



DEALING WITH INFECTIOUS DISEASES POLICY

Mandatory – Quality Area 2

PURPOSE

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

- a child attending Parkdale Preschool shows symptoms of an infectious disease
- a child at Parkdale Preschool has been diagnosed with an infectious disease
- managing and minimising the spread of infectious diseases, illnesses and infestations (including head lice)
- managing and minimising infections relating to blood-borne viruses.

Note: This policy includes information on child immunisation.

POLICY STATEMENT

1. VALUES

Parkdale 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 and blood-borne viruses, management of infestations and immunisation programs.

Parkdale 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 Parkdale Preschool are committed to preventing the spread of vaccine-preventable diseases through simple hygiene practices such as hand washing, effective cleaning procedures, checking immunisation records prior to confirming enrolment and complying with recommended exclusion guidelines and timeframes for children and educators/staff.

2. 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 Parkdale Preschool, including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION

Background

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 *Public Health and Wellbeing Regulations 2009*.

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 (Regulation 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 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 Immunisation Register, by calling 1800 653 809. This service is free of charge and it takes 7–10 working days to process a request
- via the my.gov.au website or mygov app
- 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: Regulation 88*
- *Health Records Act 2001*
- *Information Privacy Act 2000 (Vic)*
- *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*
- *Privacy Act 1988 (Cth)*

- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009*
- WorkSafe Victoria: *First aid in the workplace compliance code*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Blood-borne virus (BBV): A virus that is spread when blood from an infected person enters another person's bloodstream. Examples of blood-borne viruses include human immunodeficiency virus (HIV), hepatitis B, hepatitis C and viral haemorrhagic fevers. Where basic hygiene, safety, infection control and first aid procedures are followed, the risks of contracting a blood-borne virus is negligible.

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.

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

No Jab, No Play Legislation: This amendment requires early childhood education and care services to ensure a child is fully vaccinated for their age, or; is on a recognised catch-up schedule; or has a medical reason not to be vaccinated, prior to confirming enrolment. Refer Attachment 2: No Jab, No Play Fact Sheet.

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 to 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. The exclusion period table, published by the Department of Health and Human Services, can be accessed at <https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table>

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked

in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (as soon as possible and within 24 hours of the incident). The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

5. SOURCES AND RELATED POLICIES

Sources

- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2005) *The Blue Book: Guidelines for the control of infectious diseases*. Available at <http://docs.health.vic.gov.au/docs/doc/The-blue-book>
- Communicable Disease and Prevention Control Unit: phone – 1300 651 160, <https://www2.health.vic.gov.au/public-health/infectious-diseases> and infectious.diseases@dhhs.vic.gov.au
- Communicable Disease Prevention and Control Unit, Department of Health (2010) *A guide for the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne: [http://docs.health.vic.gov.au/docs/doc/412320256B5A9239CA2578A300265C25/\\$FILE/Industry-guide-Childcare-web.pdf](http://docs.health.vic.gov.au/docs/doc/412320256B5A9239CA2578A300265C25/$FILE/Industry-guide-Childcare-web.pdf)
- Department of Health: www.immunise.health.gov.au
- Department of Human Services (2012) *Head lice management guidelines*: <http://docs.health.vic.gov.au/docs/doc/Head-lice-management-guidelines->
- *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
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition): <http://www.nhmrc.gov.au/guidelines/publications/ch55>
(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.)
- Victorian Department of Health and Human Services: <https://www2.health.vic.gov.au>

Service policies

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

PROCEDURES

The Approved Provider is responsible for:

- ensuring that where 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 at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))
- ensuring that information from the Department of Health about the recommended minimum exclusion periods (refer to *Definitions*) is displayed at the service, is available to all stakeholders

and is adhered to in the event of an outbreak of an infectious disease (as designated by the Department of Health – refer to *Definitions*)

- ensuring that the parent/guardian and the Department of Health and Human Services¹ are informed within 24 hours of becoming aware that an enrolled child is suffering from:
 - a) Pertussis, or
 - b) Poliomyelitis, or
 - c) Measles, or
 - d) Mumps, or
 - e) Rubella, or
 - f) Meningococcal C,

as required under Regulation 84(1) of the *Public Health and Wellbeing Regulations 2009*

(Note: The Department of Health also recommends that services inform the Communicable Disease Prevention and Control Unit if there is an outbreak of three or more cases of respiratory or gastrointestinal illness at the service within a 72 hour period.)

