

Procedure related to dealing with infectious diseases, including immunisation

Associated National Quality Standard	Education and Care Services National Law or Regulation	Associated Department policy, procedure or guideline
2.1	88	Student health in NSW schools: A summary and consolidation of policy

Rationale

Educators work to ensure the safety and good health of every child. This procedure refers to the responsibilities of staff and families in the prevention and control of infection and the process of dealing with the contraction of infectious disease.

Hand washing

Children are required to wash their hands at regular intervals throughout the preschool day such as:

- after packing away toys/activities
- before eating food
- after going to the bathroom
- touching animals
- after coughing, sneezing or wiping their nose
- coming in from outdoor play

Adults are also required to wash their hands at the same regular intervals throughout the day and more, including;

- after assisting children with toileting
- before and after administering first aid or medication
- before and after preparing or handling food
- after wiping a child's nose
- after cleaning up bodily fluids
- before and after applying sunscreen

Children are taught hand washing procedures at the start of the year and reminded throughout the day of the importance of hand hygiene.

Posters are displayed in the bathroom and kitchen areas as a visual prompt to remind children and educators of the correct hand washing procedures.

Staff model correct hand washing practices at the appropriate times and monitor children throughout the day.

Single use paper towel is used to ensure an avoidance of cross contamination.

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Toileting

Parents have the responsibility of toilet training, however as preschool age children are still developing toileting habits, it is appropriate for staff to support parents during this process. Parents are encouraged to inform staff of any toileting difficulties at the orientation interview and update educators when the children start at the beginning of the year.

If a child has a soiling or wetting accident, educators are to wash hands, wear gloves and assist the child to change their clothes. This will be done in the preschool bathroom to ensure privacy for the child.

Soiled or wet clothing should be placed in a bag and stored in a bucket in the staff toilet on a shelf inaccessible to children.

Parents are to be notified upon collection and are able to retrieve the bag of soiled clothing to take home.

Parents are asked at the beginning of the year, to ensure spare clothes are available in the child's bag. If there are no spare clothes, the parents will be contacted to give them the opportunity to provide the child's own clothes. The preschool has a set of clothes available for emergency use.

After changing the child, gloves should be placed in a bag, sealed and placed in a bin with a removable liner.

Posters are displayed in the bathroom areas as a visual prompt to remind children and staff of the correct toileting procedures. Encouraging children to be independent in these areas is essential and staff should model and teach appropriate hygiene practices.

We have shower facilities in the preschool and Early Intervention bathrooms in case the need arises for showering a child due to soiling. If a child enrolls in the preschool who has a medical condition or disability and wears nappies, the nappy changing area in Early Intervention may be utilised. Nappy bins are available in the all preschool toilets and these will be emptied according to health guidelines.

Dealing with Bodily Fluids

When dealing with faeces, vomit and urine staff are required to:

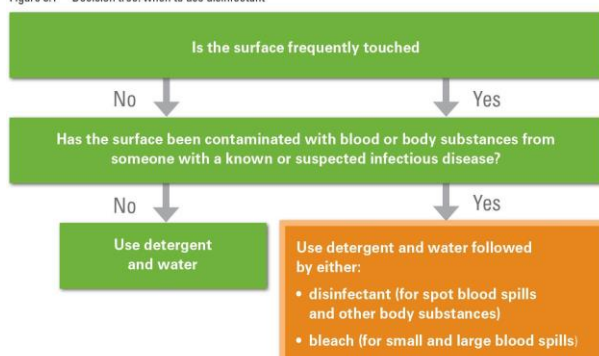
- Wear gloves
- Place a paper towel over the spill and allow spill to soak in. Carefully remove the paper towel and any solid matter and place in a plastic bag, seal and put in the bin.
- Clean the surface with warm water and detergent and allow to dry.
- Use disinfectant on the surface
- Wash hands thoroughly upon completion

Cleaning

Cleaning in the bathroom of sinks and taps can be done with detergent and water in a spray bottle and a single use paper towel. When cleaning the toilets this procedure is to be followed including the use of disinfectant and a single use paper towel after.

