on the basis of disability. Each center should have Disability Coordinators who ensure the center is providing services to students with disabilities as required by the PRH and Workforce Innovation and Opportunity Act (WIOA) regulations.

Guidelines for providing reasonable accommodation are outlined in [Appendix 201 Communicating with Persons with Disabilities](#) and on the [Job Corps Disability](#) website. The Center Dentist may consult with the Disability Coordinator as needed regarding how to accommodate dental treatment needs of students with disabilities.

### PRH Chapter 3.0 Student Training Services

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#### Required Instruction for Health and Well-Being—PRH 3.4 R21

During the Career Development Period (CDP), students receive instruction on a variety of health topics including oral health, emotional and social well-being, depression, sexually transmitted infections, and nutrition and fitness. You are encouraged to participate in student health education as occasional guest instructors as time permits. Alternatively, you may be asked to be a resource to the instructor for educational content.

### PRH Chapter 5.0 Management Services

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#### Standard Operating Procedures and Plans—PRH 5.1, R3

A standard/center operating procedure (SOP/COP) is an established procedure to be followed in carrying out a given operation or in a given situation. All SOPs/COPs should be center specific and individualized. It is recommended that your center have a SOP/COP for each health- and wellness-related PRH component and additional procedures for specific center policies (e.g., filling a first aid kit, dispensing medicine). Requirements for SOPs/COPs vary among centers and center operators.

SOPs/COPs should:

- Reflect current PRH information and be updated anytime there is a change in policy or practice.
- Include a reference to the corresponding PRH component.
- Provide a detailed, step-by-step approach to complying with the PRH requirement or performing the center practice.

- Reference center-specific forms, if applicable.

If the center has an SOP/COP for the OHWP, OHW personnel should be familiar with the procedures. Consider creating non required SOP/COP for certain operational aspects of the OHWP such as disinfection/sterilization routines and visit scheduling.

### **Required Reports—PRH 5.1, R4**

The [Health Services Utilization Report](#) is a monthly report that the HWD completes. The dental subcontractor must furnish the number of oral examinations completed on a monthly basis.

Oral examinations are elective on the part of the students; therefore, there is no standard for the minimum number of oral examinations that must be performed monthly. There is no required report on the volume of oral health services or the productivity in which oral health services are provided either; however, it is to the OHWP's benefit to provide services productively. Nonproductive service delivery is often due to a high broken-appointment rate and low productivity affects the quality of the OHWP.

### **Health Services Staffing—PRH 5.2, R3**

Center management has a responsibility to employ or subcontract with qualified health care providers. The number of hours required to staff a Job Corps HWC is determined by the center's contracted student enrollment capacity; these requirements are included in [Exhibit 5-6 Center Health Services Staffing Requirements](#).

### **Significant Incidents—PRH 5.4**

A Significant Incident Report (SIR) is a detailed report submitted by center staff documenting Job Corps-related significant incidents (e.g., serious injury, assault, death). The purpose of these reports is to ensure proper and effective management of serious incidents involving students, staff, or facilities.

All Job Corps centers are required to submit a SIR within 24 hours of the center being made aware of the incident (6 hours in the case of student or reportable staff death). SIRs must be submitted within this timeframe even if all information has not yet been gathered or a resolution has not yet been determined. As the Center Dentist, usually you will not be asked to complete a SIR; however, if the incident is related to an oral health emergency (e.g., broken jaw) you may be required to document your assessment.

### **Medical Equipment and Supplies—PRH 5.6, R2**

Oral health personnel are responsible for controlling access, inventory, and storage of dental supplies and equipment.

The Dental Assistant should be allocated sufficient time to clean and maintain the dental equipment. Notify the HWD when dental equipment needs to be repaired.

X-ray machines should be tested according to the frequency required by the state in which the Job Corps center is located or according to the American Dental Association (ADA) guidelines, whichever is more frequent.

Dental facilities should also be equipped with eyewash units. They should be checked monthly or as often as the manufacturer recommends and a log should be maintained.

The [Suggested Dental Equipment List and Specifications](#) (includes Aerosol Containment Additions) provides additional information.

### **Dental Radiography Systems**

States' Codes of Regulations require that entities having physical possession or control of a radiation machine capable of producing x-rays maintain a registration with their respective states. X-ray machines should be tested according to the frequency required by the state in which the Job Corps center is located or according to the ADA guidelines, whichever is more frequent.

