

POLICY: 4.1 HYGIENE AND INFECTION CONTROL POLICY

Procedure: 4.8 Immunisation

Immunisations protect children while their immune systems are still developing and prevent them from getting serious diseases.

4.8.1 Linking to Policy

This procedural guidance should be read in conjunction with the service **4.1 Hygiene and Infection Control Policy** and will assist the Approved Provider, Management, Staff (Nominated Supervisors, Coordinators, and Administrative Staff members) Educators, Educator Assistants and parents/guardians to implement the policy. The procedure covers:

[4.8.2 No Jab No Pay](#)

[4.8.3 Exclusion Period](#)

[4.8.4 Immunisation](#)

[4.8.5 National Immunisation Program Schedule](#)

[4.8.6 National Immunisation Program](#)

[4.8.7 Recommended Minimum Exclusion Period](#)

4.8.2 No Jab No Pay (Immunisation Requirements)

From 1 January 2016, parents who do not fully immunise their children (less than 20 years of age) will cease to be eligible for Child Care Subsidy and the Family Tax Benefit Part A end of year supplement. Children with medical contraindications or natural immunity for certain diseases will continue to be exempt from the requirements.

Conscientious objection and vaccination objection on non-medical grounds will no longer be a valid exemption from immunisation requirements.

Immunisation status will be sighted by the Service at the time of enrolment. Parents will then be advised that children who have not been immunised may be excluded from care, depending on the advice from the relevant authority.

4.8.3 Exclusion Period

Excluding sick children from care is an important way of preventing the introduction or re-introduction of infection to other families in care.

The National Health and Medical Research Council list of "Recommended minimum exclusion periods for infectious conditions for schools, preschools, and childcare centers" are based on the time the person may be infectious to others. *Refer to 4.2 Managing Infectious Disease and Exclusion and below Recommended Exclusion Periods for guidance.*

Recommended non-exclusion means there is not a significant risk of infection to others but a child who is in the “not excluded” category may still need to stay at home because they do not feel well.

Educators need to be able to provide quality education and care for all the children in their care, and this becomes difficult if there is a sick child in care that is requiring the educator’s full attention.

4.8.4 Immunisation

The Service will:

- collect information from parents regarding medical immunisation and record this during enrolment of children;
- inform parents that as of 1 January 2016, conscientious objections was removed as a reason for a vaccination exemption. Children who cannot be vaccinated for medical or religious reasons, or who are on a recognised vaccination catch up schedule are considered to be up to date.
- when placing a child who is not immunised in care, consider the appropriateness of the placement considering the educator, family members, and other enrolled children. While a family’s decision regarding immunisation is respected, the educator ultimately decides to accept or deny care to any child who is not immunised. Confidential discussion with other families in care is required for this decision to be made.
- exclude non-immunised children during outbreaks of some infectious diseases (such as measles and whooping cough) even if the child is well.

4.8.5 National Immunisation Program Schedule



Australian Government
Department of Health

National Immunisation Program Schedule

From November 2016

Child programs	
Age	Vaccine
Birth	<ul style="list-style-type: none"> Hepatitis B (hepB)^a
2 months	<ul style="list-style-type: none"> Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), <i>Haemophilus influenzae</i> type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) Pneumococcal conjugate (13vPCV) Rotavirus
4 months	<ul style="list-style-type: none"> Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), <i>Haemophilus influenzae</i> type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) Pneumococcal conjugate (13vPCV) Rotavirus
6 months	<ul style="list-style-type: none"> Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), <i>Haemophilus influenzae</i> type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) Pneumococcal conjugate (13vPCV) Rotavirus^b
12 months	<ul style="list-style-type: none"> <i>Haemophilus influenzae</i> type b and meningococcal C (Hib-MenC) Measles, mumps and rubella (MMR)
18 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough) (DTPa) Measles, mumps, rubella and varicella (chickenpox) (MMRV)
4 years	<ul style="list-style-type: none"> Diphtheria, tetanus, acellular pertussis (whooping cough) and inactivated poliomyelitis (polio) (DTPa-IPV)
School programs	
10–15 years (contact your State or Territory Health Department for details)	<ul style="list-style-type: none"> Varicella (chickenpox)^c Human papillomavirus (HPV)^d Diphtheria, tetanus and acellular pertussis (whooping cough) (dTpa)
At-risk groups	
Aboriginal and Torres Strait Islanders	
12–18 months (in high risk areas) ^e	<ul style="list-style-type: none"> Pneumococcal conjugate (13vPCV)
12–24 months (in high risk areas) ^f	<ul style="list-style-type: none"> Hepatitis A
6 months to less than 5 years	<ul style="list-style-type: none"> Influenza (flu)
15 years and over	<ul style="list-style-type: none"> Influenza (flu) Pneumococcal polysaccharide (23vPPV) (medically at risk)
50 years and over	<ul style="list-style-type: none"> Pneumococcal polysaccharide (23vPPV)
Other at-risk groups	
6 months and over (people with medical conditions placing them at risk of serious complications of influenza)	<ul style="list-style-type: none"> Influenza (flu)
12 months (medically at risk) ^e	<ul style="list-style-type: none"> Pneumococcal conjugate (13vPCV)
4 years (medically at risk) ^e	<ul style="list-style-type: none"> Pneumococcal polysaccharide (23vPPV)
Pregnant women (at any stage of pregnancy)	<ul style="list-style-type: none"> Influenza (flu)
65 years and over	<ul style="list-style-type: none"> Influenza (flu) Pneumococcal polysaccharide (23vPPV)
70 years (a free single catch-up dose is available for adults aged 71–79 years until 31 October 2021)	<ul style="list-style-type: none"> Herpes Zoster (shingles)

