

DEALING WITH INFECTIOUS DISEASES POLICY

Mandatory – Quality Area 2

PURPOSE

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

- a child attending Elsa Macleod Kindergarten shows symptoms of an infectious disease
- a child at Elsa Macleod Kindergarten 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

Elsa Macleod Kindergarten 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.

Elsa Macleod Kindergarten 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 Elsa Macleod Kindergarten are committed to preventing the spread of vaccine-preventable diseases through simple hygiene practices such as hand washing, effective cleaning procedures and assessing acceptable immunisation documentation and complying with recommended exclusion guidelines and timeframes for children and educators/staff.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day-to-Day Charge, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Elsa Macleod Kindergarten, 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 publishes the *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.

Early childhood education and care services that are regulated under the *Education and Care Services National Law Act 2010* have legislative responsibilities under the *Public Health and Wellbeing Act 2008* to only offer a confirmed place in their programs to children with acceptable immunisation documentation (refer to *Definitions*).

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*
- *Family Assistance Legislation Amendment (Child Care Rebate) Act 2011*
- *Health Records Act 2001*
- *Information Privacy Act 2000 (Vic)*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988 (Cth)*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Amendment (No Jab, No Play) Regulations 2015 (Vic)*
- *Public Health and Wellbeing Regulations 2009*

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.

Acceptable immunisation documentation: Documentation as defined by the *Immunisation Enrolment Toolkit for early childhood education and care services* as acceptable evidence that a child is fully vaccinated for their age, or is on a recognised catch-up schedule if their child has fallen behind their vaccinations; or has a medical reason not to be vaccinated; or has been assessed as being eligible for a 16 week grace period.

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 are negligible.

Communicable Disease and Prevention Control Unit: Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian Department of Health and Human Services. The unit must be contacted by telephone on 1300 651 160.

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.

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: An infectious disease designated by the Communicable Disease and Prevention Control Unit (refer to *Definitions*), Victorian Department of Health and Human Services in Schedule 7 of the *Public Health and Wellbeing Regulations 2009*, the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts.

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

Minimum exclusion period: The period recommended by the Communicable Disease and Prevention Control Unit (see *Definitions*) Victorian Department of Health and Human Services for excluding any person from attending a children's service to prevent the spread of infectious diseases as specified in Schedule 7 of the *Public Health and Wellbeing Regulations 2009*, the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts. The exclusion period table, published by the Department of Health and Human Services, can be accessed at <http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-from-Primary-Schools-and-Childrens-Services-Centres-for-Infectious-Diseases-Cases-and-Contacts> (see attached document)

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.

Serious incident: A serious incident (regulation 12) is defined as any of the following:

- the death of a child while being educated and cared for at the service or following an incident at the service
- any incident involving serious injury or trauma while the child is being educated and cared for, which
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g. a broken limb*
- any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis*.

*NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatments related to serious injury or illness or trauma are required to be notified, not other health matters.

- any emergency^ for which emergency services attended.

^NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution.

- a child appears to be missing or cannot be accounted for at the service
- a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations
- a child was mistakenly locked in or out of the service premises or any part of the premises.

Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns,

diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.

If the approved provider is not aware that the incident was serious until sometime after the incident, they must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Notifications of serious incidents should be made through the NQT IT System portal (<http://www.acecqa.gov.au>). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.

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: <https://www2.health.vic.gov.au>
- Communicable Disease Prevention and Control Unit, Victorian Department of Health (2010) *A guide for the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne: <https://www2.health.vic.gov.au>
- Immunise Australia Program, Department of Health: www.immunise.health.gov.au
- Department of Health, Victoria (2012) *Head lice management guidelines*: <https://www2.health.vic.gov.au>
- *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): <https://www.nhmrc.gov.au>
- Information about immunisations, including immunisation schedule, Victorian Department of Health: www.health.vic.gov.au/immunisation
- WorkSafe Victoria (2008) *First aid in the workplace compliance code*: <https://www.worksafe.vic.gov.au/>

