

Immunisation Policy



When groups of children are together, illness and disease can spread rapidly. Immunisable diseases such as measles and whooping cough can have serious health consequences for children, especially young children. Staff members who work in a childcare setting are also at increased risk of certain infectious illnesses.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
77	Health, hygiene and safe food practices
88	Infectious diseases
90	Medical conditions policy
162	Health information to be kept in enrolment record

PURPOSE

The purpose of this policy is to manage and prevent the spread of infectious illnesses and diseases. Our School has a duty of care to ensure that all children, families and educators are provided with a high level of protection during the hours of operation. This includes notifying children, families and educators when an excludable illness or disease is present in the school; maintaining a record of children's immunisation status; complying with relevant health department exclusion guidelines; and increasing educators' awareness of cross infection through physical contact with others.

SCOPE

This policy applies to children, families, staff, management and visitors of the Farmhouse Montessori School.

IMPLEMENTATION

Immunisation is a reliable way to prevent some infections. Immunisation works by giving a person a vaccine—often a dead or modified version of the germ—against a particular disease. This makes the person's immune system respond in a similar way to how it would respond if they actually had the disease, but with less severe symptoms. If the person comes in contact with that germ in the future, their immune system can rapidly respond and prevent the person becoming ill.

Immunisation also protects other people who are not immunised, such as children who are too young to be immunised, or people whose immune systems did not respond to the vaccine. This is because the more people who are immunised against a disease, the lower the chance that a person will ever come into contact with someone who has the disease. The chance of an infection spreading in a community therefore decreases if a large proportion of people are immunised, because the immune people will not become infected and can protect the vulnerable people; this is known as 'herd immunity'

On 14 September 2017 the NSW Parliament passed an amendment to the Public Health Act 2010 to strengthen vaccination requirements in child care (also known as Early Childhood Education and Care).

The changes mean that from 1 January 2018:

Immunisation Policy - Farmhouse Montessori School/ QA Policies 2016/ Quality Area 2

- children who are unvaccinated due to their parent's conscientious objection will no longer be able to be enrolled in ECECS.
- it will be an offence (with a penalty of 50 penalty units) for an approved provider to fail to comply with the ECECS vaccination enrolment requirements in section 87
- it will be an offence (with a penalty of 50 penalty units) for a person to forge or falsify a certificate that is required to be provided under these requirements
- the temporary exemption (for 12 weeks after enrolment) will be extended to Aboriginal children and those in out of home care.

PENALTY UNITS

Unless the contrary intention appears, a reference in any Act or statutory rule to a number of penalty units (whether fractional or whole) is taken to be a reference to an amount of money equal to the amount obtained by multiplying \$110 by that number of penalty units:- Referenced P9 of the hyperlink below:

https://www.legislation.nsw.gov.au/Guide_to_interpreting_NSW_legislation.pdf

From 1 January 2018, parents must provide a copy of one or more of the following documents to enrol or re-enrol in a child care centre:

- an AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations or
- an AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule (temporary for 6 months only) or
- an AIR Immunisation Medical Exemption Form which has been certified by a GP.

No other form of documentation is acceptable (i.e. the Interim Vaccination Objection Form or Blue Book). The documents must be stored by the director in a secure location for 3 years, unless a child transfers to another child care centre

Children who are already enrolled in ECECS prior to 1 January 2018 will be unaffected by the changed requirements that is, if enrolling a child in 2017 to commence child care in 2018 parents may continue to submit any one of the four existing forms.

The only children that are permanently exempt from the new requirements are :

- children who are enrolled at the Primary school.
- services providing education and care to children primarily on an ad hoc, temporary or casual basis (for example, crèches in shopping centres and gyms).

The following classes of children are **temporarily exempt** from the new requirements and the documentation must be provided **within 12 weeks** from the date of enrolment in the child care facility:

- those who are subject to a guardianship order under section 79A of the Children and Young Persons (Care and Protection) Act 1998
- those who have been placed in out-of-home care
- those who are being cared for by an adult who is not the child's parent due to exceptional circumstances such as illness or incapacity
- those who have been evacuated following a state of emergency (for example, a declared natural disaster)
- Aboriginal or Torres Strait Islander children.

