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# 'No Jab No Play': Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019

## Overview

The key focus of this consultation is to obtain stakeholder feedback on the Options and Proposals to strengthen immunisation requirements for Western Australian children enrolling into child care services, community kindergartens and schools, before the compulsory education period.

Please read the Discussion Paper entitled **Consultation Regulatory Impact Statement: Public Health Amendment (Immunisation requirements for Enrolment) Bill 2019**, which is attached below, before completing the Guiding Questions.

This Discussion Paper outlines the two Options that the WA Government is currently investigating to increase childhood immunisation rates:

- **Option A** – Fully implement recently introduced regulations requiring the collection and reporting of immunisation information by child care services, community kindergartens and schools at the time of enrolment, and monitor any impact before changing the status quo.
- **Option B** – Amend the *Public Health Act 2016 (WA)* ('the Act') to require, with rare exception, children in WA to be fully vaccinated for age as a condition of enrolment into child care services, community kindergartens and schools, before the compulsory education period.

## Why we are consulting

The Department of Health is seeking feedback from the early education and care industry, schools, government, parents and other stakeholders to determine the most effective option for achieving improved childhood immunisation rates in WA.

The Discussion Paper explains the Options and Proposals, and investigates their advantages, disadvantages and impacts. This Discussion Paper should be read alongside the Guiding Questions to assist in providing feedback. The 25 Guiding Questions ask your views with regards to the Options and Proposals, and you are also asked to identify alternative options and proposals that have not been considered. Please explain the reasons behind your suggestions, and where possible provide evidence to support your views.

Unless marked as 'confidential', all correspondence will be regarded as public documents which may be made available on the Department of Health website or be viewed by members of the public on request. If you wish for your response to remain confidential please check the box at the beginning of the survey.

You can also provide any additional feedback by emailing [immunisation@health.wa.gov.au](mailto:immunisation@health.wa.gov.au)

## Your details

### Please read before responding to the Guiding Questions

1. You are invited to participate in this public consultation by responding to the Guiding Questions under the Options and the Proposals. The Guiding Questions facilitate the consultation process by providing a framework for submissions.
2. You do not have to respond to all questions, and instead you may prefer to respond to only those questions that are relevant to you.
3. In providing your response, please explain the reasons behind your comments and where possible provide evidence to support your views e.g. statistics, publications, examples.
4. You can start the survey and come back to it if you need to.
5. Your feedback forms part of a public consultation process, and the Government may quote from your comments in future publications. If you prefer your name and/or organisation to remain confidential, please indicate this requirement in your submission (Question 1).
6. Submissions made in response to the Bill may be subject to Freedom of Information requests, and you are advised not to include any personal or confidential information that you would not want in the public domain.

### 1 Would like your responses to be confidential?

Your feedback forms part of a public consultation process, and the Government may quote from your comments in future publications. If you prefer your name and organisation to remain confidential, please check this box.

Yes

### 2 Name

Please provide (Required)

### 3 Contact email address

Please provide your email address so that

- we can contact you for further information
- you can be informed when a decision on the Bill has been made public.

Please provide

### 4 Name of your organisation

If applicable

Please provide

### 5 Which sector do you represent?

Please provide

(Required)

*Please select all that apply*

- State Government    Local Government    Child care service provider  
 Child care advocacy group    Children's welfare group    Non-government school  
 Government school    Teachers' association    Health service provider  
 Clinical association    Regulation agency    Parent/guardian  
 Member of the public    Prefer not to say    Other

If 'other', which sector do you represent?

## Proposed Options

The WA Government is currently investigating the introduction of additional legislation to increase childhood immunisation rates, for which there are two options:

- **Option A** – Fully implement recently introduced regulations requiring the collection and reporting of immunisation information by child care services, community kindergartens and schools at the time of enrolment, and monitor any impact before changing the status quo.

