

DEALING WITH INFECTIOUS DISEASE POLICY

MANDATORY – QUALITY AREA 2



PURPOSE

This policy will provide clear guidelines and procedures to follow when:

- a child attending Highvale Preschool shows symptoms of an infectious disease
- a child at Highvale Preschool has been diagnosed with an infectious disease
- managing and minimising the spread of infectious diseases, illnesses and infestations.

Note: This policy includes information on child immunisation – “No Jab – No Play”

VALUES

Highvale Preschool is committed to:

- providing a safe and healthy environment for all children, staff and any other persons attending the service
- responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service
- complying with current exclusion schedules and guidelines set by the Department of Health
- providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases, immunisation programs and management of infestations.

Highvale Preschool supports the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. All educators/staff at Highvale Preschool are committed to preventing the spread of vaccine-preventable diseases through simple hygiene practices such as handwashing, effective cleaning procedures, monitoring immunisation records and complying with recommended exclusion guidelines and timeframes for children and educators/staff.

SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Highvale Preschool, including during offsite excursions and activities.

BACKGROUND AND LEGISLATION

Infectious diseases are common in children. Children are at a greater risk of exposure to infections in a children’s service than at home due to the amount of time spent with a large number of other children. Infectious diseases are divided into four categories (A, B, C, D) on the basis of the method of notification and the information required. The Department of Health has developed a document, *Minimum Period of Exclusion from Primary Schools and Children’s Services Centres for Infectious Diseases Cases and Contacts*, to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in schools and other children’s services and is regulated by the *Health (Infectious Diseases) Regulations 2001*.

An approved service must take reasonable steps to prevent the spread of infectious diseases at the service, and ensure that the parent/guardian, authorised nominee or emergency contact of each child enrolled at the service is notified of the occurrence of an infectious disease as soon as possible. The service must have policies and procedures in place for dealing with infectious diseases (Regulations 4, 88). The service has a duty of care to ensure that everyone attending the service is provided with a high level of protection during all hours that the service is in operation. Protection can include:

- notifying children, families and educators/staff when an excludable illness/disease is detected at the service
- complying with relevant health department exclusion guidelines
- increasing educator/staff awareness of cross-infection through physical contact with others.

The Victorian Government offers an immunisation program for children to assist in preventing the spread of infectious diseases. A standard immunisation calendar is available at

DEALING WITH INFECTIOUS DISEASE POLICY

MANDATORY – QUALITY AREA 2



www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm. If an immunisation record cannot be provided at enrolment, the parent/guardian can access this information by requesting an immunisation history statement from:

- the Australian Childhood Immunisation Register, by calling 1800 653 809. This service is free of charge and it takes 7–10 working days to process a request
- any Medicare office.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Health (Infectious Diseases) Regulations 2001*
- *Health Records Act 2001*
- *National Quality Standard, Quality Area 2: Children’s Health and Safety*
 - Standard 2.1: Each child’s health is promoted
 - Element 2.1.1: Each child’s health needs are supported
 - Element 2.1.3: Effective hygiene practices are promoted and implemented
 - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
 - Standard 2.3: Each child is protected
 - Element 2.3.1: Children are adequately supervised at all times
 - Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
 - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*
 - Standard 6.2: Families are supported in their parenting role and their values and beliefs about child rearing are respected
 - Standard 6.3: The service collaborates with other organisations and service providers to enhance children’s learning and wellbeing
- *Occupational Health and Safety Act 2004*
- *Public Health and Wellbeing Regulations 2009*
- WorkSafe Victoria Compliance Code: *First aid in the workplace*
- No Jab, No Play’ legislation

Definitions

Exclusion: Inability to attend or participate in the program at the service.

Illness: Any sickness and/or associated symptoms that affect the child’s normal participation in the program at the service.

Immunisation status: The extent to which a child has been immunised in relation to the recommended immunisation schedule.

Infection: The invasion and multiplication of micro-organisms in bodily tissue.

Infestation: The lodgement, development and reproduction of arthropods (such as head lice), either on the surface of the body of humans or animals, or in clothing.