Tables are cleaned before and after each session and
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Figure 3.1 Decision tree: when to use disinfectant



microfiber cloth. If needed disinfectant will be used according to the decision tree from Staying Healthy in Childcare 5th Edition.

A mop and bucket are available for spot cleaning of spills. There is also commercial spill absorber available from the office when required.

Educators clean the toilet area, including the bathroom floor as needed throughout the day. All tables are cleaned after craft activities.

DoE preschools have contracted cleaners who clean the floors and bathrooms daily. More extensive cleaning is conducted during school holidays, such as cleaning the rafters and windows of our preschool.

Soft toys, dress up clothing, puzzles, books, sand equipment, tables and chairs and indoor equipment are cleaned regularly to reduce the spread of infection.

A toy cleaning checklist (attached) is completed over the year to indicate when preschool toys are cleaned and maintained.

Cleaning products

Educators consider the type of products used for cleaning desks, toys and equipment in the preschool. Many chemical cleaning products (including disinfectants) may be a potential risk to health, possibly triggering conditions such as asthma, allergies and poisoning.

All cleaning products are safely stored away in locked cupboards or storerooms and the cupboard/storeroom is clearly labelled with a poisons sign with the Poisons information phone number on it.

Detergent and water are suitable for all general environmental cleaning. The use of disinfectant is only necessary if a surface is contaminated with potentially infectious material. However, the surface needs to be cleaned with detergent and water before using disinfectant or bleach.

Cloths are colour coded to reduce risk of cross contamination when cleaning the preschool. See attached.

Sandpit

The sand pit is securely covered when not in use to prevent contamination from animal excreta, broken glass and other objects. The sandpit is inspected daily to remove any contaminated sand or hazards. It will be raked as required and dug over monthly by educators and children to aerate, ensuring it is exposed to fresh air and sunshine.

The sand will be kept within 10cm of the top edge of the sand pit and will be completely replaced should extensive contamination occur, 'Washed beach' or 'river' sand is recommended. Each term the sand will be cleaned by putting salt in the sand and turning it over.

Mud kitchens and digging patches

If you are considering establishing a digging patch or mud kitchen it needs to be included in your daily safety check. It needs to be one third sand, and two thirds soil mix (Kidsafe recommendation). If purchasing garden soil, we need to check it meets Australian Standard AS4419:2018. The same procedures apply to digging patches that are used for cleaning the sand.

Children Who Arrive At Preschool Unwell

In the event that a child arrives at preschool unwell it will be suggested that the parent take them home until they are feeling well enough to participate in the program. If the child feels well enough they may stay and we will monitor them throughout the day. If they become unwell the parent or emergency contact will be contacted for them to come and collect the child.

If A Child Becomes Sick Whilst At Preschool

The child will be separated from the other children and made comfortable, whilst kept under supervision, for example, lying comfortably on a cushion in a quiet corner.

If the child is not well enough to participate in activities, their family will be contacted and asked to collect them or arrange for their nominated emergency contact to do so.

If a parent is called to collect a child early from preschool, the details will be documented in the **Incident, injury, trauma or illness record**.

In the event of vomiting or diarrhoea the parents will be asked to keep the child at home for 24 hours after the last time it happened.

If a child appears very unwell or has a serious injury that needs urgent medical attention, an ambulance will be called.

If a child develops a serious illness whilst at preschool and as a result needs to attend a medical practitioner or hospital, a notification also needs to be made to Early Learning.

Managing the Outbreak of an Infectious Disease

If a preschool child becomes unwell and it is suspected they are suffering an infectious disease, they should be separated from the other children to stop the spread of the disease. This will be done with consideration of the child's emotional wellbeing and maintaining adequate supervision. The child's family will be contacted and asked to collect the child. The details will be documented in the **incident, injury, trauma or illness record**.