Recent amendments to the *Public Health Regulations 2017* introduced new requirements (effective 1 January 2019) which mandate universal immunisation records checks for children when they enrol into a child care service, community kindergarten and school, and allow the Chief Health Officer (CHO) to request reports on the immunisation status of any child or children enrolled. Families of under-vaccinated children who are reported to the DoH under the regulations will be offered assistance with obtaining vaccinations but there is no exclusion of these children from attending or enrolling into child care, community kindergarten or school, before the child's compulsory education period.

- **Option B** – Amend the *Public Health Act 2016 (WA)* ('the Act') to require, with rare exception, children in WA to be fully vaccinated for age as a condition of enrolment into child care services, community kindergartens and schools, before the compulsory education period.

This option follows a direction from the WA Premier to implement an immunisation policy with the same underlying policy objectives to those already implemented in Victoria and New South Wales (see Section 6). This proposed WA No Jab No Play policy (see Section 3.1 ) aims to further strengthen immunisation requirements for children enrolling into child care services, and kindergarten programs, and is supported by the Australian Medical Association of WA.

The proposed immunisation requirements will apply to children enrolling in a child care service (other than a child care service that operates on a temporary, casual or ad hoc basis). Requirements will also apply to enrolments in a pre-kindergarten program and kindergarten program in a government school, non-government school, and community kindergarten ('kindergarten programs').

## Impacts

### Option A

#### Advantages (benefits)

- most children enrolled in child care are already fully vaccinated under the Commonwealth's No Jab No Pay policy which requires the child to be 'up-to-date' on their vaccinations for Federal benefit payments to continue.
- should deliver a net benefit by improving childhood immunisation rates without adversely affecting access to child care services or kindergarten programs.
- provides a framework for action the DoH can take to limit or prevent the spread of VPDs.

#### Disadvantages (costs)

- there are administrative costs for persons in charge of child care services, community kindergartens and schools, associated with collecting each child's AIR Immunisation History Statement upon enrolment (although most children in child care are already meeting immunisation requirements as a result of the Commonwealth's No Jab No Pay policy which requires the child to be up-to-date on their vaccinations for Federal benefit payments to continue).
- there are administrative costs for persons in charge of child care services, community kindergartens and schools, associated with reporting the immunisation status of under-vaccinated children to the DoH.

### Impacts

- under-vaccinated children can continue to enrol in and attend child care services and kindergarten programs
- allows for the DoH to request immunisation status information on any child or children enrolled which in turn allows WA Health to contact the parents/guardians of under-vaccinated children and offer support to access local immunisation services, in particular for children identified as vulnerable and/or disadvantaged.

### Risks

- WA's immunisation rate may remain below the national average, unless stronger action is taken to encourage families to immunise their children.
- the slightly higher risk of illness and death from VPDs may remain for under-vaccinated children.

### Option B

#### Advantages (benefits)

- reinforces the shared responsibility of the whole community for achieving and maintaining higher immunisation rates (herd immunity) in order to better protect those who can't be vaccinated, including those who are too young to be vaccinated and those who are unable to be vaccinated for medical reasons, including pregnant women, children with immune disorders and some cancer patients.
- promotes the recommendations of the NIP childhood schedule, by ensuring that by the time children reach kindergarten or during the year they turn 4, they have completed their childhood immunisation schedule.
- exemptions will apply for under-vaccinated children who are identified as being vulnerable and/or disadvantaged, to avoid compromising their access to early childhood education.
- excludes only a small number of children from child care services and kindergarten programs. Those excluded would likely be children of parents who are vaccine-refusers who account for <2% of all families in WA (~1.34%).
- higher immunisation rates in children should translate to reduced risk of VPD within child care services, kindergarten programs and the community.

### **Disadvantages (costs)**

- denial of enrolment into child care services and kindergarten programs may not be in the best interests of children of vaccine-refusers parents because these children may be at greater risk of long-term adverse consequences to healthy development and academic achievement.
- parents of excluded children will need to consider alternative care options for their child, such as reducing parental working hours to stay at home and care for their child.
- persons in charge of child care services and kindergarten programs would be required to ensure that a child's current AIR Immunisation History Statement is 'up to date', as part of the enrolment process.
- there will be an increased administrative burden on the DoH to monitor and enforce the exclusion of under-vaccinated children and address ongoing concerns of parents and child care staff.

### **Impacts**

- contributes towards the achievement of NPEV benchmarks 1, 2 and 4 (see Section 5.1):
- aligns with Aim 1 and Objectives 1 and 2 of the WA Immunisation Strategy (see Section 5.3)
- provides consistency in immunisation requirements for children attending child care services and kindergarten programs, as it applies to all children and not only those affected by Federal No Jab No Pay policy.
- provides incentive for parents to ensure their child is fully immunised.
- targets a point in time when a child is most vulnerable to infectious diseases
- CHO has discretion to provide an alternative immunisation certificate for any child where the CHO is satisfied that special circumstances exist and despite those circumstances the child would otherwise be age appropriately immunised.

- exclusion of under-vaccinated children from early learning services is not supported by the Royal Australasian College of Physicians.
- this approach is supported by the Australian Medical Association of WA.
- vaccine-refuser parents are unlikely to change their beliefs and practices in response to increased government regulation so their children will remain unprotected.

## **Risks**

- that the changes might have limited impact on immunisation rates in WA, given small increases in immunisation rates that have been observed following the implementation of No Jab No Play policies in the other jurisdictions (~1.2% overall increase; see Section 6 for immunisation rates for Queensland Victoria and New South Wales across recent years).

## 6 Which Option do you support?

Please select only one item

- I support Option A     I support Option B
- I can suggest an alternative Option: please go to Question 7

If you support Option A or B, why is this your preferred option?

If you support Option A or B, can you identify any other advantages (benefits)? Please provide details and supporting evidence where possible

If you support Option A or B, can you identify any other disadvantages (costs)? Please provide details and supporting evidence where possible

## 7 Are there other options you would suggest and why?

Please provide details and supporting evidence where possible

## Proposal 1 - Require, with rare exception, a child's immunisation status to be 'up to date' as a condition of enrolment into child care services and kindergarten programs

### Objective

To improve immunisation coverage among children in child care services, community kindergartens and schools, before the compulsory education period, by restricting enrolment to children who are fully vaccinated for age.

### Proposal

No child will be permitted to be enrolled in:

1. a 'child care service' as defined under s 4 of the *Public Health Act 2016*; or
2. a 'community kindergarten' registered under the *School Education Act 1999* Part 5; or
3. a school, before the child's compulsory education period

unless that child's AIR Immunisation History Statement shows that the child has an 'up to date' immunisation status, or the child is following an immunisation catch-up schedule, which is managed by an immunisation provider in accordance with the Australian Immunisation Handbook. An AIR Immunisation History Statement is an extract of a child's AIR record and it will show that a child is 'up to date' if they are age-appropriately immunised in accordance with the NIP Schedule. The AIR Immunisation History Statement is to have been issued not more than two months before the date of the application for enrolment of the child, as prescribed in regulations.

Children who have a registered medical contraindication or natural immunity to a particular vaccination under section 9(c) of the *Australian Immunisation Register Act 2015* (Cth) are recorded as 'up to date' on the AIR Immunisation History Statement.

Child care services and kindergarten programs are non-compulsory years of early education and care. All child care services, community kindergartens and schools (applicable to kindergarten program years only) will therefore only be able to enrol a child who:

1. is up to date with vaccinations;
2. is undertaking an approved catch-up schedule;
3. has an approved medical exemption recorded on the AIR; or
4. is an exempt child as specified under Proposal 3.

Under the proposed legislation it will be an offence for a person in charge of a child care service community kindergarten or school, before the compulsory education period, to fail to comply with this immunisation enrolment requirement, with a penalty fine of \$10,000.

