



Rockingham Montessori School Incorporated  
ABN: 68 115 270 695

**POLICY TITLE: Infectious and Communicable Diseases Policy**

**BOARD APPROVAL DATE:** August 2020

**SIGNED BY CHAIR:**

**BOARD REVIEW DATE:** August 2023

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**OVERVIEW:**

This policy will assist the staff, parents and associated members of Rockingham Montessori School to identify infectious and communicable diseases within the School community. By adhering to the measures outlined below, the School will be able to reduce the transmission of such diseases amongst its students, staff and parents.

**Background**

Preventing and controlling the transmission of infectious micro-organisms (e.g. viruses, bacteria) is a fundamental activity for child care and school facilities. While it is difficult to prevent the transmission of some micro-organisms (e.g. airborne respiratory viruses), it is possible to significantly reduce the transmission of many infectious micro-organisms by:

- immunisation against these micro-organisms, and/or
- reducing the exposure of susceptible contacts to these micro-organisms by:
  - excluding the infectious person or susceptible contact, or
  - disinfecting skin or environmental surfaces that may have been contaminated by these micro-organisms.

Some people in the school community will be particularly vulnerable to infectious diseases, whether that be due to age, immunosuppression, pregnancy, or other health conditions. Since infectious diseases are often infectious before a person is symptomatic and the presence of a vulnerable person may not be known, standard precautions should always be used.

This policy relies on the following of government advice, which may have been updated since the time of writing. Government sources should be consulted as required, particularly in cases of serious diseases or contagious disease outbreaks (2 or more cases).

**PRINCIPLES:**

**Immunisation**

Immunisation is a life saving health program. Each year it prevents hundreds of illnesses and deaths from diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, Hemophilus Influenzae type b disease, hepatitis B, measles, mumps, rubella, varicella (chickenpox), meningococcal C disease, influenza and pneumococcal disease.

Under the Public Health Act 2016 (WA) and the School Education Act 1999 (WA), people in charge of schools have legal responsibilities in relation to the immunisation status of children to do the following:

- Collect immunisation status of children at the time of enrolment
- Report the immunisation status of enrolled children to the Chief Health Officer, when directed to do so
- Report a child who has, or is reasonably suspected to have contracted a vaccine-preventable notifiable infectious disease
- Not permit a child to attend or participate in an educational program if the child has not been immunised against a vaccine preventable notifiable disease
- Close the whole or part of the school in order to limit or prevent the spread of a vaccine preventable notifiable disease

### Enrolment

Children can only be enrolled<sup>1</sup> in the School before the age of compulsory schooling if they meet one of the following criteria:

- Their AIR Immunisation History Statement is marked as ‘up to date’
- They are following an approved catch-up schedule as indicated by their AIR Immunisation History Statement
- There is a valid immunization certificate issued or declared by the Chief Health Officer
- The child is exempt from regulations due to the following family circumstances with appropriate documentation (see appendix C):
  - Child of Aboriginal or Torres Strait Islander descent
  - Child in need of protection
  - Child living in crisis or emergency accommodation due to family violence, risk of family violence or homelessness
  - Child has been evacuated from their ordinary place of residence as it is located where a declaration made under the *Emergency Management Act 2005*, section 56 applies
  - Child in the care of an adult, other their parent or guardian, due to exceptional circumstances e.g. illness or incapacity of parent/guardian
  - Child in the care of a responsible person who holds a valid Health Care card, Pensioner Concession Card, Veterans’ Affairs White Card or Veterans’ Affairs Gold card
  - Child first entered Australia less than 6 months prior to enrolment and holds, or parent holds, a visa of subclass 200 (Refugee), 201 (In-Country Special Humanitarian), 202 (Global Special Humanitarian), 203 (Emergency Rescue), 204 (Woman at Risk), 785 (Temporary Protection), 790 (Safe Haven Enterprise), 866 (Protection)

Parents who do not fulfil the above criteria must be informed that their child can not be enrolled into the school until they are of compulsory schooling age but that enrolment prior to this age is possible

