St Andrew's Little Saints
Early Learning & Outside School Hours Care

IMMUNISATION POLICY – STAFF AND CHILDREN

Policy Statement:

When groups of children play and learn together, illness and disease can spread from one child to another even when the service's stakeholders implement recommended hygiene and infection control practices.

Staff/carers and other stakeholders often contract the same illnesses as children due to the close human contacts that develop in services. This can place additional pressure on services when staff/carers are unable to work, which often increases the need for relief staff/carers. Consistent and clear communication between stakeholders and an effective employee induction procedure can assist services to strengthen the implementation of recommended practices and reduce stress levels.

Immunisation is the safest and most effective way of providing protection against early child diseases. After immunisation, children are far less likely to catch the diseases if there are cases within the community. The benefit of protection against the diseases far outweighs the very small risks of immunisation.

If enough people in the community are immunised, the infections can no longer be spread from person to person and the disease dies out altogether. This is how Smallpox was eliminated from the world, and Polio has disappeared from many countries.

To help increase Australia's immunisation rates, a number of Government benefits are only available to families whose children meet the immunisation requirements. That is if they are up-to-date with their immunisation schedule. The benefit relevant to the centre is known as Child Care Benefit – CCB.

There is increasing evidence to suggest staff working in childcare centres are at a greater risk of catching and/or transmitting infectious diseases.

Early childhood professionals should be up-to-date with all the vaccinations that are recommended for adults, including vaccinations recommended due to increased risk of exposure in the workplace, for example; Hepatitis A & B, HIB, annual flu vaccines, etc.

Aims:

- To provide protection to the children and staff attending the centre against diseases within the community.
- To ensure pregnant workers are knowledgeable in the risks of particular early childhood diseases to their unborn child.

Rationale:

'The most effective method of preventing certain infections is immunisation. Immunisation protects the person who has been immunised. The principle of immunisation is simple: it gives the body a memory of infection without the risk of natural infection.' (Staying Healthy)

Under the Workplace Health and Safety Act 1995, it is the obligation of the Director of a child care centre to ensure that staff are not exposed to risks to their health and safety arising from exposure to vaccine preventable diseases.

Vaccination of staff is not compulsory however it is highly recommended, as child care workers have an obligation to prevent and minimise their exposure to diseases that are prevented by vaccination. Unvaccinated staff are not only at risk of catching these diseases, but also being excluded from their child care centre should an outbreak of disease occur.

Under the Workplace Health and Safety Act 1995, it is the obligation of the Director of a child care centre to ensure that pregnant workers are not exposed to risks to their health and safety arising from infectious diseases.

Strategies/Practices/Procedures:

For Children:

- Upon enrolment, all families will be required to provide a copy of their child's immunisation details to the centre's management.
- The centre will distribute reminders bi-annually to those families whose children are due for their next immunisation and current copies will be collected after the vaccine is given.
- Any child who is not up to date with their immunisation will be considered not immunised. Non-immunised children will be excluded from the centre if an incidence of any communicable disease occurs for the period of time as recommended by the health department.
- Families who do not immunise their child/ren, through conscious objection or for medical reasons, are still able to attend the centre. However, if an incidence occurs where a child/ren contract a communicable disease all children deemed not immunised will be excluded from the centre for the period of time recommended by the health department.
- Families who do not have their child immunised, or have out-of-date immunisation records, may not be entitled to Child Care Benefit, or may have their benefit cancelled. Information on how a child's immunisation status affects payments made to a family, and more information on exemptions is available on the following website: http://www.medicareaustralia.gov.au/public/services/acir/family-assist.jsp#N10059

For Staff:

Management Will:

- Maintain a current record of vaccination status of all employees. All information will be kept confidential.
- Provide current information on vaccine-preventable diseases to employees and parents.

Employees Will:

- Provide proof of current immunisation status.
- Actively seek immunisation for all diseases currently on the vaccination schedule if not already immunised or unsure of status.
- Actively seek immunisation for all other recommended diseases, eg. Hep A & C, HIB and annual Flu (influenza) vaccination.
- Maintain current immunisation status.

Some vaccines are available through the College to College staff. When such vaccines become available, the College nurse will email all staff and individual staff will need to contact the nurse to book in for a vaccination.

Vaccine Preventable Diseases

Measles
Measles are an acute, highly infectious viral illness caused by a morbillivirus. Measles are spread through respiratory droplets from an infectious person during coughing, sneezing or direct contact with secretions from the nose or mouth of an infected person.
Symptoms: include fevers, tiredness, cough, runny nose, red inflamed eyes and a dark red, blotchy rash.
Infectious Period: Approximately ten days.
Exclusion Period: Exclusion for at least four days after onset of rash. Unimmunised staff should be excluded until fourteen days after the first day of the appearance of rash in the last case. If unimmunised staff are vaccinated within 72 hours of their first contact with the case they may return to school.
Immunisation: Two doses minimum of the Measles/Mumps/Rubella (MMR) vaccine.

