

Immunisation and Health Related Exclusion

Immunisation is a simple, safe and effective way of protecting individuals against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.

Brunswick Crèche has a duty of care to ensure that all persons are provided with a high level of protection during the hours of the centre's operation. The purpose of this policy is to manage and prevent the spread of infectious illnesses and diseases.

The policy assists the centre to:

- Notify families or emergency contact when a symptom of an excludable infectious illness or disease has been observed;
- Notify parents when an excludable infectious illness or disease has been confirmed by a medical practitioner;
- Identify and comply to exclusion guidelines and timeframes
- Identify when an illness or disease is no longer excludable or infectious; and
- Maintain immunisation records of children and educator.

The centre prevents the spread of illness and disease by implementing the following strategies which:

Promote hand washing and other hygienic practices;

- Identify and exclude children and educator with symptoms of an excludable infectious illness or disease;
- Maintain clean and hygienic environments; and
- Encourage child and adult immunisation
- It is understood by educator, children and families that there is a shared responsibility between the centre and other parents that the Immunisation and Health Related Exclusion Policy and procedures are accepted as a high priority.

In meeting the centre's duty of care, it is a requirement under the Occupational Health & Safety Act that management and educator implement and endorse the centre's Immunisation and Health Related Exclusion Policy and proceed.

Immunisation Records

Immunisation helps to reduce the incidence of childhood infectious diseases now and in the future. Upon enrolment, the child's original 'Immunisation Record' issued by the Australian Childhood Immunisation Register will be sighted and a copy obtained by an Educator to ensure that their immunisation is up to date.

Upon enrolment, all families will be required to provide a copy of their child's immunisation details to the Centre's management. The ACIR maintains immunisation records for children up until their seventh birthday. You can obtain an ACIR Immunisation History Statement for your child by calling 1800 653 809.

This information allows children at risk of catching a vaccine preventable disease to be identified if there is a case of that disease at the centre.

Acceptable immunisation records are –

- An ACIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations; or
- A Medicare Immunisation History Form (IMMU13) on which the immunisation provider has certified that the child is on a recognised catch-up schedule; or
- A Medicare Immunisation Exemption - Medical Contraindication Form (IMMU11) which has been certified by an immunisation provider, or;
- A Medicare Immunisation Exemption Conscientious Objection Form (IMMU12) which has been certified by an immunisation provider and a parent.



Families will be required to bring in an updated copy of their child's current immunisation record every 6 months. The centre will distribute quarterly reminders to families, reminding them to keep their child's immunisation status current. If and when an outbreak of an immunise-able infectious disease occurs, all families will be made aware of the outbreak.

Any child who is not immunised will be excluded from the Centre if and when an outbreak of an immunise-able infectious disease occurs to protect that child and to prevent further spread of infection. In the instance of the child being immunised and the Immunisation record not provided to the Centre – the child would be viewed as not being immunised.

Families who do not have their child immunised, or have out-of-date immunisation records, may not be entitled to Child Care Benefit, or may have their benefit cancelled. This is not a decision made by the Centre. Current information will be regularly provided to employees and families on vaccine-preventable diseases.

Non - Immunised Children

Whilst the Centre does not exclude children who have not been immunised from enrolment at the Centre, they will be excluded from care upon confirmation of outbreak of infectious diseases at the Centre. Fees will be payable during this period of exclusion. The well-being of children is of highest priority in the Centre, and children must not attend the Centre if they are unwell. Children whose immunisations have lapsed, will be deemed to be unimmunised. We realise that keeping a child away from the Centre is difficult where both parents are working. Immunisation protects children against harmful infections before they come into contact with them in the community.

Catering for Children with Overseas Immunisation Records

- Overseas immunisation schedules often differ from the schedule recommended in Australia and a child may require extra vaccinations to be up to date with the Australian schedule.
- Parents are responsible for having their child's overseas immunisation record transcribed onto the Australian Childhood Immunisation Register (ACIR), if your child is less than seven years of age.
- A medical practitioner, registered nurse, registered midwife, enrolled nurse, or an individual authorised by the state/territory Health Officer may transcribe overseas immunisation records.

