

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 an early childhood education and care service are also at increased risk of contracting certain infectious illnesses. Immunisation is a simple, safe and effective way of protecting people against harmful diseases. Our Centre implements the Australian Government Department of Health, 'No Jab No Play' policy.

Purpose

The purpose of this policy is to provide information to manage and prevent the spread of infectious illnesses and diseases. Our Centre has a duty of care to ensure that all children, families, and educators are protected from infectious diseases whilst at the Centre. 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 Centre, 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. 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 childhood immunisation schedule.
- Review children's immunisation each month, updating the child's records kept at the centre, 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. (Immunisation History Statement from the Australian Immunisation Register (AIR) as evidence).
- 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 and families 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 the Public Health Unit of any outbreak of vaccine preventable diseases (1300 066 055)
- Exclude any child who is not immunised from the Centre if and when an outbreak of a vaccine-preventable disease occurs to protect that child and to prevent further spread of infection. In the instance of the child



being immunised but the immunisation record has not been sighted by the Centre, the child is to be considered as not being immunised.

- 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, or when the next scheduled immunisation has been completed.
- A current AIR Immunisation History Statement can be accessed at any time by the parent/guardian through logging in to their Medicare online account: [myGov website](#).
- Support their child's exclusion from the Centre if there is an outbreak of a vaccine preventable disease at the Centre or if they come into contact with a person with a vaccine preventable disease, even if there is no outbreak at the Centre.
- 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.

Non - Immunised Children – No Jab, No Play

'No Jab, No Play' is the name of legislation that requires all children to be fully vaccinated unless they have a medical exemption to be enrolled in childcare or kindergarten in Victoria. From 1 January 2018, only children who are fully immunised for their age OR have a medical reason not to be immunised OR are on a catch-up schedule can be enrolled in childcare. Children who have not been immunised due to their parent's vaccine conscientious objection cannot be enrolled in childcare.

Under Victorian law, parents/carers are required to continue to provide early childhood education and care services with evidence that their enrolled child is up to date with their immunisations.

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.

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.

Victoria (VIC)
<p>The National Immunisation Program (NIP) Schedule can be accessed and downloaded from: https://www.health.gov.au/resources/publications/national-immunisation-program-schedule-portfolio Department of Health, Victoria Immunisation Program- children https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children Telephone - 1300 882 008 Immunise Australia National Hotline: 1800 671 811 Australian Government, Department of Human Services: https://www.humanservices.gov.au/individuals/online-help/medicare/getting-your-immunisation-history-statement-using-your-medicare-online-account</p>

**Immunisation Table
The National Immunisation Program (NIP) Schedule**

Age	Vaccine
Birth	Hepatitis B (hepB)
2 Months	Hepatitis B (hepB) Diphtheria, tetanus and whooping cough (acellular pertussis) (DTPa) Haemophilus Influenzae type b (Hib) Polio (inactivated poliomyelitis IPV) Pneumococcal conjugate (7vPCV) Rotavirus
4 Months	Hepatitis B (hepB) Diphtheria, tetanus and whooping cough (acellular pertussis) (DTPa) Haemophilus Influenzae type b (Hib) Polio (inactivated poliomyelitis IPV) Pneumococcal conjugate (7vPCV) Rotavirus
	Hepatitis B (hepB)



6 Months	Diphtheria, tetanus and whooping cough (acellular pertussis (DTPa) Haemophilus Influenzae type b (Hib) Polio (inactivated poliomyelitis) (IPV) Pneumococcal conjugate (7vPCV) Rotavirus
12 Months	Hepatitis B (hepB) Haemophilus Influenzae type b (Hib) Measles, mumps and rubella (MMR) Meningococcal C (MenCCV)
12 – 24 Months	Hepatitis A (Aboriginal and Torres Strait Islander children in high risk areas)
18 months	Chickenpox (varicella) (VZV)
18 Months - 24	Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander children in high risk areas) 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

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: 9/03/2022

Authorised by COM: Nov 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
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	

