



## Communicable Diseases – Center for Educational Partnerships (CEP)

<b>Responsible Official:</b>	Associate Vice Chancellor and Executive Director of Health & Wellness
<b>Responsible Office:</b>	Occupational Health
<b>Issuance Date:</b>	05/11/2026
<b>Effective Date:</b>	05/11/2026
<b>Summary:</b>	Identifies requirements for preventable infectious disease screening and vaccinations to reduce the risk of exposure for Center for Educational Partnerships (CEP) Workers and describes necessary actions to ensure compliance with professional standards, partner school district requirements, and applicable regulations.
<b>Scope:</b>	All CEP Workers, including staff, student employees, interns, fellows, and volunteers, who are assigned to work at elementary, middle, and high school sites or who have regular in-person contact with K–12 students.

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### I. SUMMARY

The University of California, Merced (“UC Merced”) has established this Procedure to protect the health and safety of University of California, Merced Center for Educational Partnership (“CEP”) Workers assigned to K–12 school sites throughout the state of California. This Procedure

identifies requirements for preventable infectious disease screening and vaccinations, ensuring compliance with partner school district Memoranda of Understanding (MOUs) and aligns with applicable state, federal, and University of California health and safety standards.

This Procedure applies to UC Merced CEP Workers, including career and contract staff, limited appointments, student employees, interns, fellows, and volunteers who are assigned to work at elementary, middle, and high school sites or who have regular in-person contact with K–12 students.

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## II. DEFINITIONS

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**CEP Worker:** Any individual working on behalf of a UC Merced Center for Educational Partnerships (CEP) program, including staff, student employees, temporary employees, interns, fellows, and volunteers.

**School Site:** Any elementary, middle, or high school, or other K–12 educational setting, where CEP Workers are assigned to perform job duties.

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## III. PROCEDURES

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### A. TUBERCULOSIS (TB) SCREENING

All CEP Workers assigned to school sites are required to comply with tuberculosis (TB) screening requirements in accordance with partner school district MOUs and California Education Code 49406.

#### 1. New Workers

- a. All CEP Workers must be screened for TB, with either a risk assessment or testing within 60 days of employment if not previously cleared within the last four years unless warranted to be done sooner by school district(s) at the recommendation of their local public health officer. If tuberculosis risk factors are identified, the CEP Worker shall undergo an evaluation consisting of either an IGRA serological test, which is preferred, or an intradermal tuberculin test.

2. CEP Workers in need of screening will be categorized as follows:
  - a. Negative TB risk assessment – cleared
  - b. Positive TB risk assessment, negative TB test – cleared
  - c. Positive TB risk assessment, history of positive TB test with follow-up negative chest radiograph and documented adequate TB treatment or preventative therapy at the time of hire – cleared and no further evaluation is needed
    - i. If documentation of a negative chest x-ray cannot be provided, then the CEP Worker will be sent to obtain a chest x-ray.
  - d. Positive TB risk assessment, positive TB test – not cleared, and a chest radiograph would be ordered for further evaluation.
    - i. If the chest radiograph is negative, the CEP worker will be cleared and referred to discuss treatment options with their primary care provider or local county public health department. To satisfy further screening requirements, a screening risk assessment will no longer be needed.
    - ii. If the chest radiograph is positive, the CEP worker is not cleared to begin at their assigned school and is referred to their primary care provider for further evaluation.
3. For all CEP Workers with no prior baseline TB screening, a one-time IGRA serological test is advised. Thereafter, all CEP Workers will be required to be screened every four years but advised being screened annually for current symptoms with a [TB screening questionnaire, PE-001 Form A \(see appendix\)](#), which will be reviewed by Occupational Health.
4. If TB symptoms develop at any time, the CEP worker will be instructed to seek medical evaluation with their health care provider.

5. The TB Screening Questionnaire will be reviewed by Occupational Health, and the CEP Worker will be instructed to seek medical evaluation with their healthcare provider if TB symptoms develop at any time.
6. CEP Workers must comply with any repeat TB screening requirements specified by partner school districts or public health authorities.
7. TB clearance documentation shall be maintained by Occupational Health, as required.