Children undertaking an approved catch-up schedule have an immunisation status on their AIR record as 'not up to date'. Similar to the exempt children described under Proposal 3 (see Section

8.3), these children will still be permitted to enrol, however, they will need to inform the child care service, community kindergarten or school they are undertaking an approved catch-up schedule under the guidance of an immunisation provider and in accordance with the Australian Immunisation Handbook. An approved catch-up schedule allows six months for the individual to catch-up on outstanding vaccinations, must be recorded in the individual's AIR record by the immunisation provider, and can only be recorded once on a child's AIR immunisation history.

Similar to children who are exempt from immunisation requirements due to vulnerability or disadvantage (see Section 8.3), all children on an approved catch-up schedule will be reported to the DoH when requested by the CHO. The AIR will provide the Communicable Disease Control Directorate with lists of WA children who are on an approved catch-up schedule which will be used to confirm that children reported to persons in charge as being on a catch-up schedule at the time of enrolment, were in fact on an approved catch-up schedule as recorded in AIR by their immunisation provider. In addition to enabling CDCD to provide follow up assistance to ensure these children are caught up on their vaccinations, this practice will also mitigate against the potential for parents/guardians to self-report that their child is on an approved catch-up schedule when they are not.

# Impacts

## Potential impacts of this proposal on the early education and care industry

### Advantages (benefits)

- provides the legal authority to child care services and kindergarten programs to prevent enrolment of under-vaccinated children
- may increase protection of staff and other visitors to child care services and kindergarten programs from VPDs

### Disadvantages (costs)

- potential loss of income for privately operated child care services and community kindergartens, when an application for enrolment is denied due to the child not meeting immunisation enrolment requirements
- increased administrative burden as persons in charge are required to check that a child's current AIR Immunisation History Statement is 'up to date' as part of the enrolment process
- persons in charge may face confrontational situations when they have to inform families whose children do not meet these requirements that their child cannot be enrolled

## Potential impacts of this proposal on families

### Advantages (benefits)

- decreases the risk of potential exposure to VPDs for children and others at child care services and kindergarten programs, including infants who are too young to be vaccinated, and children with a medical contraindication to vaccination
- provides an impetus for families who have not otherwise been motivated to do so, to vaccinate their child
- encourages families to have their children complete the childhood immunisation schedule by the time children reach kindergarten enrolment or during the year they turn 4.

### Disadvantages (costs)

- parents who refuse to vaccinate their child will need to find alternative arrangements for child care and early education
- parents who refuse to vaccinate their children may experience a loss of income if they abstain from work so they can stay home to look after their children

## Potential impacts of this proposal on the State Government

### Advantages (benefits)

- reinforces the importance of vaccination for protecting young children and the wider community

- reinforces the shared responsibility of the whole community for achieving and maintaining higher immunisation rates (herd immunity) in order to better protect those who can't be vaccinated, including those who are too young to be vaccinated and those who are unable to be vaccinated for medical reasons
- promotes the recommendations of the NIP childhood schedule, by ensuring that by the time children reach kindergarten or during the year they turn 4, they have completed their childhood immunisation schedule
- contributes towards the achievement of NPEV benchmarks 1, 2 and 4 (see Section 5.1):
  1. increase in vaccination coverage rates for children aged 60 ≤ 63 months;
  2. increase in vaccination coverage rates for ATSI people in two age cohorts; and
  3. increase in vaccination coverage rates for children aged 60 ≤ 63 months in low coverage geographical areas
- aligns with Aim 1 and Objectives 1 and 2 of the WA Immunisation Strategy (see Section 5.3)

**Disadvantages (costs)**

- may result in young children not benefiting from early education services, which ultimately may have longer term negative impacts on educational achievement with resulting socioeconomic disadvantage
- may decrease the available workforce as parents stay home to care for children

**8 Do you agree that, with rare exception, children in WA should be fully vaccinated for age as a condition of enrolment into child care services and kindergarten programs?**

*Please select all that apply*

Yes    No    Unsure

If 'no' or 'unsure', what do you suggest as an alternative proposal or activity to improve immunisation rates among young children?

**9** Do you agree with prescribing an offence with penalty \$10,000 for persons in charge of child care services and kindergarten programs, who fail to comply with the proposed immunisation enrolment requirement?

