



# IMMUNISATION POLICY

SUB CATEGORY: Health, Hygiene and Safety

## POLICY GOAL

To inform parents of the vaccination recommendations and to actively support immunisation of all children attending the service to protect children, as far as possible, from the spread of infectious diseases where there is an outbreak. To encourage educators to participate in the recommended vaccinations to protect themselves and children from the risks associated with vaccine-preventable diseases.

## RATIONALE

*“Immunisation is a reliable way to prevent some infections. Immunisation works by giving a person a vaccine—often a dead or modified version of the germ—against a particular disease. This makes the person’s immune system respond in a similar way to how it would respond if they actually had the disease, but with less severe symptoms. If the person comes in contact with that germ in the future, their immune system can rapidly respond and prevent the person becoming ill.*

*Immunisation also protects other people who are not immunised, such as children who are too young to be immunised, or people whose immune systems did not respond to the vaccine. This is because the more people who are immunised against a disease, the lower the chance that a person will ever come into contact with someone who has the disease. The chance of an infection spreading in a community therefore decreases if a large proportion of people are immunised, because the immune people will not become infected and can protect the vulnerable people; this is known as ‘herd immunity’.*

*Educators should ask all parents to provide a copy of their child’s vaccination records. If the child has a vaccination record, make sure they have received all the vaccinations recommended for their age group.*

*If the child has not been medically vaccinated (‘not medically vaccinated’ includes children who may have been naturopathically or homeopathically vaccinated), tell the parents that their child will be excluded from care during outbreaks of some infectious diseases (such as measles and pertussis), even if their child is well. This is because the effectiveness of naturopathic or homeopathic vaccinations has not been scientifically proven.”<sup>1</sup>*

### Information for families on Immunisation Requirements linked to benefits and subsidies:

*“Your child must meet immunisation requirements if you get Family Tax Benefit (FTB) Part A or child care fee assistance. To meet the requirements, all of your children younger than 20 need to:*

- *meet the Childhood schedule on the Department of Health’s National Immunisation Program Schedule*

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<sup>1</sup> “5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services”  
Australian Government National Health and Medical Research Council 2013

- *be on a suitable catch up schedule in line with the Department of Health's current Australian Immunisation Handbook*
- *have an approved medical exemption recorded on the Australian Immunisation Register (AIR).*

### **Child Care Subsidy**

**If you get this subsidy and your child stops meeting these requirements, you have 63 days to start meeting them again. If you don't, your subsidy will stop.**

### **Keeping up to date**

*You must make sure your child is up to date with their vaccinations to meet the requirements. Your vaccination provider will update the AIR. If your child misses any vaccinations on the National Immunisation Programme Schedule, talk to your vaccination provider. They can arrange a catch up schedule. This schedule needs to be in line with the current Department of Health's Australian Immunisation Handbook.<sup>2</sup>*

Under the No Jab No Pay measure, parents who do not fully immunise their children up to 19 years of age will no longer be eligible for family assistance payments, with exceptions for children with medical contraindications or natural immunity for certain diseases and those on a recognised catch-up schedule. More information about the No Jab No Pay measure is available at <https://www.health.gov.au/sites/default/files/no-jab-no-pay-fsheet.pdf>

*"Under the Public Health Act 2005, approved early childhood education and care services (ECEC services) can refuse the enrolment or attendance of children who are not up-to-date with their scheduled vaccinations.*

### **Your service can choose to ask parents to provide an:**

- *immunisation history statement when enrolling their child*
- *updated immunisation history statement when their child passes the 2, 4, 6, 12, 18 months and 4 years vaccination milestones.*

*The immunisation history statement will show if a child's immunisation status is up-to-date. If the child is not up-to-date, your service can choose to:*

- *refuse enrolment of the child*
- *cancel enrolment or refuse attendance of the child*
- *impose a condition on the child's enrolment or attendance.*

*Your service may wish to establish a policy on the enrolment and attendance of children whose:*

- *immunisation status is not up-to-date with the immunisation schedule, or*
- *parents who do not provide an immunisation history statement.*