Job Corps dental facilities may have either traditional X-ray film systems or digital radiography systems. When purchasing new equipment, many centers have chosen to move towards digital radiography systems since digital images are available immediately, produce high-quality images, and require fewer supplies, including chemicals. Digital radiography systems have been shown to be more cost-effective in the long run.

Job Corps has a policy against storing student dental X-ray images digitally on the computer. Student digital dental X-ray images are to be printed or copied onto a compact disk and placed in the SHR. The digital images must be deleted from the computer after they are printed. Job Corps centers must also ensure that digital dental X-ray imaging systems are properly secured.

Review [Program Instruction 12-30 Security Policy for Digital Dental X-ray Imaging Systems](#) dated May 8, 2013 for more information.

### **Environmental Hazards/Hazard Communication—PRH 5.9, R13**

Centers must comply with federal, state, and local regulations and Job Corps policy regarding chemical hazard communication, including organization and ongoing maintenance of Material Safety Data Sheets (MSDS) for all chemical products purchased by or used at the center. The Safety Officer coordinates the hazard communication program. You are responsible for knowing how to access MSDSs.

### **Minimum Staff Qualifications—PRH Exhibit 5-3**

All Health and Wellness staff must meet minimum education and licensure qualifications, which can be found in [Exhibit 5-3 Minimum Staff Qualifications](#).

## Required Staff Training—PRH Exhibit 5-4

All Job Corps employees are required to complete trainings when they begin employment. Some trainings, such as HIPAA, CPR/first aid, and blood borne pathogens, etc., must be repeated annually. [Exhibit 5-4 Required Staff Training](#) lists training requirements and frequency.

In addition to required training, all Job Corps employees are required to complete an additional 5 hours of adolescent growth and development training. This requirement may be met by attending Job Corps trainings and webinars or through training by outside professional organizations. Subcontractors are not required to complete employee training. However, subcontractors are responsible for being familiar with HWC policies and practices so that they will be in compliance.

## PRH Chapter 6.0 Administrative Support Services

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### Enrollments, Transfers and Separations—PRH 6.2

If a student transfers from one center to another and has received medical services, including mental health, oral health, and TEAP, the transferring center will provide a legible or typed summary note on the student's current status, medication, and treatment compliance at least 2 weeks prior to the student's arrival. The SHR must arrive at the time of student arrival.

While the sending centers are not required to ensure that students have a certain oral health priority classification, it will benefit students if they can enter advanced training with their treatment plans completed. Of course, this requires cooperation and a focused effort on the part of the student and Center Dentist.

### Medical Separations—PRH 6.2, R5

Medical separations occur when students have significant health problems that preclude participation in career training, are too complex to manage on center, or are unusually costly. Medical separations are initiated by Health and Wellness staff.

There are two options for medical separation:

1. **Medical separation with reinstatement rights (MSWR):** A decision to medically separate with reinstatement rights may be used if the health care provider estimates that the student's condition will be resolved and the student will be able to return to the center within 180 days. Students shall receive a referral to a provider where they will be able to obtain treatment and a list of community resources. For MSWRs, students are contacted monthly by the HWD to assess progress and plan their return to Job Corps within the 180 days allowed.
2. **Medical separation:** A decision to medically separate should be made if a medical assessment and functional evaluation indicate that a student's medical, oral health, mental health, or substance use condition is unable to be ameliorated within 180 days after a MSWR. Any student receiving a medical separation is eligible to reapply to Job Corps.

For both types of separation, a detailed health assessment, conducted by the appropriate treating provider, must be performed prior to every medical separation. The Center Director must approve all medical separations.

### **Authorizations (Consent for Treatment)—PRH 6.5, R5 (a)**

The Job Corps Health Questionnaire (ETA 6-53), which authorizes basic/routine health care, is placed in the SHR. If the student is a minor, the form should have been signed by the student's parent/legal guardian.

Written consent/authorization from the student (if age  $\geq$  18 years) or parent/legal guardian (if age 16 or 17 years) for any care or services beyond basic/routine health care authorized on initial ETA 6-53 should also be placed in SHR.

The [ETA 6-53 Job Corps Health Questionnaire, Instructions](#) and [Documentation Guidance](#) are available to download/print.