



Communicable Diseases - Early Childhood Education Center

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| Responsible Official: | Assistant Vice Chancellor and Executive Director of Health & Wellness |
| Responsible Office: | Occupational Health |
| Issuance Date: | 09/10/2024 |
| Effective Date: | 09/10/2024 |
| Summary: | Identifies requirements for preventable infectious disease screening and vaccinations to reduce the risk of exposure in the Early Childhood Education Center and describes necessary actions to be compliant with professional standards and applicable regulations. |
| Scope: | All employees and workers within the Early Childhood Education Center, including student workers and volunteers. |

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I. REFERENCES AND RESOURCES

State Laws and Regulations

- [California Health & Safety Code § 1596.7995](#)
- [California SB-792](#)
- [California Code of Regulations Title 22, § 101216](#)

Policies and Resources

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

II. SUMMARY AND SCOPE

The University of California, Merced (“UC Merced”) has established this procedure to protect the health and safety of employees and children in the Early Childhood Education Center (“ECEC”) from preventable communicable disease exposure. This procedure identifies requirements for preventable infectious disease screening and vaccinations and describes necessary actions to be compliant with professional standards and applicable regulations.

This procedure applies to all employees and workers within the ECEC, including student workers and volunteers.

III. DEFINITIONS

ECEC Worker: Anyone who works at the Early Childhood Education Center, including employees, student workers, and volunteers.

IV. PROCEDURES

A. HEPATITIS B SCREENING AND IMMUNIZATION

1. ECEC Workers are potentially at risk for bloodborne pathogen exposure and will be advised to be screened for Hepatitis B immunity or provide acceptable forms of documented Hepatitis B immunization history. New ECEC Workers will be advised to provide proof of or be screened within 14 days of hire.
2. Acceptable forms of documented Hepatitis B immunization history include:
 - a. Immunization records showing completed 3 dose series provided by the ECEC Worker.
 - b. Positive Hepatitis B surface antibody titer results provided by ECEC Worker.
3. If documented immunization history is unknown or unavailable, the ECEC Worker will be offered, at no cost, either:
 - a. titers to establish immunity, or
 - b. the Hepatitis B immunization series, or
 - c. to sign a waiver declining immunization per the [UC Merced Bloodborne Pathogens Exposure Control Plan](#)

B. AEROSOL TRANSMISSIBLE DISEASE (ATD) SCREENING AND IMMUNIZATION

1. ECEC Workers whose job duties may place them at risk for occupational exposure to aerosol transmissible disease are required to show vaccination, immunity, or decline, as detailed in the rest of this section, following ATD per [CA SB-792](#), [CA Health & Safety Code § 1596.7995](#), [CA Code of Regulations Title 22, § 101216](#), and [UC Policy on Vaccination Programs: Measles, Pertussis, Tuberculosis, Influenza, and COVID-19](#).

a. Measles & Pertussis Immunity

- i. Acceptable forms of documented immunity for Measles includes:
 1. Documentation of two doses of live measles vaccine separated by greater than or equal to 28 days
 2. Positive titers
 3. Health care provider confirmed case of Measles will be confirmed by a titer drawn within 14 days of hire
- ii. Acceptable forms of documented immunity for Pertussis includes:
 1. Documentation of vaccination within the past ten years
- iii. If documented immunization history is unknown or unavailable, the ECEC Worker may at no cost, either:
 1. Have titers drawn to establish immunity to Measles
 2. Receive Measles and/or Pertussis immunizations, as indicated
- iv. A person is exempt from the requirements of Measles and Pertussis immunity only under any of the following circumstances:
 1. The person submits a written statement from a licensed physician declaring that because of the person's physical condition or medical circumstances, immunization is not safe.
 2. The person submits a written statement from a licensed physician providing that the person has evidence of current immunity to the disease described above.

b. Influenza and COVID Immunization

- i. The person submits a written declaration in their employee health portal that they have received or declined the Influenza and/or COVID vaccine. The exemption to decline vaccination only applies to the Influenza and COVID vaccines.