## **B. BLOODBORNE PATHOGEN (BBP) EXPOSURE AND HEPATITIS B PROTECTION**

### 1. Hepatitis B Vaccination

- a. CEP Workers are potentially at risk for bloodborne pathogen exposure and are encouraged, but not required, to be screened for Hepatitis B immunity.
- b. The Hepatitis B vaccination series shall be offered at no cost to CEP Workers determined to have risk for occupational exposure.

### 2. Prior Immunization or Immunity

- a. CEP Workers who have previously completed the Hepatitis B vaccination series or who have documented immunity are not required to receive additional vaccination.

### 3. Declination

- a. CEP Workers may decline the Hepatitis B vaccine.
  - i. CEP Workers who initially decline may later choose to receive the vaccination, at no cost, while still in a covered position.

### **C. AEROSOL TRANSMISSIBLE DISEASE (ATD) SCREENING AND IMMUNIZATION**

1. CEP Workers work in environments where exposure to aerosol transmissible diseases may occur due to close contact with students and school staff. CEP Workers are encouraged, but not required, to maintain immunity to common ATDs, including:
  - a. Measles
  - b. Mumps
  - c. Rubella (MMR)
  - d. Pertussis
  - e. Influenza
  - f. COVID 19
2. Vaccination for these diseases, other than TB screening, is not a condition of employment, unless otherwise required by law or future public health directives.

### **D. DISEASE OUTBREAKS**

1. In the event of a communicable disease outbreak at a school site:
  - a. CEP leadership will notify and coordinate with Occupational Health and the partner school district
  - b. Guidance from local public health authorities may be followed as appropriate

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## **IV. RESPONSIBILITIES**

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### **A. OCCUPATIONAL HEALTH CLINICAL LEAD**

1. Provides guidance on TB screening, BBP, and ATD exposure risks.
2. Supports CEP leadership during communicable disease concerns.

## **B. CEP DIRECTOR / PROGRAM LEADERSHIP**

1. Ensures CEP Workers are informed of policy requirements.
2. Maintains compliance with MOUs and documentation requirements.

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## **V. REFERENCES AND RESOURCES**

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### State Laws and Regulations

- [California Education Code 49406](#)
- [California Health and Safety Code 121525](#)

### UC Policies

- [UC Policy on Vaccination Programs](#)
- [UC Merced Bloodborne Pathogens Exposure Control Plan](#)
- [UC Merced Employee Health Portal](#)

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## **VI. REVISION HISTORY**

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<b>Date</b>	<b>Action/Summary of Changes</b>
05/11/2026	Original Procedure issued

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## **VII. APPENDICES**

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Appendix 1 – PE-001 FORM A – TB SCREENING QUESTIONNAIRE

**A. APPENDIX 1 – PE-001 FORM A – TB SCREENING QUESTIONNAIRE**

TB Screening Questionnaire

<b>Symptoms of Tuberculosis (TB)</b>		
Since your last TB test, have you experienced any of the following symptoms?		
Persistent cough (lasting at least 3 weeks)	Yes	No
Coughing up blood (or bloody sputum)	Yes	No
Night sweats (which soak the sheets)	Yes	No
Unexplained weight loss	Yes	No
Unexplained, chronic fatigue	Yes	No
Fever of unknown origin	Yes	No
<b>History of TB Testing</b>		
Have you ever:		
Had a positive TB skin test?	Yes	No
If yes, what year?		
Had a positive TB blood test (Quantiferon)?	Yes	No
If yes, what year?		
Had a BCG vaccine for TB? (Used where TB is prevalent, though not routinely used in the U.S.)	Yes	No
Been told by a doctor or healthcare provider that you had active TB?	Yes	No
Had medication for the treatment of TB?	Yes	No
If yes, what medication and when were you treated?		
In what country were you born?		
If outside of the U.S., when did you move to the U.S.?		
In the past year, have you:		
Cared for, or lived with, anyone diagnosed with active TB disease?	Yes	No
Worked or volunteered in a setting where TB may be more common, such as homeless shelters, nursing homes, group homes, or prisons?	Yes	No
Traveled outside of the US?	Yes	No
If yes, where?		
<b>Health Status</b>		
Have you ever been told by a healthcare provider that your immune system is not working right or that you cannot fight infection (ex. immune disorder / on immune-suppressing medications / chemotherapy)?	Yes	No
Have you received a live vaccine in the past 6 weeks, including MMR (measles, mumps, rubella), oral polio, oral typhoid, varicella (chickenpox), shingles, or yellow fever?	Yes	No