

Immunisation Policy

Link to National Quality Standards- Quality Area Two: Element 2.1.1. / 2.1.4

Policy statement

Tanah Merah Child Care Centre is committed to preventing the spread of infections through simple hygiene practices such as, handwashing, effective cleaning procedures, monitoring immunisation records and complying with recommended exclusion guidelines and timeframes.

Strategies and practices

Immunisations for children

Families should be aware that during their time at the centre, they may come into contact with infectious diseases. Child immunisations should be up to date and families need to provide the centre with a copy of your child's immunisation schedule, children for whom the centre does not have a completed immunisation record will be considered non-immunised **for the purpose of exclusion in the event of an outbreak of disease**. This may occur even if the child is well.

Your Family Doctor able to advise you on additional vaccinations such as Hepatitis A, B and the Flu Vaccination. Upon orientation both educators and families will be provided with the current immunisations information and the recommended schedule. You may also get further information from:

Queensland Health's Immunisation website: www.health.qld.gov.au

Immunise Australia website: www.immunise.health.gov.au

Some children may not be immunised for various reasons. If an illness occurs in the centre, which may affect the non-immunised child, the parent / guardian will be contacted to collect their child as soon as possible. Medical advice will be sought and it may be decided that the child remain absent for an agreed period.

Immunisations for employee's and volunteers

People working in child care can be exposed to infectious diseases through contact with infected children and others. Infection can occur from contact with blood and body fluids, or simply from close proximity to infected people for example from coughing and sneezing. The service encourages employee's to consult their doctor or health care professional about what immunisations are appropriate for them.

Some diseases can be prevented by immunisation, with vaccines available for diseases including:

- hepatitis A
- measles
- mumps
- rubella (German measles)
- varicella (chickenpox)
- pertussis (whooping cough).

All of these diseases can cause serious illness in adults. Some of these diseases, such as rubella and chickenpox, can occasionally cause serious damage to an unborn baby if a woman is infected during her pregnancy. Also, diseases such as whooping cough can cause serious illness in infants if the disease spreads from infected childcare workers to the infants in their care.

People who have not previously been infected with or immunised against these diseases are at risk of infection. For people working in child care settings vaccination is the most effective way to manage the risk of infection as these diseases are generally very infectious and can spread before an infected person shows signs of illness.

For information on immunisation of children in child care please refer to your doctor, or the current edition of the [The Australian Immunisation Handbook](#) (non-Queensland Government link). Additional information can be found in the centre's copy of "***Staying Healthy in Childcare – Fourth Edition***" and read the section titled '***Occupational Risks for Childcare Workers***'.

Managing vaccination refusal

Where employee's refuse vaccination or are unable to be vaccinated for medical reasons or do not respond to vaccination the employer should undertake a risk assessment to determine the most appropriate way to protect these workers against infection. The risk assessment should give consideration to the way in which the particular infectious disease is spread. Appropriate ways to protect non-immune workers might include a combination of preventative measures, outbreak management measures and post-exposure protocols.

Preventative measures- to prevent exposure employers will:

- implement work restrictions for example restrict a worker who has no immunity to a vaccine-preventable disease from performing at risk activities, working in at risk environments or having contact with people infected with the disease.
- implement safe work practices (including hygiene practices) and provide additional training
- provide personal protective equipment (PPE).

Outbreak management

In the event of an outbreak of a vaccine-preventable disease at a workplace, it may be necessary to exclude a non-immune worker or implement work restrictions to protect the worker and prevent further spread of disease. Advice should be sought from an appropriate source such as [Queensland Health](#).