*Please select only one item*

Yes  No  Unsure

If 'no' or 'unsure', what do you suggest as an alternative penalty, if any?

**10** Do you agree that children on an approved catch-up schedule should be permitted to enrol?

*Please select only one item*

Yes  No  Unsure

If 'no' or 'unsure', why not?

**11** To assist in meeting the proposed immunisation requirements, what resources and/or support should the DoH provide to persons in charge of child care services and kindergarten programs, families and/or immunisation providers?

Please provide details

**12** Do you agree with the listed advantages (benefits) and disadvantages (costs)?

*Please select only one item*

Yes  No

Please provide evidence to support your views, including any likely overall financial impacts

Can you identify any additional advantages (benefits) and disadvantages (costs)? Please include quantitative evidence of any likely impacts.

## Proposal 2 – In specified circumstances, allow for documentation other than a child’s AIR Immunisation History Statement to be used to satisfy immunisation requirements for enrolment into child care services and kindergarten programs

### Objective

Provide flexibility to address situations where a child’s AIR Immunisation History Statement cannot be used as evidence of their immunisation status, when determining their eligibility for enrolment into a child care service or kindergarten program.

### Proposal

Section 141C to provide alternative mechanisms for the CHO to either:

1. issue a certificate for a child who otherwise meets the immunisation requirements because a circumstance prescribed in the regulations is applicable to the child, or the CHO is otherwise satisfied that there are special circumstances that justify issuing a certificate for a child; or
2. declare a document, or class of documents, to be an immunisation status certificate by notice published in the *Government Gazette*.

These mechanisms may be used to provide flexibility to address any individual or collective difficulty or deficiency that might result from exclusive use of AIR Immunisation History Statements to determine eligibility for enrolment.

It is proposed the following are to be prescribed in regulations as circumstances where the CHO may issue an alternative immunisation certificate for a child, as that circumstance applies to the child, and but for that circumstance the child’s immunisation would be up to date:

- Temporary unavailability of a vaccine
- Child has been fully vaccinated overseas but their AIR record is still being updated
- Child is part of an approved vaccine study

The above proposed prescribed circumstances are drawn from the circumstances for which a person may be considered exempt from the immunisation requirements for the purposes of receiving the Australian Government Child Care Subsidy.

Additionally, the CHO will have the discretion to issue a certificate where a special circumstance has arisen that the CHO determines justifies the issue of a certificate. This general discretionary power is to capture any as yet unforeseen circumstances and would be expected to be used very rarely.

# Impacts

## Potential impacts of this proposal on the early education and care industry

### Advantages (benefits)

- will reduce any potential loss of income due to children experiencing an atypical or unforeseen circumstance which prevents them from meeting immunisation enrolment requirements, but for which they would otherwise be fully vaccinated

### Disadvantages (costs)

No disadvantages (costs) have yet been identified

## Potential impacts of this proposal on families

### Advantages (benefits)

- will ensure all children who would otherwise meet immunisation requirements, but for their atypical or unforeseen circumstance, remain eligible to enrol in child care services and kindergarten programs

### Disadvantages (costs)

No disadvantages (costs) have yet been identified

## Potential impacts of this proposal on the State Government

### Advantages (benefits)

- will not prevent children from enrolling who, but for their atypical or unforeseen circumstance, would otherwise meet immunisation requirements

### Disadvantages (costs)

- there will be some administrative burden/costs incurred by the CHO, or their delegate, associated with assessing requests to the CHO to issue an alternative immunisation certificate

**13** Do you agree that the CHO should have the flexibility to issue an alternative immunisation certificate in the event the child is experiencing an atypical or unforeseen circumstance, but for which they would otherwise be fully vaccinated for age?

*Please select only one item*

Yes  No  Unsure

If 'no' or 'unsure', why not?

**14** Can you identify any other special circumstances a child may experience, but for which they would otherwise be fully vaccinated for age, that might warrant issuing an alternative immunisation certificate?

