



Occupational Immunisation – Child care staff

Children’s Services Policy No 2.6

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Background Information:

Staff working in education and care centres are at an increased risk of contracting immune preventable diseases and other illness due to the nature of their work. Staff can be exposed to infectious diseases through contact with infected children and bodily fluids.

Education and care staff need to be aware of the risks associated with working with children as well as appropriate preventative measures that will assist in providing a safe and healthy work environment for everyone.

Relevant Legislation:

- Education and Care Services National Regulations (modified July 2018)
- Public Health Amendment (Review) Act 2017
- NSW Public Health Regulation 2012
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011 (NSW).
- Children (Education and Care Services National Law Application) Act 2010
- NSW Public Health Act 2010

Resources:

- The Australian Immunisation Handbook, Australian Government – Department of Health, 10th edition
- Staying Healthy, 5th Edition 2012 Preventing infectious diseases in early childhood education and care services (updated June 2013)
- Australian Government – National Health and Medical Research Council.
- National Quality Standards – Quality Area 2 – Standard 2.1, Element 2.1.2.

This policy is to be read in conjunction with Willoughby City Councils Staff Immunisation Policy. No. 8.12.

Practices:

Preventative measures that can reduce the exposure and effects of these illnesses on staff include:

1. Occupational Immunisation Program
2. Educational Information Dispersal
3. Implementation of Control Measures

Occupational Immunisation Program

The National Medical Health and Research Council recommends that education and care services staff are immunised against the following immune preventable diseases:

- **Pertussis** - this is especially important for educators and other staff caring for younger children who are not fully vaccinated. Even if the adult was vaccinated in childhood, booster vaccination may be necessary as 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** - as young children can be infectious even if they are not showing any symptoms.

All staff should also consider having annual **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:

- **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); and
- **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.

Staff should discuss potential side effects to vaccinations with a General Practitioner before deciding to receive vaccinations and they should inform the General Practitioner if they are planning on becoming pregnant or are already pregnant.

Where staff are unaware of their status they will be advised to visit a doctor and undergo appropriate testing for immunity levels of the above diseases.

Staff who are not immunised will be offered immunisation as per Willoughby City Council's Staff Immunisation Policy 8.12. Please refer to the policy for further information on the process of receiving immunisations.

Many of these immunisations are offered free for child care staff.

The Safety Management Co-ordinator will arrange for staff to attend for their immunisations at a local Medical Practice.

Immunisation Schedule:

An immunisation dose schedule will be developed in consultation with the General Practitioner to ensure correct immunisation periods. This schedule is to be sent to the Safety

Management Co-ordinator to maintain HR records.

Non immunised staff

Where staff choose not to be immunised against the recommended diseases they are required to sign a declaration confirming that they do not wish to be immunised.

Those staff will be entitled to the full vaccination program during the course of their employment should they change their mind about being immunised.

Outbreak Management

Where non immunised staff are exposed to an outbreak of a vaccine preventable disease, the service will seek exclusion advice from the NSW Public Health Unit. Where so advised, staff who are not vaccinated may be excluded from the service and required to work in other areas of the Community Life Unit or council during the outbreak (should it be safe to do so).

Educational Information:

- The following information contained within this policy aims to provide staff with educational information and further sources of information to ensure staff are aware of potential health risk that may be present within the work environment.

What are the biological health risks when working with children?

Biological hazards are defined as those hazards that arise from contact with viruses, plants and parasites. Staff are exposed to biological hazards on a daily basis as they are often exposed to bodily fluids from children.

The information below is provided as a guide to staff and does not represent all of the associated risks when working with children. Staff should seek medical advice from their General Practitioner on matters relating to the health and welfare of themselves and should they be pregnant their unborn child.

In addition to the above mentioned infectious diseases, education and care services staff are exposed to other biological hazards and illnesses in the workplace.

Some of these hazards can have adverse effects on the health and wellbeing of adults and may present health risks to unborn children.

Pregnancy and working with children

Staff who are considering pregnancy should talk with their General Practitioner regarding the risk of working with children **prior** to conceiving. A General Practitioner may conduct blood screening to determine past exposure to and immunity levels of diseases that child care workers are exposed to.

Some of these illnesses are detailed below. The list below is not comprehensive and staff should seek medical advice regarding other possible complications during pregnancy from any illness.

Rubella

Rubella is a vaccine-preventable disease that usually causes mild illness in children. However, if expectant mothers are infected during the first 20 weeks of pregnancy, their infants may have severe birth defects. This risk is highest in early pregnancy.

If non-immune mothers catch rubella in the first 10 weeks of pregnancy, their baby will have up to a 90% chance of having rubella-associated problems. Defects are rare if the mother is

infected with rubella after the first 20 weeks of pregnancy. Anyone who works with children should be immunised against rubella, or be certain that they are immune to rubella by having a blood test.

Cytomegalovirus (CMV)

CMV infections can cause serious birth defects. The highest risk to the unborn child is during the first half of the pregnancy. CMV infection occurs in 1% or less of pregnancies and, of these cases, less than 10% of infants are likely to have severe illness.