Post-exposure protocols

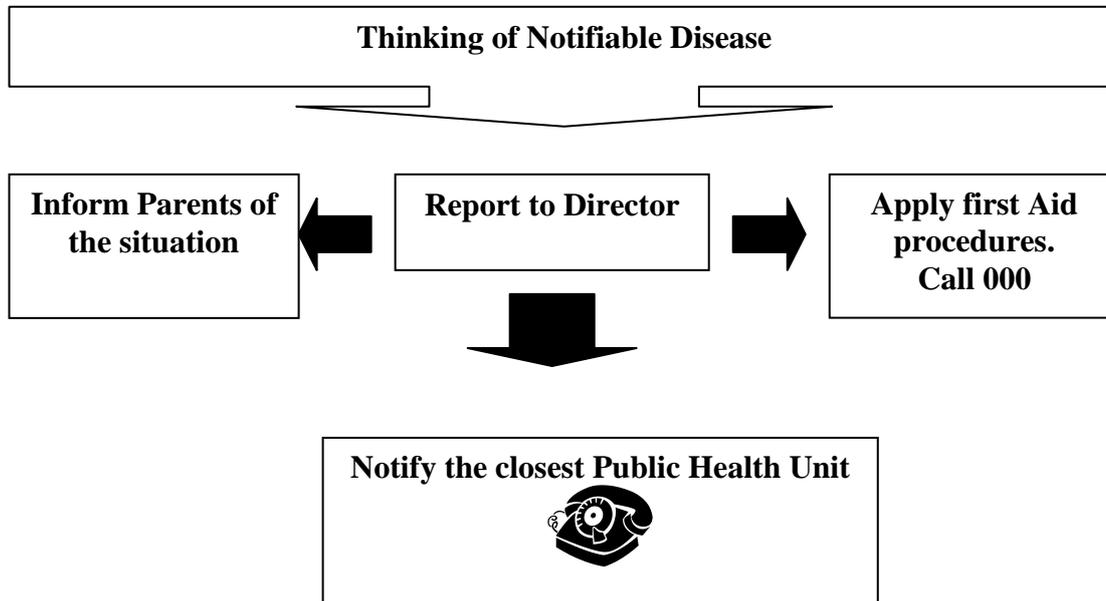
A doctor may provide chemoprophylaxis (a medication given following an exposure to prevent or reduce the severity of a disease) to people without immunity following exposure to some vaccine-preventable diseases for example hepatitis A.

The service shall:

- identify whether any type of treatment is available for vaccine preventable diseases that are a risk at the workplace
- develop procedures, including prompt medical referral, to be followed in the event of an exposure.

Notifiable Diseases

Procedure for Reporting Notifiable Diseases

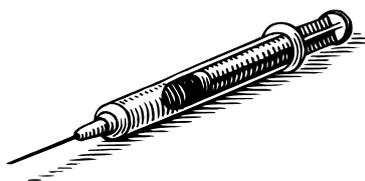


Communicable Diseases Control Manual 4th Edition 2007

Notification is made to the Brisbane Southside Public Health Unit on 3275 5411 and includes:

Aids	HUS syndrome	Leprosy	Pneumococcal infection
Anthrax	Haemophilus influenzae	Leptospirosis	Q fever
Arbovirus	Haemorrhagic fevers	Listeriosis	Rabies
Botulism	Hepatitis A	Lyssavirus	Rubella
Brucellosis	Hepatitis B	Malaria	Salmonellosis
Campylobacteriosis	Hepatitis C	Measles	Shigellosis
Chlamydia	Hepatitis D	Meningococcal infection	Syphilis /congenital
Cholera	Hepatitis E	Mumps	Tetanus
Cryptosporidiosis	Hepatitis Other	Ornithosis	Tuberculosis
Diphtheria	HIV Infection	Pertussis	Typhoid
Donovanosis	Influenza	Plague	Yellow Fever
Gonococcal infection	Legionellosis	Poliomyelitis	

Child Immunisation Schedule



The National Health and Medical Research Council have laid down specific guidelines for the recommended minimum periods of exclusion from childcare facilities for cases of and contact with infectious diseases. A certificate of clearance from a doctor will be required upon a returning a child that has had or has been exposed to an infectious illness.

