

# Family Day Care

## Immunisation and Infectious Diseases Policy

**Section:** 2 Children's Health and Safety

**Policy ID Number:** 2.5

**Link to National Quality Standard:** 2.1, 2.1.2

**Link to Education and Care Services National Legislation:** r77, r85, r86, r87, r88, r90, r162, r168, r173

### 1 Policy Statement

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Family Day Care will implement strategies and actions to prevent the transmission of infectious diseases and/or to control transmission of an infectious disease when a case/s is identified.

### 2 Rationale

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Family Day Care is committed to creating and maintaining a child safe organisation where protecting children and preventing and responding to child abuse is embedded in the everyday thinking and practice of all staff, Educators, Educator household members, work experience/work placement students and volunteers irrespective of their involvement in child related duties.

To provide a safe and healthy environment for all children, families, Educators and Coordination Unit staff and any other persons attending the service.

To assist in preventing the outbreak and/or spread of infectious diseases.

To support and promote immunisation of all children.

To comply with requirements of Federal Government No Jab No Pay and State Government No Jab No Play policies.

To comply with current exclusion schedules and guidelines set by the Victorian Department of Health.

### 3 Procedures

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#### 3.1 Immunisation and Enrolment

- The Victorian Government 'No Jab, No Play' legislation requires all children to be fully vaccinated unless they have a medical exemption to be enrolled in Family Day Care.
  - Families applying for care for their school aged child/ren are exempt from the 'No Jab No Play' legislation.
- Families must provide an accurate and current Immunisation History Statement for their child/children when they enrol and any subsequent changes to this whilst they remain enrolled.
  - An Immunisation History Statement from Australian Immunisation Register (AIR) is the only form of evidence that can be used to show the child's vaccinations are up to date for their age.
  - A child is considered overdue for a vaccination if four weeks has passed since the date of the 'next vaccine due' listed on their current immunisation history statement. A child cannot be enrolled if they are overdue for a vaccination.
  - Families who are not eligible to hold a Medicare card must contact the AIR to request an Immunisation History Statement.
- The Coordination Unit, cannot confirm enrolment and care cannot commence unless the parent/guardian has provided:
  - a current Immunisation History Statement from the AIR **AND**

- the statement must show that the child
  - is up to date with all vaccinations that are due for their age, or that they are able to receive **OR**
  - is eligible to enrol under the 16 week grace period while the Coordination Unit works with the family to obtain the necessary immunisations/documentation **OR**
  - has a medical reason not to be vaccinated ('Conscientious objection' to vaccination is not an exemption)
- The Coordination Unit will ensure that immunisation status of each child is up to date at enrolment, and following enrolment, will take reasonable steps to obtain up-to-date Immunisation History Statements from families. Immunisation History Statements will be kept with the child's enrolment records.
  - The Coordination Unit will provide families with information as to how to obtain accepted immunisation documentation.
  - To keep immunisation information current, and to remind families of immunisation due dates, the Coordination Unit will request immunisation evidence from families that have children due for immunisations, twice per year, with a reminder interval of no greater than seven months.
  - The Coordination Unit will provide families information on how to access immunisations and/or Immunisation History Statements if needed.
- Educators will be provided access to children's immunisation status with their enrolment information via Harmony for Educators.
- Educators and Coordination Unit staff will provide up-to-date information for families on immunisation and the protection of all children from infectious diseases.
- Families are responsible for ensuring the FDC service has up-to-date information regarding their child's immunisation status.

### 3.2 Infectious Diseases and Exclusion Periods

- The Coordination Unit, Educators and families will adhere to Department of Health Exclusion Periods Table (Attachment 1) and any directions made by the Chief Health Officer. Children may be excluded from care to comply with these directions.
- The Coordination Unit will provide up-to-date information and resources for families and Educators regarding protection of all children from infectious diseases, management of outbreaks and immunisation programs.
- Families must inform the Coordination Unit and their Educator if their child is being tested for and/or has an infectious disease or has been in contact with a person who has an infectious disease.
- Educators will notify the Coordination Unit of any outbreak of an infectious disease.
- Educators will notify all parents/guardians in writing of any outbreak of an infectious disease and this will be displayed in a prominent position. This should be done in a manner that ensures confidentiality for any child, family, Educator and their family.
- Children who are sick and/or infectious must not attend care.
- Educators will respond to the needs of all children if a child becomes ill while in care. Where possible the Educator will isolate child/ren who became unwell during the day from other children.
- The Educator will notify the parent/guardian or authorised nominees if a child becomes unwell in care and will send the unwell child home as soon as possible.