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation 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 and Persons with Management or Control are 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 and is available to all stakeholders including staff, parents/guardians, students and volunteers
- contacting the parent/guardian and Communicable Disease Prevention and Control Unit (refer to *Definitions*) within 24 hours if on reasonable grounds, the Approved Provider believes that a child enrolled at the service is suffering from a vaccine-preventable disease being:
 - a) Pertussis, or
 - b) Poliomyelitis, or
 - c) Measles, or
 - d) Mumps, or
 - e) Rubella, or
 - f) Meningococcal C,
 as required under Regulation 84(2) of the *Public Health and Wellbeing Regulations 2009*
- ensuring that a child is excluded from the service in accordance with the recommended minimum exclusion periods (refer to *Definitions*) when informed that the child is infected with an infectious disease (refer to *Definitions*) or has been in contact with a person who is infected with an infectious disease (refer to *Definitions*) as required under Regulation 85(1) of the *Public Health and Wellbeing Regulations 2009*
- contacting the Communicable Disease Prevention and Control Unit (refer to *Definitions*) – if there is an outbreak of three or more cases of respiratory illness at the service within a 72 hour period, and/or if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period.
- ensuring children who are offered a confirmed place have acceptable immunisation documentation (refer to *Definitions*)
- ensuring when directed by the Secretary, that a child who is not immunised against a vaccine-preventable disease does not attend the service until the Communicable Disease Prevention and Control Unit (refer to *Definitions*) directs that such attendance can be resumed (Regulation 85(2) of the *Public Health and Wellbeing Regulations 2009*)
- notifying DET within 24 hours of a serious incident (refer to *Definitions*)
- supporting the Nominated Supervisor and the educators/staff at the service to implement the requirements of the recommended minimum exclusion periods
- ensuring information about immunisation legislation is displayed and is available to all stakeholders (refer to: www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm)
- conducting a thorough inspection of the service on a regular basis, and consulting with educators/staff to assess any risks by identifying the hazards and potential sources of infection
- ensuring that the Nominated Supervisor, staff and everyone at the service adheres to the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 4)
- 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 laws are communicated to educators/staff and parents/guardians in a timely manner.

The Nominated Supervisor and Persons in Day-to-Day Charge are 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 Services about the recommended minimum exclusion periods (refer to *Definitions*) is displayed at the service and is available to all stakeholders including staff, parents/guardians, students and volunteers
- contacting the parent/guardian and Communicable Disease Prevention and Control Unit (refer to *Definitions*) within 24 hours if on reasonable grounds, the Approved Provider believes that a child enrolled at the services is suffering from a vaccine-preventable disease being:
 - g) Pertussis, or
 - h) Poliomyelitis, or
 - i) Measles, or
 - j) Mumps, or
 - k) Rubella, or
 - l) Meningococcal C,
 as required under Regulation 84(2) of the *Public Health and Wellbeing Regulations 2009*
- ensuring that a child is excluded from the service in accordance with the recommended minimum exclusion periods (refer to *Definitions*) when informed that the child is infected with an infectious disease (refer to *Definitions*) or has been in contact with a person who is infected with an infectious disease (refer to *Definitions*) as required under Regulation 85(1) of the *Public Health and Wellbeing Regulations 2009*
- contacting the Communicable Disease Prevention and Control Unit (refer to *Definitions*) – if there is an outbreak of three or more cases of respiratory illness at the service within a 72 hour period, and/or if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period.
- 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*). (As a demonstration of duty of care and best practice, ELAA recommends that **all educators** have current approved first aid qualifications and anaphylaxis management training and asthma management training.) **At Elsa Macleod Kindergarten, all staff are required to have current approved first aid qualifications and anaphylaxis management training and asthma management training.**
- 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 4 – Procedures for infection control relating to blood-borne viruses)
- 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
- contacting the 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 (refer to: <http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-from-Primary-Schools-and-Childrens-Services-Centres-for-Infectious-Diseases-Cases-and-Contacts>)
- 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
- ensuring all families have completed a *Consent form to conduct head lice inspections* (Attachment 1) on enrolment
- conducting regular head lice inspections, at least once per term and whenever an infestation is suspected, which involves visually checking children's hair and notifying the Approved Provider and parents/guardians of the child if an infestation of head lice is suspected

- providing a *Head lice action form* (Attachment 2) to the parents/guardians of a child suspected of having head lice
- providing a *Head lice notification letter* (Attachment 3) to all parents/guardians when an infestation of head lice has been detected at the service
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

