



# Montessori Children's Centre, McLaren Vale

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## Immunisation and Disease Prevention Policy

To be read with "Infectious Diseases Policy".

### NQS

QA2	2.1.1	<i>Each child's health needs are supported.</i>
	2.1.4	<i>Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.</i>

### NATIONAL REGULATIONS

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

### AIM

Immunisation is a simple, safe and effective way of protecting people 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.

### RELATED POLICIES

Enrolment Policy  
Food Nutrition and Beverage Policy  
Health, Hygiene and Safe Food Policy  
Incident, Injury, Trauma and Illness Policy  
Infectious Diseases Policy  
Medical Conditions Policy  
Privacy and Confidentiality Policy

### WHO IS AFFECTED BY THIS POLICY?

Child  
Parents  
Family  
Educator  
Management  
Visitors  
Volunteers

## IMPLEMENTATION

- *The Australian Government Department of Health and Aging Immunise Australia Program – 1800 671 811 or [www.immunise.health.gov.au](http://www.immunise.health.gov.au)*
- *South Australian Department of Health - Communicable Disease Control Branch - Immunisation Section <http://www.dh.sa.gov.au/pehs/immunisation-index.htm>  
Telephone 1300 232 272 Fax 8226 7197*

### Immunisation Records

- Parents who wish to enrol their child are required to provide evidence of their child's immunisation record.
- Parents are required to present the child's immunisation record at the time of enrolment.
- 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 service.
- Acceptable immunisation records are –
  - *An immunisation record is a written record of the immunisations that your child has received and the date that they received them.*
  - *An Immunisation History Statement provided by the Australian Childhood Immunisation Register (ACIR) is a valid immunisation record.*
  - *The original immunisation record must be completed and signed by a medical practitioner, a registered nurse, a registered midwife, an enrolled nurse, or a person authorised by the state/territory Health department.*
- The Australian Childhood Immunisation Register (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.
- The original immunisation record is usually kept in the personal health record book. These books are usually given to parents at the time of their child's birth.
- Each child's Immunisation Record should stay intact until your child reaches primary school. Do not remove any of the duplicate pages until this time.
- Parents need to provide the childcare service or preschool with a photocopy of their child's original immunisation record. Alternatively, parents may provide an Immunisation History Statement provided by the Australian Childhood Immunisation Register (ACIR).
- The service must be able to quickly access immunisation records and determine who has not been immunised. If there is a case of a vaccine preventable disease, and your child has not been fully immunised for that disease, they may be excluded from school or childcare for a period of time.

### 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 a person authorised by the state/territory Health Officer may transcribe overseas immunisation records.

### Exclusion Periods

- Whilst the service actively encourages each child, educator and family member using the service 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 service.
- If there is a case of a vaccine preventable disease at the service, 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 service, they may need to be excluded from the service for a period of time.
- It is the responsibility of families to inform the service 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 people 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 service will take all reasonable steps to strongly encourage non-immune workers to be vaccinated.
- Occupational recommendations apply for the immunisation of educators at the service. As there are no mandatory requirements under the law for educators to be immunised, the service must follow the following requirements that our service has developed:
  - *The Exclusion Periods requirements above apply to all educators.*
  - *Educators who are not immunised will be excluded from the service until the Nominated Supervisor or Owner provides instructions for the educator to return to education and care duties at the service.*
  - OR*
  - *Educators who are not immunised may use their best judgement to decide whether they exclude themselves from the service during an outbreak of an infectious disease.*

### **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 benefits without their child being fully immunised your healthcare provider needs to certify that:

- your child has a medical reason not to have a particular vaccination; or
- your child has had a disease and has a natural immunity; or
- a particular 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.

## 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.

#### Birth

- Hepatitis B (hepB) [*See footnote a*]

#### 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)

#### 18-24 months

- 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)

**10-13 years**

- Hepatitis B [See *footnote h*]
- Chickenpox (varicella) (VZV) [See *footnote h*]

**12-13 years**

- Human Papillomavirus (HPV) [See *footnotes i & k*]

**15-17 years**

- Diphtheria, tetanus and whooping cough (acellular pertussis) (dTPa) [See *footnote i*]

**15-49 years**

- Influenza (Aboriginal and Torres Strait Islander people medically at-risk)
- Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people medically at-risk)

**50 years and over**

- Influenza (Aboriginal and Torres Strait Islander people)
- Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people)

**65 years and over**

- Influenza (flu)
- Pneumococcal polysaccharide (23vPPV)

**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.*
- Give a total of 4 doses of Hib vaccine (2m, 4m, 6m and 12m) if using PRP-T Hib containing vaccines.*
- 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.*
- 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.*
- 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.*
- Contact your State or Territory Health Department for details.*
- 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.*
- This vaccine is for one cohort only within this age range. Contact your State or Territory Health Department for details.*
- Third dose of vaccine is dependent on vaccine brand used. Contact your State or Territory Health department for details.*
- 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.*

## **SOURCES**

*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*

## **REVIEW**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

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*Next review date: 3 July 2013*