

# Immunisation and Health Related Exclusion Policy



Harrietville Bush Kinder

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## Mandatory – Quality Area 2

### Introduction

When groups of children play and learn together, illness and disease can spread between children even when the service has implemented recommended hygiene and infection control practices. Harrietville Bush Kinder requires a policy on dealing with infectious disease and immunisation because it is an important strategy in infection control. The incidence of many diseases has been greatly reduced and the general health within the community improved due to immunisation. Immunisation gives the body a memory of the infection without the risk of the natural disease.

Children and educators who are fully vaccinated are less likely to carry infectious diseases into the centre. Immunisation is widely accepted as one of the most effective ways of reducing serious infection in children. Immunisation protects the person who has been immunised, children who are too young to be immunised, and other people who have been immunised but for whom the immunisation was ineffective.

### Our Commitment

Under the Public Health and Wellbeing Amendment (No Jab, No Play) Act 2015, before enrolling a child at this service Harrietville Bush Kinder, will have to first obtain evidence that the child is:

- fully immunised for their age OR
- on a vaccination catch-up program OR
- unable to be fully immunised for medical reasons.

Information on the immunisation schedule for vaccines, including what vaccines are required and when they should be received, is available from the National Immunisation Schedule. This information is available from your doctor, immunisation nurse or online.

Conscientious objection is not an exemption under the No Jab, No Play legislation.

Harrietville Bush Kinder is committed to:

- ensuring that all members of the extended Harrietville community are provided with a high level of protection during the hours of the service's operation. Including;
- notifying children, 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 the Victorian Government Department of Health exclusion guidelines (see attachment 1); and,
- increasing educators' awareness of cross infection through physical contact with others.
- providing information about immunisation to families and educators.

## Minimising risks

To minimise risks, complications and the spread of vaccine preventable diseases, Harrietteville Bush Kinder will:

- Seek written/documented evidence of the child's immunisation status and records. Immunisation is not compulsory; however, in the event of an outbreak of a vaccine-preventable disease at the centre, unimmunised children will be required to remain at home throughout the duration of the outbreak.  
Documentation accepted is:
  - A letter from the doctor, baby health clinic or nurse, local council or hospital or The Personal Health Record ("Blue Book") or
  - The Australian Childhood immunisation Register History Statement
- It is the family's responsibility to ensure that their child's immunisation is up to date.
- All records will be kept according to the centre confidentially and privacy policy.
- Parents will be provided regularly with reminders to update their immunisation register
- Parents must provide updates to the child's immunisation record. Failure to comply with this directive will mean the child will be regarded as being unimmunised.

## Purpose

Purpose of the Immunisation and Health Related Exclusion Policy is to:

- manage and prevent the spread of infectious illnesses and diseases.
- assist the service to:
- notify families or emergency contact<sup>1</sup> when a symptom of an excludable infectious illness or disease has been observed;
- notify the Harrietteville community when an excludable infectious illness or disease has been confirmed by a medical practitioner;
- identify and comply with exclusion guidelines and timeframes (attachment 1);
- identify when a child with an illness or disease is no longer excludable or infectious; and,
- maintain immunisation records of children in line with the no jab no play legislation 2015
- prevent the spread of illness and disease by implementing the following strategies:
- promote hand washing and other hygienic practices;
- identify and exclude children and educators with symptoms of an excludable infectious illness or disease;
- maintain clean and hygienic environments; and
- encourage child and adult immunisation.

Please refer to the service's *Dealing with Infectious Disease Policy* for more details.

- provide procedures to be followed if a child is ill or has an infectious disease
- provide legal requirements of the centre in regard to infectious diseases

## Responsibilities

The Service Manager is responsible for:

- ensuring that the Harrietteville Bush Kinder collects and maintains current records of each child's immunisation history in line with the new Public Health and Wellbeing Amendment ( no jab no play ) Act 2015
- Making all parents aware on enrolment about the new Public Health and Wellbeing Amendment (No Jab, No Play) Act 2015
- providing families with information about immunisation; including the local council's schedule for immunisation sessions;
- providing families with information about childhood illnesses;
- ensuring that educators are aware of symptoms which may indicate an excludable infectious illness or disease.
- ensuring that the Harrietteville Bush Kinder offers relevant immunisation to educators annually (eg. Hep B, fluvax)

Educators are encouraged to:

- keep their own immunisation up-to-date. The service should have a record of educators' current immunisation status.
- always be aware and on the lookout for symptoms which may indicate an excludable infectious illness or disease.
- ensure that when a child becomes unwell whilst at the Harrierville Bush Kinder, the families will be notified and asked to take the child home. The child will be made comfortable and separated from the other children (where possible) until the parent arrives. Refer to the Management of Sick Children in the Service Policy for more details.