Infectious disease: A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

DEALING WITH INFECTIOUS DISEASE POLICY

MANDATORY – QUALITY AREA 2



Medication: Any substance, as defined in the *Therapeutic Goods Act 1989* (Cth), that is administered for the treatment of an illness or medical condition.

Pediculosis: Infestation of head lice that is transmitted by having head-to-head contact with another person who has head lice. Pediculosis does not contribute the spread of any infectious diseases and outbreaks of this condition are common in schools and childcare facilities.

Recommended minimum exclusion period: The period recommended by the Department of Health for excluding any person from attending a children’s service to prevent the spread of infectious diseases through interpersonal contact. See Attachment 3.

Sources

- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA
- *Guide to the National Quality Standard*, ACECQA
- Department of Health and Ageing: www.immunise.health.gov.au
- Victorian Department of Health: www.health.vic.gov.au/immunisation
- National Health and Medical Research Council (2005), *Staying Healthy in Child Care: Preventing infectious diseases in child care*, www.nhmrc.gov.au/guidelines. (Note: this publication is currently being revised and will have significant changes. It is important that services refer to the most up-to-date version of this resource.)
- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2005), *The Blue Book: Guidelines for the control of infectious diseases*
- Department of Human Services (2012), *Head lice management guidelines*: <http://docs.health.vic.gov.au/docs/doc/Head-lice-management-guidelines->
- ‘No Jab, No Play’ fact sheet

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*

PROCEDURES

THE APPROVED PROVIDER IS RESPONSIBLE FOR:

- ensuring that if there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1))
- ensuring that where there is an occurrence of an infectious disease, a parent/guardian, authorised nominee or emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))
- ensuring that information about the minimum exclusion periods recommended by the Department of Health is displayed at the service and is available to all stakeholders
- supporting the Nominated Supervisor and the educators/staff at the service to implement the requirements of the recommended minimum exclusion periods
- ensuring information about the National Immunisation Program (NIP) Schedule is displayed and is available to all stakeholders (refer to www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm)

DEALING WITH INFECTIOUS DISEASE POLICY

MANDATORY – QUALITY AREA 2



- conducting a thorough inspection of the service and consulting with educators/staff to assess any risks by identifying the hazards and potential sources of infection to educators/staff and children
- ensuring there are sufficient resources available for educators/staff and parents/guardians in relation to the identification and management of infectious diseases and infestations
- keeping informed about current information and research, ensuring that any changes to the exclusion table or immunisation schedule are communicated to educators/staff and parents/guardians in a timely manner.

THE NOMINATED SUPERVISOR IS RESPONSIBLE FOR:

- informing DET, DHS Communicable Diseases Prevention and Control Unit and the parents/guardians of the child within 24 hours of becoming aware that a child is suffering or believed to be suffering from a vaccine-preventable disease, or a child not immunised against such a disease has been in contact with an infected person at the service (*Health (Infectious Diseases) Regulations 2001: Regulation 13(2)*). Any exclusion will be based on firm medical evidence following diagnosis of a vaccine-preventable disease, or on recommendations from the DHS Communicable Diseases Prevention and Control Unit
- contacting the parents/guardians of a child they suspect may be suffering from an infectious or vaccine-preventable disease, or of a child not immunised against a vaccine-preventable disease (No Jab No Play exempt child) that has been detected at the service, and requesting the child be collected as soon as possible
- notifying a parent/guardian, authorised nominee or emergency contact person when a symptom of an excludable infectious illness or disease has been observed
- ensuring that a minimum of one educator with current approved first aid qualifications is in attendance and immediately available at all times the service is in operation (refer to *Administration of First Aid Policy*)
- establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service (refer to *Hygiene Policy*)
- ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (*Health (Infectious Diseases) Regulations 2001: Regulation 14*)
- notifying the Approved Provider and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position
- advising parents/guardians on enrolment that the recommended minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations (see Attachment 3)
- advising the parents/guardians of a child who is not fully immunised on enrolment that they will be required to keep their child at home when an infectious disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased
- requesting that parents/guardians notify the service if their child has, or is suspected of having, an infectious disease or infestation
- providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).
- ensuring all children have supplied immunisation details as per the “No Jab, No Play” legislation
- ensuring parent/guardian has signed the Parent Managed Head Lice Program Form

