

When groups of children are together, illness and disease can spread rapidly. Immunisable diseases such as measles and whooping cough can have serious health consequences for children, especially young children. Staff members who work in a childcare setting are also at increased risk of certain infectious illnesses.

The purpose of this policy is to provide information to manage and prevent the spread of infectious illnesses and diseases. Our Service has a duty of care to ensure that all children, families, and educators are protected from infectious diseases whilst at the Service. Along with maintaining a clean and hygienic environment, this also includes notifying families and educators when an excludable illness or disease is present in the Service, maintaining a record of children's and educators' immunisation status, complying with relevant health department exclusion guidelines, and increasing educators' awareness of cross-infection.

Immunisation Records

Immunisation is a reliable way to prevent many childhood diseases. Immunisation works by giving the person a vaccine (weakened or killed disease-causing bacteria or virus), against a particular disease. This makes the person's immune system respond in a similar way to how it would respond if they actually had the disease, but with less severe, or possibly no symptoms. The vaccine therefore leads to the creation of antibodies that provide future protection if the person comes into contact with the disease.

Immunisation also protects other people who are not immunised, such as children who are too young to be immunised, or people whose immune systems did not respond to the vaccine. This is because the more people who are immunised against a disease, the lower the chance that a person will ever come into contact with someone who has the disease. The chance of an infection spreading in a community therefore decreases if a large proportion of people are immunised, because the immune people will not become infected and can protect the vulnerable people; this is known as 'herd immunity'.

As of January 2018, unvaccinated children due to their parent's conscientious objection are no longer able to be enrolled in childcare in NSW. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule may still be enrolled upon presentation of the appropriate form signed by a medical practitioner.

Management/Nominated Supervisor will:

- Display wall charts about immunisation in each room
- Review children's immunisation each month, updating the child's records kept at the service, and sending reminder letters and emails for families
- Not enroll a child into the Centre unless approved documentation has been provided that confirms the child is fully immunised for their age or has a medical reason not to be immunised.
- Develop a staff immunisation record that documents each staff member's previous infection or immunisation
- Require all new and current staff to complete the staff immunisation record
- Regularly update staff immunisation records as staff become vaccinated
- Provide staff with information about vaccine-preventable diseases
- Take all reasonable steps to encourage non-immune staff to be vaccinated.
- Document advice given to educators and other staff, and any refusal to comply with vaccination requests.
- Notify families when an outbreak of an immunise-able disease occurs
- Advise any staff members who fall pregnant to visit their GP immediately and have a test for Cytomegalovirus (CMV) to check their immunity. Any pregnant staff member who is at a heightened risk will not change nappies and will double glove when coming into contact with any body fluids, especially saliva.

Families will:



- Provide the centre with a copy of one or more of the following documents
 - An ACIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations; or
 - An ACIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule; or
 - An ACIR Immunisation Medical Exemption Form which has been certified by a GP, or;
- Provide the centre with an updated copy of their child's current immunisation record every 6 months
- Ensure they provide the Centre with the Medicare immunisation record which can be downloaded through the myGov website. Please note that the 'blue book' is no longer an acceptable form of evidence.

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.

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

- a. 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.
- b. 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

Review Completed: 16/04/2019

Schedule for Review: 16/04/2020

National Quality Standard – NQS

Quality Area 2: Children's Health and Safety

2.1	Health	Each child's health and physical activity is supported and promoted
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2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	Safety	Each child is protected
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
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	