MANAGEMENT/NOMINATED SUPERVISOR WILL

- Display wall charts about immunisation.
- Review children's immunisation on a regular basis, updating the child's records kept at the school, and sending emails for when new ACIR are required.

- Not enroll a child into the School unless approved documentation has been provided that confirms the child is fully immunised for their age or has a medical reason not be immunised.
- Develop a staff immunisation record that documents each staff member's previous infection or
- Provide staff with information about vaccine-preventable diseases
- Document advice given to educators and other staff, and any refusal to comply with vaccination requests.
- Notify families when an outbreak of an immunise-able disease occurs
- Exclude any child who is not immunised from the School if and when an outbreak of an immunisable infectious disease occurs to protect that child and to prevent further spread of infection at the school. In the instance of the child being immunised and the Immunisation record not provided to the School - the child would be viewed as not being immunised.

FAMILIES WILL

Provide the service with a copy of one or more of the following documents

- An ACIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations; or
- An ACIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule; or
- An ACIR Immunisation Medical Exemption Form which has been certified by a GP, or;
- Provide the school with an updated copy of their child's current immunisation record every year and after any new scheduled immunisation booster shot.

QUESTION YOU MAY BE ASKED:

Q: Which vaccines must a child have to be fully vaccinated?

A: The NSW Immunisation Schedule sets out the age-appropriate vaccines for children and the AIR Immunisation History Statement will indicate if the child is up to date with their vaccinations.

Please Appendix 1.

Q: What if a parent fails to provide the appropriate documents from January 2018?

A: Principals of child care centres cannot enroll children if the required documents are not provided.

Q: Why have these changes been made?

A: These changes have been made to strengthen vaccination enrolment requirements in child care. In particular, they will:

- send a strong public health message about the importance of vaccination
- reinforce for the broader community the overwhelming scientific evidence that vaccination is safe and highly effective in preventing disease
- help reduce the transmission of disease in certain geographical areas.

The changes will also align with national changes under the Australian Government's No Jab No Pay initiative that removed the conscientious objection exemption in determining eligibility for child care and family assistance payments.

Q: Do parents still have a choice to vaccinate their children?

A: Yes. Vaccination is not compulsory and parents will continue to have the choice whether or not to vaccinate their child. However, conscientious objectors will no longer be able to enrol their children in child care and will need to make alternative arrangements.

Q: Are unimmunised children able to enrol in child care after 1 January 2018?

A: The only children who can be enrolled in child care after 1 January 2018 are those who are unimmunised due to medical reasons (see section 2.1.4 of the *Australian Immunisation Handbook 10th ed*), provided that the appropriate documentation has been provided, or children who are too young to be immunised (under 2 months of age).

Also, children who are behind with their immunisation schedule are able to access child care once the appropriate documentation has been provided that shows they are on a recognised catch-up schedule.

Children who are unimmunised for a disease may be asked to stay at home if there is an outbreak of that vaccine preventable disease in a child care centre.

Q: How do parents access an AIR Immunisation History Statement for their child?

A: Parents automatically receive their child's AIR Immunisation History Statement in the mail after they complete their immunisation schedule (sometime after 4 years of age).

A copy of their child's immunisation details can also be obtained at any time by:

- using their Medicare online account through MyGov
- using the Medicare Express Plus App
- calling the AIR General Enquiries Line on 1800 653 809

Q: What if a child was vaccinated overseas?

A: Overseas immunisation records must not be accepted by child care centres. The overseas immunisation records need to be assessed by an Australian immunisation provider who will transfer the information to the Australian Immunisation Register (AIR). Parents can then request an AIR Immunisation History Statement

Which diseases must child care facility directors report to public health units?

Under the NSW Public Health Act 2010 child care centres must notify the following 9 vaccine preventable diseases to the local Public Health Unit on **1300 066 055**:

- Diphtheria
- Haemophilus influenzae type b (Hib)
- Measles
- Meningococcal C
- Mumps
- Pertussis (whooping cough)
- Poliomyelitis
- Rubella
- Tetanus

The Public Health Unit may need to review the centre's immunisation register to determine which children are at risk from the outbreak.

Following assessment of the situation, the public health officer may instruct the director to exclude certain children for a period, or provide advice regarding preventive measures. Copies of these are in the front of the immunisation folder which is located in the school office.

Q: Are child care centres required to forward immunisation status documentation to primary school principals?

A: No. The Farmhouse Montessori Nth Balgowlah Campus is not required to transfer AIR Immunisation History Statements or exemption documentation to any primary school when a child leaves our school, however if the student is going to the Farmhouse Nth Head Campus we will transfer the records for you as long as they are current. The Nth Balgowlah campus must retain the immunisation records for the students for 3 years after the date that the student has left the school.

Q: How are the new requirements being enforced?

A: New offences have been created to ensure that principals only enrol children for whom the appropriate forms have been provided, and that these forms have not been forged or falsified, with fines up to \$5,500.

This is in addition to the current regulatory activities undertaken by the Department of Education under the Education and Care Services National Law and Regulations.

Q: Who can I contact for more information?

A: More information about the new requirements is available by contacting your local Public Health Unit on 1300 066 055

New South Wales (NSW)

TO BE DISPLAYED IN THE SERVICE

- The National Immunisation Program (NIP) Schedule can be accessed and downloaded from [http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/4CB920F0D49C61F1CA257B2600828523/\\$File/nip-schedule-card-hib-menc-update.pdf](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/4CB920F0D49C61F1CA257B2600828523/$File/nip-schedule-card-hib-menc-update.pdf)
- Phone number 1800 671 811
- The NSW Immunisation Schedule (DISPLAY IN SERVICE) and immunisation exemption certificates for medical contraindication and conscientious objection can be accessed from <http://www.health.nsw.gov.au>
- NSW Health
- Local NSW Public Health Unit Contact Details - <http://www.health.nsw.gov.au/PublicHealth/Infectious/phus.asp>

Note homeopathic immunisation is not recognised.

Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics
- Revised National Quality Standard

Policy Review Date

Nov 2017

Appendix 1

NSW Immunisation Schedule



AGE	DISEASE	VACCINE
CHILDHOOD VACCINES		
Birth	Hepatitis B	H-B-VAX II
6 weeks	Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type B, hepatitis B, polio Pneumococcal Rotavirus	INFANRIX HEXA PREVENAR 13 ROTARIX
4 months	Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type B, hepatitis B, polio Pneumococcal Rotavirus	INFANRIX HEXA PREVENAR 13 ROTARIX
6 months	Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type B, hepatitis B, polio Pneumococcal	INFANRIX HEXA PREVENAR 13
12 months	<i>Haemophilus influenzae</i> type B, meningococcal C Measles, mumps and rubella	MENITORIX MMR II or PRIORIX
18 months	Measles, mumps, rubella, varicella Diphtheria, tetanus, pertussis	PRIORIX TETRA or PROQUAD INFANRIX or TRIPACEL
4 years	Diphtheria, tetanus, pertussis, polio	INFANRIX-IPV
ADOLESCENT VACCINES		
12 years (Year 7 school vaccination program)	Diphtheria, tetanus, pertussis Human papillomavirus (3 doses) Varicella (catch-up only - ends 31 December 2017)	BOOSTRIX GARDASIL VARIVAX or VARILRIX
ADULT VACCINES		
65 years and over	Influenza Pneumococcal*	INFLUENZA PNEUMOVAX 23
70 years	Shingles (from 1 November 2016)	ZOSTAVAX
AT RISK GROUPS		
6 months and over with medical risk conditions Aboriginal 6 months to < 5years Aboriginal 15 years and over Pregnant women	Influenza	INFLUENZA
65 years and over Aboriginal 50 years and over Aboriginal 15-49 years with medical risk factors	Pneumococcal (*refer to the current edition of <i>The Australian Immunisation Handbook</i> for timing of doses)	PNEUMOVAX 23

Refer to the current edition of *The Australian Immunisation Handbook* for all medical risk factors and conditions.

April 2016 © NSW Health. SHPN(CHP) 100063

