



WIC In-Person Clinic Operations During COVID-19

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Contact health.communications@state.mn.us to request an alternate format.



Local agencies should work with agency leadership to develop a COVID-19 WIC Clinic Preparedness Plan. The following is suggested guidance to implement before serving WIC participants in-person. This plan does not need to be submitted to Minnesota WIC, but please reach out to your state consultant for any additional guidance. Alert the state office if you are returning to in-person visits before the waivers expire.

Outline of COVID-19 WIC Preparedness Plan

Service should prioritize the safety of staff and participants and consider the status of COVID-19 spread in your community. Use waivers as long as they are available to provide remote services.

As your agency plans to provide safe WIC services when waivers are no longer in place, collaborate with local public health leadership to understand local infection prevention protocols and recommendations, along with your own organization's policies. Consider a phased approach to resuming in-person services. Use your WIC grant to cover COVID infection prevention measures (e.g., personal protective equipment—PPE, plexiglass, tables that provide appropriate distancing). It may also be helpful to identify additional funding sources that are available to help respond to the pandemic (i.e., local, state, or federal funds).

The following topics should be included in your COVID-19 WIC Preparedness Plan:

- Implement Infection Prevention Measures;
- Cleaning and Disinfecting;
- Identifying and Isolating Potentially Infectious Individuals;
- Communication; and
- Training.

The information that follows can help your WIC agency develop a comprehensive, customized plan.

Planning Resources:

- MNOSHA Workplace Safety Consultation at 651-284-5060 or OSHA.consultation@state.mn.us
- [DLI: COVID-19 Preparedness Plan Template and Instructions \(https://www.dli.mn.gov/updates\)](https://www.dli.mn.gov/updates)

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- [MNOSHA PowerPoint on Guidance for Public Sector Facilities \(https://www.dli.mn.gov/sites/default/files/pdf/COVID-19_public_sector_admin_facilities_preparedness_plan_guidance.pdf\)](https://www.dli.mn.gov/sites/default/files/pdf/COVID-19_public_sector_admin_facilities_preparedness_plan_guidance.pdf)

Implement Infection Prevention Measures

Physical Space

GENERAL

- Follow cleaning and disinfecting recommendations for all spaces (see [Cleaning and Disinfecting](#) section).
- Evaluate each clinic location to determine the needs for the physical environment and the feasibility of maintaining a safe environment.

BUILDING AND CLINIC ENTRANCES

- Display COVID-19 messages and education (see [Communication](#) section).
- Limit clinic or building entrances to one location.
- Screen for COVID-19 signs and symptoms at building entrance. Encourage hand washing or sanitizer when entering the building or clinic (see [Identification and Isolation](#) section).

RECEPTION AND WAITING AREAS

- Direct traffic flow in one direction down hallways and in/out of clinic.
- Provide supplies for staff and participants, such as masks, single-use gloves, tissues, 60-95% alcohol-based hand sanitizer, soap at sinks, and trashcans.
- Place groups of waiting room chairs 6 feet apart when possible. Consider using physical barriers, such as glass or plastic windows.
- Place markings on the floor to encourage participants to stay 6 feet apart.
- Remove toys, reading materials, or other communal objects. If you choose to continue making toys available, clean and disinfect after each use.

WIC CLINIC

- Increase physical space between WIC staff and participants in lab area and office space.
 - Configure counseling rooms to create distance. If space allows, place a physical barrier (e.g., table) in front of desks to increase space between staff and participants. If space does not allow for social distancing, consider using a larger location temporarily.

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WIC IN-PERSON CLINIC OPERATIONS DURING COVID-19

- Use barriers to reduce or eliminate exposures by shielding staff, such as plexiglass or sneeze guards.
- Use physical barriers (e.g., child gate) to discourage children from approaching staff.
- Clean and sanitize between each group of participants (see [Cleaning and Disinfecting](#) section).

Sources:

- [CDC: Get Your Clinic Ready for COVID-19 \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html)
- [AAFP Checklist to Prepare Physician Offices for COVID-19 \(https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/COVID-19%20Office%20Prep%20Checklist.pdf\)](https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/COVID-19%20Office%20Prep%20Checklist.pdf)

Protective Equipment

PARTICIPANTS

- Ask participants to wear a cloth face covering or mask to appointments for source control.
 - Face masks are not recommended for children under the age of 2, those who can't reliably wear one, or those with medical contraindications.
- Ask participants to perform hand hygiene at the beginning and end of the WIC visit. Hand hygiene can be performed by hand washing or using sanitizing hand rub.

WIC STAFF

- WIC staff should wear the appropriate protective equipment during in-person WIC visits with participants, in addition to social distancing, when possible. See the [Training](#) section for more information on the proper use of PPE.
 - If the participant(s) wears a mask: WIC staff wears a cloth mask or surgical mask.
 - If the participant(s) doesn't wear a mask: WIC staff wears a surgical mask and eye protection (such as goggles or face shield).
 - WIC staff should continue to wear single-use gloves for hemoglobin testing (including hand hygiene before and after glove wearing).
- Hand hygiene is performed at the beginning and end of the WIC visit.
- While conditions require [conserving PPE](#), masks in good condition can be stored in a paper bag to be used at another time.