If 'yes', please provide details

**15** Do you agree with the listed advantages (benefits) and disadvantages (costs)?

*Please select only one item*

Yes  No

Please provide evidence to support your views, including any likely overall financial impacts

Can you identify any additional advantages (benefits) and disadvantages (costs)? Please include quantitative evidence of any likely impacts.

## Proposal 3 – Prescribe the categories of children for which exemptions to immunisation requirements for enrolment into child care and kindergarten programs apply

### Objective

This proposed immunisation policy acknowledges the importance of access to early education as communicated in the *2018-2019 National Partnership Agreement on Universal Access to Early Childhood Education*. Access to early education services is particularly important for vulnerable and disadvantaged children, whose participation in early education programs should be encouraged and facilitated. It is proposed that under WA's No Jab No Play policy children who are vulnerable and disadvantaged will be exempt from the requirement to be fully vaccinated for age, as a condition of enrolment into child care services and kindergarten programs.

### Proposal

Section 141D(2)(c) provides for a child who is an 'exempt child' to be permitted to enrol in a child care service, community kindergarten or school, before the child's compulsory education period.

For the purposes of the definition of 'exempt child' the proposed classes of children to which the exclusion arising from the immunisation requirements will not apply are as follows:

- The child is Aboriginal or Torres Strait Islander (ATSI) as defined under the *Children and Community Services Act 2004*
- The child has an approved secretary's exemption from the Commonwealth Family Assistance Law Child Care Subsidy (CCS) immunisation requirements or an approved exemption from the Additional Child Care Subsidy (ACCS) immunisation requirements due to being at risk of serious abuse or neglect
- At the time of enrolment, the child is in need of protection under the *Children and Community Services Act 2004 (WA)*
- The child is living in crisis or emergency accommodation, such as living in accommodation supported by the WA Department of Communities through the Housing Authority
- The child has been evacuated from their residence due to it being in part of the State in which a state emergency is declared to exist under section 56 of the *Emergency Management Act 2005*
- The child is in the care of an adult who is not the child's parent due to exceptional circumstances such as illness or incapacity
- The child is in the care of a parent or guardian who is the holder of an income support payment from the Government
- The child or parent of the child is a refugee, migrant or asylum seeker on a humanitarian visa who has recently arrived in WA.

Persons in charge of child care services and kindergarten programs are best placed to assess a child's vulnerability and/or disadvantage and determine their eligibility for an exemption to the

immunisation requirements for enrolment. The proposed process for determining a child's eligibility for exemption is as follows:

1. the DoH will provide all persons in charge of child care services and kindergarten programs with an 'Exemption Eligibility Form' (to be developed), made readily available online as well as provided through email distribution
2. this form is to be used by child care services and kindergarten programs as part of enrolment documentation
3. when a parent/guardian applies to enrol their child and cannot demonstrate their child is 'up to date' immunisations according to their AIR Immunisation History Statement, the parent/guardian is instructed to complete the 'Exemption Eligibility Form' to determine if the child is eligible to enrol under an exemption category:
  - o if the child is not eligible for an exemption, the application for enrolment cannot be progressed further by the child care service or kindergarten program
  - o if the child is eligible for an exemption, the application for enrolment meets the immunisation enrolment requirements; the person in charge retains the 'Exemption Eligibility Form' on the child's record.

When requests for reports of under-vaccinated children are made by the CHO, the report must include children with an exemption; the report will note the exemption category of the child, as recorded on the 'Exemption Eligibility Form'. This process will assist the DoH to provide the appropriate referral pathway for immunisations services to the carer of the under-vaccinated child.

