

Immunisation Policy

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| Published | November 2020 |
| Review Date | December 2022 |
| Sources | <p>Education and Care Services National Regulations, October 2020</p> <p>Education and Care Services National Law, February 2018</p> <p>Guide to the Education and Care Services National Law and the Education and Care Services National Regulations, October 2017</p> <p>Guide to the National Quality Framework, September 2020</p> <p>NSW Department of Health Communicable Diseases</p> <p>NSW Public Health Act 2010</p> <p>NSW Health, Immunisation Enrolment Toolkit for Early Childhood Education and Care Services, November 2018</p> <p>NSW Health - www.health.nsw.gov.au/immunisation/Pages/childcare_qa.aspx</p> |

Aim:

To protect the children, staff and families using the Out of School Hours Care Service from contracting vaccine preventable diseases, and to support the Department of Health's objectives for full immunisation of all children.

Responsibilities:

In relation to the Approved Provider & Co-ordination Unit Staff:

- Abide by their obligations under the current Education and Care Services National Law, Education and Care Services National Regulations, and the National Quality Standard in relation to immunisation
- Abide by their obligations under the Public Health Amendment (Vaccination of Children attending Child Care Facilities) Act 2010, which states that Early Childhood Education and Care Services **cannot** enrol a child unless approved documentation is provided that indicates that the child:
 - Is fully immunised for their age ([AIR Immunisation History Statement](#))
 - Has a medical reason not to be vaccinated ([AIR Immunisation Medical Exemption Form](#))
 - Is on a recognised catch-up schedule ([AIR Immunisation History Form](#))
- Disperse up to date information received in regards to immunisation to all Educators and families
- Abide by the exclusion policy, where if a vaccine preventable disease is present, or if a suspected child/ren who are not immunised, or a child/ren have incomplete immunisation records, they will be excluded
- Advise all families upon enrolment of the exclusion policy relating to immunisation
- Only OSHC Programs that have Pre-School children attending are required to ask families to provide Immunisation status to the service
- Where an OSHC Program also has Pre-School Age children attending, ensure that **prior** to enrolment parents provide the service with one or more of the following documents:
 - A **current ACIR Immunisation History Statement** which shows that the child is up to date with their scheduled immunisations
 - A **current ACIR Immunisation History Form** on which the immunisation provider has certified that the child is on a recognised catch-up schedule

- **An ACIR Immunisation Exemption – Medical Contraindication Form** which has been certified by an immunisation provider for a child who cannot receive one or more vaccines
- Under the NSW Government Legislation introduced in January 2018 families must meet the Government's Requirements in order to be eligible for CCS
- The following records **will not** be accepted as proof of immunisation:
 - NSW Personal Health Record (blue Book)
 - A GP Letter
 - An Overseas Immunisation Record
- Advise all Educators upon registration of the exclusion policy relating to immunisation
- Encourage Educators to maintain their immunity through Immunisation
- Advise all persons entering the service of an outbreak, or suspected case of a vaccine preventable disease by posting an information sheet from "Staying Healthy in Child Care", produced by the Department of Health and Medical Research Council, at the entrance of the home or service. Persons at risk will be informed by Co-ordination Unit Staff immediately by phone where necessary
- Report an outbreak or suspected case of a vaccine preventable disease to the NSW Department of Health, Notifiable Diseases section
- Under the [NSW Public Health Act 2010](#) Early Education and Care Centre's must notify of an outbreak of any of the following 9 vaccine preventable diseases to the local Public Health Unit on **1300 066 055**:
 - Diphtheria
 - Haemophilus influenzae type b (Hib)
 - Measles
 - Meningococcal C
 - Mumps
 - Pertussis (whooping cough)
 - Poliomyelitis
 - Rubella
 - Tetanus
- Facilitate compliance to the service policy through the systematic maintenance of immunisation records for staff and children
- For children attending OSHC Program where Pre-School children attend, maintain children's immunisation profiles in individual files
- Store Immunisation Records for a period of 3 years after the child has ceased care with the service

In relation to Educators:

- Abide by their obligations under the current Education and Care Services National Regulations, and the National Quality Standard in relation to immunisation
- Consider maintaining, through immunisation, their immunity to common childhood diseases

In relation to Families:

- When their child attends an OSHC Program that offers care for Pre-School age children, provide the service with their child's Immunisation History Statement with one or more of the following documents:
 - A **current ACIR Immunisation History Statement** which shows that the child is up to date with their scheduled immunisations

- A **current ACIR Immunisation History Form** on which the immunisation provider has certified that the child is on a recognised catch-up schedule
- **An ACIR Immunisation Exemption – Medical Contraindication Form** which has been certified by an immunisation provider for a child who cannot receive one or more vaccines
- Under the new No Jab, No Pay scheme introduced in January 2018 families must meet the Government’s Requirements in order to be eligible for CCS. In order to receive CCS a child must:
 - Be up-to-date with the immunisations listed in the Child programs table in the [National Immunisation Program](#)
 - Be on a 'suitable catch-up schedule' under the [Australian Immunisation Handbook](#), or
 - Have an [approved medical exemption](#), such as a natural immunity or a history of anaphylaxis after a previous vaccine, which is recorded on the [Australian Immunisation Register \(AIR\)](#)
- The following records **will not** be accepted as proof of your child’s immunisation:
 - NSW Personal Health Record (blue Book)
 - A GP Letter
 - An Overseas Immunisation Record
- When notified by the service or Educator parents will collect their child/ren (if the child/ren is/are not immunised) from the service if there is an outbreak or suspected case of a vaccine preventable disease present

In Cases of Non- Immunisation:

Where an Educator or a Family have not immunised their child due to medical reasons, the Exclusion Policy in relation to Immunisation will apply in the case of an outbreak of immunise preventable diseases.