All 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 that all parents/guardians have completed a *Consent form to conduct head lice inspections* (Attachment 1) on enrolment
- 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 4)
- 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 (refer to *Definitions*)
- informing the Approved Provider, Nominated Supervisor or Persons in Day-to-Day Charge as soon as practicable if their child has an infectious disease (refer to *Definitions*) or has been in contact with a person who has an infectious disease (Regulation 84(1) of the *Public Health and Wellbeing Regulations 2009*) and providing acceptable immunisation documentation for their child
- complying with the recommended minimum exclusion periods (refer to *Definitions*) or as directed by the Approved Provider or Nominated Supervisor in consultation with the Communicable Disease Prevention and Control Unit (refer to *Definitions*)
- where a child is on an immunisation catch-up schedule, ensuring that the child's immunisations are updated in line with the schedule and providing acceptable immunisation documentation to the service
- 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 4) 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, unless a lesser period is necessary because of a risk.

ATTACHMENTS

- Attachment 1: Consent form to conduct head lice inspections
- Attachment 2: Head lice action form
- Attachment 3: Head lice notification letter
- Attachment 4: Procedures for infection control relating to blood-borne viruses

AUTHORISATION

This policy was adopted by the Approved Provider of Elsa Macleod Kindergarten in February 2017.

REVIEW DATE: FEBRUARY 2020

ATTACHMENT 1

"[Place on service letterhead]"

Consent form to conduct head lice inspections

Dear parents/guardians,

Elsa Macleod Kindergarten is aware that head lice infestation can be a sensitive issue, and is committed to maintaining children’s confidentiality and avoiding stigmatisation at all times. However, management of head lice infestation is most effective when all children and their families actively support our policy and participate in our screening program.

All inspections will be conducted in a culturally-appropriate and sensitive manner, and information about why the inspections are conducted and the benefits of preventing infestations will be explained to children prior to conducting the inspections.

Only the Nominated Supervisor or an external person approved by the service, such as a nurse employed by the local council, will be permitted to carry out inspections on children at the service. Each child’s hair will be inspected for the presence of head lice or lice eggs.

Where live head lice are found, Elsa Macleod Kindergarten will notify the parents/guardians when the child is collected from the service and will provide them with relevant information about the treatment of head lice. Other families will be provided with a notice to inform them that head lice has been detected in the group and to encourage them to be vigilant and carry out regular inspections of their own child.

Please note that while head lice do not spread disease, they are included in the *Minimum Period of Exclusion from Primary Schools and Children’s Services Centres for Infectious Diseases Cases and Contacts* published by the Department of Health 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.

Child’s name: _____ Group: _____

I hereby give my consent for Elsa Macleod Kindergarten, or a person approved by Elsa Macleod Kindergarten, to inspect my child’s head once per term or when an infestation of head lice is suspected in the service.

Full name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

I do not give consent for my child’s head to be inspected. I request that staff contact me when an infestation of head lice is suspected at the service, and I agree to come to the service to complete the inspection myself.

Full name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

ATTACHMENT 2
Head lice action form

"[Place on service letterhead]"

Dear parents/guardians,

We have detected head lice or lice eggs on your child and it is very important for you to treat your child as soon as possible, using safe treatment practices. Please read the attached pamphlet *Treating and controlling head lice* from the Department of Health. This contains guidelines regarding detecting and treating head lice and lice eggs.

Please note that while head lice do not spread disease, they are included in the *Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts* published by the Department of Health 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.

Please keep your child at home until appropriate treatment has commenced and use the form provided below to notify Elsa Macleod Kindergarten, when your child returns to the service, of the action taken by you to treat the head lice/eggs.

Head lice treatment – action taken

Parent/guardian response form

To Elsa Macleod Kindergarten

CONFIDENTIAL

Child's name: _____ Group: _____

I understand that my child must not attend the service with untreated head lice or lice eggs.

I have used the following recommended treatment for head lice or lice eggs for my child:

_____ "[write name of treatment used]" .

Treatment commenced on: _____ [write date treatment was first used].

Signature of parent/guardian: _____ Date: _____

ATTACHMENT 3

Head lice notification letter

"[Place on service letterhead]"

Dear parents/guardians,

It has come to our attention that head lice or lice eggs have been detected in your child's group at Elsa Macleod Kindergarten and we seek your co-operation in checking your child's hair regularly throughout this week, [Date] .

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 Health. 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.

Elsa Macleod Kindergarten is aware that head lice can be a sensitive issue and is committed to maintaining your confidentiality.