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<sup>1</sup> Enrolment occurs when a guardian provides the required documentation and the enrolment form is completed, along with payment of deposit. Children must have successfully completed their trial days before they are enrolled. A child on the waitlist for a place or who has applied for a place is not considered enrolled at the school. Attendees of playgroup are not enrolled at school.

by completing vaccinations or seeking formal exemption status if eligible for reason of overseas vaccination, medical exemption or natural immunity. Parents should be directed to WA Health information as to how this can be completed. If there is a personal decision on the part of the family to not vaccinate their children, alternatives to school enrolment for a Montessori education can be discussed by the principal.

Children who are above the age of compulsory schooling may be enrolled in school regardless of immunization status, however a copy of their Australian Immunisation History Statement must be provided.

#### Documentation

On enrolment at Rockingham Montessori School proof of immunisation status must be provided as part of the Enrolment Agreement Form. A copy of the Australian Immunisation History statement, that is less than two months old, must be provided by all parents at enrolment, regardless of their child's vaccination status. The Australian Immunisation History Statement is the only vaccination documentation that can be accepted by the school as proof of vaccination. 'Purple Book' records, overseas records and records from naturopaths or homeopaths must not be accepted. Parents offering this must be directed on how to obtain the Australian Immunisation History Statement and that their child can not be enrolled at school until this is achieved.

Parents should be encouraged to ensure that their child's Australian Immunisation History statement is accurate, including having any medical exemptions or natural immunity accurately recorded on the form. School staff should not accept any statement as to immunity status that does not reflect the child's Australian Immunisation History statement. A child whose Australian Immunisation History statement indicates they are not up to date should be treated as a non-vaccinated child for the conditions they are not up to date for.

A record is kept of all children's immunization status by the school on the Electronic School Register and used for reference in case of infectious disease outbreak. Children are considered not vaccinated if their Australian Immunisation History Statement indicates they are not up to date, regardless of the presence of other documentation. Children who are medically exempt will be recorded as such by the School, including which vaccines they have not received.

#### Ongoing vaccination

School staff should play a role in encouraging parents to ensure their child's immunisations are up to date – including influenza vaccinations if applicable.

#### **Non vaccinated children**

A record is kept of all children's immunization status by the school and used for reference in case of infectious disease outbreak. The receiving teacher should be informed in all cases of non-immunisation. Children with medical exemptions will be treated as unvaccinated for the conditions they are exempt for in the case of infectious disease outbreak.

Non-vaccinated children may be excluded from school under the direction of the Chief Health Officer. Children not vaccinated against a vaccine preventable notifiable infectious disease are not to participate in school. Parents of affected children will be notified in writing by the Principal of the vaccine preventable infectious disease involved, that the child is recorded as not being immunised against this disease, and the period of time the child must not attend or participate as directed by the Chief Health Officer.

Non-vaccinated children may also be excluded from school in the event of an outbreak (2 or more cases) of a vaccine preventable communicable disease. The choice to exclude children will be done at Principal discretion to either minimise the spread of the vaccine preventable communicable disease or protect vulnerable members of the school community. The child will be permitted to return to school at the discretion of the Principal, this is most likely to be following the ending of an incubation period for the last reported case of vaccine preventable communicable disease at the school, and when appropriate cleaning has been done. Affected families should have this information given to them in writing.

In accordance with regulation 10C of the *Public Health Regulations 2017* the school provides information to the Chief Health Officer on the immunization status of children enrolled at the school. This usually requires a report from the school of any child with an immunization status of 'not up to date' (including children with immunization certificates, with an exemption or who are on a catch up schedule for overdue vaccinations) during term 1 of each year. This report includes the child's and parents personal details. These reports may also be provided at any time that the Chief Health Officer directs that a report be provided.