Exclusion guidelines for an infectious disease

The National Health and Medical Research Council have laid down specific guidelines for the recommended minimum periods of exclusion from childcare facilities for cases of and contact with infectious diseases. These are set out in the parent handbook for parents information. Excluding sick children and employee's is one of three most effective ways of limiting the spread of infectious diseases. Understandably parents may find this difficult and the centre certainly sympathises with working/ studying parents on this matter however all children and employee's in the service need to be considered.

- * A certificate of clearance from a doctor will be required upon returning a child that has had or has been exposed to an infectious illness. You will recognise that we have a responsibility to all employee's and children at the centre to protect their health.
- * The centre may be forced to refuse your child access to the centre until a clearance certificate has been obtained if your child has suffered from one of the illnesses listed on the following pages of this handbook.

Age	Disease Immunised Against
Birth	<ul style="list-style-type: none"> • Hepatitis B
2 Months	<ul style="list-style-type: none"> • Diphtheria -Tetanus- Whooping Cough • Hepatitis B • Haemophilus Influenzae type B • Polio • Pneumococcal disease • Rotavirus
4 Months	<ul style="list-style-type: none"> • Diphtheria -Tetanus- Whooping Cough • Hepatitis B • Haemophilus Influenzae type B • Polio • Pneumococcal disease • Rotavirus
6 Months	<ul style="list-style-type: none"> • Diphtheria -Tetanus- Whooping Cough • Hepatitis B • Haemophilus Influenzae type B • Polio • Pneumococcal disease • Rotavirus
12 Months	<ul style="list-style-type: none"> • Hepatitis B – or at 6 months • Haemophilus Influenzae type B • Measles- Mumps- Rubella • Meningococcal C Disease
18 Months	<ul style="list-style-type: none"> • Chickenpox •
4 years	<ul style="list-style-type: none"> • Diphtheria – Tetanus – Whooping Cough • Measles- Mumps – Rubella • Polio

National Health and Medical Research Council 2007

The following schedule lists common early childhood diseases and their exclusion periods. Educators may request a clearance letter from a parent.

Condition	Exclusion of Cases	Exclusion of Contacts
Amoebiasis (Entamoeba histolytica)	Exclude until there has not been a loose bowel motion for 24hrs	Not excluded
Campylobacter	Exclude until there has not been a loose Bowel Motion for 24 hrs.	Not excluded
Chicken Pox	Exclude until all blisters have dried. This is usually at least 5 days after the rash first	Any child with an immune deficiency (for example

	appeared in unimmunised children and less in immunised children.	leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded.
CMV	Exclusion is NOT necessary	Not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased.	
Cryptosporidium infection	Exclude until there has not been a loose bowel motion for 24 hrs	Not excluded
Diarrhoea	Exclude until diarrhoea has ceased.	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs; the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.	Exclude contacts that live in the same house until cleared to return by an appropriate health authority.
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hrs	Not excluded
Glandular Fever (Mononucleosis)	Exclusion is not necessary.	Not excluded
Hand Foot and Mouth Disease	Exclude until all blisters are dried.	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice or illness.	Not Excluded
Haemophilus influenzae type B	Exclude until the person has received appropriate antibiotic treatment for at least 4 days.	Not excluded
Hepatitis B	Exclusion is not necessary.	Not excluded
Hepatitis C	Exclusion is NOT necessary	Not excluded
Herpes Simplex	Exclusion is not necessary if the person can maintain their own hygiene. If the person is unable to comply then they should be excluded until the sores dry.	Not excluded
Human Immuno-Deficiency Virus (HIV AIDS Virus)	Exclusion is not necessary unless the child has a secondary infection.	
Hydatid disease	Exclusion is NOT necessary	Not excluded
Influenza and influenza – like illness.	Exclude until well.	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded
Legionnaire's Disease	Exclusion is not necessary.	Not excluded
Leprosy	Exclude until approval to return has been given by health authority.	Immunized contacts not included. Non-immunised contacts are to be excluded from child care until 14 days after the first appearance of the rash unless immunised within 72 hrs of first contact.
Measles	Exclude for at least four days after the onset of the rash.	
Meningitis (bacterial)	Exclude until well.	
Meningococcal Infection	Exclude until well.	

Molluscum Contagiosum	Exclusion is NOT necessary	Not excluded
Mumps	Exclude for nine days or until swelling goes down (whichever is sooner).	
Parvovirus infection (fifth disease Slapped cheek fever)	Exclusion is not necessary.	Not excluded
Pertussis	See Whooping Cough	Not excluded
Ringworm, Scabies, Pediculosis (lice), Trachoma	Re-admit the day after appropriate treatment has commenced.	
Rubella (German Measles)	Exclude until fully recovered or for at least four days after the onset of rash.	
Respiratory Syncytial virus	Exclusion is not necessary.	Not excluded
Ringworm / tinea	Exclude until anti-fungal treatment has commenced	Not excluded
Roseola	Exclusion is not necessary.	Not excluded
Ross River Fever	Exclusion is not necessary.	Not excluded
Rotavirus infection	Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hrs.	Not excluded
Rubella (German Measles)	Exclude until fully recovered or for at least four days after the onset of the rash.	Not excluded
Salmonella infection	Exclude until there has not been a loose bowel motion.	Not excluded
Scabies	Exclude until the day after appropriate treatment.	Not excluded
Scarlet Fever	See Streptococcal sore throat.	Not excluded
School Sores	See Impetigo	Not excluded
Shigella Infection	Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hrs.	Not excluded
Streptococcal Infection (including Scarlet Fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well.	
Tuberculosis	Exclude until a medical certificate from an appropriate health authority is received.	
Thrush (candidiasis)	Exclusion is not necessary.	Not excluded.
Toxoplasmosis	Exclusion is not necessary.	Not excluded
Typhoid, Paratyphoid	Exclude until a medical certificate is presented by medical authority.	Not excluded
Varicella	See Chicken pox	Not excluded
Viral Gastroenteritis	Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hrs.	Not excluded
Whooping Cough	Exclude the child for five days after starting antibiotic treatment.	Not excluded.
Worms	Exclude if loose bowel motions present	Not excluded.

Protective behaviours and practices

Educators, carers, students and volunteers as role models

- * Children learn through example and modelling is an important way to teach children about behaviours and practices.
- * Educators, students and volunteers must comply with the Hygiene and Infection Control Policy.

Educator professional development opportunities

The centre will provide for families and educator regular in-services on maintaining Health and Hygiene practices, these will be sourced from current recognized health authorities.

Communication with different stakeholders

Children

- * In each group educators shall explain to the children the importance of their immunisations, maintaining healthy bodies and clean environments. This teaching will be age appropriate and built into the daily program in fun and engaging ways.

Families

- * The service will communicate it's policies and procedures through the parent handbook, whiteboards, parent library, newsletters and information evenings.
- * Parents will be reminded twice a year in the service newsletter to update their child's immunisation records. Incomplete records will result in the child being considered non-immunised.
- * In the event of an outbreak of a communicable disease the centre will follow the procedures outlined by the relevant public Health Unit and if deemed necessary will contact every individual family.

Educators

- * Educators will be provided with a complete copy of the centre policies on immunisation, and complete an Immunisation status form.
- * Are expected to willingly cooperate to maintain a safe and healthy working environment and encourage other employees to follow safe work practices
- * Will immediately notify the director of any accident or incident or any other matter which may affect the health and safety of any person within the centre.

Visitors and Contractors:

- * Are expected to comply with the safety standards of the centre.
- * Need to sign in the Visitors sign –in book to comply with WH&S legislation

Management

- * The Director will maintain up to date information from recognised health authorities. Add any additional information to policy and review the policy with parents and educators.
- * Shall ensure that adequate job training and all necessary WHS and rehabilitation information is provided to enable employee's to perform their tasks in a safe and healthy manner.
- * Shall ensure that all work related illness are reported, examined for trends and patterns of frequency and type.
- * Are expected to undertake regular workplace health, safety and rehabilitation program reviews.