Kind regards,

Jodi Parker

Director of Elsa Macleod Kindergarten

ATTACHMENT 4

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

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. Put on disposable gloves.
2. 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.
3. 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.
4. Clean the affected area and cover the wound with waterproof dressing.
5. 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.
6. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).
7. 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.

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*).

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, or rigid-walled, screw-top, puncture-resistant container available for free from local council, who may also provide free training to staff on the collection of sharps
- 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 children, work-experience students or volunteers 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.

Procedure

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.

Minimum period of exclusion from primary schools and children's services centres for infectious diseases cases and contacts

health

Public Health and Wellbeing Regulations 2009

Schedule 7

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

In this Schedule, medical certificate means a certificate from 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
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
Rubella* (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Secretary
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary	Not excluded unless considered necessary by the Secretary
Verotoxin producing 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:

- 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
- 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 marked in **bold** with an asterisk (*) require the department to be informed immediately. 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 Section on 1300 651 160 or visit ideas.health.vic.gov.au

While children are at school many families will have contact with head lice. The information contained here will help you treat and control head lice.

Catching head lice

Head lice have been around for many thousands of years. Anyone can get head lice.

Head lice are small, wingless, blood sucking insects. Their colour varies from whitish-brown to reddish-brown. Head lice only survive on humans. If isolated from the head they die very quickly (usually within 24 hours).

People get head lice from direct hair to hair contact with another person who has head lice. This can happen when people play, cuddle or work closely together.

Head lice do not have wings or jumping legs so they cannot fly or jump from head to head. They can only crawl.

Finding head lice

Many lice do not cause an itch, so you have to **look carefully to find them**.

Head lice are found on the hair itself and move to the scalp to feed. They have six legs which end in a claw and they rarely fall from the head. Louse eggs (also called nits) are laid within 1.5 cm of the scalp and are firmly attached to the hair. They resemble dandruff, but can't be brushed off.

Lice can crawl and hide. The easiest and most effective way to find them is to follow these steps:

- Step 1** Comb any type of hair conditioner on to dry, brushed (detangled) hair. This stuns the lice and makes it difficult for them to grip the hair or crawl around.
- Step 2** Now comb sections of the hair with a fine tooth, head lice comb.
- Step 3** Wipe the conditioner from the comb onto a paper towel or tissue.
- Step 4** Look on the tissue and on the comb for lice and eggs.
- Step 5** Repeat the combing for every part of the head at least four or five times.

If lice or eggs are found, the hair should be treated.

If the person has been treated recently and you only find empty hatched eggs, you may not have to treat, as the empty eggs could be from a previous episode.

Treating head lice

Treating head lice involves removing lice and eggs from the hair. There are two ways you can do this:

1. Buying and using a head lice lotion or shampoo, following the instructions on the product
2. Using the conditioner and comb method (described under 'finding head lice') every second day until there have been no live lice found for ten days.

If you choose to use a head lice product always read and follow the instructions provided with the product carefully. The following points may also be helpful:

- Head lice products must be applied to all parts of the hair and scalp.
- No treatment kills all of the eggs so treatment must involve two applications, seven days apart. The first treatment kills all lice; the second treatment kills the lice that may have hatched from eggs not killed by the first treatment.
- Cover the person's eyes while the treatment is being applied. A towel is a good way to do this.
- If you are using a lotion, apply the product to dry hair.
- If you are using a shampoo, wet the hair, but use the least amount of water possible.
- Apply the treatment near the scalp, using an ordinary comb to cover the hair from root to tip. Repeat this several times until all the hair is covered.

There is no need to treat the whole family - unless they also have head lice.

Concentrate on the head - there is no need to clean the house or the classroom.

Only the pillowcase requires washing - either wash it in hot water (at least 60°C) or dry it using a clothes dryer on the hot or warm setting.

Testing resistance

Head lice products belong in one of the following categories depending on the active compound they contain:

- pyrethrins
- synthetic pyrethroids (permethrin, bioallethrin)
- organophosphates (maldison or malathion)
- herbal with or without natural (non-chemical) pyrethrins.

Insecticide resistance is common, so you should test if lice are dead. If they are, treat again in seven days using the same product. If the lice are not dead, the treatment has not worked and the lice may be resistant to the product and all products containing the same active compound. Wash off the product and treat as soon as possible using a product containing a different active compound. If the insecticide has worked, the lice will be dead within 20 minutes.