### **Exclusion**

Preventing contact between a sick child or staff member with susceptible people (other children or staff) can prevent transmission of many infectious diseases. This is usually achieved by excluding the infectious person (eg. a person with chickenpox) from school or excluding the susceptible contact (eg. an immunosuppressed child who may have been exposed to chickenpox, therefore is at high risk of developing the disease) from school until the person is no longer infectious, or the school is considered free from infection.

To minimize the risk of infection children and staff should stay at home in early stages of illness when they are likely to be most likely to be infectious. Children and staff should remain absent generally until they are symptom free, more specific guidelines can be found in appendix 3, or according to medical advice. Other members of the school community (e.g. parents) should also be asked to not attend school grounds if they are unwell.

### **PROCEDURES:**

#### **Infection Control Measures**

1. Handwashing
  - Disinfection of the skin (through handwashing) or surfaces that may be contaminated by infectious micro-organisms is an effective method of preventing the transmission of infectious diseases.
  - Handwashing should be encouraged using soap and water, immediately after going to the toilet, blowing or wiping a nose, and before eating and preparing food. **This is the single most important method of disease control.**
  - Staff and students should follow proper handwashing technique.
  - Proper handwashing:
    - o Use soap and running water
    - o Wet hands and lather with soap
    - o Rub hands vigorously for at least 15 seconds as you wash them

- Pay attention to the backs of hands, wrists, between fingers and under fingernails
  - Rinse well under running water
  - Dry hands with a disposable paper towel or clean cloth towel
2. Surface disinfection
- a. Professional cleaning of the classroom is performed daily
  - b. Dishes are cleaned with detergent and water followed by rinsing and drying
  - c. Surfaces contaminated with blood or bodily fluids are cleaned as follows:
    - i. Wear gloves. Use eye protection, mask and apron if there is a risk of splashing
    - ii. Remove as much of the spill as possible with a paper towel
    - iii. Clean the area with warm water and detergent, using a disposable cleaning cloth or sponge
    - iv. Disinfect the area by wiping over with household bleach
    - v. Remove and dispose of gloves, paper towel, cleaning cloth in a sealed plastic bag.
    - vi. Wash hands thoroughly
3. Managing contamination with blood or body substances
- Prevent contact with potentially contaminated body substances – including blood, saliva, mucous, phlegm, faeces and urine.
  - Use disposable tissues in the classroom. Do not use cloth handkerchiefs.
  - If blood or body fluids contaminate:
    - the skin: wash well with soap and water
    - the eyes: rinse the area gently but thoroughly with water with eyes open
    - the mouth: spit it out and rinse the mouth with water several times
  - Disinfect surfaces contaminated with blood or body fluids as per 2c.
  - Open sores should be covered with a waterproof bandage.
  - If blood splashes onto the mouth, eyes or an open wound, or a needlestick injury occurs, the school should be alerted, and medical advice sought.
4. Hygiene
- a. Eating and drinking utensils should be washed and dried after use
  - b. Sharing food, drink bottles or utensils should be discouraged. Utensils, such as tongs, should be used to handle communal food such as from birthday celebrations.
  - c. The mouth should be covered with the elbow when coughing or sneezing.
  - d. Disposable tissues should be used in the classroom, which should be disposed of by the user immediately following use into a bin.
5. Parent information
- Parents should be informed about how to support the School in promoting good health practices and reducing the transmission of infectious diseases, including instructing their children on proper hygiene techniques and the encouragement of maintaining their own vaccine status.
  - Parents should be informed when there is confirmation of an infectious disease occurring within the School. On direction from the Principal, administration will email notification

- of the infection and teachers will notify parents via their noticeboards of the infection, and remind parents of the website address on which specific information may be found. ([www.health.wa.gov.au](http://www.health.wa.gov.au)). As consultation with public health authorities may be necessary prior to communication with parents, staff should not inform parents of a suspected infectious disease outbreak without Principal authorisation.
- Health advice from the school will only be given via reputable government sources

### **Managing Communicable Diseases**

A communicable disease may be suspected when one or more of the following symptoms are present:

- Headache
- Cough
- Skin rash or eruptions
- Vomiting
- Diarrhoea
- Watery, inflamed eyes and nose
- Elevated temperature/fever >37.5 degrees Celsius
- Sore throat
- Purulent nasal discharge

A child with these symptoms should be kept at home. In the event that parents overlook these symptoms, **a teacher may exclude the child from contact with other children.**

The legal guardian or emergency contact should be notified as soon as possible, and the child should be taken home. While awaiting pick up, the child should be isolated from other children close to the reception and supervised by the administration staff. The child should be made comfortable and kept under close observation. The child may be given water to drink, but medication should not be given. If there are concerns about the child's health prior to guardian arrival, medical consultation should be sought.

### **Infectious disease outbreaks**

Where two or more cases of infectious diseases are suspected to have occurred the local public health unit will be contacted for advice on management. Particular care should be taken with suspected outbreaks of notifiable diseases. This includes, but is not exclusive to, chickenpox, haemophilus influenza type b, influenza, pertussis (whooping cough), mumps and rubella. Further action should only be taken on public health unit advice. Possible recommendations or directions from the public health unit may include exclusion of specific students or the temporary closure of parts of the whole of the school facility.

If there is an outbreak at the school, it is possible that the Chief Health Officer may request reports of the immunization status of children enrolled in the school.

### **Reportable diseases**

Under directions from the Chief Health Officer, an enrolled child who has, or is reasonably believed to have, a vaccine preventable notifiable infectious disease, may be required to be reported.

### **Exclusion Guidelines**

Staff may request that a child or staff member does not attend school if the child or staff member is suffering from a medical condition that is infectious, contagious or otherwise harmful to the health of persons at the School. (Health Act 1911).

**Recommended minimum periods of exclusion from school, pre-school and child care centres for contacts of and cases with infectious diseases:**

Condition	Exclusion period
Acute febrile respiratory disease (e.g. parainfluenzavirus, RSV, Adenovirus, Rhinovirus)	Until afebrile
Chicken pox	<b>At least 5 days after rash first appears</b> and when vesicles have crusted.
Conjunctivitis	Until discharge from eyes has ceased.
Diarrhoea	Until diarrhoea has ceased for 24 hours
Hand, Foot and Mouth Disease	Until all vesicles have formed crusts that are dry
Hepatitis A	Until 14 days after onset of illness or 7 days after jaundice appears.
Cold sores (Herpes simplex)	Young children unable to comply with good oral hygiene practices should be excluded until sores are dry. Other children need not be excluded, sores should be covered with a dressing where possible.
Impetigo (School sores)	Exclude until after antibiotic treatment has commenced or until sores are dry if unable to comply with good hygiene practices. Lesions on exposed skin surfaces should be covered with a waterproof dressing.
Influenza	Until symptoms resolve
Measles	To be managed in consultation with public health staff: generally 4 days after the onset of rash, exclusion for susceptible contacts may also be required.
Meningococcal infection	Until after antibiotic treatment has been completed.
Molluscum contagiosum	Exclusion not required
Mumps	To be managed in consultation with public health staff: generally 5 days after onset of symptoms.
Parvovirus (B19 erythema infectiosum, fifth disease)	Exclusion not necessary.
Ringworm, scabies, trachoma	Until 24 hours after treatment started.
Rubella (german measles)	To be managed in consultation with public health staff: generally 4 days after onset of rash.
Streptococcal infection (including scarlet fever and tonsillitis)	Until person has received antibiotic for 24 hours.
Whooping cough	To be managed in consultation with public health staff: Exclude until 5 days after appropriate antibiotics treatment or for 21 days from coughing.

Information from 'Communicable Disease Guidelines', Department of Health WA, 2018.

For more specific information regarding infectious and communicable diseases, refer to the above WA Health Department Publication, at [www.public.health.wa.gov.au](http://www.public.health.wa.gov.au).