After confirmation that a preschool child is suffering from an infectious disease, and as soon as practical, the family of each child in the group must be notified of the occurrence, whilst maintaining the privacy of the ill child. This may be done:

- verbally
- through a letter
- by posting a note in the foyer
- via Seesaw or Skoolbag

Families will also be provided with a factsheet related to the disease from **Staying Healthy in Childcare 5th Edition**.

The School Administration Officer-preschool (SAO-p) or school office staff will check immunisation records for any children not immunised (i.e. on a catch up schedule) and request that child to stay home.

The recommended minimum exclusion periods for a child suffering an infectious disease will be notified to the parent of the infected child.

[The Immunisation Enrolment Toolkit](#) includes a table listing the vaccine preventable diseases for which a notification must be made to the local public health unit in the event of an outbreak (phone: 1300 066 055). Educators will follow the directions given regarding the exclusion of children and the provision of information for families.

An outbreak of a serious illness poses a risk to the health of the preschool children and is considered a serious incident, and as such a notification will be made to Early Learning.

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Covid-19 Pandemic

COVID-19 (Coronavirus) - Guidance for early childhood education and care services

The international novel coronavirus (COVID-19) pandemic is evolving rapidly, with local transmission reported in NSW. Children are at the same risk of contracting COVID-19 as adults. Children are more likely to have a milder illness, and some may not have any symptoms.

Measures to prevent and prepare your service for an outbreak of COVID-19 or other respiratory illness (e.g. influenza)

- Anyone (staff and children) who is sick with influenza-like symptoms, even with mild symptoms, **should not attend** early childhood education and care facilities.
- If a child or staff member becomes ill while they are at the service, they should be sent home as soon as possible. While awaiting collection by their carer, ideally, the symptomatic child should be cared for in an area that is separated from other children at the service. This is to prevent the spread of respiratory viruses.
- Enhance hygiene practices for staff, children and visitors. Washing hands frequently is the single most effective way to reduce the spread of germs that cause respiratory disease. Alcohol-based hand gel is a suitable alternative **if used and stored safely around children**.
- Develop a process to rapidly communicate with staff (including casual workers), visitors, families and your local public health unit.
- Ensure robust infection control and cleaning and routine environmental cleaning procedures are in place. In response to a suspected or confirmed case of COVID-19 the service should follow existing protocols for cleaning and disinfection for outbreaks of gastrointestinal illness/gastroenteritis outbreaks.
- Develop strategies (where possible) to limit movement of children staff and families between groups at the service.
- Cancel any planned activities outside of the service, such as visits to residential aged care facilities and other large gatherings.
- Promote the annual influenza vaccine for staff, children and their families.
- Face masks are not recommended for the general population. Only people with respiratory symptoms in isolation and health care workers caring for people with respiratory symptoms should wear a mask.

Specific prevention advice for COVID-19 related to overseas travellers

All staff and children who have recently travelled overseas must stay isolated at home for 14 days after they return. If they develop flu-like symptoms, they should call their doctor to arrange testing or go directly to a COVID-19 clinic or emergency department.

- **For the most up to date Information for Early Childhood Services please visit <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/childcare.aspx>** as information during these uncertain times is constantly being updated.

If you are notified that a child or staff member at your service has been diagnosed with COVID-19 a notification must be made to Early Learning who will contact your public health unit immediately on 1300 066 055

Further information

- [COVID-19 \(Coronavirus\) – Information for families attending early childhood education and care services](#)
- [COVID-19 \(Coronavirus\) – Information for staff at early childhood education and care services](#)
- [COVID-19 - Frequently asked questions](#)

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- [Posters and other resources](#)

Immunisation Requirements

At Punchbowl Public School Preschool we comply with our legal responsibilities under the NSW Public Health Act 2010. For a child's enrolment to be accepted, their parent/guardian must provide an approved immunisation form from the Australian Immunisation Register (AIR). This includes either the child's AIR Immunisation History Statement or an AIR immunisation history form. A copy of this is stored with their preschool enrolment form. This documentation will show the child is:

- fully immunised for their age,
- has a medical reason not to be immunised, or
- is on a recognised catch-up schedule.

