

ECI UNIVERSAL PRECAUTIONS AND CHILDHOOD ILLNESSES

A Self Study Package Designed for ECI Staff and Contractors
And
Acknowledgement of Training in ECI Universal Precautions and Childhood Illnesses
Attached
And
Self Study Test for Universal Precautions

ACKNOWLEDGEMENT OF TRAINING IN ECI UNIVERSAL PRECAUTIONS AND CHILDHOOD ILLNESSES

I certify that I have completed the self study package on ECI Universal Precautions and Childhood Illnesses.

____ I understand what Universal Precautions are and I understand why Universal Precautions are important to reduce the spread of contagious disease.

____ I am familiar with the contagious childhood illnesses reviewed in the packet and can use this information to recognize the illness, prevent the spread of these illnesses and to know the period of time when the disease is contagious. I agree to abide by these policies and procedures.

____ I have completed and attached my self study test for Universal Precautions.

Printed Name

Signature

Date

Section I. The contractor must comply with Chapter 23 of the ECI Standards Manual (captures information regarding Universal Precautions). Please review the manual below.

Chapter 23: Health, Safety, and Reporting Abuse, Neglect, and Exploitation

23.1 Child Health Standards.....
23.2 Review of Medical Information
23.3 Immunizations.....
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23.4 Children with Chronic Infectious Diseases.....
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23.5.1 How to Report Abuse, Neglect, or Exploitation.....
23.5.2 Emergency Situations

23.1 Child Health Standards

The contractor must

- follow Universal Precautions as defined in Section 85.202, Texas Health and Safety Code;
- comply with the [Texas Communicable Disease Prevention and Control Act, Chapter 81, Texas Health and Safety Code](#);
- ensure confidentiality of information on the health status of the child or family member and release this information only to persons designated in writing by the parent or for other reasons allowed by law;
- follow all child health guidelines in [25 TAC Sections 97.61–97.72](#) when providing early intervention services in group settings; and
- prohibit smoking in facilities funded by ECI where services are provided to children.

The provider must

- wash or otherwise sanitize hands thoroughly after entering a home, child-care center, or other service setting; and
- wash, or otherwise sanitize, toys or other items that may have been handled by a child before using them with another child.

23.2 Review of Medical Information

If the child enters ECI without a current physical examination according to the periodicity schedule of the American Academy of Pediatrics, the contractor must

- inform the family of the importance of obtaining a physical examination, and
- assist the family as needed in obtaining a physical examination.

The interdisciplinary team must

- determine what information related to the child’s physical health status and medical history is necessary to develop an appropriate plan of services for the child;
- review all pertinent medical information, including the current physical exam if available, before developing the Individualized Family Service Plan (IFSP);

- determine if the child has a primary care physician (PCP) or medical home. If the child does not have a PCP or medical home, the service coordinator must
 - encourage the family to establish a relationship with a PCP or medical home, and
 - assist the family as needed in locating and accessing a PCP or medical home;
- discuss any additional medical records that become available at any time during enrollment that could affect early intervention services; and
- document all review and discussion of medical information.

If a member of the IFSP team believes, based on a lack of medical information, that implementing a strategy or service could jeopardize the health or safety of the child, the team may

- delay implementing the strategy or service; or
- implement, but adjust the strategy or service.

Any delay or adjustment must

- continue until the necessary medical information is obtained, and
- be documented in the child's record.

If the IFSP team determines that additional medical information is needed to implement early intervention services and no other funding source is available, the contractor may use ECI funds to pay for the needed medical service.

23.3 Immunizations

Contractors must

- assist the family in accessing immunizations when needed; and
- document
 - that the child has received immunizations according to the schedule recommended by the American Academy of Pediatrics (AAP), or
 - efforts to obtain the immunizations.