Parents/guardians are required to:

- Under the Public Health and Wellbeing Amendment (No Jab, No Play) Act 2015, parents must provide a copy of the Australian Government, Department of Human Services, Medicare immunisation history statement for their child/ren upon enrolment (attachment 2).
- Children will not be able to start at the service if they do not have an up to date immunisation schedule.
- Supply a medical certificate to confirm the diagnosis when reporting an infectious disease for which another child may not have been immunised.

## References

- NCAC Quality Practices Guide Principle 6.6
- Childcare & Children's Health Vol 11 No 3 (Parent Fact Sheet)

## Authorisation

This policy was adopted by the Harrierville Bush Kinder 05/12/2018.

## Review date

This policy shall be reviewed in 05/12/2020 (or earlier as required).

# Attachment 1

## Schedule 7 Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts (Public Health and Wellbeing Regulations 2009)

In this Schedule, medical certificate means a certificate of a registered medical practitioner.

Condition	Exclusion of Cases	Exclusion of Contacts
Amoebiasis ( <i>Entamoeba histolytica</i> )	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children.	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Conjunctivitis	Exclude until discharge from eyes has ceased.	Not excluded.
Diarrhoea	Exclude until there has not been a loose bowel motion for 24 hours.	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 family/household contacts until cleared to return by the Secretary.
Hand, Foot and Mouth disease	Exclude until all blisters have dried.	Not excluded.
Haemophilus influenzae type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed.	Not excluded.
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness.	Not excluded.
Hepatitis B	Exclusion is not necessary.	Not excluded.

Condition	Exclusion of Cases	Exclusion of Contacts
Hepatitis C	Exclusion is not necessary.	Not excluded.
Herpes ("cold sores")	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible.	Not excluded.
Human immuno-deficiency virus infection (HIV/AIDS)	Exclusion is not necessary.	Not excluded.
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded.
Influenza and influenza like illnesses	Exclude until well.	Not excluded unless considered necessary by the Secretary.
Leprosy	Exclude until approval to return has been given by the Secretary.	Not excluded.
<b>Measles*</b>	Exclude for at least 4 days after onset of rash.	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility.
Meningitis (bacteria - other than meningococcal meningitis)	Exclude until well.	Not excluded.
<b>Meningococcal infection*</b>	Exclude until adequate carrier eradication therapy has been completed.	Not excluded if receiving carrier eradication therapy.
<b>Mumps*</b>	Exclude for 9 days or until swelling goes down (whichever is sooner).	Not excluded.

Condition	Exclusion of Cases	Exclusion of Contacts
<b>Pertussis*</b> (whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment.	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment.
<b>Poliomyelitis*</b>	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.	Not excluded.
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced.	Not excluded.
Rubella (german measles)	Exclude until fully recovered or for at least four days after the onset of rash.	Not excluded.
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced.	Not excluded unless considered necessary by the Secretary.
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well.	Not excluded.
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious.	Not excluded.
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary.	Not excluded unless considered necessary by the Secretary.
Verotoxin producing <i>Escherichia coli</i> (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary.	Not excluded.
Worms (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.

# Attachment 2

SAMPLE



Australian Government  
Department of Human Services

medicare

## Immunisation history statement

As at:   
For:   
Date of birth:   
Immunisation status: up to date

Schedule	Date given	Immunisation	Brand name given
2 months	09 Feb 2012	Diphtheria Hib Hepatitis B Pertussis Polio Tetanus Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 RotaTeq
4 months	12 Apr 2012	Diphtheria Hib Hepatitis B Pertussis Polio Tetanus Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 RotaTeq
6 months	28 Jun 2012	Diphtheria Hib Hepatitis B Pertussis Polio Tetanus Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 RotaTeq
12 months	17 Jan 2013	Hib Measles Mumps Rubella Meningococcal C	Hiberix Priorix NeisVac-C
18 months	13 Jun 2013	Varicella	Varilrix
4 years	11 Jul 2016	Diphtheria Pertussis Polio Tetanus Measles Mumps Rubella	Infanrix-IPV MMR II

Next immunisation/s due	Date Due
No vaccines due.	
<b>Notice/s</b>	
This child has received all vaccines required by 5 years of age.	