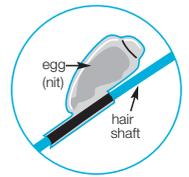
Any head lice product could cause a reaction and should be used with care by women who are pregnant or breastfeeding, children less than 12 months old and people with allergies, asthma or open wounds on the scalp. If you are unsure, please check with your pharmacist or doctor.

Head lice combs

Combs with long, rounded stainless steel teeth positioned very close together have been shown to be the most effective, however, any head lice comb can be used.

Head lice eggs

Head lice eggs are small (the size of a pinhead) and oval. A live egg will 'pop' when squashed between fingernails.



Dead eggs have crumpled sides and hatched eggs look like tiny boiled eggs with their tops cut off.

Regulations

According to the Public Health and Wellbeing Regulations 2009, children with head lice can be readmitted to school or children's service centres after treatment has commenced.

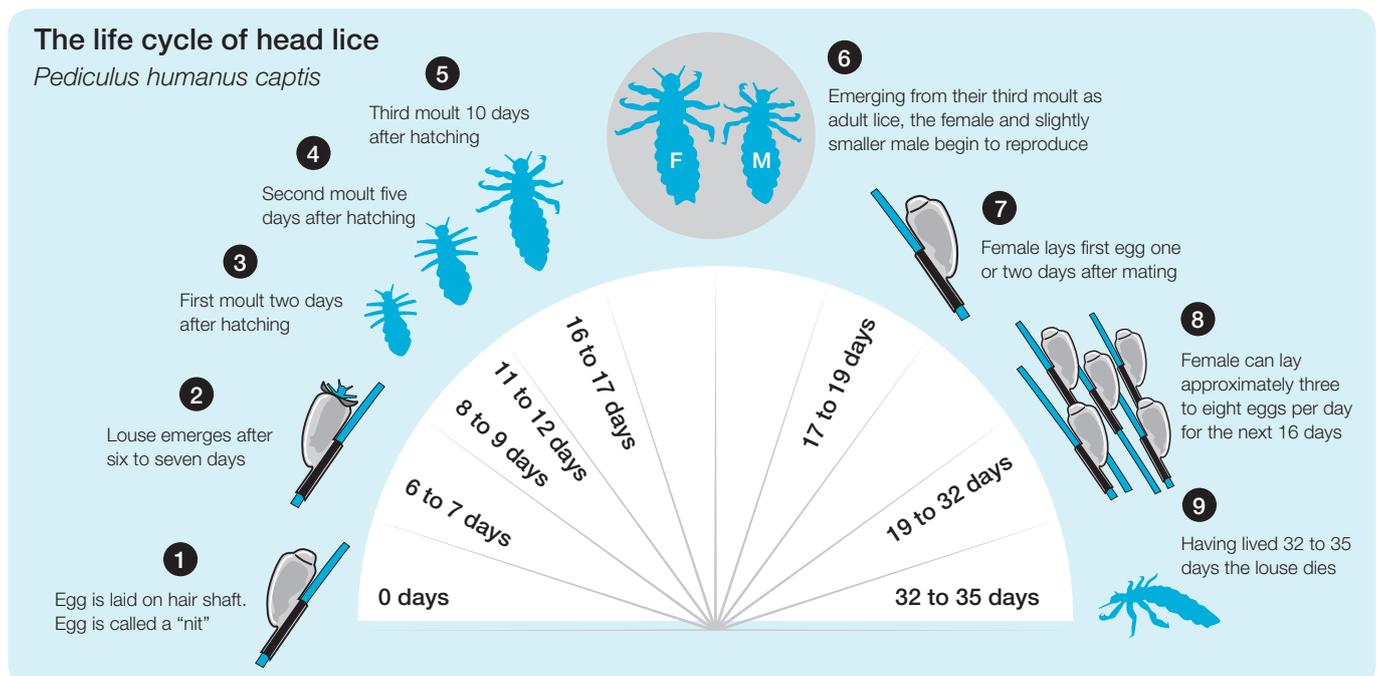
The department recommends a child with head lice can be treated one evening and return to school or children's service centres the next day, even if there are still some eggs present. There is no need to miss school or child care because of head lice.

Preventing head lice

Check your child's head regularly with comb and conditioner. There is no research to prove that chemical or herbal therapies can prevent head lice.

Further information

The following website offers further information:
www.health.vic.gov.au/headlice



The information in this pamphlet is based on the research conducted and written by Associate Professor Rick Speare and the team of researchers at, School of Public Health and Tropical Medicine, James Cook University.