Exclusion Periods

- Whilst the centre actively encourages each child, educator and family member using the centre to be immunised, we recognise that immunisation is not compulsory.
- If a child's immunisation record is not provided upon enrolment and if it is not updated by the parents, or if the child has not been immunised against certain diseases, then the child will be recorded as being not fully immunised by the centre.
- If there is a case of a vaccine preventable disease at the centre, your child may be excluded from school or childcare for a period of time or until the evidence of immunisation in an approved record is provided.
- If you cannot provide an immunisation record for your child you may provide a statutory declaration stating either that your child has been immunised or that you don't know if your child has been immunised for each disease on the schedule.
- To be fully immunised your child needs to have received all vaccines recommended for their age as part of the National Immunisation Program (NIP).
- Homeopathic immunisation is not recognised.
- If a child is not fully immunised and has been in contact with someone with a vaccine preventable disease outside of the centre, they may need to be excluded from the centre for a period of time.
- It is the responsibility of families to inform the centre that their child has come into contact with someone with a vaccine preventable or infectious disease.



Immunisation for Educators

- It is important that educators remain up to date with their vaccinations in order to protect themselves as well as children in their care. The National Health and Medical Research Council (NHMRC) recommends that individuals who work with children, including child care and pre-school staff (including child care students) and outside school hours carers, should be vaccinated against pertussis (whooping cough), hepatitis A, measles, mumps and rubella (MMR), varicella (chickenpox), and influenza (required annually).
- The centre will take all reasonable steps to strongly encourage non-immune workers to be vaccinated.
- As there are no mandatory requirements under the law for educators to be immunised, the centre must follow the requirements that our centre has developed:
- The Exclusion Periods requirements above apply to all educators.
- Educators who are not immunised may use their best judgement to decide whether they exclude themselves from the centre during an outbreak of an infectious disease.
- Management will maintain a current record of vaccination status of all employees. All information will be kept confidential. This record will be updated 6 monthly.

Immunisation Related Payments for Parents - Child Care Benefit

The benefit applies to children who are fully immunised or have an approved exemption from immunisation. This initiative ensures parents are reminded of the importance of immunising their children at each of the milestones. For parents to receive CCB without their child being fully immunised their doctor or immunisation provider needs to certify that the child:

- Is on a catch-up immunisation schedule or
- Has an approved exemption from the immunisation requirements. Approved exemptions include conscientious objection, medical reason, existing natural immunity, or a vaccine is unavailable.

Information on how a child's immunisation status affects payments made to a family, and more information on exemptions is available on the following website –

<http://www.medicareaustralia.gov.au/public/services/acir/family-assist.jsp#N10059>

Parents are responsible for payment of fees while their child is excluded under all circumstances.

This policy was made with consideration to 'Staying Healthy in Childcare' Fifth Edition Highlighted Exclusion Section and updated Immunisation legislation in child care services;

The Australian Government Department of Health and Aging Immunise Australia Program –
1800 671 811 or www.immunise.health.gov.au/

Department of Health, Victoria Immunisation Program

<http://www.health.vic.gov.au/immunisation/>

Telephone - 1300 882 008

Current Immunisation Schedule:

The National Immunisation Program (NIP) Schedule

If you have any further questions about the National Immunisation Program (NIP) Schedule, please talk to your doctor or immunisation provider.



