

JOB CORPS BASIC HEALTH CARE RESPONSIBILITIES

A. Medical

1. Assessment and diagnosis of illness and injury in an ambulatory facility:
 - Cursory medical evaluation by a physician or nurse; must be completed within 48 hours after entry of student
 - Entrance medical examination by the physician or designee within 14 days after entry, including review of SF-93 Report of Medical History and completion of SF-88 Report of Medical Exam
 - Routine laboratory studies that can be done on center, e.g., hemoglobin or hematocrit, urine dipstick, pregnancy testing
 - Required laboratory studies that can be sent to the nationally contracted laboratory, e.g., urine drug screening, HIV and Chlamydia testing
 - Immunizations as indicated
 - Tuberculin skin test (Mantoux)
 - Vision and hearing screening
 - Daily walk-in clinic and appointment system for above and for episodic illness or injury assessment by center physician and/or nurse
 - Inpatient unit (during office hours) for minor conditions, such as respiratory infections or flu symptoms
2. Treatment, as highlighted below, will be provided when necessary. Third party payor information will be given to providers when off-center care is required.
 - Primary emergency care for illness and injury, including first aid and CPR, and secondary care within capabilities, e.g., injection of epinephrine, and immediate transfer to hospital emergency room for specialized diagnosis and treatment, if needed
 - Treatment of urgent and other conditions not needing specialized care, within capabilities of center physician and nurse, such as contusions and abrasions
 - Referral to off-center physicians for detailed specialized assessment regarding on-center management of asthma, diabetes, normal pregnancy, etc.
 - When students need a prescription, local pharmacies will be given insurance information whenever possible

If a student sustains an on-the-job injury that requires extensive or specialized treatment, he or she will be medically separated with reinstatement rights and a referral to OWCP.

B. Oral Health

1. Assessment and diagnosis, to include:
 - Cursory inspection within 48 hours by a nurse, dental hygienist, or dental assistant for conditions needing immediate care
 - Mandatory oral exam by center dentist including x-rays within 75 days
2. Treatment, to include:
 - Dental procedures to treat oral disease and correct oral health conditions that may represent employability barriers (e.g., restorations, extraction of pathological teeth, root canal therapy on anterior and other strategic teeth, replacement of missing upper anterior teeth, nonsurgical periodontal care)
 - Referral to off-center facilities as necessary for emergency or selective specialized care
3. Oral disease prevention/education, to include:
 - Oral prophylaxis (teeth cleaning)
 - Periodontal disease prevention and caries management through risk assessments and education
 - Oral health promotion activities
 - An emphasis on employability

C. Mental Health

1. Assessment and possible diagnosis, to include:
 - Review of Social Intake Form (SIF) or intake assessment performed by counseling staff of students who indicate mental health history, current mental health problems, or who request to see the center mental health consultant within 1 week of arrival
 - Mental health assessment with recommendations for manageable conditions on center
 - Mental health assessments with recommendations for behavior requiring emergency off-center care
 - Direct threat assessments with recommendations for students who are a safety risk to themselves or others
 - Determine when MSWR or health separations are appropriate and should be recommended for students with mental health conditions
2. Treatment, to include:
 - Short-term counseling, defined as no more than 6 sessions with mental health checks as needed, with a focus on retention and behaviors that represent employability barriers
 - Collaboration with center physician and health and wellness staff on

- psychotropic medication monitoring
 - Psycho-educational groups as needed in collaboration with counseling (e.g., adjustment skills, relaxation training, anger management, sleep hygiene, etc.)
 - Crisis intervention as needed
 - Referral to off-center mental health professionals or agencies for ongoing treatment and/or specialized services.
3. Mental Health prevention/education, to include:
- Organizational consultation to the center director
 - Consultation to center departments
 - Staff development trainings
 - Center-wide mental health prevention and promotion activities
 - Emphasis on employability
4. Consultation and counseling support for TEAP
- Regular consulting meeting with TEAP specialist to assist with overall program planning and implementation
 - Counseling of students along with TEAP for students with co-occurring disorders
 - Help determine when MSWR or medical separations are appropriate for students with alcohol and other drugs of abuse conditions