# Impacts

## Potential impacts of this proposal on the early education and care industry

### Advantages (benefits)

- maximises enrolments by allowing vulnerable and/or disadvantaged children who are under-vaccinated to enrol

### Disadvantages (costs)

- requires some additional administrative processes for persons in charge to review and file Exemption Eligibility Forms that are submitted
- may require some additional liaising with families carers to support them through filing an Exemption Eligibility Form

## Potential impacts of this proposal on families

### Advantages (benefits)

- reduces the risk of further compounding disadvantage from not attending early education and care services, for these children and their families
- reduces the risk of these children having greater educational difficulties in later years

### Disadvantages (costs)

No disadvantages (costs) have yet been identified

## Potential impacts of this proposal on the State Government

### Advantages (benefits)

- aligns with the priorities of the DoE in achieving optimal access to early education services for children considered as vulnerable or disadvantaged
- allows for the DoH to provide support to these families to access local immunisation services, as appropriate

### Disadvantages (costs)

- requires some additional administrative processes for DoH to support persons in charge to manage the Exemption Eligibility Form process

**16** Do you support the provision of exemptions to the immunisation enrolment requirements for vulnerable and/or disadvantaged children?

*Please select only one item*

Yes  No  Unsure

If 'no' or 'unsure', why not?

**17** Are the proposed categories of vulnerable and disadvantaged children which should be exempt from the immunisation enrolment requirements, appropriate?

*Please select only one item*

Yes  No  Unsure

If 'no' or 'unsure', what do you suggest?

**18** Do you agree with the proposed process to determine if a child qualifies for an exemption category?

*Please select only one item*

Yes  No  Unsure

If 'no' or 'unsure', what do you suggest as an alternative process?

**19** Do you agree with the listed advantages (benefits) and disadvantages (costs)?

*Please select only one item*

Yes  No

Please provide evidence to support your views, including any likely overall financial impacts

Can you identify any additional advantages (benefits) and disadvantages (costs)? Please include quantitative evidence of any likely impacts.

## Proposal 4 – Enable updated information about a child’s immunisation status to be provided at time other than enrolment

### Objective

To enable updated information regarding an enrolled child’s immunisation status to be provided to the person in charge of a child care service, community kindergarten or school at times other than enrolment.

### Proposal

Currently, regulation 10B of the *Public Health Regulations 2017* requires a parent/guardian to provide their child’s immunisation status as recorded on the child’s current immunisation certificate, to the person in charge of a child care service, community kindergarten and/or school, upon enrolment. Proposed section 141B(2)(a) of the Act will provide for this regulation requirement to be captured in the Act.

Additionally, new section 141B(2)(b) is proposed to provide flexibility in the future to require a parent/guardian to provide an updated immunisation certificate for their child to the person in charge, at other times, as prescribed in the regulations. Whilst no other times are currently proposed to be prescribed in regulations, as an example, a prescribed time could be at five years of age, when a young child’s vaccination schedule should be complete. Should regulations be developed under this head of power in the future, consultation will occur with the relevant stakeholders and the RIA process followed.

A key feature of this broader immunisation policy is the provision of support to families of under-vaccinated children. This proposal will allow future flexibility, should the need arise, for the DoH to obtain updated immunisation status information of children enrolled, with a focus on requesting contact details of those children who have remained under-vaccinated or have fallen behind on their vaccinations after enrolment into child care or kindergarten. With timely, up-to-date, immunisation information on children enrolled in early education services and schools, the DoH can provide supportive referral pathways to families to help in accessing immunisation services.

# Impacts

## Potential impacts of this proposal on the early education and care industry

### Advantages (benefits)

- allows future flexibility for persons in charge of child care services, community kindergartens and schools to access updated information related to the immunisation status of children enrolled
- allows for the DoH to provide support to these families to access local immunisation services, with the aim to increase immunisation rates for children attending child care services, community kindergartens and schools

### Disadvantages (costs)

- should regulations be prescribed in future in this regard, there will be some administrative requirement for persons in charge to request and collect the updated immunisation information from parents/guardians

## Potential impacts of this proposal on families

### Advantages (benefits)

- should regulations be prescribed in future in this regard, in the case of a child who is under-vaccinated, the family will receive support from the DoH to enable better access to local immunisation services

### Disadvantages (costs)

- should regulations be prescribed in future in this regard, there will be some impost on parents/guardians to provide the updated information

## Potential impacts of this proposal on the State Government

### Advantages (benefits)

- should regulations be prescribed in future in this regard, it will enable the DoH to identify and follow up the families of children who are not up to date with their immunisations following enrolment into child care services, community kindergartens and school

### Disadvantages (costs)

- should regulations be prescribed in future in this regard, additional funding for FTE would needed to follow up and case manage families, advise on clinicians on individualised immunisation catch-up schedules, and update the AIR database.