- Families will promptly pick up a child that becomes ill whilst in care.
- When a child becomes ill while in care the Educator will complete an illness record, the family will sign this, and the Educator will provide a copy to the Coordination Unit.
- Educators will ensure that unwell children do not attend their care. If a child is unwell on arrival to care, the Educator may refuse care for that day.
- Families may be required to provide a written medical clearance from a medical practitioner before returning to care.
- The Coordination Unit will take reasonable steps to support the prevention of the spread of infectious diseases at the service. This could include:
  - notifying children, families and educators when someone within the service has been diagnosed with an infectious illness.
  - complying with relevant health department exclusion guidelines and/or directions, this could include contacts who are at higher risk.
  - providing information, training and/or resources in relation to hygiene practices, and the minimisation of cross-infection.

### 3.3 Health and Hygiene Practices

- The Coordination Unit will model safe hygienic practices to Educators and children e.g. hand washing.
- Illnesses are often infectious before symptoms appear. Therefore, Educators will provide a safe and healthy environment for all children and ensure good hygiene practices at all times. Educators will model safe hygienic practices to children and families e.g. hand washing.
- Educators will minimise the risk of infection to others by following strict personal and environmental hygiene practices.
- Families will communicate with their Educator about their child's health and wellbeing.
- All Educators and Coordination Unit staff are committed to preventing the spread of vaccine-preventable diseases through simple hygiene practices such as hand washing, effective cleaning procedures, monitoring immunisation records and complying with recommended exclusion guidelines and timeframes for children and Educators (Exclusions Periods Table).
- Educators and Coordination Unit staff will act appropriately and with sensitivity in supporting children and families when a child is unwell and/or diagnosed with an infectious illness.

## 4 References

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- [Education and Care Services National Law Act](#)
- [Education and Care Services National Regulations](#)
- [National Quality Standards](#)
- [Childcare Provider Handbook](#)
- Family Day Care Information Handbook
- Family Day Care Educator Agreement
- Public Health and Wellbeing Act 2008
- Public Health and Wellbeing Amendment (No Jab, No Play) Act 2015
- Public Health and Wellbeing Regulations 2019
- Staying Healthy in Child Care, 5th Edition, NHMRC, 2013
- Department of Health

## 5 Definitions

Term	Definition
<b>Exclusion:</b>	Inability to attend or participate in the program at the service.
<b>Illness:</b>	Any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.
<b>Immunisation status:</b>	The extent to which a child has been immunised in relation to the recommended immunisation schedule.
<b>Infectious disease:</b>	A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.
<b>Recommended minimum exclusion period:</b>	The period recommended by the Department of Health for excluding any person from attending a children's service to prevent the spread of infectious diseases through interpersonal contact.

### Revision History

Date	Revision No.	Revision Section	Revision Description
December 2016	1.0	All	Initial Policy Release (creation date)
April 2021	2.0	All	Updated from old Policy to new format and current information.
August 2023	3.0	All	Updated to reflect the councils name change.
August 2024	Next Review Date		

## Attachment 1: Department of Health Exclusion Periods Table

Minimum Period of Exclusion from Primary Schools, education and care service premises and Children’s Services Centre’s for Infectious Diseases Cases and Contacts

The Department of Health has developed the below exclusion periods table to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in schools and other children’s services and is regulated by the Public Health and Wellbeing Regulations 2019.

In this Schedule:

**\*diarrhoeal illness** includes the following:

- (a) Amoebiasis (*Entamoeba histolytica*);
- (b) Campylobacter;
- (c) Salmonella, Shigella;
- (d) Intestinal worms;

**medical certificate** means a certificate of a registered medical practitioner.

**Table: Exclusion Periods Table**  
(Public Health and Wellbeing Regulations 2019, Extract of Schedule 7)

Column 1 Number	Column 2 Conditions	Column 3 Exclusion of cases	Column 4 Exclusion of Contacts
1	Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
2	Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
3	Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
4	Diarrhoeal illness*	In an outbreak of gastroenteritis, exclude until there has not been vomiting or a loose bowel motion for 48 hours and, for all other diarrhoeal illness, exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded
5	Diphtheria	Exclude until medical certificate of recovery is received following at least 2 negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Chief Health Officer
6	Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
7	Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
8	Haemophilus influenzae type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
9	Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
10	Hepatitis B	Exclusion is not necessary	Not excluded
11	Hepatitis C	Exclusion is not necessary	Not excluded
12	Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
13	Human immuno-deficiency virus infection (HIV)	Exclusion is not necessary	Not excluded

Column 1 Number	Column 2 Conditions	Column 3 Exclusion of cases	Column 4 Exclusion of Contacts
14	Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
15	Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health Officer
16	Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
17	Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
18	Meningitis (bacterial —other than meningococcal meningitis)	Exclude until well	Not excluded
19	Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
20	Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
21	Molluscum contagiosum	Exclusion is not necessary	Not excluded
22	Pertussis (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received 3 effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
23	Poliovirus infection	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
24	Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
25	Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of rash	Not excluded
26	Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
27	Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)	Exclude if required by the Chief Health Officer and only for the period specified by the Chief Health Officer	Not excluded
28	Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
29	Tuberculosis (excluding latent tuberculosis)	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
30	Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer