

Immunisation and Infectious Disease Policy

Document No:

Issue Date:
October 2018

Review Date:
October 2020

Health Related Policy – Regulation 85, 86, 87, 88, 162, 168

Policy Statement

Lipscombe Early Years Education and Care has a duty of care to ensure that all persons are provided with an environment where the risk of exposure to communicable diseases is minimised. Immunisation is nationally recognised as one of the most effective ways of reducing spread of disease.

There is recognition that when groups of people share and engage together in a close environment, illness and disease may spread from one person to another (even when recommended hygiene and infection control practices are effectively implemented).

Target Audience

Management, Educator, Families, Children, Volunteers, Students on practicum placement

Definitions

- Medically immunised (Immunisation) means both receiving a medical vaccine; and becoming immune to a disease, as a result of being vaccinated. Medical immunisation does not include a person who may have been naturopathically or homeopathically vaccinated.
- Infectious Disease means a disease that can be spread, directly or indirectly, from one person to another.
- An emergency contact includes the child's parent (unless excluded by a Court Order) or an authorised emergency contact listed in the child's enrolment record.
In the case of a staff member, volunteer or student on practicum placement, an emergency contact refers to the details listed as the person to be contacted in case of emergency.
- Emergency is defined as when symptoms of an illness are life threatening and may require first aid, medical treatment and/or an ambulance.
- Immediate medical attention is defined as when the symptoms may indicate that the illness is potentially serious (e.g. when a child complains or displays symptoms of intense abdominal pain).
- Medical advice is defined as advice from a registered medical practitioner.

Aim

The aim of this policy is to minimise and manage the spread of infectious diseases through the systematic implementation of set procedures and practices.

This policy also acknowledges and respects the right of individuals to enroll children at the Service who may be unimmunised; while outlining the connection to the Child Care Subsidy (CCS) and the required exclusion periods in the case of an outbreak.

Guidelines / Procedures

The Service will implement the following strategies to support a safe and hygienic environment:

- Promote hand washing and other hygienic practices (please refer to Hygiene and Infection Control Policy);
- Maintain a clean and hygienic environment;
- Awareness and implementation of immunisation recommendations;
- Identify and exclude all children and staff with symptoms of an excludable and infectious disease;
- Acknowledgement of duty of care in meeting Work Health and Safety Guidelines;
- Recognition of a shared responsibility between all stakeholders.

Exclusions

Exclusion minimises the potential transmission of the disease from one person to another and also assists in the recovery of the sick child / staff.

The Service adheres to the exclusion periods outlined in *Staying Healthy 5th Edition (2012)* or relevant instructions or advice from the Department of Health.

If a child or educator is confirmed with a communicable disease a clearance from a medical practitioner is required before the child/educator returns to the Service (A clearance from a medical practitioner does not overrule exclusion periods).

Exclusion is required when:

- An exclusion period is outlined in *Staying Healthy 5th Edition (2012)* or required by the Department of Health;
- The ill child requires more care than the staff can give, which may result in compromising duty of care to other children;
- The child is unwell or presents with symptoms, even if it has not been possible to provide a specific diagnosis for the child's illness;
- A child or staff member has an illness that may affect the health of others;
- The child or staff member has not been medically immunised and there is an outbreak;
- An illness results in the child not being able to cope adequately with the normal routines, experiences and activities.

Identifying Symptoms of an Excludable Infectious Illness or Disease

Refer to *Staying Healthy 5th Edition (2012)* or the most current information from the Department of Health.

Current and up to date information will be made available to staff, families and volunteers through a range of different means such as Service Newsletters, emails, SchoolZine App, policies and procedures, staff/co-ordinator meetings or induction information.

Immunisation

Children

Immunisation can protect people against harmful infections, which can cause serious complications, including death. Immunisation uses the body's natural defense mechanism, the immune system, to build resistance to specific infections. These diseases can be prevented by routine childhood immunisation, which are included in the National Immunisation Program Schedule (NIPS):

- Chicken pox (varicella)
- Diphtheria
- Haemophilus influenza Type b (Hib)
- Hepatitis B

- Influenza
- Measles
- Meningococcal infection
- Mumps
- Pneumococcal disease
- Polio (poliomyelitis)
- Rotavirus
- Rubella (german measles)
- Tetanus
- Whooping cough Pertussis

It is a condition of enrolment that parents/guardians provide evidence of current, up to date immunisation for their child / children. Where a child has not been medically immunised (i.e. medical exemption) a notification, signed by a medical practitioner, must be received by the Service prior to confirmation of care being provided.

It is the responsibility of parents/guardians to provide immunisation updates as and when they occur.

Children Who Are Not Immunised

Children who are not medically immunised due to a medical exemption, natural immunity or other approved exemption may still enrol at the Service. The Service must be provided with a copy of the exemption (as outlined above). A record will be maintained with the child's enrolment record.

Where a child has not been medically immunised (as per the National Immunisation Program Schedule) and there is an outbreak of any vaccine preventable disease, the child will be excluded from the Service in line with the relevant exclusion period. The exclusion period will occur even if the child is well. There will be no variation to the regular fee structure during these times (Note: the immunisation status of a child may impact on CCS and other government subsidies).

Staff

In adulthood, diseases included on the National Immunisation Program Schedule may also be prevented by up to date immunisation.

Full vaccination of staff is encouraged; however we respect the right of those who have chosen not to be immunised. Staff who are not immunised will be unable to work during an outbreak of a vaccine-preventable disease.

Staff are encouraged to be immunised with the annual flu vaccine and Hepatitis A and B vaccine. The Service may support provision of immunisation of staff.