**20** Do you support the provision that the DoH could prescribe another time or times at which a child's updated immunisation certificate needs to be provided by the parent/guardian to the person in charge of the child care service, community kindergarten or school?

*Please select only one item*

Yes  No  Unsure

If 'no' or 'unsure', what do you suggest as an alternative for the DoH to obtain updated information regarding a child's immunisation status?

**21 Do you agree with the listed advantages (benefits) and disadvantages (costs)?**

*Please select only one item*

Yes  No

Please provide evidence to support your views, including any likely overall financial impacts

Can you identify any additional advantages (benefits) and disadvantages (costs)? Please include quantitative evidence of any likely impacts.

## Proposal 5 – Offences for which penalties may be issued

### Objective

To provide for penalties for non-compliance with the legislation.

### Proposal

In addition to the new offence outlined under Proposal 1 (see Section 8.1 of Discussion Paper), there are two additional relevant offences:

1. amendments to section 254 of the Act will clarify that it is an offence for a person to give false or misleading information in respect to information regarding a child's eligibility for exemption status as well as their immunisation status. Penalty is a fine of \$10,000.
2. amendments to section 240(1)(d) of the Act will clarify an authorised officer's power to enter and inspect premises where it is reasonably suspected there are documents that relate to a public health risk. A public health risk in this context has been clarified to include a public health risk posed by a child not having been immunised. This is to ensure that the person in charge of a child care service, community kindergarten or school is required to produce immunisation related information for inspection on request by an authorised officer where the information is needed to assist in preventing, controlling or abating a public health risk that might foreseeably arise from a child or children not being immunised against a VPD. It is an offence under the Act for a person to obstruct, or attempt to obstruct an authorised officer in the performance of their duties under the Act. The penalty for this offence is \$10,000.

# Impacts

## Potential impacts of this proposal on the early education and care industry

### Advantages (benefits)

- provides incentive to meet the immunisation requirements, reducing the risk that children at child care services and kindergarten programs will be exposed to VPD

### Disadvantages (costs)

- potential administrative cost required to determine that documentation and other evidence provided to demonstrate eligibility for exemption or immunisation status, are neither false or misleading

## Potential impacts of this proposal on families

### Advantages (benefits)

No advantages (benefits) have yet been identified

### Disadvantages (costs)

No disadvantages (costs) have yet been identified

## Potential impacts of this proposal on the State Government

### Advantages (benefits)

- strengthens the government's ability to properly investigate and address public health threats posed by VPDs

### Disadvantages (costs)

- potential administrative cost required to determine that documentation and other evidence provided to demonstrate eligibility for exemption or immunisation status, are neither false or misleading
- where required, additional resourcing will be needed to investigate and enforce penalties for non-compliance
- ECRU may be required to assist in such investigations, which will require resourcing

**22 Do you support the offences for non-compliance?**

*Please select only one item*

Yes  No  Unsure

If 'no' or 'unsure', what do you suggest as an alternative for non-compliance with these requirements?

**23 Do you agree with the listed advantages (benefits) and disadvantages (costs)?**

*Please select only one item*

Yes  No

Please provide evidence to support your views, including any likely overall financial impacts

Can you identify any additional advantages (benefits) and disadvantages (costs)? Please include quantitative evidence of any likely impacts.

## Closing Questions - additional proposals or comment

**24** Can you identify any additional regulatory proposals to be considered or any other way of achieving higher immunisation rates for young children in WA?

Please provide details and supporting evidence where possible

**25** Do you have any additional comments in relation to the proposed Bill to strengthen immunisation enrolment requirements for child care services and kindergarten programs?

Please provide details and supporting evidence where possible