CMV can spread through infected urine and saliva. Women of childbearing age working with young children should pay particular attention to good hand hygiene after contact with body secretions, especially after changing nappies or assisting in toilet care.

Risk management during pregnancy:

- Pregnant women could be relocated within the service to reduce their risk of exposure to diseases that can harm their unborn baby. For example, if an educator who usually works in the infants room becomes pregnant, she could be relocated to a preschool room, where she is less likely to be exposed to cytomegalovirus through nappy changing and feeding.

Toxoplasmosis

Toxoplasmosis is a disease caused by a parasite. The disease can result in birth defects. If the mother becomes infected during pregnancy, the parasite can pass through the placenta to the developing baby.

There is no risk to the baby if the mother has had the disease before pregnancy—a blood test will show if the mother is immune. If the mother is not immune, consider strategies to minimise the risk of infection, including regularly performing effective hand hygiene, washing and peeling fruit and vegetables before eating, and wearing gloves when gardening.

Toxoplasmosis can be spread by mammals (especially cats) and birds; non-immune mothers should avoid contact with cats whose feeding history is unknown, and they should not clean cats' litter trays.

Educators and other staff have the same risk of contracting toxoplasmosis as other people.

Human parvovirus B19 -(Erythema infectiosum, slapped cheek syndrome, fifth disease)
Infection with human parvovirus B19 generally causes a mild illness, however if a pregnant woman is infected, the virus may be transmitted to her unborn baby.

In less than 5% of these cases, the virus may cause severe anaemia (low red blood cell count) in the baby, resulting in miscarriage. The risk of miscarriage is highest if the mother is infected during the first half of pregnancy. Infants who survive if the mother is infected do not have birth defects.

Pregnant women should consider strategies to reduce their risk of infection, including regularly performing effective hand hygiene.

Varicella (Chickenpox)

Infection with varicella in the first 3 months of pregnancy may damage the unborn child. Pregnant women who are exposed to varicella at any stage of the pregnancy should seek medical advice within 48 hours.

If the woman does not already have antibodies against the virus, the medical professional will give an injection of antibodies (known as varicella zoster immunoglobulin, or VZIG). Most people have had varicella as a child and will not get it again.

Anyone who works with children and has not previously been infected with varicella should be immunised, or be certain that they are immune to varicella by having a blood test.

Varicella is a vaccine-preventable disease; however, varicella vaccination is not recommended during pregnancy, and pregnancy should be avoided for 1 month after having a varicella vaccination.

Listeriosis

Listeriosis is caused by bacteria (*Listeria monocytogenes*) and can be spread through foods such as soft cheeses and pre-cooked meat products (e.g. pâté and deli meats), along with many other types of food.

It can cause a range of symptoms; if a pregnant woman is infected, it can cause miscarriage, stillbirth or premature birth. Infants born to infected mothers can also suffer a range of complications. Pregnant women can reduce their risk of exposure to *Listeria* by avoiding raw or partially cooked foods, and ensuring that raw fruit and vegetables have been washed in clean water.

Hand, foot and mouth disease

Hand, foot and mouth disease is rare in adults. It is not a serious illness; infection with the virus that causes it often produces mild symptoms or no symptoms at all. The risk associated with this disease during pregnancy is low; however, in extremely rare cases, it can cause miscarriage. If the mother becomes infected shortly before giving birth, she can pass the infection on to the baby.

Most infants born with hand, foot and mouth disease have mild symptoms, but complications in very rare cases can affect the infant's organs. Pregnant women should consider strategies to reduce their risk of infection, including regularly performing effective hand hygiene.

Control Measures for Biological Hazards:

- The most effective way to prevent the spread of infectious disease and biological hazards is to ensure that staff and children are following strict hygiene principles.

Staff are to refer to the following Children's Services Policies and Procedures when reading these control measures:

- 2.7 - Infection Control
- 2.8 - Hand washing
- 2.9 - Nappy Changing and Toileting

Control Measures

- Implementation of an Immunisation Program for education and care services staff.
- Staff to be aware of their immunity level and inform the Nominated Supervisor if they are concerned about their health.
- Staff and child hand washing procedures are in place and monitored for effectiveness.
- Staff will teach children to "cover their coughs and sneezes" by coughing or sneezing into the inner arm, not the hands.
- Hand washing procedures are displayed at each hand washing facility.

- Staff will use gloves where contact with bodily fluid is likely (nappy change, wiping nose).
- Nappy change procedure displayed and implemented and monitored for effectiveness.
- Nappy disposal system is hygienic and effective.
- Use of alcohol based hand rub for situations where hand washing facilities are not available, such as on an excursion or walk in local area.
- Cover any cuts or abrasions with water resistant dressings.
- Ensure that toys and resources are washed regularly and immediately after mouthing or if a child who has attended the service has later been found to have a contaminating illness.
- Implement cleaning routine for children's bathrooms, and tables on a daily basis (in addition to professional nightly cleans).
- Where children's clothes become urine soaked staff are to wear gloves and place the clothes in a sealed plastic bag to be taken home by parents.
- Implement the Children's Services Infection Control policy to ensure that parents understand when to keep their sick children at home.