* Please refer to reverse for footnotes

IMMUNISATION

4.8.6 National Immunisation Program

National Immunisation Program Queensland Schedule

1 July 2017

CHILDHOOD SCHEDULE [^] Caution – be aware of brand name similarity. Give all vaccinations on time as scheduled.				
Age	Antigen	Vaccine Brand	Route	Comments
Birth	Hepatitis B	H-B-Vax II® (paediatric) [^] OR Engerix®B (paediatric)	IM IM	Within 7 days of birth – ideally within the first 24 hours
6 weeks (42 days)	DTPa-hep B-IPV-Hib Pneumococcal Rotavirus	Infanrix hexa® [^] Prevenar 13® (13vPCV) Rotarix®	IM IM Oral	IMPORTANT ROTAVIRUS VACCINE INFORMATION • Check Rotavirus vaccine transition schedule • Rotarix® is a 2 dose schedule Observe Rotarix® administration age limits: Dose 1: 6-14 weeks of age Dose 2: 10-24 weeks of age
4 months	DTPa-hep B-IPV-Hib Pneumococcal Rotavirus	Infanrix hexa® [^] Prevenar 13® (13vPCV) Rotarix®	IM IM Oral	
6 months	DTPa-hep B-IPV-Hib Pneumococcal	Infanrix hexa® [^] Prevenar 13® (13vPCV)	IM IM	
12 months	MMR Hib-Meningococcal C	M-M-R II® OR Priorix® Menitorix®	S/C S/C or IM IM	Additional vaccines are recommended for children with medical risk factors and/or children born prematurely (see below)
Additional vaccines for Aboriginal and Torres Strait Islander children	Hepatitis A	Vaqta® Paediatric	IM	
18 months	MMRV DTPa	Priorix Tetra® [^] OR ProQuad® Infanrix® [^] OR Tripacel®	S/C or IM S/C IM	
Additional vaccines for Aboriginal and Torres Strait Islander children	Pneumococcal Hepatitis A	Prevenar 13® (13vPCV) Vaqta® Paediatric	IM IM	
4 years	DTPa-IPV	Infanrix IPV® [^] OR Quadracel®	IM	Additional vaccines are recommended for children with medical risk factors (see below)
ADOLESCENT / ADULT SCHEDULE				
Year 7 Students	HPV dTpa	Gardasil® Boostrix®	IM IM	3 dose course at 0, 2 and 6 months Single dose
Year 10 Students and 15 to 19 year olds	Meningococcal ACWY	Menveo® [^] OR Menactra®	IM IM	The Meningococcal ACWY Program is a time limited program for Year 10 students and 15 to 19 year olds through immunisation providers
Pregnant women (From 28 weeks gestation)	dTpa	Adacel®	IM	Single dose recommended each pregnancy. Administer between 28-32 weeks gestation for optimal protection
Aboriginal & Torres Strait Islander adults 15 - 49 years	Pneumococcal	Pneumovax 23® (23vPPV)	IM	Please refer to the online Australian Immunisation Handbook for further information
Aboriginal & Torres Strait Islander adults 50 years and over				
65 years and over	Pneumococcal	Pneumovax 23® (23vPPV)	IM	
70 years of age	Varicella Zoster (shingles)	Zostavax®	S/C	Single dose
71-79 years of age	Varicella Zoster (shingles)	Zostavax®	S/C	A single catch-up dose funded until 2021
Additional funded vaccines for medically at risk individuals				
12 months	Hepatitis B: Children born at <32 weeks gestation and/or <2000g birth weight are recommended to be given a booster dose of hepatitis B vaccine at 12 months of age			
	Pneumococcal (13vPCV): Children with medical risk factors including premature infants born at <28 weeks gestation are recommended to be given a 4th dose of 13vPCV at 12 months of age			
4 years	Pneumococcal (23vPPV): Children with medical risk factors including premature infants born at <28 weeks gestation are recommended to be given a booster dose of 23vPPV vaccine at 4-5 years of age			
Any age group	Pneumococcal (23vPPV): Adults with medical risk factors may require additional 23vPPV vaccine			

For further information refer to the online *Australian Immunisation Handbook 10th Edition* www.immunise.health.gov.au

Refer to the current National Influenza Immunisation Program resources

For more information contact your local public health unit

Cairns	4226 5555	Rockhampton	4920 6989	Brisbane North	3624 1111	Brisbane South	3176 4000
Townsville	4433 6900	Wide Bay	4303 7500	Sunshine Coast	5409 6600	West Moreton	3818 4700
Mt Isa	4744 7186	Mackay	4885 5800	Gold Coast	5687 9000	Darling Downs	4699 8240

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4.8.7 Recommended Minimum Exclusion Period

Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

Condition	Exclusion of case	Exclusion of contacts ^a
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus (EBV) infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours ^b	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

^a The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.
^b If the cause is unknown, possible exclusion for 48 hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.
 Adapted from SA Health Communicable Disease Control Branch: <http://www.dh.sa.gov.au/peha/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.

Staying Healthy. Preventing infectious diseases in early childhood education and care services | 5th Edition | Printed June 2013 | NHMRC Ref. CH55e



Review

	Date	Details
Revision 00	07/2015	Original Policy Issued
Revision 01	12/2016	Reviewed
Revision 02	08/2017	Reviewed
Revision 03	10/2020	Reviewed and separated from Policy

Related Documents

Policies

4.1 Hygiene and Infection Control Policy

Procedures

4.4 Handwashing and Personal Hygiene Procedure

Reference

Australian Government National Health and Medical Research Council (2013). Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Edition), retrieved from <https://www.nhmrc.gov.au/guidelines-publications/ch55>