

Workplace Health and Safety Queensland

Immunisation in child care

Childcare workers can be exposed to infectious diseases through contact with infected children and their blood and body substances.

Childcare workers are at risk of the following diseases that can be prevented by immunisation:

- hepatitis A
- measles-mumps-rubella (MMR) (childcare workers born during or since 1966 who have only received one dose of the MMR vaccine should have a second dose)
- chickenpox (if not previously infected)
- pertussis (whooping cough) (an adult booster dose is recommended for those who work with young children).

All of these diseases can cause serious illness in adults. Some of these diseases, such as rubella and chickenpox, can occasionally cause serious damage to an unborn baby if a woman is infected during her pregnancy. Also, diseases such as pertussis can cause serious illness in infants if the disease spreads from infected childcare workers to infants in their care.

Vaccination is the most effective way to protect childcare workers against these diseases. These diseases are generally very infectious and can spread before an infected person shows signs of illness.

For information on immunisation of children, please refer to your doctor or Queensland Health.

Other diseases in childcare settings, like cytomegalovirus (CMV), cannot be prevented by immunisation and other approaches are required to manage the risks.

Managing the risks

The best protection for workers against diseases that are preventable by vaccination is an occupational immunisation program that:

- includes an immunisation policy which states:
 - the workplace's vaccination requirements
 - the employers' and workers' responsibilities for vaccination
 - how vaccine refusal, medical contraindication to vaccination (medical condition which makes vaccination inadvisable) and vaccine failure will be managed
 - how the risks to contract and labour hire workers, students, volunteers and others will be managed
- requires all at risk workers to complete an immunisation record of each worker's immunity to the relevant vaccine-preventable disease(s) from past infection, or vaccination, before commencing employment
- identifies non-immune and incompletely immunised workers from the immunisation record and requests that they be vaccinated in accordance with the immunisation policy
- provides workers with information about the relevant vaccine-preventable disease(s) and the availability of vaccination
- updates each worker's immunisation record following vaccination
- manages vaccine refusal, medical contraindication to vaccination and

vaccine failure in accordance with the centre's immunisation policy.

Although the risk is low, employers of child day care centres who care for children with intellectual disabilities should seek advice about hepatitis B vaccination if the children are not immunised.

Students who undertake vocational placements at childcare facilities are also at risk of exposure to diseases that are vaccine-preventable. Tertiary education institutions that offer childcare courses should implement a student immunisation program and make sure that students have received the relevant vaccinations (as listed above). Employers of childcare facilities who accept childcare students on placements should make sure the students are fully immunised.

Studies show that preventing illness through a comprehensive immunisation program is more cost effective than the costs associated with managing occupational exposures, outbreaks of disease and subsequent disruption of productivity and services.

Managing vaccination refusal

Where workers refuse vaccination, are unable to be vaccinated for medical reasons, or do not respond to vaccination, the employer should undertake a risk assessment to determine the most appropriate way to protect these workers against infection. The risk assessment should look at the way the particular infectious disease is spread.

Appropriate ways to protect non-immune workers might include a combination of preventative measures and outbreak management measures.

Preventative measures

To prevent exposure employers could:

- implement safe work practices (including hygiene practices) and provide training
- provide personal protective equipment (PPE)

- implement suitable work placements based on a risk assessment, (e.g. consider placing workers who have been immunised with the adult pertussis booster to care for the youngest infants).

Outbreak management

In the event of an outbreak of a vaccine-preventable disease at a workplace, it may be necessary to implement work restrictions to protect non-immune workers and prevent further spread of the disease.

Post-exposure prophylaxis (a medication given following an exposure to prevent or reduce the severity of a disease) may be recommended for people without immunity following exposure to some vaccine-preventable diseases, (e.g. hepatitis A). Contact [Queensland Health](#) for advice on how to manage an outbreak.

Confirming immunity

If a worker is at significant risk of acquiring a vaccine-preventable disease and is unsure of their immunity, employers should request the worker to discuss their immunity with their doctor.

Who pays for vaccination?

Vaccination costs should be negotiated between the employer, workers and their representatives.

Vaccine uptake by workers is generally higher where the employer provides vaccination at no cost or at a subsidised cost.

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