(See below for examples)

There is a 12-week temporary exemption for supply of the history statement or form for:

- an Aboriginal or Torres Strait Islander child
- a child evacuated during a state of emergency
- a child in out of home care.

The SAO-p will maintain an immunisation register that records the immunisation status of all enrolled children. This will be kept on the school server so that all administration staff can access the register. The register will be referred to in the case of an outbreak of a vaccine preventable disease and produced on request for inspection by a government health official or the regulatory authority (ECED).

If a child turns four whilst enrolled at preschool, the SAO-p will remind the family to supply the updated history statement or form. However, the child will not be excluded if the family does not provide the documentation, unless there is vaccine preventable disease outbreak.

Key Resources

- [Staying healthy: Preventing infectious diseases in early childhood education and care services, 5th edition, 2013](#) Australian Government National Health and Medical Research
- [The Immunisation Enrolment Toolkit](#)
- [Exclusion Period Poster](#)

When to Clean and What to Use

ITEM	WHEN	WHAT TO USE
Check & clean grounds	Daily prior to going outside	Gloves and disposable gloves
Tables	Before Lunch After lunch After craft Any other time required	Green cloth Detergent and water Red cloth, detergent and water
Chairs	When required	Wiped down Detergent and water
Outdoor tablecloth	After morning tea	Detergent and water
Rubbish & worm bowls	After morning tea and lunch	Detergent and water
Lunch Trolley	End of day	Detergent and water
Eskys(Cooler)	End of day	Detergent and water
Painting easel	After painting	Red craft cloth- water
Paint brushes/pots	After use	Detergent and water
Cleaning cloths	2-3wks As required	Throw out and replace
Bathrooms	Monitored through the day by staff End of day	Single use paper towel Disinfectant used by contractor.
Bodily Fluids	As required	Gloves Single use paper towel to clean up excess Warm water and detergent, allow to dry Disinfect
Floors	Sweep after lunch As required End of day	Broom Mopped/vacuumed by contractor
Bench tops	As required End of day	Detergent and water Green Cloth
Sandpit	Swept after use Also end of term Topped up or replaced	Rake to remove leaves Broom (children help) Salted and turned over by educators and children As required or if significant contamination
Paint Aprons	Wed & Fri	Red craft cloth Detergent and water
Indoor Equipment	After use, when being stored	Detergent and water Blue cloth
Outdoor Equipment	After use, when being stored	Detergent and water Blue cloth
Puzzles	After use, when being stored	Detergent and water Blue cloth
Books	After use, when being stored	Detergent and water Blue cloth
Carpet	End of day End of term	Vacuumed (contractor) Professional cleaned

Cleaning Cloths

Punchbowl Public School Preschool

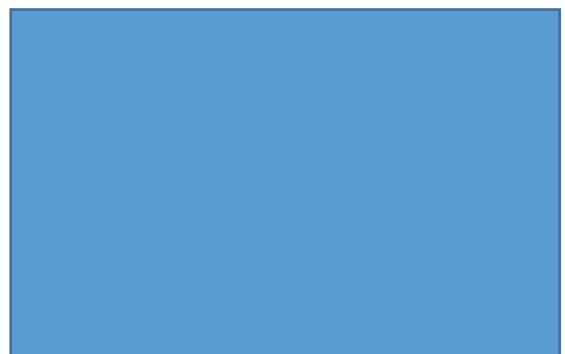
Red- Craft Equipment
Craft Table



Green- Other Tables
Benchtops
Washing Up



Blue- Equipment
Toys
Puzzles
Books



Infectious disease notification

Date	
Reported infectious disease	
Number of cases reported	
Room or group in which the infectious disease was reported	
Steps we are taking to prevent the spread of the disease at our preschool	
What can families do to minimise the risk of infection?	

Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

Condition	Exclusion of case	Exclusion of contacts ^a
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus (EBV) infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours ^b	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

^a The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

^b If the cause is unknown, possible exclusion for 48 hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

Adapted from SA Health Communicable Disease Control Branch: <http://www.dh.sa.gov.au/pshs/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.

Staying Healthy, Preventing infectious diseases in early childhood education and care services | 5th Edition | Printed June 2013 | NHMRC Ref. CH55




3. Examples of Approved Immunisation Forms

AIR Immunisation History Statement

The AIR Immunisation History Statement is mailed to parents/guardians after their child has completed their immunisations at 4 years of age. Children enrolling in early childhood services may be too young to have received all of their childhood immunisations. AIR Immunisation History Statements for children who are up to date will have the words "up to date" recorded on the top left hand side of the statement. The next immunisations and their due date will be recorded in the bottom section of the statement.

The only approved immunisation forms that can be accepted are listed at scenarios 1-4.

Scenario 1 – AIR Immunisation History Statement – up to date


Australian Government
 Department of Human Services


Immunisation history statement

As at: 13 November 2017
For: BERNARD O LONG
Date of birth: 16 January 2016
Immunisation status: up to date ←

Schedule	Date given	Immunisation	Brand name given
2 months	16 Mar 2016	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 Rotarix
4 months	16 May 2016	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 Rotarix
6 months	16 Jul 2016	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal	Infanrix Hexa Prevenar 13
12 months	16 Jan 2017	Measles Mumps Rubella Hib Meningococcal C	MMR II Menitorix
18 months	16 Jul 2017	Diphtheria Tetanus Pertussis Measles Mumps Rubella Varicella	Infanrix Priorix-Tetra

Next immunisation/s due	Date Due
Diphtheria Tetanus Pertussis	16 Jan 2020 ←
Polio	16 Jan 2020

Notice/s

Child is up to date. Only Statements that state 'Up to date' can be accepted for enrolment

The child's next due immunisations are listed here

ACTION: Select 'Up to Date – AIR Immunisation History Statement' in your immunisation register drop-down list

Scenario 2 – AIR Immunisation History Statement – fully immunised child (4 years and older)

Children who have received all of their scheduled immunisations by 4 years of age will receive an up to date AIR Immunisation History Statement showing that the child does not require any further immunisations before starting primary school.



Australian Government
Department of Human Services

medicare

Immunisation history statement

As at: 24 May 2017
 For: POM CHEU AJAY
 Date of birth: 10 March 2013
 Immunisation status: up to date

Schedule	Date given	Immunisation	Brand name given
2 months	10 May 2013	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 Rotarix
4 months	10 Aug 2013	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 Rotarix
6 months	10 Nov 2013	Diphtheria Tetanus Pertussis Hib Hepatitis B Polio Pneumococcal Rotavirus	Infanrix Hexa Prevenar 13 Rotarix
12 months	10 Mar 2014	Measles Mumps Rubella Hib Meningococcal C	MMR II Menitorix
18 months	10 Nov 2014	Measles Mumps Rubella Varicella	Priorix-Tetra
4 years	03 Mar 2017	Diphtheria Tetanus Pertussis Polio	Quadracel

Next immunisation/s due	Date Due
No vaccines due.	

Notice/s
 This child has received all vaccines required by 5 years of age.


Child is up to date. Only Statements that state 'Up to date' can be accepted for enrolment

This child is fully immunised.

ACTION: Select 'Up to Date – AIR Immunisation History Statement' in your immunisation register drop-down list

Scenario 3 – AIR Immunisation History Statement – Medical contraindications or natural immunity

Parents/guardians of children who have a medical condition that prevents them from being immunised, or who have natural immunity to a vaccine preventable disease, should attend their GP/nurse to have an AIR Immunisation Medical Exemption Form completed, signed and sent to the AIR. Parents/guardians should then access an updated AIR Immunisation History Statement that records the medical contraindication/natural immunity and provide it to the early childhood service for enrolment.