Policy review

- * The service will review the Immunisation Policy and related documents, including behaviours and practices every 18 months
- * Families are encouraged to collaborate with the service to review the policy and procedures.
- * Educators are essential stakeholders in the policy review process and will be encouraged to be actively involved.

Privacy and confidentiality

The service is committed to safeguarding the privacy of children

- * The right for children, families and educators to be afforded a level of privacy and confidentiality in regards to their immunisation status is paramount.
- * Educators, students and volunteers should be aware of the service's commitment to maintaining and respecting privacy and confidentiality.

Experiences

- * Teaching children about immunisations can be complemented with learning about hygiene and infection control. Children need to understand that simple hygiene practices can prevent cross-infection. Educators should discuss these in terms of room rules i.e Use a tissue for your nose.
- * Queensland health's germ buster program is a wonderful resource with lots of fun activities to assist children in learning about health and immunisation.

Excursions

- * During an excursion safe need to ensure that hygiene procedures can be maintained.
- * A risk management plan before leaving the centre will identify steps to be taken should a child begin to display any signs of sickness while away from the centre.

Community

- * Local nurses and doctors can advise services on a variety of issues relating to immunisation and can be a worthwhile source of information. To date the service has been unable to secure a nurse or doctor to come and deliver key information on immunisation issues, due to legal reputations.
- * Parents will be contacted by phone if there is an outbreak of an infectious disease. For example, rubella presents a risk to pregnant women.

Procedures

The following are examples of procedures that a service may employ as part of its practices.

Examples:

- * Employee induction procedure.
- * Policy development and review procedure.
- * Procedure for non-compliance of the Immunisation and Health Related Exclusion Policy and procedures by a:
 - o child;
 - o employee's;
 - o family member;
 - o student/volunteer; or
 - o visitor.
- * Student and volunteer induction procedure.

Measuring tools

- * Children's Immunisation Records- ensure documents are completed.
- * Employee Immunisation Records-ensure records are completed.

Links to other policies

The following are a list of examples:

- * Child protection
- * Employment of child care professionals
- * Enrolment of new children and families to the service
- * First aid
- * Hygiene and infection control
- * Illness
- * Medication
- * Occupational health and safety
- * Privacy and confidentiality
- * Records management
- * Supporting children's individual needs
- * Educators as role models

Sources and further reading

- * Childcare and Children's Health. (2005). Infection control and some common infections in young children. *Childcare and Children's Health*, 8 (3), 1-4.
- * Department of Health and Ageing. (2007). *Immunise Australia program*. Retrieved June 29, 2007, from <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/home>
- * Frith, J., Kambouris, N., & O'Grady, O. (2003). *Health & safety in children's centres: Model policies & practices* (2nd ed.). NSW: School of Public Health and Community Medicine, University of New South Wales.
- * National Health and Medical Research Council. (2005). *Staying healthy in child care: Preventing infectious disease in child care* (4th ed.). Canberra: Author.
- * Oberklaid, F. (2004). *Health in early childhood settings*. NSW: Pademelon Press.
- * Queensland Health. *Germ Busters*, QLD.
http://www.health.qld.gov.au/germbusters/resources_ec.asp

Useful websites

- * Centre for Community Child Health - www.rch.org.au/ccch/index.cfm?doc_id=427
- * HealthInsite - www.healthinsite.gov.au
- * Immunise Australia Program - www.immunise.health.gov.au
- * National Health and Medical Research Council - www.nhmrc.gov.au
- * NSW Multicultural Health Communication Service - www.mhcs.health.nsw.gov.au
- * Raising Children Network - www.raisingchildren.net.au

Policy created date: August 2008

Revised: February 2010

Next Review : August 2011