c. Tuberculosis (TB) Screening

- i. Occupational Health reviews documentation for required screening procedures for all employees. Student employees and student volunteers will be screened in collaboration with Student Health Services.
- ii. All new ECEC Workers must be screened for TB, preferably with an IGRA serological test, not more than 12 months prior to hire or within 7 days of employment. If the new ECEC Worker has not been screened within the acceptable time frame, a TB screening questionnaire will be issued, and a TB test will be required at the time of onboarding.
 1. If the new ECEC Worker can provide documentation of appropriate negative screening during this time frame, only a TB screening questionnaire will be required at the time of onboarding for clearance.
 2. If the previous TB test provided was positive, a TB screening questionnaire will be issued, and the patient will also need to furnish a negative chest x-ray that was performed after the positive test for clearance. If documentation of a negative chest x-ray cannot be provided, then the new ECEC Worker will be sent to obtain a chest x-ray at the time of onboarding. A negative chest x-ray would be required for clearance. The new ECEC Worker would be advised to discuss latent TB treatment with their primary care provider.
- iii. New ECEC Workers in need of screening will be categorized as follows:
 1. Negative TB test – cleared
 2. Positive TB test – a chest radiograph would be ordered for further evaluation.

- a. If the chest radiograph is negative, the ECEC Worker is cleared and advised to follow-up with their primary care provider to discuss treatment for latent TB.
 - b. If the chest radiograph is positive, the ECEC Worker is not cleared to begin childcare and is referred to their primary care provider for further evaluation.
 - iv. For all ECEC Workers with no prior baseline IGRA screening, a one-time IGRA serological test is advised. Thereafter, all ECEC Workers will be advised to be screened annually for current symptoms with a TB screening questionnaire, PE-001 Form A (see [appendix](#)), which will be reviewed by Occupational Health. If TB symptoms develop at any time, the ECEC Worker will be instructed to seek medical evaluation with their health care provider.
 - v. If the ECEC Worker has documented adequate TB treatment or preventative therapy at the time of hire or thereafter, no further evaluation is needed. These ECEC Workers will be screened annually for current symptoms by a TB Screening Questionnaire, which will be reviewed by Occupational Health and instructed to seek medical evaluation with their healthcare provider if TB symptoms develop at any time.
2. The ECEC shall maintain documentation of the required immunizations or exemptions from immunization, as set forth in this Procedure, in the ECEC Worker's personnel record that is maintained by ECEC in addition to the employee health portal.
 3. If, at a future date, the U.S. Public Health Service recommends a routine booster dose of any of the above-mentioned vaccines or new vaccination for childcare workers at occupational risk, such a vaccine will be available to eligible ECEC Workers at no cost.

C. ANNUAL AEROSOL TRANSMISSIBLE DISEASE SCREENING AND IMMUNIZATION

1. TB Screening see [section IV.B.1.c](#).
2. Influenza Immunization
 - a. ECEC Workers at risk of occupational exposure to aerosol transmissible disease can receive an annual Influenza immunization between August and November at no charge.

- b. ECEC Workers who decline immunization against this pathogen must sign a specific declination form.

3. COVID-19 Immunization

- a. Per UC Policy on Vaccination Programs: SARS-CoV-2 (COVID-19) Vaccination Program

D. DISEASE OUTBREAKS

Occupational Health, in collaboration with EH&S, will advise ECEC on the best infection control strategies in the event of an outbreak. If necessary, the Merced County of Public Health may be notified and become involved as appropriate.

V. RESPONSIBILITIES

- 1. The Occupational Health Program Lead is directly responsible for implementation of the program in collaboration with the ECEC Director.
- 2. The ECEC Director is responsible for informing newly hired ECEC Workers of this Procedure.

VI. REVISION HISTORY

| Date | Action/Summary of Changes |
|------------|---------------------------|
| 09/10/2024 | Original Procedure Issued |

VII. APPENDICES

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

TB Screening Questionnaire

| Symptoms of Tuberculosis (TB) | | |
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| 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 |
| History of TB Testing | | |
| 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? | | |
| Health Status | | |
| 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 |