CENTRE SUPERVISORS AND OTHER EDUCATORS/STAFF ARE RESPONSIBLE FOR:

- encouraging parents/guardians to notify the service if their child has an infectious disease or infestation
- observing signs and symptoms of children who may appear unwell and informing the Nominated Supervisor
- providing access to information and resources for parents/guardians to assist in the identification and management of infectious diseases and infestations

DEALING WITH INFECTIOUS DISEASE POLICY

MANDATORY – QUALITY AREA 2



- monitoring any symptoms in children that may indicate the presence of an infectious disease and taking appropriate measures to minimise cross-infection
- If a case of Head Lice is suspected, contact parent/guardian and verbally request permission to inspect child's hair. Inform parent/guardian that if inspection proves to be positive then they will be required to remove child from the centre ASAP
- complying with the *Hygiene Policy* of the service
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

ALL PARENTS/GUARDIANS ARE RESPONSIBLE FOR:

- keeping their child/ren home if they are unwell or have an excludable infectious disease
- keeping their child/ren home until there has been a clear 24 hours since last bout of vomiting or diarrhoea
- keeping their child/ren at home when an infectious disease has been diagnosed at the service and their child is not fully immunised against that infectious disease, until there are no more occurrences of that disease and the exclusion period has ceased
- informing the service if their child has an infectious disease or has been in contact with a person who has an infectious disease
- providing accurate and current information regarding the immunisation status of their child/ren when they enrol, and informing the service of any subsequent changes to this while they are enrolled at the service
- complying with the recommended minimum exclusion periods
- regularly checking their child's hair for head lice or lice eggs, regularly inspecting all household members, and treating any infestations as necessary
- notifying the service if head lice or lice eggs have been found in their child's hair and when treatment was commenced
- complying with the *Hygiene Policy* when in attendance at the service.
- Complying with the "No Jab, No Play" regulations (att. 4)
- Signing Parent Managed Head Lice Program Form (att. 1)

VOLUNTEERS AND STUDENTS, WHILE AT THE SERVICE, ARE RESPONSIBLE FOR FOLLOWING THIS POLICY AND ITS PROCEDURE

EVALUATION:

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information related to infectious diseases on display and supplied to parents/guardians is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any change to this policy or its procedures.

ATTACHMENTS:

- Attachment 1: Managed Head Lice Program
- Attachment 2: Head lice notification letter
- Attachment 3: Minimum period of exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts
- Attachment 4: 'No Jab, No Play' fact sheet

DEALING WITH INFECTIOUS DISEASE POLICY

MANDATORY – QUALITY AREA 2



AUTHORISATION: This policy was adopted by the Approved Provider of Highvale Preschool on 10th October, 2017

This policy will take effect from 25th October, 2017

REVIEW DATE: October 2018

DEALING WITH INFECTIOUS DISEASE POLICY

MANDATORY – QUALITY AREA 2



Attachment 1: PARENT MANAGED HEAD LICE PROGRAM

Head lice do not carry any infectious disease but they are highly contagious and cause uncomfortable irritation. Highvale Preschool has developed a parent-managed head lice program to help parents manage head lice. While head lice (pediculosis) are nothing to be ashamed of, any action taken in regard to this matter will be treated confidentially to ensure privacy for children and their families. Parents are asked to check their children’s hair regularly to reduce the incidence of head lice.

The Parent Managed Head Lice Program consists of parents giving permission for staff to check children’s hair if symptoms are present e.g.: excessive scratching of the scalp. In the event of head lice being present, staff will phone parents to collect children from preschool and treat their hair accordingly before returning to preschool for the next session.

I, (name).....wish/do not wish to have my child (name)
.....participate in the Parent Managed Head Lice Program.

Signed: Dated:



ATTACHMENT 2: HEAD LICE NOTIFICATION LETTER

Dear parents/guardians,

It has come to our attention that head lice or lice eggs have been detected in your child's group at Highvale Preschool and we seek your co-operation in checking your child's hair regularly over the next week

Head lice are common in children and are transmitted by having head-to-head contact with someone who has head lice, but they do not transmit infectious diseases.

What can you do?

We seek your co-operation in checking your child's hair and, in instances where head lice or lice eggs are found, treating your child's hair.

While head lice do not spread disease, they are included in the Department of Health's exclusion table which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

We request that you observe these exclusion periods if head lice or lice eggs are detected on your child.

How do I treat my child for head lice?

Please read the attached pamphlet *Treating and controlling head lice* from the Department of Human Services. This contains guidelines regarding detecting and treating head lice and lice eggs. Additional information is also available by contacting the service.

Who do I contact if my child has head lice?

If head lice or lice eggs are found in your child's hair, you must inform:

- the service, and use the attached form to advise when treatment has commenced
- parents/guardians and carers of your child's friends so that they can also check these children for head lice or lice eggs and commence treatment if necessary.

When can my child return to the service?

Department of Health regulations require that where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Highvale Preschool is aware that head lice can be a sensitive issue and is committed to maintaining your confidentiality.

Kind regards,

[Signature of Nominated Supervisor] or "responsible person" on day

[Name of Nominated Supervisor]

Date:

DEALING WITH INFECTIOUS DISEASE POLICY

MANDATORY – QUALITY AREA 2



Attachment – 2

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.

[1] Conditions	[2] Exclusion of cases	[3] 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
Hepatitis C	Exclusion is not necessary	Not excluded

DEALING WITH INFECTIOUS DISEASE POLICY

MANDATORY – QUALITY AREA 2



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 virus)	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
Measles*	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
Meningococcal infection*	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps*	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Pertussis* (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
Poliomyelitis*	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

DEALING WITH INFECTIOUS DISEASE POLICY

MANDATORY – QUALITY AREA 2



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 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 Escherichia coli (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

Statutory Rule

A person in charge of a primary school or children's services centre must not allow a child to attend the primary school or children's services centre for the period or in the circumstances:

(a) specified in column 2 of the Table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 1 of the Table in Schedule 7; or

(b) specified in column 3 of the Table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 1 of the Table in Schedule 7.

The person in charge of a primary school or children's services centre, when directed to do so by the Secretary, must ensure that a child enrolled at the primary school or children's services centre who is not immunised against a vaccine preventable disease (VPD) specified by the Secretary in that direction, does not attend the school or centre until the Secretary directs that such attendance can be resumed. (Note—VPDs are marked in the table with an asterisk (*). Contact the Department on 1300 651 160 for further advice about exclusion and these diseases.)

Further information

For further information about exclusions mentioned in this document, please contact the Department of Health's Communicable Disease Prevention and Control Unit on 1300 651 160 or visits www.health.vic.gov.au/ideas.

May 2010

Department of Health



Attachment 4:

'No jab, no play' fact sheet.

Under the new 'No Jab, No Play' legislation, before enrolling a child, early childhood services 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.

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

About vaccination

Why are vaccinations so important?

Vaccination is one of the most effective interventions to prevent disease worldwide. Modern vaccines provide high levels of protection against an increasing number of diseases which, in some cases, can be fatal.

Worldwide, it is estimated that immunisation programs prevent approximately 2.5 million deaths each year.

The current immunisation rate in Victoria for children under 5 years of age is around 92 per cent; however immunisation coverage of 95 per cent is necessary to halt the spread of particularly virulent diseases such as measles.

Immunisation not only protects those people who have been vaccinated, it also protects those in our community who may be unable to receive vaccines themselves, by reducing the prevalence and spread of disease.

What immunisations are required for children at childcare and kindergarten?

Under the new legislation, children will be required to be fully vaccinated for their age.

For more information, view the immunisation schedule for vaccines available under the National Immunisation Program, and when they should be received.

Where can parents/carers access immunisation services?

GPs, immunisation nurses at local councils, and health clinics can provide immunisation services.

The Better Health Channel website has a health service locator that can assist Victorians to find their nearest immunisation provider.

Are vaccines safe?

The scientific evidence supporting vaccination is overwhelming, and the benefits far outweigh the very small risks

All vaccines currently available in Australia must pass stringent safety testing before being approved for use by the Therapeutic Goods Administration, Australia's regulatory authority for therapeutic goods. Safety testing is required by law and is usually done over many years during the vaccine's development.

Once vaccines are in use, their safety is continually monitored by the Therapeutic Goods Administration and other organisations.

All immunisation providers play an important role in reporting adverse events following immunisation which assists in safety surveillance after a vaccine is registered for use in Australia. In Victoria the agency that receives



all reports is SAEFVIC (Surveillance of Averse Events Following Vaccination in the Community) – www.saefvic.org.au or 1300 882 924

About the 'No Jab, No Play' law

When does the 'No Jab, No Play' law come into effect?

It is intended that the law will come into effect from 1 January 2016.

Enrolments for a place at an early childhood service commencing at the beginning of 2016 that are confirmed in writing by the service before the legislation comes into effect will not be impacted by the legislation.

Being registered on a waiting list for a place at an early childhood service is not a confirmed enrolment.

Who will the 'No Jab, No Play' law impact and how?

These laws will apply to all early childhood education and care services in Victoria providing:

- long day care
- kindergarten
- occasional care
- family day care.

The legislation will not apply to:

- enrolment in primary or secondary school
- outside school hours care (after school care, before school care, vacation care)
- enrolments of school children in long day care, family day care or occasional care
- casual occasional care services that offer care of less than 2 hours per day and less than 6 hours per week
- playgroups.

Nothing changes for parents of children who are fully immunised because existing legislation already requires that immunisation information is provided on enrolment in early childhood education and care services.

Resources are being provided to early childhood services to assist families of children who aren't up-to-date with their immunisations with support and information as to where they can access vaccinations.

Why is conscientious objection not an exemption under the legislation?

The purpose of removing this exemption is to ensure as many children as possible are vaccinated against serious and potentially life-threatening illnesses.

If parents/carers have questions or concerns about immunisation or particular vaccines, they should seek answers from a qualified source, such as a GP or immunisation nurse. The Better Health Channel also provides quality-assured information online.

Do the 'No Jab, No Play' laws breach human rights?

The Victorian Charter of Human Rights and Responsibilities is a law that protects the human rights of all people in Victoria. The rights in the charter may be subject to reasonable limitation. Reasonable limitation involves balancing the rights of the individual with the need for government to protect the broader public



interest especially in relation to public safety, health and order.

The benefits of immunisation are overwhelming, preventing death and disability, and protecting not only the individual but others in the community who cannot be vaccinated.

The public health risks of failing to vaccinate are so great, which is why the Government is committed to implementing the 'No Jab, No Play' law to boost immunisation rates in the community.

Shouldn't immunisation be a personal choice?

The legislation does not mandate vaccinations, nor does it require the administration of vaccines without consent. Parents may continue to make a choice not to vaccinate their children.

However, Governments have a responsibility to make decisions that balance the best possible community health outcomes with individual choices. Preventing problems before they occur is vital to good health.

The purpose of 'No Jab, No Play' is to increase immunisation rates in the community, particularly amongst young children. This is a public health priority, given the serious risk posed by vaccine-preventable diseases and the proven safety and efficacy of vaccines.

Is 'homeopathic immunisation' accepted under 'No Jab, No Play'?

No. 'Homeopathic immunisation' is not a recognised form of immunisation. For more information view the Homeopathy and Vaccination fact sheet produced by the National Centre for Immunisation Research.

Could a child care service for unvaccinated children open in Victoria?

Anyone offering education and care services as defined under the Education and Care Services National Law Act 2010 is required to be licensed by the Department of Education and Training.

Such services are required to meet minimum standards in relation to staffing, premises and operational requirements to protect children's safety, health and wellbeing. Once the new legislation comes into effect, this will also include adhering to the 'No Jab, No Play' requirements.

If the Department of Education and Training believed an unapproved or unlicensed service was in operation this would be promptly investigated. The maximum penalty for operating an unlicensed education and care service is \$20,000 for an individual or \$100,000 for a company or incorporated association.

About required documentation

Under 'No Jab, No Play' what documentation is required as evidence of up-to-date vaccination?

Existing legislation already requires that immunisation information is provided on enrolment.

When the 'No Jab, No Play' law is in effect from 1 January 2016, to finalise enrolment for a child in long day care, kindergarten, family day care or occasional care, parents/carers have to provide the service with an immunisation status certificate that shows their child:

- is up to date with vaccinations for their age OR
- is on a vaccine catch-up schedule OR
- has a medical condition preventing them from being fully vaccinated.



An immunisation status certificate is a statement showing the vaccines a child has received. The most common type of immunisation status certificate is an Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR).

Immunisation History Statements can be requested at any time by contacting Medicare:

- phone 1800 653 809
- email acir@medicareaustralia.gov.au
- visit the Medicare website
- visit your local Medicare office.

Parents and carers are able to obtain documentation from immunisation providers that meet the requirements for enrolment. This has to show:

- what vaccines the child has had
- what date the next vaccine is due, if applicable
- any medical contraindications.

Resources have been developed for immunisation providers and early childhood services to ensure that simple, clear documents are available to facilitate enrolment.

It is likely that, in most cases, providing the ACIR Immunisation History Statement will be the easiest process for services and parents.

What is considered a 'medical exemption' under 'No Jab, No Play' and what documentation is required as evidence?

Some children may be exempt from the requirement to be fully vaccinated on medical grounds.

Examples of valid medical reasons that a child could not be fully vaccinated include:

- an anaphylactic reaction to a previous dose of a particular vaccine, or
- an anaphylactic reaction to any vaccine component
- has a disease which lowers immunity (such as leukemia, cancer, HIV/AIDS, SCID), or
- is having treatment which lowers immunity (such as chemotherapy).

Parents/carers who think their child may require a medical exemption to one or more vaccines should consult their GP.

If a child had a medical reason they cannot be vaccinated, a GP needs to complete and sign a Medicare Immunisation Exemption Medical Contraindication Form, and send it to the Australian Childhood Immunisation Register (ACIR).

The parent then needs to obtain an updated Immunisation History Statement from the ACIR that indicates the child was up-to-date with all the vaccines that they can have, and listed the vaccines that they cannot have due to a medical contraindication. This statement needs to be provided by the parent to the early childhood service to finalise enrolment.

Alternatively, parents and carers can obtain documentation from their GP that meets the requirements for enrolment.



What do parents/carers whose child's vaccinations are not up-to-date need to do to obtain acceptable documentation?

If a child's vaccinations are not up-to-date the parents/carers should consult their doctor or immunisation nurse about bringing the child's vaccinations up to date.

If a child has missed the last due vaccine their doctor or immunisation nurse needs to give the overdue vaccine and inform the Australian Childhood Immunisation Register (ACIR). The parent/carer then needs to request an updated Immunisation History Statement from ACIR.

The updated ACIR Immunisation History Statement showing that vaccines are 'up-to-date' needs to be provided by the parent to the early childhood service to finalise enrolment

If a child has missed all or several vaccines their doctor or immunisation nurse needs to develop an approved vaccination catch-up schedule.

The child has to start the catch-up schedule and be on track with their vaccinations according to that schedule. They do not need to have completed the schedule before enrolment could be confirmed.

The immunisation provider can provide documentation about the catch up schedule that the parent can then provide to the early childhood service to finalise enrolment.

Families who experience difficulty accessing vaccinations or the required documents can seek support and guidance from the early childhood service.

If parents/carers have questions or concerns about immunisation or particular vaccines, they should seek answers from a qualified source, such as a GP or immunisation nurse.

The Better Health Channel also provides quality- assured information online.

How can parents/carers obtain acceptable documentation if their child was vaccinated overseas?

Families whose children were vaccinated overseas should consult their doctor or immunisation nurse. Overseas vaccination schedules may differ from the Australian schedule and need to be checked by a doctor/nurse who will transfer the information to the Australian Childhood Immunisation Register (ACIR).

If/once the child is up-to-date with the Australian schedule, the ACIR can issue the parent with an Immunisation History Statement that shows they are up-to-date.