Mumps
Mumps are an infection of the salivary glands and are caused by a virus. They are spread through direct contact with droplets from a sneeze or cough of an infectious person.
Symptoms: include swelling of the salivary glands, high fever and head ache.
Infectious Period: Six days before onset of symptoms and up to nine days after.
Exclusion Period: Up to nine days from the onset of swelling of the glands. Unvaccinated staff should be excluded for between twelve and twenty five days after exposure to the virus.
Immunisation: Two doses minimum of the MMR vaccine.

Hepatitis A
Hepatitis A is caused by infection of the liver with the hepatitis A virus. It is spread through the faeces of an infected person contaminating something which is transferred to another person's mouth.
Symptoms: include aches, pains, fever, nausea, lack of appetite, abdominal discomfort, dark coloured urine, pale coloured faeces, yellowing of the skin and eyeballs (jaundice), lethargy and exhaustion.
Infectious Period: two weeks before the onset of symptoms and up to one week after.
Exclusion Period: At least seven days from the onset of jaundice. Unvaccinated staff should be excluded for up to two weeks after last exposure the virus.
Immunisation: Two doses of the Hepatitis A vaccine.

Rubella

Rubella is a mild illness caused by the rubella virus. It is highly contagious and is spread by droplets from the nose and throat through coughing or sneezing or by direct contact with an infectious person.
Symptoms: include rash, fever, painful joints, head ache, swollen lymph glands, cough, runny nose and conjunctivitis. Rare symptoms in adults can include inflammation of the brain.
Infectious Period: Seven days before the onset of rash and at least four days after the rash appears.
Exclusion Period: At least four days after the rash has cleared. It is not mandatory for unvaccinated staff to be excluded however four days exclusion after first contact with the virus is recommended for the safety of staff.
Immunisation: Two doses of the MMR vaccine.

Pertussis (whooping cough)

Whooping cough is a highly contagious infection caused by bacteria. It is spread through an infected person coughing or sneezing or through direct contact with secretions from the mouth or nose of an infectious person.
Symptoms: include runny nose, sneezing, sever cough ending with a crowing noise (whooping).
Infectious Period: Highly infectious for the first two weeks of onset of cough, decreasing in the third week.
Exclusion Period: Until five days of prescribed antibiotics has been taken or until end of the cough. Unvaccinated staff should be excluded for up to twenty one days after the last exposure to the infection.
Immunisation: Adult booster dose of Pertussis vaccine.

Varicella (chicken pox)

Varicella is an acute infection caused by a virus known as the Varicella Zoster Virus. It is spread through coughing, sneezing and direct contact with fluid inside blisters.
Symptoms: include fever, runny nose, cough, fatigue, rash of small pink spots progressing into blisters.
Infectious Period: Up to two days before the onset of rash and until all blisters have scabbed.
Exclusion Period: At least five days after rash appears or until all scabs have replaced blisters. Exclusion of unvaccinated staff isn't mandatory, however it is recommended for safety of staff.
Immunisation: Staff who have never been infected by chicken pox require two doses of the Varicella Vaccine.

Infection Risks for Pregnant Workers

Rubella

Rubella is a mild illness caused by the rubella virus. It is highly contagious and is spread by droplets from the nose and throat through coughing or sneezing or by direct contact with an infectious person.
Symptoms: include rash, fever, painful joints, head ache, swollen lymph glands, cough, runny nose and conjunctivitis.
Infectious Period: Seven days before the onset of rash and at least four days after the rash appears.
Exclusion Period: Non-immune pregnant workers should be excluded from work during an outbreak of rubella for no less then four days after last contact with the virus and ensure prompt medical referral.
Immunisation: Rubella vaccine should not be given to pregnant women. If pregnant women at twenty weeks gestation or less have been in contact with the Rubella virus, she should consult her doctor for serology tests and counselling.

Varicella (chicken pox)

Varicella is an acute infection caused by a virus known as the Varicella Zoster virus. It is spread through coughing, sneezing and direct contact with the fluid inside the blisters.

Symptoms: include fever, runny nose, cough, fatigue, rash of small red spots progressing into blisters.

Infectious Period: Up to two days before the onset of rash and until all blisters have scabbed.

Exclusion Period: Non-immune pregnant workers should be excluded from work for at least five days from the last contact with the virus.