- ensuring that a child who is not immunised against a vaccine-preventable disease does not attend the service when an infectious disease is diagnosed, and does not return until there are no more occurrences of that disease at the service and the recommended minimum exclusion period (refer to *Definitions*) has ceased (Regulation 85(2) of the *Public Health and Wellbeing Regulations 2009*) Refer to the recommendations of the current exclusion period table.
- notifying DET within 24 hours of a serious incident (refer to *Definitions*), including when a child becomes ill at the service or medical attention is sought while the child is attending the service
- 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 <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/national-immunisation-program-schedule>)
- conducting a thorough inspection of the service as required, and consulting with educators/staff to assess any risks by identifying the hazards and potential sources of infection
- ensuring that appropriate and current information and resources are provided to educators/staff and parents/guardians regarding the identification and management of infectious diseases, blood-borne viruses and infestations
- keeping informed about current legislation, information, research and best practice
- 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:

- notifying the Approved Provider immediately on becoming aware that an enrolled child is suffering from:
 - g) Pertussis, or
 - h) Poliomyelitis, or
 - i) Measles, or
 - j) Mumps, or
 - k) Rubella, or
 - l) Meningococcal C

¹ In practice, services should contact the Department of Health's Communicable Disease Prevention and Control Unit.

- contacting the parents/guardians of a child suspected of suffering from an infectious or vaccine-preventable disease, or of a child not immunised against a vaccine-preventable disease that has been detected at the service, and requesting the child be collected as soon as possible
- notifying a parent/guardian or authorised 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* and Attachment 1)
- ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (refer to *Definitions*), 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
- 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
- providing head lice notification for all parents and information about treatment for children in the relevant group when an infestation of head lice has been detected at the service
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

Certified Supervisors and other educators 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
- monitoring any symptoms in children that may indicate the presence of an infectious disease and taking appropriate measures to minimise cross-infection
- complying with the *Hygiene Policy* of the service and the procedures for infection control relating to blood-borne viruses (refer to Attachment 1)
- providing head lice notification for all parents and information about treatment for children in the relevant group when an infestation of head lice has been detected at the service
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

Parents/guardians are responsible for:

- keeping their child/ren at home if they are unwell or have an excludable infectious disease
- 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* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 1) when in attendance at the service.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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: Procedures for infection control relating to blood-borne viruses
- Attachment 2: No Jab, No Play Fact Sheet

AUTHORISATION

This policy was adopted by the Approved Provider of Parkdale Preschool on **16 March 2017**.

REVIEW DATE: JUNE /2020

ATTACHMENT 1

Procedures for infection control relating to blood-borne viruses

This procedure is based on information available from the Department of Education and Training (DET), the Victorian Government's Better Health Channel and the National Health and Medical Research Council.

Important note on blood spills

A person responding to an incident involving blood at the service must first cover any cuts, sores or abrasions on their own hands and arms with waterproof dressings.

Equipment and procedures for responding to incidents that present blood-borne virus hazards

CLEANING AND REMOVAL OF BLOOD SPILLS

Equipment (label clearly and keep in an easily accessible location)

- Disposable gloves
- Disposable plastic bags/zip lock bags/bio hazard container (if available)
- Detergent/bleach
- Disposable towels
- Access to warm water

Procedure

1. Put on disposable gloves.
2. Cover the spill with paper towels.
3. Carefully remove the paper towel and contents.
4. Place the paper towels in an appropriate disposable plastic bag/zip lock bag/bio hazard container.
5. Clean the area with warm water and detergent/bleach, then rinse and dry.
6. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/bio hazard container, seal and place it in a rubbish bin inaccessible to children.
7. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

PROVIDING FIRST AID FOR CHILDREN WHO ARE BLEEDING

Equipment (label clearly and keep in an easily accessible location)

- Disposable plastic bags/zip lock bags/bio hazard container (if available)
- Disposable gloves
- Waterproof dressings
- Disposable towels
- Detergent
- Access to warm water

Procedure

1. Before treating the child, you must cover any cuts, sores or abrasions on your hands and arms with waterproof dressings.
2. Put on disposable gloves.
3. When cleaning or treating a child's face that has blood on it, ensure you are not at eye level with the child as blood can enter your eyes/mouth if the child cries or coughs. If a child's blood enters your eyes, rinse them while open, gently but thoroughly for at least 30 seconds. If a child's blood enters your mouth, spit it out and then rinse the mouth several times with water.