23.3.1 Unimmunized Children

The parent may choose not to immunize the child. In those cases, the contractor must

- provide early intervention services regardless of noncompliance with the AAP-recommended immunization schedule,
- inform the parent that the child could be at risk for contracting a contagious disease, and
- inform the parent that the child may be excluded from group activities in times of emergency or epidemic declared by the commissioner of the Texas Department of State Health Services. See
 - [DSHS home page](#), and
 - [40 TAC Section 746.3601, What type of illness would prohibit a child from being admitted for care?](#)

23.4 Children with Chronic Infectious Diseases

The contractor must follow all federal and state laws and regulations regarding providing services and maintaining records for families and children with HIV or other communicable diseases.

For children with infectious diseases (such as HIV, AIDS, CMV, or Hepatitis B), the contractor must, with the parent's prior written consent,

- communicate with the PCP before assessment,
- involve the physician in decisions related to early intervention services, and
- maintain communication with the physician throughout the child's enrollment.

If the child has an immunosuppressed condition (such as HIV or AIDS) or other chronic infectious disease, the contractor must inform the child's parent and physician (with the parent's prior written consent) when there is an outbreak of a contagious illness that could pose a health threat to the child (such as mumps, chicken pox, or measles).

23.5 Abuse, Neglect, or Exploitation Reporting Requirements

The contractor, its staff members, and subcontractors must report the following acts to the Texas Department of Family and Protective Services (DFPS): abuse, neglect, or exploitation of

- a child by a parent, family member, or caregiver. Providers must make reports within 48 hours from the time they first suspect a child has been abused or neglected;
- a child in licensed child-care facilities or treatment centers for the state of Texas;
- an elderly person or adult with a disability; or
- a client served by the Texas Department of State Health Services (DSHS) or Texas Department of Aging and Disability Services (DADS) employees in state hospitals or state schools.

A person making a report to DFPS in good faith is immune from civil or criminal liability. The name of the person making the report is kept confidential by the department. However, the name can be released in certain circumstances (that is, by order of the court or at the specific request of law enforcement if they are conducting a criminal investigation). Any person who fails to report abuse, neglect, or exploitation is liable for a Class B misdemeanor.

23.5.1 How to Report Abuse, Neglect, or Exploitation

Reports can be made to DFPS 24 hours a day, seven days a week by

- calling the DFPS statewide abuse intake number toll-free at **1-800-252-5400**, or
- filing an electronic report by creating an account at www.txabusehotline.org.

A person with knowledge of abuse or neglect may not delegate the responsibility of reporting suspected abuse to another person.

The contractor must maintain documentation separate from the child's record of the

- date and time the report was made;
- name of person making the report; and
- DFPS call ID number.

23.5.2 Emergency Situations

In a life-threatening or emergency situation, call your local law enforcement agency or 9-1-1 immediately.

Section II. The contractor must adhere to the procedures of “Universal Precautions” as defined in, Section 85.202, Texas Health and Safety Code

Below is the definition of Universal Precautions

Texas Health and Safety Code Section 85.202

Sec. 85.202. DEFINITIONS.

"Universal precautions" means procedures for disinfection and sterilization of reusable medical devices and the appropriate use of infection control, including hand washing, the use of protective barriers, and the use and disposal of needles and other sharp instruments as those procedures are defined by the Centers for Disease Control of the United States Public Health Service.

Added by Acts 1991, 72nd Leg., 1st C.S., ch. 15, Sec. 5.05, eff. Sept. 1, 1991.

Section III. The contractor must comply with the Texas Communicable Disease Prevention and Control Act, Chapter 81, Texas Health and Safety Code

Chapter 81 of the Texas Communicable Disease Prevention and Control Act can be located at <http://www.statutes.legis.state.tx.us>. Once on the site, locate Texas statutes, scroll to Health and Safety code, Chapter 81 – Communicable Diseases. Chapter 81 covers all the aspects related to communicable diseases. Below is a review of the different sections that can be found in the chapter. For more specific details please refer to the website.

General Provisions

Responsibility of state and public

Definitions

Prevention

Information on HIV and Hepatitis

Prevention of disease

Immunization

Reports and reportable diseases

MRSA

Confidentiality

Control

Testing for accidental exposure

Court orders for management of persons with communicable disease

Blood borne pathogen

Exposure control plan

Animal borne diseases

Section IV. The contractor will ensure confidentiality of information on the health status of the child or family member and release this information only to persons designated in writing by the parent. Please review and be familiar with the policy and procedure below.