Copies of the above 'Communicable Disease Exclusion Guidelines' are available to families on the school website as an appendix to this policy and a copy provided to each classroom. These guidelines are not exhaustive and an individual's medical situation may vary. Medical advice on exclusion timelines should be followed preferentially when this information is available.

### **Returning to School**

At the principals discretion, a child that has had time away from school due to illness, parents are required to complete a form stating the child's condition, exclusion period, treatment undertaken and readiness to return to school (Appendix Two).

The Principal or class teacher may request that a child have a medical examination by a medical practitioner to determine readiness to recommence school.

### **SPECIFIC COMMUNICABLE DISEASES:**

#### **Head Lice (Pediculosis)**

Identification of children with head lice is essential to prevent person-to-person spread of head lice. Any member of staff may examine the head of a child to ascertain whether head lice are present. If a child is identified as carrying head lice, they should be treated with sensitivity. They will be given tasks which do not involve close group work, and do not necessarily need to be excluded from class for the remainder of the school day.

The School will request that a child with head lice does not attend school until the parents confirm that a recommended treatment is being undertaken and that all head lice have been removed.

The parents of all students in the class must be informed and requested to examine and treat their children if required. Parents must be informed that head lice elimination requires at least 10 days of follow-up treatment with daily removal of head lice.

#### **Meningococcal Disease, Measles and Hepatitis A**

Cases of suspected meningococcal disease, measles or hepatitis A among students or staff must immediately be reported to the South Metropolitan Population Health Unit on 9431 0200.

No further action or communication with staff or parents is to be taken without consultation and advice from the Population Health Unit staff.

#### **Chicken pox**

Chickenpox is a notifiable disease and an outbreak should be discussed with your local public health unit. Infected people are infectious from two days before the rash appears through to 5 days after, therefore children who have symptoms of a viral infection when an outbreak is suspected should be excluded from school. Immunosuppressed people should be referred to consult with their doctor and any pregnant women should see their doctor urgently.

#### **Conjunctivitis**

Conjunctivitis manifests with sore, itchy eyes and discharge. Children are infectious whilst the discharge is present, and must be excluded from school until discharge has ceased. Children may require antibiotic treatment if the cause is bacterial.



### **Impetigo (School Sores)**

Impetigo is a common skin infection, causing scabs and itchy pustules. Transmission is via direct contact with lesions and children are infectious for as long as there is a discharge from untreated lesions. Children must be excluded for 24 hours following commencement of antibiotic treatment. Lesions on exposed skin surfaces must be covered with a waterproof dressing. Children who are unable to comply with good hygiene practices should be excluded until sores are dry.

### **Seasonal Influenza**

Influenza is a highly contagious acute respiratory viral infection that can lead to serious complications. Symptoms include fever, malaise, chills, headache, muscle pain, sore throat and cough. The infectious period is approximately a week and children/staff should not return to school following infection until all symptoms have resolved. During 'flu season' (April through October) staff and children should be encouraged to be particularly diligent with hygiene precautions as documented above, particularly handwashing regularly with soap and water. Staff and children should be encouraged to have an annual flu vaccination.

### **Coronavirus (COVID-19)**

The school follows the advice of the Australian and Western Australian government in order to prevent the spread of COVID-19. As this is an evolving situation, up to date information regarding management of suspected cases of COVID-19 should be sought from [www.public.health.wa.gov.au](http://www.public.health.wa.gov.au).

### **Novel viruses**

Due to the rapidly evolving nature of infectious diseases, novel viruses important to public health and not covered in this policy are likely to occur. In these cases, infectious disease management exclusion should follow government public health advice. More conservative measures to control novel viruses may be instituted if the school community is identified to be more at risk of infection or adverse outcomes than the general community.