4. Raise the injured part of the child's body above the level of the heart (if this is possible) unless you suspect a broken bone.
5. Clean the affected area and cover the wound with waterproof dressing.
6. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/bio hazard container, seal and place it in a rubbish bin inaccessible to children.
7. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).
8. Remove contaminated clothing and store in leak-proof disposable plastic bags. Give these bags to the parent/guardian for washing when the child is collected from the service.

SAFE DISPOSAL OF DISCARDED NEEDLES AND SYRINGES

Equipment (label clearly and keep in an easily accessible location)

- Disposable gloves
- Long-handled tongs
- Disposable plastic bags
- 'Sharps' syringe disposal container (from local council)
- Detergent/bleach

Procedure

1. Put on disposable gloves.
2. Do **not** try to re-cap the needle or to break the needle from the syringe.
3. Place the 'sharps' syringe disposal container on the ground next to the needle/syringe and open the lid.
4. Using tongs, pick the syringe up from the middle, keeping the sharp end away from you at all times.
5. Place the syringe, needle point down, in the 'sharps' syringe disposal container and close the lid securely on the container.
6. Repeat steps 3 to 5 to pick up all syringes and/or unattached needles.
7. Remove and place gloves in a disposable plastic bag, seal and place it in a rubbish bin inaccessible to children.
8. Clean the area with warm water and detergent/bleach, then rinse and dry.
9. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

Under no circumstances should work-experience students or children be asked or encouraged to pick up needles/syringes.

If the needle/syringe is not accessible and cannot be collected, mark and supervise the area so that others are not at risk, and contact the Syringe Disposal Helpline on 1800 552 355.

Advice on the handling and disposal of needles/syringes can be accessed from:

- the Syringe Disposal Helpline on 1800 552 355 (24 hours a day, 7 days a week) for the location of the nearest needle exchange outlet or public disposal bin
- the environmental officer (health surveyor) at your local municipal/council offices
- local general practitioners
- local hospitals.

Note: 'Sharps' syringe disposal containers and/or needles/syringes must not be put in normal waste disposal bins.

NEEDLE STICK INJURIES

The risk of transmission of a blood-borne virus from a needle stick injury is low and should not cause alarm. The following procedure should be observed in the case of a needle stick injury.

1. Flush the injured area with flowing water.
2. Wash the affected area with warm soapy water and then pat dry.
3. Cover the wound with a waterproof dressing.
4. Report the injury to the Approved Provider or Nominated Supervisor as soon as possible.
5. Document needle stick injuries involving a staff member or child in the incident report book maintained at the service under OHS laws, and report to WorkSafe Victoria.
6. For incidents involving a child, contact the parents/guardians as soon as is practicable and provide a report to DET within 24 hours (refer to 'serious incident' in the *Definitions* section of this policy).
7. See a doctor as soon as possible and discuss the circumstances of the injury.

ATTACHMENT 2

No Jab, No Play Fact Sheet – Frequently Asked Questions

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

6. 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 legislation, children are 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) - more information at the [SAEFVIC website](#) or 1300 882 924.

7. ABOUT THE 'NO JAB, NO PLAY' LAW

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

The law came into effect on 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 came 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 does the 'No Jab, No Play' law impact and how?

These law applies to all early childhood education and care services in Victoria providing:

- long day care
- kindergarten (including 3 and 4 year old kindergarten)
- occasional care
- family day care.

The law does not apply to:

- enrolment in primary or secondary school
- children attending an outside school hours care service (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 no more than 2 hours per day and no more than 6 hours per week (for example, crèches at gyms and shopping centres)
- playgroups.

Before a service can confirm the enrolment of a child, the parent/carer must provide 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.

Resources have been provided to early childhood services to assist families of children 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.

Because the public health risks of failing to vaccinate are so great, the Government has implemented 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.

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.

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.

Does the 'No Jab, No Play' law 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

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. This includes

adhering to the 'No Jab, No Play' requirements, where applicable.

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.

8. ABOUT REQUIRED DOCUMENTATION

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

Previously existing legislation already required that immunisation status information be provided on enrolment, however the immunisation status of the child was not considered.

Now the 'No Jab, No Play' law is in effect, 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).

How can parents/carers get an Immunisation History Statement from ACIR?

Parents/carers can get a copy of their child's Immunisation History Statement:

- through [Medicare online accounts](#) or the Express Plus Medicare mobile app
- at a [local Medicare service centre](#)
- by requesting a statement be posted to them in the mail:
 - phone 1800 653 809
 - email acir@medicareaustralia.gov.au

How can parents/carers get an immunisation status certificate from an immunisation provider?

Alternatively, parents and carers can get an immunisation status certificate from an immunisation provider such as a GP or local council immunisation service.

To be considered acceptable as an Immunisation Status Certificate for the purposes of enrolment at an early childhood education and care service the document/s need to contain all of the following:

- Child's details
 - Full name
 - Date of birth
 - Address
- Vaccine history
 - List of vaccine/s the child has received and when the vaccine was given (can be a separate attachment, such as a previous ACIR Immunisation History Statement, or ACIR Immunisation History Form recording overseas vaccinations)
- Immunisation status
 - Date of the child's next due vaccine; OR
 - A statement saying the child has completed all their childhood vaccinations
 - If relevant, list of any vaccine/s that child cannot receive for a medical contraindication (GP only)
- Immunisation provider's details
 - Provider's full name
 - Organisation name
 - Signed and dated by immunisation provider
 - Medicare provider number OR Australian Childhood Immunisation Register number.

Resources have been developed [for immunisation providers](#) and [early childhood education and care 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 leukaemia, 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 has a valid 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) are 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?

Children experiencing vulnerability and disadvantage are 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 identified as Aboriginal or Torres Strait Islander
- children who hold a health care card, or whose parents hold a health care card, a pensioner concession card, a Veterans Affairs Gold or White card

- children who are refugees or asylum seekers
- children who are known to child protection (that is, children who have been the subject of a report under the *Children Youth and Families Act 2005*, or who are on a protection order under the Act, or whose families are receiving support from a registered community service, including through a referral to CHILDFIRST or through Services Connect)
- children who are living in emergency or crisis accommodation, accommodation supported by the Department of Health and Human Services, or is of no fixed address due to family violence or the risks of family violence or due to homelessness
- 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 from a multiple birth of triplets or more
- any other circumstance specified in guidelines made by the Secretary to the Department of Health and Human Services.

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

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 have developed materials to support early childhood education and care services to implement the grace period provisions. This includes 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.

9. MORE INFORMATION AND RESOURCES

Access these FAQs online

<https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children-adolescents/no-jab-no-play/frequently-asked-questions>

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, 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 on 13 61 50, or [visit the website](#).

Request an Immunisation History Statement

Parents/carers can get a copy of their child's Immunisation History Statement:

- through [Medicare online accounts](#) or the Express Plus Medicare mobile app
- at a local [Medicare service centre](#)
- by requesting a statement be posted to them in the mail:
 - phone 1800 653 809
 - email acir@medicareaustralia.gov.au

Locate an immunisation provider

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

[View the immunisation schedule](#)

Immunisation – childhood fact sheet

RESOURCES FOR DOWNLOAD

For parents:

- Brochure: [Starting childcare or kindergarten? Immunisation information for parents enrolling a child](#)

This brochure is [available in a range of languages](#).

- [VaxOnTime app](#)

Download the app, available for apple, android and windows smart phones, to:

- receive reminder notifications leading up to when your child is due for their vaccinations
- search for a local immunisation provider
- call and make an appointment for vaccinations or find out when immunisation sessions are being run by your local council
- add an appointment to your device's calendar.

- More information for parents is available on the [Better Health Channel](#).

For early childhood education and care services:

- [Immunisation enrolment toolkit](#)
- [More templates and resources for children's services](#).

For immunisation providers:

- Fact sheet: [No Jab, No Play: the role of immunisation providers](#)
- Checklist: [What needs to be included on an Immunisation status certificate](#)
- [More information for immunisation providers](#)

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

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