Immunisation: pregnant women should not be immunised with the Varicella Vaccine during pregnancy. It is recommended that workers in early pregnancy be injected with Zoster Immune Globulin (ZIB) which provides immediate but temporary protection against chicken pox. ZIB must be given with 96 hours of exposure to chicken pox to be effective.

Cytomegalovirus (CMV)

CMV is a common virus that infects many people. The first time a person is infected with CMV is called a primary infection. After infection, CMV continues to live silently in the body in an inactive state. CMV can become active again at any time, this is called reactivated infection. CMV is spread from person to person by direct contact with bodily fluids such as blood, urine and saliva. CMV can also be transmitted from a mother to her baby during pregnancy.

Symptoms: symptoms are not very common with the CMV virus however it occasionally causes a flu-like illness with fever, sore throat, swollen glands, tiredness and head aches.

Pregnancy Risks: An infected mother can transmit CMV to her unborn baby. The risk to a baby is greatest if the mother has a primary infection, particularly during early pregnancy. Ten percent of babies with transmitted CMV have symptoms at birth including small head size, enlarged liver and spleen and vision and hearing loss. Many of these infants will have life long disabilities.

Infectious Period: CMV in an infected person can be infectious for many years as the virus may continue to be present in their urine and saliva.

Exclusion Period: Exclusion isn't compulsory for non-immune pregnant workers, however they should be relocated to care for children aged over two years as contact with urine and saliva is generally lower in this age group. Pregnant workers should discuss the risks of CMV with their doctor and consider a blood test to determine if the woman has been infected with CMV in the past.

Immunisation: There is no current vaccine to prevent against infection with CMV. The best prevention is to follow correct hygiene policies.

Parvovirus B19

Parvovirus is a viral infection which often affects red blood cells. It is caused by the human parvovirus B19. Parvovirus is spread by exposure to airborne droplets from the nose and throat of an infected person.

Symptoms: include fever, tiredness, red rash on the cheeks, rash may become itchy and increase in severity when in sunlight.

Pregnancy Risks: Studies have shown that infection may increase the risk of miscarriage or spontaneous abortion in pregnant women.

Infectious Period: One week before the onset of rash.

Exclusion Period: Non-immune pregnant workers do not need to be excluded from work; however they should consult their doctor. Blood testing is available to determine if you are already immune or infected by the parvovirus.

Immunisation: There is no vaccine available to prevent the parvovirus. Good hygiene practice is the best method to prevent spreading of the virus.

Current Immunisation Schedule (Birth – 4 years)

Age	Disease immunised against
Birth	Hepatitis B
2 months	Diphtheria Tetanus Pertussis Polio Hib Hepatitis B Pneumococcal Rotavirus
4 months	Diphtheria Tetanus Pertussis Polio Hib Hepatitis B Pneumococcal Rotavirus
6 months	Diphtheria Tetanus Pertussis Polio Hib Hepatitis B Pneumococcal Rotavirus
12 months	Measles Mumps Rubella Hib Meningococcal C
18 months	Measles Mumps Rubella Varicella
4 years	Diphtheria Tetanus Pertussis Polio Measles (part of the MMR vaccine) Mumps (part of the MMR vaccine) Rubella (part of the MMR vaccine)

The MMR vaccine is only required at 4 years if the MMRV vaccine was not given at 18 months.

Contacts

The Australian Government Department of Health and Aging Immunise Australia Program –
1800 671 811 or www.immunise.health.gov.au/

Queensland Health Immunisation Program
The Queensland Health Immunisation Program provides information for service providers about ordering vaccine for the National Immunisation Program and other state vaccine programs.

Postal: PO Box 2368, Fortitude Valley BC, Queensland, 4006

Telephone: 07 3328 9888

Facsimile: 07 3328 9720

Measuring Tools:

Collect immunisation records for children and staff and regularly update these.
Follow procedures and guidelines as outlined in 'Staying healthy'.
Exclude non-immunised staff and children if an outbreak occurs of a vaccine preventable disease.

Sources & Further Reading:

National Health and Medical Research Council – Staying Healthy 5th Edn
Workplace Health and Safety Act 1995
National Law (2011)
National Regulations (2012)
National Quality Standard
Department of Health and Aging, National Immunisation Program Schedule
Medicare Australia - http://www.medicareaustralia.gov.au/provider/patients/acir/schedule.jsp
Public Health Regulations 2000

Links to Other Polices:

Medication Policy
Illness Policy
Medical Conditions Policy
Nappy Changing and Soiled Items Procedure
Hygiene Cleaning and Infection Control Policy
Handwashing Procedure