### **New enrolments**

*For children who are new enrolments, your service can ask parents to provide an immunisation history statement that shows the child's immunisation status as up-to-date.*

### **Your service can choose to:**

- *refuse enrolment of children whose immunisation status is not up-to-date*

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<sup>2</sup> "Immunisation Requirements" Australian Government Department of Human Services April 2018  
<https://www.humanservices.gov.au/individuals/enablers/immunisation-requirements> (accessed on-line May 2019)

- *accept enrolment but refuse attendance of children until proof of up-to-date immunisation status is provided, or*
- *conditionally accept enrolment or attendance until proof of up-to-date immunisation status is provided.*

**To be legally protected, your service must:**

- *request the parent provide an immunisation history statement showing that their child's immunisation status is up-to-date*
- *on making the request, inform the parent of the potential consequences for their child's enrolment or attendance, if their immunisation status is not up-to-date*
- *provide a reasonable timeframe for the parent to provide the immunisation history statement.*

*It is up to your service to decide the 'reasonable timeframe' for providing the immunisation history statement when enrolling a child. If the parent does not provide an immunisation history statement by the requested time, your service can:*

- *refuse enrolment or attendance*
- *impose another condition consistent with your service's policy regarding immunisation.*

**Existing enrolments**

*For children who are already enrolled, your service can ask parents for an updated immunisation history statement after the child passes the 2, 4, 6, 12, 18 months and 4 years [vaccination milestones](#). In this instance, your service must give parents **at least 4 weeks** to provide a current immunisation history statement. If the parent does not provide an immunisation history statement by the requested time, your service can:*

- *cancel enrolment of children whose immunisation status is not up-to-date*
- *refuse attendance of children until proof of up-to-date immunisation status is provided, or*
- *impose another condition on the child's enrolment or attendance until proof of up-to-date immunisation status is provided.*

**To be legally protected, your service must:**

- *be satisfied that the child has passed one of the vaccination milestones under the [National Immunisation Program Schedule Queensland](#)*
- *request the parent provide an immunisation history statement showing that their child's immunisation status is up-to-date*
- *on making the request, inform the parent of the potential consequences for the child's enrolment or attendance, if their child's immunisation status is not up-to-date*
- *give the parent at least 4 weeks to provide the immunisation history statement.*

**Conditional enrolment or attendance**

*For children whose immunisation status is unknown or not up-to-date, your service can place a condition on the child's enrolment or attendance, relevant to their immunisation status.*

*For example, if a parent does not provide proof of an up-to-date immunisation status, your service can advise the parent that until a current immunisation history statement is provided:*

- *attendance may be limited for a specific period of time, or*
- *attendance may be limited to particular days or sessions.*

*Enrolled children whose immunisation status is unknown will be considered as not vaccinated.*

### **Vulnerable children**

*Under the new legislation, your service has the flexibility to allow the enrolment or attendance of vulnerable children whose immunisation status may be unknown or not up-to-date. The Queensland Government recognises the importance of immunisation and high quality education and care for all children. The legislation is not intended to disadvantage vulnerable children.*

### **Medical contraindication and catch-up schedules**

*Your service cannot refuse enrolment or attendance of a child on the basis of their immunisation status if they:*

- *have a medical contraindication to some or all scheduled vaccines, and/or*
- *are on a recognised vaccination catch-up schedule.*

*While technically not fully vaccinated, these children are still classified as having an up-to-date immunisation status, and this should be indicated on their immunisation history statements.*

### **Homoeopathic treatments**

*Children who have only had homoeopathic treatments will be shown as not up-to-date on their immunisation history statements. Enrolment and attendance of these children is at the discretion of your service.*

### **Conscientious objection**

*Some parents may not want to have their child vaccinated. Your service has the option to accept or refuse these children if you choose. If parents have recorded a conscientious objection to vaccination through the Australian Immunisation Register (AIR), their child's immunisation status will show as 'not up-to-date'. The Australian Government has changed legislation regarding immunisation requirements. From 1 January 2016 Conscientious Objection has been removed as a reason for vaccination exemption.*