Immunisation Table The National Immunisation Program (NIP) Schedule

Age	Vaccine
Birth	Hepatitis B (hepB)
2 Months	Hepatitis B (hepB) [See footnote b] Diphtheria, tetanus and whooping cough (acellular pertussis) (DTPa) Haemophilus Influenzae type b (Hib) [See footnotes c & d] Polio (inactivated poliomyelitis IPV) Pneumococcal conjugate (7vPCV) Rotavirus
4 Months	Hepatitis B (hepB) [See footnote b] Diphtheria, tetanus and whooping cough (acellular pertussis (DTPa) Haemophilus Influenzae type b (Hib) See footnotes c & d] Polio (inactivated poliomyelitis IPV) Pneumococcal conjugate (7vPCV) Rotavirus
6 Months	Hepatitis B (hepB) [See footnote b] Diphtheria, tetanus and whooping cough (acellular pertussis (DTPa) Haemophilus Influenzae type b (Hib) [See footnote c] Polio (inactivated poliomyelitis) (IPV) Pneumococcal conjugate (7vPCV) [See footnote e] Rotavirus [See footnote j]
12 Months	Hepatitis B (hepB) [See footnote b] Haemophilus Influenzae type b (Hib) [See footnote d] Measles, mumps and rubella (MMR) Meningococcal C (MenCCV)
12 – 24 Months	Hepatitis A (Aboriginal and Torres Strait Islander children in high risk areas) [See footnote f]
18 months	Chickenpox (varicella) (VZV)
18 Months - 24	Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander children in high risk areas) [See footnote g] Hepatitis A (Aboriginal and Torres Strait Islander children in high risk areas)
4 Years	Diphtheria, tetanus and whooping cough (Acellular Pertussis) (DTPa) Measles, mumps and rubella (MMR) Polio (inactivated poliomyelitis) (IPV)

www.health.vic.gov.au/immunisation

Footnotes to the National Immunisation Program (NIP) Schedule

- Hepatitis B vaccine should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours, and must be given within 7 days.
- Total of three doses of hepB required following the birth dose, at either 2m, 4m and 6m or at 2m, 4m and 12m.



- c. Give a total of 4 doses of Hib vaccine (2m, 4m, 6m and 12m) if using PRP-T Hib containing vaccines.
- d. Use PRP-OMP Hib containing vaccines in Aboriginal and Torres Strait Islander children in areas of higher risk (Queensland, Northern Territory, Western Australia and South Australia) with a dose at 2m, 4m and 12m.
- e. Medical at-risk children require a fourth dose of 7vPCV at 12 months of age, and a booster dose of 23vPPV at 4 years of age.
- f. Two doses of hepatitis A vaccine are required for Aboriginal and Torres Strait Islander children living in areas of higher risk (Queensland, Northern Territory, Western Australia and South Australia). Contact your State or Territory Health Department for details.
- g. Contact your State or Territory Health Department for details.
- h. These vaccines are for one cohort only within this age range, and should only be given if there is no prior history of disease or vaccination. Dose schedules may vary between jurisdictions. Contact your State or Territory Health Department for details.
- i. This vaccine is for one cohort only within this age range. Contact your State or Territory Health Department for details.
- j. Third dose of vaccine is dependent on vaccine brand used. Contact your State or Territory Health department for details.
- k. Also for 12 to 18 year old girls who are not at school (community based catch-up program) and for 18 to 26 year old women until 30 June 2009. Females in these age groups must have started the course with their first dose of the vaccine on or before 30 June 2009, and complete all 3 doses by 31 December 2009.

Source: Education and Care Services National Regulations 2011, National Quality Standard, Department of Health and Aging, National Immunisation Program Schedule , NHMRC. Staying Healthy in Child Care Preventing infectious diseases in child care 4th edition Medicare Australia
<http://www.medicareaustralia.gov.au/provider/patients/acir/schedule.jsp>, Public Health Regulations 2000

Date Implemented: 16/04/2012

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Schedule for Review: 26/01/2018

National Quality Standard – NQS

Quality Area 2: Children’s Health and Safety

2.1.1	Each child’s health needs are supported.
2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.

Education and Care Service National Regulations

77	Health, hygiene and safe food practices
88	Infectious diseases
90	Medical conditions policy
162	Health information to be kept in enrolment record