Australian Government
 Department of Human Services


Immunisation history statement

As at: 18 May 2017
 For: JENNIFER J ROBERTSON
 Date of birth: 25 July 2012
 Immunisation status: up to date

Schedule	Date given	Immunisation	Brand name given
2 months	25 Sep 2012	Diphtheria Tetanus Pertussis Polio	DTP Poliomyelitis
4 months	25 Oct 2012	Diphtheria Tetanus Pertussis Polio	DTP Poliomyelitis
6 months	25 Nov 2012	Diphtheria Tetanus Pertussis Polio	DTP Poliomyelitis
12 months	14 Jul 2016	Measles Mumps Rubella Hib Meningococcal C	MMR II Menitorix
18 months	02 Mar 2017	Measles Mumps Rubella	MMR II
4 years	02 Mar 2017	Polio Diphtheria Tetanus Pertussis	IPOL Infanrix
Other	10 May 2016	Influenza	Fluarix Tetra
	01 Nov 2016	Influenza	Fluarix
	08 May 2017	Influenza	Fluarix Tetra

Next immunisation's due	Date Due
No vaccines due	

Notice/s

Medical contraindication to Hepatitis B recorded on 01 Sep 2016.
 Natural immunity to Varicella recorded on 01 Jan 2016.

Child is up to date.

Medical contraindication and/or natural immunity to one or more vaccines will be listed here (mailed version of the AIR Immunisation History Schedule is shown)

ACTION: Select 'Medical Exemption - AIR Immunisation History Statement' from the drop-down list in your Immunisation Register

Scenario 4 – AIR Immunisation History Form – Catch-up Schedule

The AIR Australian Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations given by another immunisation provider (i.e. for vaccines given overseas), and/or the GP/nurse has organised to commence the child on a catch-up schedule for any overdue vaccines. As catch-up schedules are not reflected on AIR Immunisation History Statements, an AIR Immunisation History Form must be signed and dated by a GP/nurse who must forward it to the AIR and provide a copy to the parent/guardian for enrolment.

Australian Immunisation Register immunisation history form CLAIM ID

Part A – individual's details

Medicare number -- Ref no. Date of birth / / Male Female

Family name First given name Initial

Address Postcode

Part B – Immunisation details – Only immunisations that are not already recorded on the AIR need to be included on this form.