### **Immunisation history statements**

*An immunisation history statement must be used as proof that a child's immunisation status is up-to-date or not up-to-date. This statement can be:*

- *an official record issued by the [Australian Immunisation Register \(AIR\)](#)*
- *a letter from a recognised immunisation provider (e.g. a GP or immunisation nurse).*

*The Personal Health Record (the 'red book') from Queensland Health is not acceptable proof of immunisation because it only contains handwritten updates.”<sup>3</sup>*

*“Immunisation protects not only staff, but also the young children they work with, who may be more vulnerable to vaccine-preventable diseases and may have more serious outcomes if they do contract a vaccine-preventable disease. People conducting a business or undertaking in education and care services have a duty of care to ensure, as far as is reasonably practicable, the work health and safety of educators and other staff who are at risk of exposure to diseases that are preventable by vaccination.*

*Immunisation of educators and other staff is an effective way to manage the risk in education and care services, because many diseases are infectious before the onset of symptoms. Educators and other staff who are not immunised place children—especially younger age groups—at greater risk of acquiring a vaccine-preventable disease. All education and care service staff should be advised of the potential consequences if they refuse reasonable requests for immunisation. These include:*

- o *being restricted to working with children over 12 months old*

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<sup>3</sup> “Vaccination Legislation for ECEC Services” Queensland Health (accessed on-line April 2020)  
<https://www.health.qld.gov.au/public-health/schools/immunisation/legislation>

- o potentially having to take antibiotics during outbreaks of bacterial diseases that are vaccine preventable, even if the educator is not ill
- o being excluded from work during outbreaks of vaccine-preventable diseases.

Employers should:

- o develop a staff immunisation policy that states the immunisation requirements for educators and other staff
- o develop a staff immunisation record that documents each staff member's previous infection or immunisation for the diseases listed below
- o require all new and current staff to complete the staff immunisation record
- o regularly update staff immunisation records as staff become vaccinated
- o provide staff with information about vaccine-preventable diseases—for example, through in-service training and written material, such as fact sheets
- o take all reasonable steps to encourage non-immune staff to be vaccinated.

Advice given to educators and other staff, and any refusal to comply with vaccination requests, should be documented.

### **Recommended vaccinations for educators and other staff**

The National Health and Medical Research Council (NH MRC) recommends that all educators and other staff are immunised against:

- **pertussis**—this is especially important for educators and other staff caring for the youngest children who are not fully vaccinated. Even if the adult was vaccinated in childhood, booster vaccination may be necessary because immunity to pertussis decreases over time
- **measles–mumps–rubella (MMR)** for educators and other staff born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies against rubella
- **varicella** for educators and other staff who have not previously had varicella (a blood test is required to prove previous infection)
- **hepatitis A**, because young children can be infectious even if they are not showing any symptoms.
- All staff should also consider having yearly **influenza** vaccinations. Influenza is very infectious and can spread through the air by coughing and sneezing, as well as by hands, cups and other objects that have been in contact with an infected person's mouth or nose.
- Additional vaccinations are recommended for special categories of educators and other staff:<sup>24</sup>
- **Hepatitis B** for educators and other staff who care for children with intellectual disabilities. Although the risk is low, seek advice about hepatitis B immunisation if the children are not immunised. Immunisation of **the children should be encouraged**.
- **Japanese encephalitis** for educators and other staff who work in the outer Torres Strait islands for one month or more during the wet season.
- Educators and other staff who are pregnant or immunocompromised (i.e. have a weakened immune system) should seek advice from their doctor about vaccinations. Some vaccinations are not recommended during pregnancy, or if a person has a disease or is undergoing treatment that affects their immune system.”<sup>4</sup>

“Staff working in early childhood education and care services can be exposed to infectious diseases through contact with infectious children and their blood and body substances.