Confidentiality of Child and Family Records

The contractor must ensure the confidentiality of personally identifiable information (paper or electronic) concerning each child and family. The child's and parent's rights begin as soon as the contractor receives the referral or is otherwise contacted about the child or family. The contractor assumes that the parent has authority to inspect and review records relating to the child unless advised that the parent does not have the authority under applicable state law governing such matters as guardianship, separation, and divorce.

Local policies and procedures must comply with the confidentiality requirements of [34 C.F.R. Part 99](#); Family Educational Rights and Privacy Act (FERPA) ([20 U.S.C. Section 1232g](#)); and the Texas Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Chapter 81.

Parent's Rights Related to Child and Family Records

The parent has the right to

- receive a description of what personally identifiable information is maintained, the types of information sought, the methods used in gathering information (including the sources from whom information is gathered), and how the information will be used;
- receive a description of how personally identifiable information is stored, disclosed to third parties, maintained, and destroyed;
- inspect and review of the child's records (paper or electronic);
- receive a response from a contractor to reasonable requests for explanations and interpretations of the records;
- receive, upon request, copies of the records containing the child's information;
- have a representative of the parent inspect and review the records; and
- request copies of the contractor's policies and procedures on confidentiality.

If any record includes information on more than one child, the parent has the right to

- inspect and review only information relating to his or her child; or
- be informed only of information specific to his or her child.

Contractor Responsibility Related to Child and Family Records

The contractor must

- protect the confidentiality of personally identifiable information at the collection, storage, disclosure, and destruction stages;
- designate one official (for example, administrator or records officer) to assume responsibility for ensuring the confidentiality of any personally identifiable information;
- upon request, provide the parent a list of the types and locations of service records collected, maintained, or used by the agency;
- maintain, for public inspection, a current list of the names and positions of those employees within the agency and other authorized personnel who may have access to personally identifiable information and records;
- maintain in the child's record a list of parties obtaining access to records collected, maintained, or used. Each record of access must include the name of the party, the date

access was given, and the purpose for which the party is authorized to use the record. This list must be provided to the parent upon request; and

- provide training or instruction about the state's policies and procedures to all persons collecting or using personally identifiable information.

The contractor must maintain confidentiality of the HIV status of the child or any family member in a manner that is consistent with all state and federal statutes, regulations, and rules.

Section V. The contractor will follow all child health guidelines in 25 TAC Sections 97.61–97.72 when providing early intervention services in group settings.

25 TAC Sections 97.61–97.72 is:

Texas Administrative Code

Title 25 Health Services

Part I Department of State Health Services

Chapter 97 Communicable Diseases

Subchapter B Immunization requirements in Texas Elementary and Secondary schools and institutions of higher education

Rules (sections) 97.61 through 97.72

The following information gathered from sections 97.61 – 97.72 pertains to ECI services:

97.61 – All children enrolled in ECI services must meet the vaccine requirements of the state of Texas.

97.62 – Exclusions from compliance are allowable on an individual basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States. Children in these categories must submit evidence for exclusion from compliance as specified in the Health and Safety Code.

97.63 - Every child in the state shall be vaccinated against vaccine-preventable diseases caused by infectious agents, in accordance with the most current immunization schedule for the state of Texas. Children enrolled in ECI shall have the following immunizations (at the ages indicated) against: diphtheria, pertussis, tetanus, poliomyelitis, *Haemophilus influenzae* type b (Hib), measles, mumps, rubella, hepatitis B, hepatitis A, invasive pneumococcal, and varicella diseases in accordance with the department Immunization Schedule. A copy of the current schedule is available at www.ImmunizeTexas.com.

Section VI. General Procedures for Universal Precautions

Anticipating Potential Contact

Anticipating potential contact with infectious materials in routine and emergency situations is the most important step in preventing exposure to and transmission of infections. Use universal precautions and infection control techniques in all situations that may present the hazard of infection. Diligent and proper handwashing, the use of barriers (e.g., latex or vinyl gloves), appropriate disposal of waste products and needles, and proper care of spills are essential techniques of infection control.

Applying the Concept of Universal Precautions

When applying the concept of universal precautions to infection control, all blood and body fluids are treated as if they contain blood borne pathogens, such as human

immunodeficiency virus (HIV) and hepatitis B virus (HBV). HIV and HBV can be found in:

- Blood
- Spinal fluid
- Synovial fluid
- Vaginal secretions
- Semen
- Pericardial fluid
- Breast milk
- Peritoneal fluid
- Amniotic fluid
- Pleural fluid

Hepatitis B Virus (HBV)

HBV is also found in saliva and other body fluids such as urine, vomitus, and nasal secretions, sputum, and feces. It is not possible to know whether these body fluids contain blood borne pathogens; therefore, all body fluids should be considered potentially infectious. Universal precautions should be observed by all staff when handling or coming into contact with any blood or body fluids.

Handwashing

Diligent and proper handwashing is an essential component of infection control. Hands should be washed:

- Immediately before and after physical contact with a child;
- Immediately after contact with blood or body fluids or garments or objects soiled with body fluids or blood;
- After contact with used toys.

Procedure:

1. Remove jewelry and store it in a safe place prior to initial handwashing (replace jewelry after final handwashing).
2. Wash hands vigorously with soap under a stream of running water for approximately 10 seconds.
3. Rinse hands well with running water, and thoroughly dry with paper towels.
4. If soap and water are unavailable, bacteriostatic/bactericidal wet towelettes, "handi-wipes," or instant hand cleaner may be used.

Medications: Employees and contractors do not administer any medications to children. If a child must have a medication during a scheduled service time the family is responsible for administering the medicine to the child.

Communication with Physician: With parental consent, employees and contractors communicate with the physician responsible for the medical care of children who have infectious diseases (such as HIV, AIDS, Hepatitis) and involve the physician in programmatic decisions about services. This communication occurs prior to assessment and on an ongoing basis as needed.

Section VII. Policy and Procedures for ECI related to communicable diseases

ECI at MHMRA of Harris County will lower the risk of spreading communicable disease during our visits with families and offices through preventive health practices and appropriate procedures, including training, supplies and practicing universal precautions. The program will be responsible and follow the generally accepted practices related to public health issues. This policy applies to all employees and contractors. Parents are encouraged to seek necessary medical treatment or assistance as soon as possible to help children bounce back to good health. Reducing the days of illness helps children continue with optimal growth and development.

ECI services cannot be provided if one or more of the following exists:

- (1) The illness prevents the child from participating comfortably in normal daily activities including outdoor play;
- (2) The child has one of the following, unless medical evaluation by a health-care professional indicates that you can provide services:
 - (A) Oral temperature of 100.4 degrees or greater, accompanied by behavior changes or other signs or symptoms of illness;
 - (B) Rectal temperature of 101.4 degrees or greater, accompanied by behavior changes or other signs or symptoms of illness;
 - (C) Armpit temperature of 99.4 degrees or greater, accompanied by behavior changes or other signs or symptoms of illness; or
 - (D) Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill; or
- (4) A health-care professional has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate that the child is no longer contagious.

Section VIII Exclusions –

Per state requirements, specific communicable diseases exclude a child from attending ECI services. Exclusion shall continue until the readmission criteria for the conditions are met. The conditions and readmission criteria are as follows:

1. Amebiasis - exclude until treatment is initiated;
Signs and symptoms – intestinal disease may vary from asymptomatic to acute dysentery with bloody diarrhea, fever, and chills
2. Campylobacteriosis - exclude until after diarrhea and fever subside;
Signs and symptoms – sudden onset of diarrhea, abdominal pain, fever, malaise, nausea, and vomiting

3. Chickenpox - exclude until after seven days from onset of rash, except immunocompromised individuals who should not return until all blisters have crusted over (may be longer than seven days);
Signs and symptoms – fever and vesicular rash that may appear first on head, and then spread to body. Usually 2 or 3 crops of new blisters that heal, sometimes leaving scars
4. Common cold - exclude until fever subsides;
Signs and symptoms – runny nose, watery eyes, fatigue, coughing, and sneezing
5. Conjunctivitis, bacterial and/or viral - exclude until written permission and/or permit is issued by a physician or local health authority;
Signs and symptoms – red eyes, usually with some discharge or crusting around the eyes
6. Cryptosporidiosis – exclude until diarrhea subsides;
Signs and symptoms – diarrhea, which may be profuse and watery, preceded by anorexia and vomiting in children. The diarrhea is associated with abdominal pain.
7. Escherichia coli (E. coli) infection – exclude until diarrhea and fever subside.
Signs and symptoms – Profuse, watery diarrhea, sometimes with blood and/or mucous and abdominal pain. Fever and vomiting may occur.
8. Fever - exclude until fever subsides;
Signs and symptoms – oral temperature of 100.4 degrees Fahrenheit or greater
9. Fifth disease (erythema infectiosum) - exclude until fever subsides;
Signs and symptoms – redness of the cheeks and body. Fever does not usually occur.
10. Gastroenteritis, viral - exclude until diarrhea subsides;
Signs and symptoms – nausea and diarrhea. Fever does not usually occur.
11. Giardiasis - exclude until diarrhea subsides;
Signs and symptoms – gradual onset of nausea, bloating, and diarrhea. May recur several times over a period of weeks.
12. Head lice (pediculosis) - excluded until one medicated shampoo or lotion treatment has been given;
Signs and symptoms – itching and scratching of scalp. Presence of pinpoint-sized white eggs (nits) that will not flick off the hair shaft and live lice.
13. Hepatitis, viral, Type A--exclude until one week after onset of illness;
Signs and symptoms – most children have no symptoms; some have flu-like symptoms or diarrhea. Adults may have fatigue, nausea and vomiting, anorexia, and abdominal pain. Jaundice, dark urine, or diarrhea may or may not be present.
14. Impetigo--exclude until treatment has begun;
Signs and symptoms – blisters on skin, commonly hands and face, that open and become covered with yellowish crust. Fever does not usually occur.

15. Mononucleosis, infectious --exclude until physician decides or fever subsides; some children with fatigue may not be physically able to participate until symptoms subside.
Signs and symptoms – variable. Infants and toddlers generally are asymptomatic. Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat.

16. Influenza--exclude until fever subsides;
Signs and symptoms – rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy, and muscle aches

17. Measles (rubeola)--exclude until four days after rash onset or in the case of an outbreak, unimmunized children should also be excluded for at least two weeks after last rash onset occurs;
Signs and symptoms – runny nose, watery eyes, fever, and cough. A blotchy red rash, which usually begins on the face, appears between the third and seventh day.

18. Meningitis, bacterial--exclude until written permission and/or permit is issued by a physician or local health authority;
Signs and symptoms – sudden onset of high fever and headache, usually with vomiting.

19. Meningitis, viral--exclude until fever subsides;
Signs and symptoms – sudden onset of fever and headache, usually with vomiting.

20. Meningococcal infections (meningitis, meningococemia) – exclude until written permission and/or permit is issued by a physician or local health authority;
Signs and symptoms – sudden onset of fever, intense headache, nausea and often vomiting, stiff neck, and frequently a reddish or purplish rash on the skin or mucous membranes.

21. Mumps--exclude until nine days after the onset of swelling;
Signs and symptoms – swelling over jaw in front of one or both ears. Pain in cheeks made worse by chewing.

22. Pertussis (whooping cough)--exclude until completion of five days of antibiotic therapy;
Signs and symptoms – low-grade fever, runny nose, and cough lasting about two weeks, followed by paroxysmal coughing spells and “whoop” on inspiration.