Recommended age	Vaccines given (Please mark with an X)					Date of immunisation	If given overseas						
Birth	Engerix-B	<input type="checkbox"/>	HBVax II	<input type="checkbox"/>			<input type="checkbox"/>						
	Infanrix	<input type="checkbox"/>	InfanrixHepB	<input type="checkbox"/>	Infanrix Hexa	<input type="checkbox"/>	Infanrix IPV	<input type="checkbox"/>	Hexaxim	<input type="checkbox"/>			
	iPOL	<input type="checkbox"/>	Oral Polio	<input type="checkbox"/>									
	Comvax	<input type="checkbox"/>	PedvaxHIB	<input type="checkbox"/>									
	Prevenar 13	<input type="checkbox"/>	Prevenar 7	<input type="checkbox"/>									
	Rotarix	<input type="checkbox"/>	RotaTeq	<input type="checkbox"/>									
Other (please specify) <input type="text"/>													
2 months	Infanrix	<input type="checkbox"/>	InfanrixHepB	<input type="checkbox"/>	Infanrix Hexa	<input type="checkbox"/>	Infanrix IPV	<input type="checkbox"/>	Hexaxim	<input type="checkbox"/>			
	iPOL	<input type="checkbox"/>	Oral Polio	<input type="checkbox"/>									
	Comvax	<input type="checkbox"/>	PedvaxHIB	<input type="checkbox"/>									
	Prevenar 13	<input type="checkbox"/>	Prevenar 7	<input type="checkbox"/>									
	Rotarix	<input type="checkbox"/>	RotaTeq	<input type="checkbox"/>									
	Other (please specify) <input type="text"/>												
4 months	Infanrix	<input type="checkbox"/>	InfanrixHepB	<input type="checkbox"/>	Infanrix Hexa	<input type="checkbox"/>	Infanrix IPV	<input type="checkbox"/>	Hexaxim	<input type="checkbox"/>			
	iPOL	<input type="checkbox"/>	Oral Polio	<input type="checkbox"/>									
	Comvax	<input type="checkbox"/>	PedvaxHIB	<input type="checkbox"/>									
	Prevenar 13	<input type="checkbox"/>	Prevenar 7	<input type="checkbox"/>									
	Rotarix	<input type="checkbox"/>	RotaTeq	<input type="checkbox"/>									
	Other (please specify) <input type="text"/>												
6 months	Infanrix	<input type="checkbox"/>	InfanrixHepB	<input type="checkbox"/>	Infanrix Hexa	<input type="checkbox"/>	Infanrix IPV	<input type="checkbox"/>	Hexaxim	<input type="checkbox"/>			
	iPOL	<input type="checkbox"/>	Oral Polio	<input type="checkbox"/>									
	Prevenar 13	<input type="checkbox"/>	Prevenar 7	<input type="checkbox"/>									
	Rotarix	<input type="checkbox"/>	RotaTeq	<input type="checkbox"/>									
	Other (please specify) <input type="text"/>												
	12 months	M-M-R II	<input type="checkbox"/>	Priorix	<input type="checkbox"/>								
Comvax		<input type="checkbox"/>	Hiberix	<input type="checkbox"/>	PedvaxHIB	<input type="checkbox"/>							
Meningitec		<input type="checkbox"/>	NelisVac-C	<input type="checkbox"/>	Menjugate	<input type="checkbox"/>	Menitorx	<input type="checkbox"/>					
Other (please specify) <input type="text"/>													
18 months		Varitrix	<input type="checkbox"/>	Varivax	<input type="checkbox"/>								
		Priorix-Tetra	<input type="checkbox"/>	ProQuad	<input type="checkbox"/>								
	Tripace1	<input type="checkbox"/>	Infanrix	<input type="checkbox"/>									
	Other (please specify) <input type="text"/>												
4 years	Infanrix	<input type="checkbox"/>	Infanrix IPV	<input type="checkbox"/>	Quadriacel	<input type="checkbox"/>	Tripace1	<input type="checkbox"/>					
	iPOL	<input type="checkbox"/>	Oral Polio	<input type="checkbox"/>									
	M-M-R II	<input type="checkbox"/>	Priorix	<input type="checkbox"/>									
	Other (please specify) <input type="text"/>												
Planned catch up for overdue vaccines	If you have organised to commence the individual on a catch up schedule for any overdue vaccines you were unable to administer today, tick this box. Please follow up with the family to ensure they return for the planned vaccination as only one catch up schedule can ever be recorded per child. This section may be used to support testing of natural immunity or when ordering in additional required vaccines. You should not tick the box if: <ul style="list-style-type: none"> you have vaccinated the individual and they are no longer overdue for any vaccines, or you feel the parent/guardian does not intend to vaccinate their child 											<input type="checkbox"/>	

Part C – Vaccination provider's details and declaration

Note: A recognised vaccination provider must complete and sign this section (e.g. GP, Council, etc.).

Medicare provider/ AIR registration number Provider name

I certify that the information provided on this form is true and correct and that I have obtained proof of the vaccination(s) given.
Giving false or misleading information is a serious offence.

Provider's signature Date / /

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Immunisation providers complete Part B (birth to 4 years of age) to record vaccines that have previously been given but are not recorded on the AIR (i.e. vaccines given overseas), and/or to record vaccines given by the immunisation provider on the day (i.e. catch-up vaccination)

Immunisation providers mark this box to document that they have commenced the child on a catch-up schedule for vaccines not given on the day

Check that all parts have been completed. In Part C the GP/nurse must provide their Medicare provider/AIR registration number, full name, date and signature.

ACTION: Select 'Catch-up Schedule – AIR Immunisation History' from the drop-down list in your immunisation register