Recommended vaccinations for non-immune staff who work with young children include:

- hepatitis A
- measles-mumps-rubella (MMR) (persons born during or since 1966 who have only received one dose of the MMR vaccine should have a second dose)

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<sup>4</sup> “5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services”  
Australian Government National Health and Medical Research Council 2013

- *chickenpox (if not previously infected)*
- *pertussis (whooping cough) (an adult booster dose)*
- *influenza (annual vaccination).*

*Outbreaks of these diseases in a childcare setting can result in serious illness in staff, children attending the service and family members. Some of these diseases, such as rubella, chickenpox and influenza can cause severe disease in pregnant women and/or harm their baby.*

*These diseases are generally very infectious and can spread before an infected person shows signs of illness. Vaccination and good hand and respiratory hygiene are the most effective ways to protect against infection.*

*Where workers refuse vaccination, are unable to be vaccinated for medical reasons, or do not respond to vaccination, the PCBU should undertake a risk assessment to determine the most appropriate way to protect these workers against infection, giving consideration to the way in which the infectious disease is spread. In the event of an outbreak of a vaccine-preventable disease, it may be necessary to implement work exclusions, restrictions or adjustments to protect non-immune workers and prevent further spread of the disease.”<sup>5</sup>*

## IMPLEMENTATION

### Children

- While we encourage and support childhood immunisation, we also respect a family’s choice not to immunise.
- We will ask all families enrolling at our service to provide an updated Immunisation History Statement. Under the Public Health Act we may reserve the right to restrict enrolment of medically non-vaccinated children. This may be restricted to specific age groups or sessions and may be dependent on other health factors at the time of enrolment including the health and condition of other children and educators, this refusal or restriction will be at the discretion of the Approved Provider. Families will be notified upon enrolment of the requirement.
- Children who have not been medically vaccinated (‘not medically vaccinated’ includes children who may have been naturopathically or homeopathically vaccinated) must be excluded in the event of a vaccine-preventable disease being present at the centre, even if their child is well, normal booking charges will apply for exclusion.
- An immunisation history statement must be provided upon enrolment as proof that a child’s immunisation status is ‘up-to-date’ or ‘not up-to-date’. This must be provided as updated at key milestones. Without this statement children will be treated as not up to date and will automatically be excluded if directed until the statement is provided. This statement can be:
  - an official record issued by the Australian Childhood Immunisation Register (ACIR)  
<https://www1.medicareaustralia.gov.au/ssl/acircircert>
  - a letter from a recognised immunisation provider (e.g. a GP or immunisation nurse).
  - The Personal Health Record (the ‘red book’) from Queensland Health is not acceptable proof of immunisation
- The service will request updated immunisation status at age milestones for children already enrolled at the service. Where this is not provided within 4 weeks the child will be considered as

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<sup>5</sup> “Immunisation in early education and care services” Workplace Health and Safety – Worksafe Qld Government June 2015

<https://www.worksafe.qld.gov.au/education/articles/immunisation-in-early-childhood-education-and-care-services> (accessed on-line April 2020)

not medically vaccinated and the service reserves the right to cancel enrolment, restrict attendance or impose other conditions in the interest of the health of all children and educators.

- A list of vaccine-preventable diseases can be found in “Staying Healthy Edition 5” and will be displayed in the foyer for your information.
- Nominated Supervisors will contact their local Public Health Unit for advice when they are informed of a case of a vaccine-preventable disease.

### Staff

The National Health and Medical Research Council (NH MRC) recommends that all educators and other staff are immunised against:

- **pertussis**—this is especially important for educators and other staff caring for the youngest children who are not fully vaccinated. Even if the adult was vaccinated in childhood, booster vaccination may be necessary because immunity to pertussis decreases over time
- **measles–mumps–rubella (MMR)** for educators and other staff born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies against rubella
- **varicella** for educators and other staff who have not previously had varicella (a blood test is required to prove previous infection)
- **hepatitis A**, because young children can be infectious even if they are not showing any symptoms.
- All staff should also consider having yearly **influenza** vaccinations. Influenza is very infectious and can spread through the air by coughing and sneezing, as well as by hands, cups and other objects that have been in contact with an infected person’s mouth or nose.
- We strongly encourage team members to follow the National Health and Medical Research Council’s recommendations for immunisation.

Educators who are not immunised must understand the potential consequences if they refuse reasonable requests for immunisation. These may include:

- being restricted to working with children over 12 months old
- potentially having to take antibiotics during outbreaks of bacterial diseases that are vaccine preventable, even if the educator is not ill
- being excluded from work during outbreaks of vaccine-preventable diseases.
- We reserve the right to restrict those who are unimmunised from working with any group of children where there is a risk.  
Team Members should seek advice from their Medical Practitioner based on their individual circumstances.
- All team members are required to complete the Immunisation Record and keep this up to date. This should be reviewed annually.
- In the event of an outbreak of a vaccine-preventable disease, unimmunised team members may be excluded based on advice from Public Health.
- Where unimmunised, employees are excluded from the centre at the direction of Public Health this period of exclusion will be without pay. This is to both protect themselves and those attending the service. The employer will invoke the stand-down provisions of the Fair Work Act 2009, Part 3-5 Section 524 (3) which states;  
*“An employer may, under this subsection, stand down an employee during a period in which the employee cannot usefully be employed because of one of the following circumstances:*

*c) A stoppage of work for any cause for which the employer cannot reasonably be held responsible.”<sup>6</sup>*

- Personal leave can only to be used if the employee is sick or injured and unless the employee meets the aforementioned conditions, it cannot be used during a stand-down period. The employer may approve the use of annual or long service leave accrual if available.
- **Staff will be responsible for cost of all immunizations, and other associated medical expenses unless otherwise advised by the Approved Provider.**

**Services should check the Immunise Australia Program website ([immunise.health.gov.au](http://immunise.health.gov.au)) and the relevant state or territory health department’s website on a regular basis (e.g. once a year) for any changes to the immunisation schedule.**

## **COMMUNICATION AND CONSULTATION**

- Educators and families will have access to this policy at all times.
- Educators and families will be provided with opportunities to be involved in the review of this policy.
- Families will be advised upon enrolment about the contents of this policy.
- Educators and other employees will be advised of the content of this policy upon commencement
- Information will be available to educators and families from recognised authorities

## **RELATED FORMS AND DOCUMENTS**

- Child Enrolment Form
- Pregnancy and CMV Policy
- Induction Checklist
- Staff Immunisation Register
- Australian Immunisation Program Schedule  
<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>
- Letter for Medical Practitioner relating to staff immunisation

## **SCOPE AND ENFORCEMENT**

The failure of any person to comply with this policy in its entirety may lead to;

- Termination of child enrolment
- Performance management of an employee which may lead to termination

## **RECOGNISED AUTHORITIES AND DOCUMENTS WHICH GUIDE POLICY**

- “5<sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services” Australian Government National Health and Medical Research Council 2013
- “The Australian Immunisation Handbook 10<sup>th</sup> Edition”, National Health & Medical Research Council Commonwealth of Australia (accessed on-line April 2020)  
<https://immunisationhandbook.health.gov.au/>
- “Vaccination Legislation for ECEC Services” Queensland Health (accessed on-line April 2020)  
<https://www.health.qld.gov.au/public-health/schools/immunisation/legislation>
- “Fair Work Act 2009”, Australian Federal Government (accessed April 2020)

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<sup>6</sup> “Fair Work Act 2009”, Australian Federal Government (accessed April 2020)



- “Immunisation Requirements” Australian Government Department of Human Services (accessed on-line April 2020)  
<https://www.humanservices.gov.au/individuals/enablers/immunisation-requirements>
- “No Jab, No Pay” <https://www.health.gov.au/sites/default/files/no-jab-no-pay-fsheet.pdf> (access on-line April 2020)

**DATE CREATED:** November 2011

**REVIEW DETAILS:**

Review Date	Details of Changes
July 2012	Information around stand down provisions when unimmunised employees are required to be excluded from the centre. Inclusion of Refusal of Immunisation letter for Medical Practitioner for staff not immune as per recommendations.
January 2013	Added “letter attached for doctor” under the Related Forms and Document heading
March 2013	This policy has been updated with current information from “5 <sup>th</sup> Edition Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services” Australian Government National Health and Medical Research Council 2012. <ul style="list-style-type: none"> <li>• Review child and staff immunisations annually</li> <li>• Inclusion of non-medically immunised children for exclusion in the event of a vaccine-preventable diseases being present.</li> <li>• Updated immunisation program schedules available on website</li> <li>• Inclusions of potential consequences for educators who refuse reasonable requests for immunisation. These may include: <ul style="list-style-type: none"> <li>o being restricted to working with children over 12 months old</li> <li>o potentially having to take antibiotics during outbreaks of bacterial diseases that are vaccine preventable, even if the educator is not ill</li> <li>o being excluded from work during outbreaks of vaccine-preventable diseases.</li> </ul> </li> </ul>
January 2014	No changes made, sources updated where applicable
May 2015	No changes made, sources updated where applicable
January 2016	Updated to include new government policies including “No Jab, No Pay” information and change to records requested for immunisation proof.
April 2016	Updated to include new Vaccidate app, sources updated where applicable
May 2017	Updated Sources and information in Rationale. Included the following regarding Staff Immunisation: <ul style="list-style-type: none"> <li>• We request that educators working with babies are vaccinated for Pertussis (Whooping Cough).</li> <li>• We reserve the right to restrict those who are unimmunised from working with any group of children where there is a risk, for example those not immunised for Pertussis (Whooping Cough) may be restricted from working in nurseries.</li> </ul>
May 2018	<ul style="list-style-type: none"> <li>• Updated sources and website links</li> <li>• Updated rationale quotes including inclusion of CCS replacing CCB</li> <li>• Additional information in Rationale and Implementation about the service’s right to refuse or restrict enrolment based on immunisation status.</li> <li>• We will ask all families enrolling at our service to provide an updated Immunisation History Statement. Under the Public Health Act we may reserve the right to restrict enrolment of medically non-vaccinated children.</li> </ul>

	<p>This may be restricted to specific age groups or sessions and may be dependent on other health factors at the time of enrolment including the health and condition of other children and educators, this refusal or restriction will be at the discretion of the Approved Provider. Families will be notified upon enrolment of the requirement.</p> <ul style="list-style-type: none"> <li>• The service will request updated immunisation status at age milestones for children already enrolled at the service. Where this is not provided within 4wks the child will be considered as not medically vaccinated and the service reserves the right to cancel enrolment, restrict attendance or impose other conditions in the interest of the health of all children and educators.</li> </ul>
March 2019	<ul style="list-style-type: none"> <li>• Removed reference to Child Care Benefit and JET that has ceased and added Additional Child Care Subsidy.</li> <li>• Updated sources and quotes in rationale</li> </ul>
April 2020	<ul style="list-style-type: none"> <li>• Updated sources and weblinks</li> </ul>

**LETTER FOR MEDICAL PRACTITIONER RE VACCINATIONS**

Date: \_\_\_\_\_

Dear Medical Practitioner,

Our staff member, \_\_\_\_\_, who is employed to work with children at our early education and care service, has decided against immunisation for the following diseases;

\_\_\_\_\_  
\_\_\_\_\_

We are asking her/him to discuss this decision with you, their medical practitioner.

We wish to ensure that they are aware of what risk to their health these diseases could pose. Contracting one of these diseases would also mean time off work (perhaps extended) as will exclusion from work for their own protection if there is an outbreak in the service.

It is our duty of care to do everything in our power to protect our workers. Having said this, we do also recognise their rights to make their own decisions regarding their own health. We are not qualified to put the medical evidence about all the risks that diseases pose to adult workers and hope that you could do so in an effort to keep them as well protected as possible.

Could we also ask you to give us written assurance that you have discussed this with them and what their decision was?

Yours sincerely,

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Centre Director/Nominated Supervisor