Immunisation records will be maintained in a confidential manner on individual staff file in the office. Staff are responsible for providing the Service with their current and up to date immunisation records.

Identifying Signs and Symptoms of Illness

It is important to recognise and acknowledge that staff are not health care professionals and are unable to diagnose illness; this is the responsibility of medical practitioners. To ensure that symptoms are not infectious and minimise the spread of an infection, medical advice should always be sought (e.g. conjunctivitis is not responsible for all eye discharges, it may be due to a blocked tear duct, for which only a medical practitioner can diagnose and prescribe the appropriate medication or remedy).

Staff need to be aware of symptoms which may indicate a possible infection or serious medical illness or condition (refer to the extract below from *Staying Healthy – 5th Edition*). Note: Symptoms of illness can occur in isolation or in conjunction with others.

Assessing When An Illness Is An Emergency

Please refer to the First Aid Policy.

Assessing When An Illness Requires Medical Attention

Educators and staff are not medically trained, however, where an educator or staff members has concerns in regard to a child's health or well-being, the educator/staff member may discuss their concerns with the responsible person in day to day charge, the Director and/or Assistant Director. The guidelines outlined in *Staying Healthy* may be used to support this discussion.

In line with the Incident, Injury, Trauma and Illness Policy, the child's parent/guardian or other authorised person will be contacted to collect the child and engage the required medical attention.

High Temperatures

High temperatures (fever) is one of the most common reasons why children visit a medical practitioner. A fever is the body's natural response to an infection or illness. In children, a temperature over 38°C indicates a fever. Where a child is noted as having a fever while attending the Service, the child will be closely monitored and the child's parent/guardian or other authorised nominee may be contacted to collect the child (The body is not harmed by a low grade fever, however, children may feel uncomfortable or unwell). Where a baby under 3 months old has a temperature above 38°C, the baby should see a Doctor.

Children can also experience an elevated temperature for other reasons, which may not indicate an infection. For example:

- Experience discomfort or irritation (e.g. babies teething or after immunisation);
- Sleeping;
- Have been participating in physical activity or exercise.

A fever requires medical attention where the child:

- Is less than six months old;
- Has an ear ache;
- The child appears to be very sick;
- Is breathing rapidly;
- Has pain – especially headache, tummy or limb pain;
- Has difficulty swallowing;
- Has a rash;
- Has vomiting;
- Has neck stiffness or the light is hurting their eyes;
- Has bulging of the fontanel (the soft spot on the head of babies);
- Is very sleepy or drowsy.

Older children (3 years and older) who have a cold, but are not sick, generally do not need to see a doctor with every fever.

Documenting Illness

Please refer to the Incident, Injury, Trauma and Illness Policy.

Notifying families or emergency contacts when an illness is present

Please refer to the Incident, Injury, Trauma and Illness Policy.

Medications

Please refer to the Medication Policy.

Staff Professional Developmental Opportunities

Lipscombe Early Years Education and Care recognises the importance of staff having the opportunity to embed and extend their skills and knowledge in regard to children's health, safety and well-being. To effectively support this, Lipscombe Early Years Education and Care will ensure current, relevant information is shared with staff through avenues such as staff notes, articles, guidelines or procedures. Staff meetings will be used for discussions as well as focused group training sessions.

Excursions

Please refer to the Excursion policy.

Program Variations

Sandy Bay / Waimea Schools

Maintain ongoing communication with the relevant School where there is an outbreak of any infectious disease.

Links to Other Policies

Child Protection Policy

Enrolment Orientation and Access Policy

First Aid Policy

Hygiene and Infection Control

Medication

Workplace Health and Safety

Supporting Individual Needs

Links to NQS

Standard 2.1 Each child's health and physical activity is supported and promoted.

Element 2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.

Standard 2.2 Each child is protected.

Element 2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

Element 7.1.1 A statement of philosophy guides all aspects of the services' operations.

Element 7.1.2 Systems are in place to manage risk and enable the effective management and operation of a quality service.

References

Royal Melbourne Children's Hospital

Staying Healthy 5th Edition

Department of Health www.immunise.health.gov.au

Raising Child Network – www.raisingchildren.net.au

Department of Health

Policy Review

The policies and procedures of Lipscombe Early Years Education and Care will be reviewed every two years (This timeframe may be altered and shortened where new information becomes available and/or legislative requirements alter).

Families, volunteers and other relevant stakeholders are encouraged to collaborate with the Service to review and update the Service's policies and procedures.

It is essential for all staff to be involved in the policy review process and to familiarise themselves with the Service's policies and procedures, the requirements and expectations and to acknowledge all updates and changes in writing.

Changes Made at Review

Policy statement, Definitions, More information with regards to management of illness, More information regarding exclusions, Assessing illness and infectious disease, Information regarding fevers, Documenting symptoms, Notifying families, Protective behaviours, Communication with different stakeholders, Privacy and Confidentiality, Experiences.

Last review June 2007

August 2011 – removed QIAS links and replaced with new quality standards

August 2012 – new Updated from the original immunization policy from 2006, added in health related exclusion, statement, identifying symptoms, children who are not immunised, staff, exclusion guidelines, signs of illness, notifying families, protective behaviours, staff professional development, communication with different stake holders, privacy and confidentiality, excursions, community links, links to other policies, links to QIAS, references, attachments.

February 2013 – Added reference to Regulations, added immunisation policy.

March 2016 – updated to reflect changes to immunisation requirements for CCB/CCR 2016 and Staying Healthy 5th Edition

May 2018 – Updated National Quality Standards

Reviewed October 2018 - Updated references to the NQS; reviewed formatting, content and spelling; updated to reflect transition to CCS.