For families that do not have a Medicare card, vaccines recorded and provided in Australia can still be recorded on ACIR. The parent/carer can contact ACIR and request a copy of the Immunisation History Statement.

The parent has to provide the statement to the early childhood service to finalise enrolment.

If the child is not up-to-date with the Australian schedule, and requires a number of vaccines, a catch- up schedule needs to be developed by the immunisation provider.

The immunisation provider can provide documentation about the catch up schedule that the parent/carer should then provide to the early childhood service to finalise enrolment

What about vulnerable children who are behind on their vaccinations and find it difficult to access the



required documentation or immunisation services?

There are some children in the community whose families face difficulties accessing vaccinations and/or the required documentation to prove immunisation status.

Under the legislation, some families (such as those who are eligible for kindergarten subsidies) would be eligible to enrol and commence at the childcare/kindergarten service, under a 'grace period' provision, while they bring their children's vaccinations up-to-date.

Early childhood services, with help from the Departments of Health and Human Services and Education and Training, will support families of children who are not up-to-date with their vaccinations and provide them with information as to where they can access vaccinations.

Who is eligible for the grace period?

Under the No Jab No Play law, vulnerable and disadvantaged children will be eligible to enrol in a service under a grace period, without having provided proof of up to date immunisation. The grace period provisions allow the family to continue to access early childhood education and care services while receiving information and assistance to get their child's immunisations up to date and to obtain the required immunisation documentation that needs to be provided to the service.

Children eligible to be enrolled under the grace period include:

- children evacuated from their place of residence due to an emergency such as a flood or bushfire;
- children in emergency care within the meaning of section 3(1) of the Children, Youth and Families Act 2005;
- Children in the care of an adult who are not the child's parent due to exceptional circumstances such as illness or incapacity;
- Children identified as Aboriginal or Torres Strait Islander
- Children whose parents hold a health care card, a pensioner concession card, a Veterans Affairs Gold or White card;
- Children from a multiple birth of triplets or more
- Any other circumstance specified in the guidelines made by the Secretary to the Department of Health and Human Services.

Guidelines specifying additional groups eligible for the grace period are currently being developed. It is intended that they will include refugee and asylum seekers, children known to child protection and children referred to Child FIRST. Updated information about the guidelines will be added to this Fact Sheet when available.

How long is the grace period?

The grace period is for 16 weeks commencing from the date that the child first attends the service.

What needs to happen during the grace period?

Early Childhood Education and Care Services

DEALING WITH INFECTIOUS DISEASE POLICY

MANDATORY – QUALITY AREA 2



During the 16 week grace period, early childhood education and care services are required to take reasonable steps to obtain the required immunisation documentation.

The Departments of Health and Human Services and Education and Training are developing materials to support early childhood education and care services to implement the grace period provisions. This will include a checklist to determine eligibility for the grace period as well as information to provide to parents about where to access immunisation services.

Parents

During the 16 week grace period parents should endeavour to have their child vaccinated if required, and/or obtain the necessary immunisation documentation and provide it to the service.

Early childhood services can provide parents with support and information to do this.

More information

View the 'No Jab, No Play' legislation

View the legislation online at Victorian Legislation and Parliamentary Documents about Commonwealth 'No Jab, No PAY' initiative

The Commonwealth Government has announced that, from 1 January 2016, subject to passage of legislation, families will no longer be eligible for family assistance payments if their children (up to the age of 19) are not fully immunised or if they do not have an approved medical exemption. For information call the Families and Parent Line: 13 61 50.

Request an Immunisation History Statement

Contact the Australian Childhood Immunisation Register to request an Immunisation History Statement on telephone: 1800 653 809.

Locate an immunisation provider

The Better Health Channel website: www.betterhealth.vic.gov.au has a health service locator that can assist Victorians to find their nearest immunisation provider.

View the immunisation schedule: Search 'childhood immunisation' on the Better Health Channel: www.betterhealth.vic.gov.au

Authorised and published by the Victorian Government,
1 Treasury Place, Melbourne.

© State of Victoria, Department of Health and Human Services, October 2015

