



New Jersey Early Intervention System **Guidance for Early Intervention Providers for the** **2013-2014 Flu Season**

The purpose of this guidance is to inform Early Intervention Program (EIP) Provider Agencies and EIP practitioners about influenza to better enable them to institute policies to limit the spread of influenza among EIP practitioners and the families they serve. In addition to this guidance issued by the Department of Health, New Jersey Early Intervention System (NJEIS), provider agencies must have written policies and procedures on standard infection control. The most up-to-date information on influenza can be found at <http://flu.gov/>. Additional sources for information include <http://nj.gov/health/flu/> and <http://www.cdc.gov/flu/>.

- Background on Influenza
 - Precautions to prevent transmission of seasonal influenza. Typical symptoms of seasonal influenza include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue.
 - The severity of infection can be variable and range from mild illness to severe pneumonia or even death.
 - Certain individuals, including those younger than 5 and those with underlying health conditions, have a higher risk of developing complications from influenza.
 - Since very young children and those with underlying neurological conditions may not be able to alert their caregivers to their symptoms, there may be a delay in identification of the disease or in noting worsening of symptoms, thus increasing the likelihood of complications.
 - Children under 5 and adults with certain health conditions may benefit from early diagnosis and treatment. As such, EIP practitioners should be encouraging the family to call their health care provider at the onset of symptoms.
- Relevance of seasonal influenza to EIP practitioners
 - EIP practitioners routinely work with a population (children under 5, children with chronic health conditions, and children with neurological conditions) that are at a higher risk of complications from influenza.
 - EIP workers who are pregnant or have underlying health conditions are at a higher risk of developing complications if infected.
- Preventing Infection and Transmission
 - Vaccination
 - The best way to prevent getting the flu is to receive the seasonal influenza vaccine.
 - The CDC recommends that everyone, 6 months or older receive the seasonal influenza vaccine.
 - Priority groups for the vaccine are :
 - Individuals who live with or provide care for infants <6 months
 - Health care workers, including those individuals licensed by a health-related board, and emergency medical services personnel
 - Pregnant women
 - Everyday preventative measures
 - Influenza is spread through contact with respiratory droplets (such as coughing in someone's face or touching one's mouth, nose or eyes after touching an object that was coughed on by an ill person.
 - All individuals, whether sick or well, should wash their hands for 20 seconds on a frequent basis, especially after coughing or blowing one's nose, before touching one's face and before eating. If soap and water are not available, an alcohol-based hand cleaner would also be effective (<http://www.cdc.gov/handwashing/>).
 - Always use cough etiquette (<http://www.cdc.gov/flu/protect/covercough.htm>).
 - Use a tissue to cover one's nose and mouth when coughing or sneezing.
 - Cough into one's elbow.

- Avoid touching one’s nose, mouth or eyes.
- Avoid contact (within 6 feet) with an individual who is ill.
- EIP Practitioners should remind children and families about the importance of hand washing and cough etiquette.
- Limit materials brought into the home and other community settings.
 - Toys and materials have the potential to transmit infection between children so, whenever possible, EIP practitioners should use toys/props and materials found in the settings where services are being delivered.
 - If materials/toys/props must be brought into the service setting, they should be either disposable (such as a paper towel instead of a handkerchief) or made of a hard, non-porous material that can be cleaned.
 - Porous materials such as tennis balls, ropes, etc... should not be brought into a service setting unless they are disposed of after the visit.
 - Any materials/toys/props brought into a service setting must be washed with water and detergent, rinsed, and then sanitized prior to being used by another child. There are numerous resources which offer guidance on this topic, one of which is: <http://www.cdc.gov/flu/school> . These sites are supplied as a reference to you and the Department acknowledges that there are other resources and methods which you may refer to in developing any protocols.
 - It is incumbent on the EIP provider agency to choose and implement an appropriate protocol that addresses **cleaning, sanitizing and disinfecting** materials/toys/props. This protocol should be safe and non-toxic for children.
- Exclusion period for EIP practitioners
 - EIP practitioners who develop a flu-like illness (Temperature>100°F or 37.8°C with cough or sore throat) should be excluded from work until at least 24 hours after they no longer have a fever, without the use of fever-reducing medicines. This exclusion period, however, is longer when working with severely immunocompromised individuals. In that case, EIP practitioners who develop a flu-like illness (Temperature>100°F or 37.8°C with cough or sore throat) should not provide direct services to severely immunocompromised individuals for at least 7 days after the onset of the EIP practitioner’s symptoms or 24 hours after resolution of symptoms, whichever is longer.
 - <http://nj.gov/health/fhs/documents/njeis-03.pdf>, NJEIS Substitution Policy and Procedures, should be considered to temporarily reassign a practitioner to a family when appropriate.
 - EIP practitioners who have been ill with a flu-like illness should be reminded about the importance of hand hygiene and cough etiquette when they return to work.
- Exclusion period for families
 - Families should be instructed to cancel their appointment with an EIP practitioner if anyone in the household has flu-like symptoms.
 - EIP practitioners can return to the home when all household members have been free of fever (>100°F or 37.8°C) or signs of a fever, without the use of fever reducing medications, for at least 24 hours.
- Plan in advance for potential disruption of services
 - Agencies should establish a plan to continue operations in the face of a large number of staff absences.
 - Review and, if needed, revise sick leave policy to decrease barriers to ill staff members staying home to care for themselves or an ill family member (e.g., waiving a requirement for a doctor’s note to return to work or to validate the illness).
 - Develop a strategy to attempt to make-up missed appointments.
 - EIP practitioners must be providing the family with activities that can be done should there be a disruption of services.