### **CONTACT DETAILS FOR WESTERN AUSTRALIAN GOVERNMENT HEALTH AUTHORITY**

(08) 9388 4868

(08) 9328 0553 (after hours Infectious Diseases Emergency)

Email: [cdc@health.wa.gov.au](mailto:cdc@health.wa.gov.au)

### **APPENDICES**

1. National Immunisation Schedule
2. Notification of readiness to return to School following illness
3. Exclusion Guidelines
4. Children exempted from Vaccine requirements at Enrolment

### **RELATED AND SOURCE DOCUMENTS:**

1. Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health, Canberra, 2018, [immunisationhandbook.health.gov.au](http://immunisationhandbook.health.gov.au).
2. Western Australian Immunisation Requirements - Guidelines for persons in charge of child care services, community kindergartens and schools. Department of Health Western Australia. March 2020.
3. Immunisation requirements for child care services, kindergarten and schools. Government of Western Australia Department of Health.
4. Communicable Disease Guidelines, Department of Health WA. 2018.
5. RMS Enrolment Policy

## Appendix One

Age	Immunisations
<b>Childhood</b>	
Birth	Hepatitis B <sup>4</sup>
6-8 weeks	Diphtheria, Tetanus, Pertussis (whooping cough) Heptatis B <sup>4</sup> , Polio, Haemophilus influenzae type b (Hib) Pneumococcal Rotavirus
4 months	Diphtheria, Tetanus, Pertussis (whooping cough) Heptatis B <sup>4</sup> , Polio, Haemophilus influenzae type b (Hib) Pneumococcal Rotavirus
6 months	Diphtheria, Tetanus, Pertussis (whooping cough) Heptatis B <sup>4</sup> , Polio, Haemophilus influenzae type b (Hib) Pneumococcal <sup>1,2</sup>
12 months	Meningococcal ACWY <sup>3</sup> Measles, mumps, rubella Pneumococcal Hepatitis A <sup>1</sup> Hepatitis B <sup>2</sup>
18 months	Haemophilus influenzae type b (Hib) Measles, mumps, rubella, varicella (chickenpox) Diphtheria, tetanus, pertussis (whooping cough) Heptatis A <sup>1</sup>
4 years	Diphtheria, tetanus, pertussis (whooping cough), polio Pneumococcal <sup>2</sup>
<b>Adolescent vaccination</b>	
12-13 years	Human papillomavirus (HPV) Diphtheria, tetanus, pertussis (whooping cough),
14-16 years	Meningococcal ACWY
<b>Adult vaccination</b>	
18-55	Measles, mumps, rubella
15-65	Pneumococcal <sup>1,2</sup>
65+	Pneumococcal
70-79	Herpes zoster (shingles)
Pregnant women	Pertussis (whooping cough) Influenza

1. Aboriginal and Torres Strait Islander people. 2. Medically at risk people. 3. People born after 2002. 4. People born after 2000

*Taken from the National Immunisation Program Schedule 2019.*

**Appendix Two**

ROCKINGHAM MONTESSORI SCHOOL  
Notification of readiness to return to School following illness

Child's name:

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Child's illness:

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Recommended exclusion period (as per Health Dept guidelines):

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Actual exclusion period:

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Treatment undertaken:

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Signed by Parent/Guardian:

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ROCKINGHAM MONTESSORI SCHOOL  
Notification of readiness to return to School following illness

Child's name:

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Child's illness:

---

Recommended exclusion period (as per Health Dept guidelines):

---

Actual exclusion period:

---

Treatment undertaken:

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Signed by Parent/Guardian:

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## Appendix Three

### Infectious and Communicable Diseases Policy

#### Exclusion Guidelines

The school may request that a child, staff or other community member does not attend school if they are suffering from a medical condition that is infectious, contagious or otherwise harmful to the health of persons at the School. (Health Act 1911).