Cover concept by students from St Patrick's Primary School, West Geelong. Life cycle diagram courtesy of Nitpickers Qld.
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No Jab, No Play

Frequently asked questions

5 October 2017

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 [recognised 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.

This legislation came into effect on 1 January 2016.

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 93 per cent; however immunisation coverage of 95 per cent is necessary to halt the spread of highly infectious 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?

Local council immunisation nurses, GPs 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 rare 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 Adverse Events Following Vaccination in the Community) - more information at the [SAEFVIC website](#) or 1300 882 924.

About the 'No Jab, No Play' law

What is the objective of the 'No Jab No Play' law?

The purpose of the law is to increase immunisation rates for young children in the community.

The legislation was designed to:

- provide a prompt regarding immunisation for parents enrolling their child in early childhood education
- allow for children of families experiencing vulnerability and disadvantage to be able to access the lifelong benefits of early childhood education and care, while being supported to obtain vaccinations and/or required evidence of vaccination.

Is the legislation meeting the objective?

Yes. Since the introduction of the legislation in 2016 immunisation coverage rates for young children have been steadily increasing in Victoria.

The legislation has provided a prompt regarding immunisation for parents enrolling their child in early childhood education and care services.

The legislation has also allowed for children of families experiencing vulnerability to attend services while being supported to obtain vaccinations and/or required evidence of vaccination.

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

The law applies to all early childhood education and care services¹ 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
- services primarily providing instruction on particular activities (for example, sport, dance or music)
- services primarily provided or shared by family members of the children (and a family member is readily available and retains responsibility for the child).

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 [recognised vaccine catch-up schedule](#) OR

¹ approved under the *Education and Care Services National Law Act 2010* and licensed under the *Children's Services Act 1996*

- has a [medical condition](#) preventing them from being fully vaccinated.

Early childhood services can assist families of children who aren't up-to-date with their immunisations with support and information resources as to where they can access vaccinations.

Why is conscientious objection not an exemption under the legislation?

The purpose of removing the conscientious objection 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 laws or agreements?

No. The *Charter of Human Rights and Responsibilities Act 2006* (the Charter) is a law that protects specific human rights of all people in Victoria. The Charter does not include the right to education.

Australia is signatory to the *International Covenant on Economic, Social and Cultural Rights* (the Covenant), which includes the right to education, but is only binding to the extent that is it enacted in Australian law. The Covenant permits the limitation of rights for the purpose of promoting general welfare in a democratic society. The No Jab No Play provisions in the *Public Health and Wellbeing Act 2008* prevent persons in charge of certain early childhood services from confirming new enrolments of children who have not had appropriate immunisations. This limitation has been carefully weighed against the benefits of immunisation, which prevents death and disability, protecting not only the individual but others in the community who cannot be vaccinated. This purpose is consistent with the limitation provisions in the Covenant.

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.

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.

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 even immunisation as it does not work as vaccines do and there is no reliable evidence that it provides protection against infection. It is therefore not a recognised form of immunisation. For more information view the [Homeopathy and Vaccination fact sheet](#) produced by the National Centre for Immunisation Research.

How does the legislation work?

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. 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.

Licensed services are subject to regular audit, and 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.

About required documentation

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

To have an [enrolment confirmed](#) 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 recognised 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 preferred type of immunisation status certificate is an Immunisation History Statement from the Australian Immunisation Register (AIR).

How can parents/carers get an Immunisation History Statement from the Australian Immunisation Register (AIR)?

You can print a copy of your child's Immunisation History Statement from your [myGov account](#) or

- Call the AIR on phone 1800 653 809
- visit a Medicare or Centrelink office.

The Medicare logo and Australian Government crest must be present and identifiable to be considered a valid Immunisation History Statement. For example, if the statement is page 2 of a letter from Medicare, both pages need to be presented to the service to confirm enrolment.

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

The [Immunisation History Statement from the AIR](#) is the preferred form of evidence of immunisation and parents should make every effort to obtain this documentation for the purpose of enrolling in an early childhood education and care service.

In exceptional circumstances, for example if parents need to place their child into care unexpectedly or quickly, an immunisation status certificate can be obtained 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:

- Immunisation status
 - Date of the child's next due vaccine; OR
 - A statement saying the child has completed all their childhood vaccinations
- Vaccine history
 - List of **vaccines the child has received and when the vaccine was given** (can be a separate attachment, such as a previous AIR Immunisation History Statement, or AIR Immunisation History Form recording overseas vaccinations)
- Child's details
 - Full name
 - Date of birth
 - Address

- 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.

This [immunisation status certificate checklist is available for download](#).

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.

Can the 'My Health and Development Record' (the 'Green Book') be used as evidence of immunisation?

No - not as the only document provided. These records do not provide information about the date of the next due vaccination or a statement that the child has completed all of their childhood vaccinations. Documents to be used as an Immunisation Status Certificate, other than an Immunisation History Statement from the Australian Immunisation Register, need to include all the information specified on the [immunisation status certificate checklist](#).

What is a recognised vaccine catch-up program?

This means that the vaccines on the catch-up program are determined by a GP or immunisation nurse and meet [national recommendations](#).

What documentation is required to prove a child is on a recognised catch-up schedule?

The [Immunisation History Statement from the AIR](#) is the preferred form of evidence of immunisation and parents should make every effort to obtain this documentation for the purpose of enrolling in an early childhood education and care service.

Only in exceptional circumstances, for example, if parents need to place their child into care unexpectedly or quickly, an [immunisation status certificate can be obtained from an immunisation provider](#) such as a GP or local council immunisation service.

The documentation provided by the GP or local council immunisation service needs to include all the information specified on the [immunisation status certificate checklist](#).

The child has to start the [recognised catch-up schedule](#) (that is, has received at least the first recommended vaccine/s) and be on track with their vaccinations

according to that schedule. They do not need to have completed the entire catch-up schedule [before enrolment can be confirmed](#).

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).

Valid medical grounds for medical contraindication are specified in the [Australian Immunisation Handbook](#).

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 Immunisation Register (AIR).

The parent then needs to obtain an updated [Immunisation History Statement from the AIR](#) 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.

Is there a risk to the health of other children if there are unvaccinated or under-vaccinated children attending a service?

Healthy, unvaccinated children do not pose a health risk to others. If a child attends a service while ill with a communicable disease, the level of risk to other children will vary depending on the health, age and vaccination status of each child and depending on the disease in question. All parents are advised to keep unwell children away from children's services to prevent the spread of disease.

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 GP or local council immunisation service about bringing the child's vaccinations up to date.

If a child has missed the last due vaccine/s their GP or local council immunisation service needs to give the overdue vaccine/s and inform the Australian Immunisation Register (AIR). The parent/carer then needs to [request an updated Immunisation History Statement from AIR](#).

The updated AIR Immunisation History Statement showing that vaccines are 'up-to-date' needs to be provided by the parent to the early childhood service to [confirm enrolment](#).

If a child has missed all or several vaccines their GP or local council immunisation service needs to develop a [recognised vaccination catch-up schedule](#).

The child has to start the catch-up schedule (that is, has received at least the first recommended vaccine/s on a [recognised catch-up schedule](#)) and be on track with their vaccinations according to that schedule. They do not need to have completed the entire catch-up schedule before [enrolment could be confirmed](#).

If documentation is required as a matter of urgency, the [immunisation provider can provide the immunisation status certificate](#) documentation about the catch-up vaccines that have been administered to date and the date of the next due vaccine/s that the parent can then provide to the early childhood service to [confirm enrolment](#).

Families who experience difficulty accessing vaccinations or the required documents can seek support and guidance from the early childhood service. They may be eligible to enrol under the [Grace Period provision](#).

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 local council immunisation service.

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 GP or local council immunisation service. 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 Immunisation Register (AIR).

If/once the child is up-to-date with the Australian schedule, the AIR 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 AIR. The parent/carer can [contact AIR 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 [recognised catch-up schedule](#) needs to be developed by the immunisation provider.

What resources about 'No Jab No Play' and immunisation are there for families from a non-English speaking background?

The brochure *Starting childcare or kindergarten?* *Immunisation information for parents enrolling a child* is [available in a range of languages](#):

- Arabic
- Burmese
- Dari
- Greek
- Indonesian
- Khmer (Cambodian)
- Serbian
- Somali
- Vietnamese
- Bosnian
- Chinese (Traditional)
- Farsi (Persian)
- Hindi
- Italian
- Macedonian
- Sinhalese
- Turkish

A range of information about immunisation is available on the [Health Translations website](#).

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 in emergency accommodation) 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 and/or obtain the required documentation.