Continual Monitoring and Improvement:

Continual improvement and monitoring will occur in the following ways:

- Incidental and planned consultation with families
- Co-ordination Unit Staff accessing current relevant information
- Co-ordination Unit Staff and Educators accessing current and relevant training
- Internal evaluation of incidences and the improvement of systems

Policy Review

| Date Revised | Comments |
|---------------|---|
| May 2019 | Scheduled Policy Review – Updates made in line with changes to the NSW Public Health Act 2010 |
| November 2020 | Scheduled Policy Review – Updated information and Immunisation Schedule |
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NSW Immunisation Schedule

Funded July 2020



| CHILDHOOD VACCINES | | | |
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| AGE | DISEASE | VACCINE | INFORMATION |
| Birth | Hepatitis B | H-B-VAX II OR ENGERIX B (IM) | Within 7 days of birth (ideally within 24 hours) |
| 6 weeks | Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type b, hepatitis B, polio | INFANRIX HEXA (IM) | ROTARIX: Dose 1 limited to 6-14 weeks of age BEXSERO: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023 |
| | Pneumococcal | PREVENAR 13 (IM) | |
| | Rotavirus | ROTARIX (Oral) | |
| | Meningococcal B (Aboriginal* children only) | BEXSERO (IM) | |
| 4 months | Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type b, hepatitis B, polio | INFANRIX HEXA (IM) | ROTARIX: Dose 2 limited to 10-24 weeks BEXSERO: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023 |
| | Pneumococcal | PREVENAR 13 (IM) | |
| | Rotavirus | ROTARIX (Oral) | |
| | Meningococcal B (Aboriginal children only) | BEXSERO (IM) | |
| 6 months | Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type b, hepatitis B, polio | INFANRIX HEXA (IM) | Children ≥6 months with at risk conditions for IPD† are recommended to receive an additional dose of PREVENAR 13 – see AIH* Aboriginal children ≥6 months with certain at risk conditions may require an additional dose of Bexsero – see AIH* |
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| 12 months | Meningococcal ACWY | NIMENRIX (IM) | Bexsero: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023 |
| | Pneumococcal | PREVENAR 13 (IM) | |
| | Measles, mumps, rubella | MMR II OR PRIORIX (IM or SC) | |
| | Meningococcal B (Aboriginal children only) | BEXSERO (IM) | |
| 18 months | Diphtheria, tetanus, pertussis | INFANRIX OR TRIPACEL (IM) | |
| | Measles, mumps, rubella, varicella | PRIORIX TETRA OR PROQUAD (IM or SC) | |
| | <i>Haemophilus influenzae</i> type b | ACT-HIB (IM OR SC) | |
| 4 years | Diphtheria, tetanus, pertussis, polio | INFANRIX-IPV OR QUADRACEL (IM) | Children with at risk conditions for IPD† are recommended to receive an additional dose of PNEUMOVAX 23 – see AIH* |

| AT RISK GROUPS, ADOLESCENTS AND ADULTS | | | |
|--|--|---|--|
| AGE/GROUP | DISEASE | VACCINE | INFORMATION |
| All people with asplenia, hyposplenia, complement deficiency and treatment with eculizumab | Meningococcal ACWY | NIMENRIX (IM) | See AIH* for required doses and timing Additional groups are recommended to receive these vaccines but these are not funded |
| | Meningococcal B | BEXSERO (IM) | |
| >5 years with asplenia or hyposplenia | <i>Haemophilus influenzae</i> type b | ACT-HIB (IM or SC) | If incompletely vaccinated or not vaccinated in childhood |
| Year 7 | Diphtheria, tetanus, pertussis | BOOSTRIX (IM) | |
| | Human papillomavirus | GARDASIL 9 (IM) | |
| Year 10 | Meningococcal ACWY | NIMENRIX (IM) | |
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| Pregnant | Influenza | INFLUENZA | Influenza: Any trimester Pertussis: each pregnancy between 20-32 weeks |
| | Pertussis | BOOSTRIX OR ADACEL (IM) | |
| Aboriginal people ≥50 years | Pneumococcal | PREVENAR 13 (IM) then PNEUMOVAX 23 (IM) | Prevenar 13: ≥50 years Pneumovax 23: 2-12 months later Pneumovax 23: at least 5 years later |
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| 70 years | Pneumococcal | PREVENAR 13 (IM) | Pneumococcal funded for people ≥70 Zoster: Catch up available for 71-79 year olds until 31/10/2021 |
| | Zoster | ZOSTAVAX (SC) | |
| People with at risk conditions for IPD† | See the online AIH* for conditions recommended to receive PREVENAR 13 and PNEUMOVAX 23 | | |

| INFLUENZA | | |
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| AGE/AT RISK CONDITION | RECOMMENDATION | INFORMATION |
| All children 6 months <5 years | ANNUAL INFLUENZA VACCINATION | For vaccine brands and eligibility see: www.health.nsw.gov.au/immunisation/Pages/flu.aspx |
| Aboriginal people ≥ 6 months | | |
| People with at risk conditions ≥6 months ≥65 years | | |
| Pregnant women | | |

† The term Aboriginal is inclusive of Aboriginal and Torres Strait Islander people. † IPD: Invasive pneumococcal disease. *AIH: Online Australian Immunisation Handbook.



Country Kids Club Out of School Hours Care