23. Ringworm of the scalp – exclude until treatment has begun. Ringworm of the body does not require exclusion; however it is also a highly contagious disease so universal precautions should be in practice to avoid spreading.

Signs and symptoms – slowly spreading, balding patches on scalp with broken-off hairs.

Signs and symptoms for ringworm of the body – slowly spreading, flat, scaly, ring-shaped lesions on skin. The margins may be reddish and slightly raised.

24. Rubella (German measles)--exclude until seven days after rash onset or in the case of an outbreak, unimmunized children should be excluded for at least three weeks after last rash onset occurs;

Signs and symptoms – cold-like symptoms. Swollen, tender glands at the back of the neck. Fever. Changeable pink rash on face and chest.

25. Salmonellosis--exclude until diarrhea and fever subside;
Signs and symptoms – sudden onset of fever, abdominal pain, diarrhea, and sometimes vomiting.

26. Scabies--exclude until treatment has begun;
Signs and symptoms – small, raised, red bumps or blisters on skin with severe itching. Often the thighs, arms, and webs of fingers.

27. Shigellosis--exclude until diarrhea and fever subside;
Signs and symptoms – sudden onset of fever, vomiting, and diarrhea which may be bloody.

28. Streptococcal sore throat and scarlet fever--exclude until 24 hours from time antibiotic treatment was begun and fever subsided;
Signs and symptoms – fever, sore throat, often with large, tender lymph nodes in neck. Scarlet fever-producing strains of bacteria cause a fine, red rash that appears 1 – 3 days after onset of sore throat,

29. Tuberculosis, pulmonary--exclude until antibiotic treatment has begun and a physician's certificate or health permit obtained.
Signs and symptoms – gradual onset, fatigue, anorexia, fever, failure to gain weight, and cough.

For more detailed information, the Texas Department of Health (department) publication titled "Recommendations for the Prevention and Control of Communicable Diseases in a Group-Care Setting" may be used to determine the incubation period, early signs of illness, and prevention/treatment measures of communicable conditions. Copies are available from the Infectious Disease Epidemiology and Surveillance Division, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756 upon request.

Section IX. Resuming ECI services

If a child is excluded from ECI services based on one of the above illnesses or the child has a communicable disease that requires exclusion, the child will not be able to resume ECI services until 24 hours after close of business on the day the child was excluded from services, and is symptom free. When the child is seen the parent should be asked how the child is feeling, to make sure child is symptom free and able to participate in daily activities. In some instances, documentation must be one of the following:

- (1) a certificate of the attending physician, advanced practice nurse, or physician assistant attesting that the child does not currently have signs or symptoms of a communicable disease or to the disease's non-communicability in a child-care or school setting;
- (2) a permit for readmission issued by a local health authority; or
- (3) readmission criteria as established by the commissioner.

Section X. Notifications

Employees and contractors will report to their ECI Supervisor or Program Director any situation in which a child, a parent or attendant present during ECI services or another staff person has or is suspected of having a communicable/infectious disease. (See list of communicable and infectious diseases are listed above.)

ECI staff and contractors will utilize the child exclusion guidance provided in the above section. The program supervisor will follow the exposure control procedures outlined in the MHMRA Center-Wide Plan for Exposure Control. The program supervisor will also follow all other appropriate policies and procedures as applicable (i.e. Incident reporting, Exposure to Tuberculosis).

The supervisor will notify all service providers serving the child and will give them information about which kind of infection, date of the outbreak, and how long the child needs to be excluded from services.

When necessary the MHMRA Infection Control Nurse will be contacted for assistance to insure the processes and policies are followed. Based on the individual circumstances, the nurse will make further inquiries to health professionals as needed.

The expectation is that the parent will provide appropriate medical treatment for the child and that the child will not resume ECI services until the condition is no longer contagious.

Section XI. Medical Care for Emergencies:

Should a child, parent, or caretaker present during ECI services become seriously ill or injured during the time services are being delivered, the employee or ECI contractor should assist the parent or caretaker in any way needed to obtain medical care. If needed the employee or contractor should call 911.