#### **Recommended minimum periods of exclusion from school, pre-school and child care centres for contacts of and cases with infectious diseases:**

<b>Condition</b>	<b>Exclusion period</b>
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Influenza	Until symptoms resolve
Measles	To be managed in consultation with public health staff: generally 4 days after the onset of rash, exclusion for susceptible contacts may also be required.
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Molluscum contagiosum	Exclusion not required
Mumps	To be managed in consultation with public health staff: generally 5 days after onset of symptoms.
Parvovirus (B19 erythema infectiosum, fifth disease)	Exclusion not necessary.
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Streptococcal infection (including scarlet fever and tonsillitis)	Until person has received antibiotic for 24 hours.
Whooping cough	To be managed in consultation with public health staff: Exclude until 5

	days after appropriate antibiotics treatment or for 21 days from coughing.
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*Information from 'Communicable Disease Guidelines', Department of Health WA, 2018.*

## Appendix Four

### Children exempted from Vaccine Requirements at Enrolment

A child may be exempt because of particular family circumstances. This is any child who, at the time of enrolment, meets the description of a class of children prescribed in regulation 10B of the *Public Health Regulations 2017*.

If a child is enrolling into school prior to mandatory schooling age and does not have either 'up to date' or 'not up to date- catch up scheduled active until (date after date of enrolment)' immunization status according to their AIR Immunisation History statement or a immunization certificated issues the Chief Health Officer, but the child fulfils one of the below exemption criterias they may still be enrolled in school pending the completion of the Exemption Eligibility Form (family circumstance).

Exemption reason	Description	Recommended supporting evidence
Child is Aboriginal or Torres Strait Islander	As defined under the <i>Children and Community Services Act 2004</i> , means a descendent of the indigenous people of Australia or the Torres Strait Islands	Verbal response is sufficient. If there is a need for further confirmation, evidence of the following may be asked for: that the child is of Aboriginal or Torres Strait Islander descent, that they identify as Aboriginal or Torres Strait Islander, and they are accepted as an Aboriginal or Torres Strait Islander person by the community in which they live
Child is in need of protection	As defined in s.28(2) of the <i>Children and Community Services Act 2004</i>	Documentation from the Department of Communities confirming this fact e.g. a child protection order, s.35 warrant issued by a magistrate, letter fro the Department of Communities advising the child is under provisional protection and care under s.37 of the Act
Child is living in crisis accommodation	A child who is living in crisis or emergency accommodation because of family violence or a risk of family violence or homelessness	Documentation confirming this from the Department of Communities, Housing Authority or relevant not for profit service
Evacuated child	A child who has been evacuated	Verbal response



	from their ordinary place of residence because it is an area of the state to which a declaration made under the <i>Emergency Management Act 2005 section 56</i> applies	Documentation confirming state of emergency in the relevant residence's area
Child is in the care of an adult, other than their parent or guardian	Child who is in the care of an adult other than the child's parent or guardian because of exceptional circumstances e.g. illness or incapacity of their parent or guardian	Documentation confirming this arrangement e.g. letter from the parent or guardian's medical practitioner or another third party who has regular interactions with the family and can independently verify the family's circumstances e.g. social worker
Child is in the care of a responsible person who holds a valid Health Care Card; Pensioner Concession Card; Veterans' Affairs White Card; or Veterans' Affairs Gold Card		Sight of a copy of the valid cards
Child first entered Australia less than 6 months before the time of enrolment	A child who first entered Australia not more than 6 months before the time of enrolment and who holds, or whose parent holds, a visa (as defined in the <i>Migration Act 1958 (Commonwealth) section 5 (1)</i> ) of one of the following subclasses: <ul style="list-style-type: none"> <li>• 200 (Refugee)</li> <li>• 201 (In country Special Humanitarian)</li> <li>• 202 (Global Special Humanitarian)</li> <li>• 203 (Emergency Rescue)</li> <li>• 204 (Woman at Risk)</li> <li>• 785 (Temporary Protection)</li> </ul>	Sighting of the relevant refugee, humanitarian or protection visa or other documentation confirming visa status from the Department of Home Affairs or the WA Humanitarian Entrant Health Service

	<ul style="list-style-type: none"><li>• 790 (Safe Haven Enterprise)</li><li>• 866 (Protection)</li></ul>	
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Supporting evidence is suggested only. Exemptions may apply