Early childhood education and care 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.

Families who meet any of the following criteria are eligible for the grace period.

- Evacuated children
 - Children evacuated following emergency (such as flood or fire)
- Children in emergency care
 - Children in emergency care (for example, emergency foster care) under the *Children, Youth and Families Act 2005*
- Children in the care of an adult who is not their parent
 - Children in the care of an adult who is not the child's parent due to exceptional circumstances such as illness or incapacity
- Aboriginal and/or Torres Strait Islander Children
 - Children identified by their parents as Aboriginal and/or Torres Strait Islander
- Other children experiencing vulnerability or disadvantage
 - Children who hold or whose parents hold a health care card, pension concession card, Veterans Affairs Gold or White card
 - Children from a multiple birth of triplets or more
 - Children who are refugees or asylum seekers
- Children known to child protection
 - Children who are on or who have been on a Child Protection Order
 - Children in or who have been in foster care or out-of-home care
 - Children who have a report made about them under the Children Youth and Families Act 2005

- Families that have received support through Family Services including ChildFIRST; Services Connect; a community-based child and family service; or an integrated family service.

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.

When can an early childhood education and care service confirm an enrolment?

Having an application accepted or being registered on a waiting list for a place at an early childhood service is **not** a confirmed enrolment.

Confirmation of enrolment can be given by the service, no more than two months prior to the child first attending, only once the parent/guardian has provided acceptable documentation to the service that shows that the child:

- is up to date with their immunisations (specifically, that no vaccines are overdue two months prior to the first day of attending; see [key dates work form](#))
- has commenced [a recognised catch-up schedule](#) and that the next due vaccine/s on the catch-up schedule are not overdue two months prior to the first day of attending; see [key dates work form](#))
- has a [medical condition](#) that prevents them from being fully immunised for their age

- is eligible to enrol under the 16 week [grace period](#) while the service works with the family to obtain the necessary immunisations/documentation.

An [Immunisation History Statement from the Australian Immunisation Register](#) is the preferred document for proving a child's immunisation status, including that they are up to date, or have commenced a [recognised catch up schedule](#) or have a [medical condition](#) that prevents them from being fully immunised for their age.

Evidence required to [qualify to enrol under the Grace Period provision](#) varies depending on the circumstances of the family. Families should discuss their individual circumstances with the service.

More information and resources

More about immunisation

[View the immunisation schedule](#)

[Immunisation – childhood fact sheet](#)

Access these FAQs online

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

View the 'No Jab, No Play' legislation

View the legislation online [at Victorian Legislation and Parliamentary Documents](#). (Please note, due to frequent changes to this site, a direct link to the Bill cannot be provided. Go to the 'Archive' link and look under '2015' for the [Public Health and Wellbeing Amendment \(No Jab, No Play\) Bill 2015](#))

About Commonwealth 'No Jab, No PAY' initiative

Under the Commonwealth Government No Jab No Pay law, in effect from 1 January 2016, families are no longer 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](#).

About similar legislation in other Australian states

Similar legislation currently exists in New South Wales and Queensland.

Information regarding requirements in Queensland: <https://www.qld.gov.au/health/conditions/immunisation/childcare/index.html>

Information regarding requirements in New South Wales: http://www.health.nsw.gov.au/immunisation/pages/vaccination_enrolment.aspx

Request an Immunisation History Statement

Print a copy of your child's Immunisation History Statement from your [myGov account](#) or

- Call the AIR on phone 1800 653 809
- visit a Medicare or Centrelink office.

Locate an immunisation provider

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

More about vaccine safety

'[The science of immunisation / Questions and Answers](#)' addresses six questions including 'Are vaccines safe?' and 'How are vaccines shown to be safe?'

Resources

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 and android 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](#)
- Website: [Resources for early childhood professionals](#)
- [Order resources online](#)
- Fact sheet *Enrolment records* on [National Quality Framework fact sheets](#)

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](#)
- Website: [Resources for immunisation providers](#)

Contact

Telephone 1300 882 008 Immunisation Section,
Department of Health and Human Services between 9am
- 12pm or 2pm - 3pm Monday to Friday or email
immunisation@dhhs.vic.gov.au

For questions about the documentation required in a
child's enrolment record contact the Quality Assessment
and Regulation Division

- phone: 1300 307 415 or email
- licensed.childrens.services@edumail.vic.gov.au

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