Sources:

- [CDC: Strategies to Optimize the Supply of PPE and Equipment \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html)

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- [MDH COVID-19 Guidance Library](https://www.health.state.mn.us/diseases/coronavirus/guidance.html#ppe)
(<https://www.health.state.mn.us/diseases/coronavirus/guidance.html#ppe>)

Clinic Flow and Operations

SCHEDULING

Limit the number of in-person appointments.

- Triage participants to determine need for presence in WIC clinic. Need is based on whether physical presence is required, as well as height, weight, and hemoglobin requirements. Complete all other certifications and recertifications remotely. Use the following criteria for triage:
 - Physical presence is required at certifications and recertifications per federal regulations. Federal regulations include exceptions for physical presence when the applicant is a qualified individual with disabilities and is unable to be physically present at the WIC clinic because of their disabilities, or for an applicant whose parents or caretakers are individuals with disabilities. Staff may use height, weight, and hemoglobin measurements from the health care provider to remotely certify an individual in these situations. Examples of such situations include:
 - A medical condition that requires the use of medical equipment that is not easily transportable;
 - A medical condition that requires confinement to bed rest; and
 - A serious illness that may be exacerbated by coming to the WIC clinic (e.g., suspected or confirmed COVID-19 case in the household or isolation due to exposure, or an individual/member of the household at risk of complications from COVID-19).
 - There are additional physical-presence exceptions for infants and children. Staff may use current height, weight, and hemoglobin measurements from the health care provider to remotely certify an infant/child who meets one of the following criteria:
 - Was present at their first certification appointment and who is receiving ongoing health care;
 - Is an infant under the age of 8 weeks, and cannot be present at certification for a reason determined appropriate by the local agency; or
 - Was at their first certification appointment, seen at the WIC clinic within the past 12 months and have one or more working parents.
 - Document the physical-presence exception. Select the appropriate reason in the information system drop down.

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WIC IN-PERSON CLINIC OPERATIONS DURING COVID-19

- Physical presence is not required for mid certifications. Best practice is to use referral height, weight, and hemoglobin measurements to complete the appointment remotely during the COVID response period. Otherwise measurements need to be obtained in clinic.
- Complete all additional nutrition education remotely.
- Use remote options for WIC functions like collecting required signatures rather than scheduling an appointment. Signatures can also be deferred until the next in-person appointment.

Limit the number of individuals in clinic at one time.

- Consider limiting in-person clinic contact to height, weight, and hemoglobin measurements and complete the rest of the appointment remotely via phone or video.
- Stagger appointments to limit people in clinic at one time. When possible, have participants call to check in when they get to the parking lot to help limit the time in clinic. Have participants wait in a personal vehicle or outside the WIC clinic, and contact them by mobile phone when it is time for their appointment.
- Limit non-participant visitors and additional family members. Schedule appointments for a time when child care is available for other children.

Additional scheduling considerations.

- Issue an additional month of benefits when the information system allows it. Provide the last set of benefits, which will have a “printed first date to use” (PFDTU) in the month their certification ends, and schedule the recertification for the following month. For example: Child’s certification end date = 6/30/2020. Issue benefits with PFDTU between 6/1/2020 and 6/30/2020. Recertify in July.
- Instruct participants to reschedule their appointment or ask about serving them in an alternative way if they or a family member develops fever or symptoms of COVID-19.
- Evaluate appointment scheduling to allow flexibility for screening at the building entrance or rescheduling an appointment due to COVID-19 symptoms. Create space between appointments to allow for cleaning and disinfecting.
- Consider a plan to address walk-ins.

STAFFING

- Involve WIC staff in discussions and planning for reopening WIC clinic operations to include their input and concerns in planning.
- Arrange for staff to work remotely on a rotating basis to allow fewer staff and participants in clinic. Consider operating at 50% capacity for in-person services to limit the number of people in the WIC clinic.

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- Explore staggering staff schedules and work hours to reduce number of individuals in the clinic space at one time.
- Use curbside service for tasks such as issuing breast pumps, medical formula, or WIC Cards. Signatures could be obtained curbside also.
- If staffing becomes an issue, contact your state WIC consultant as soon as possible. **Sources:**
- [CDC: Get Your Clinic Ready for COVID-19 \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html)
- [Minnesota WIC Operations Manual \(MOM\) \(https://www.health.state.mn.us/people/wic/localagency/program/mom/toc.html\)](https://www.health.state.mn.us/people/wic/localagency/program/mom/toc.html)

Cleaning & Disinfecting

- Develop a plan for cleaning and disinfecting in your WIC clinic. Consult with building and facility staff on cleaning practices and routines.
- Routinely clean and disinfect all areas, such as offices, bathrooms, waiting rooms, and shared electronic equipment. Include doorknobs and light switches. Use approved cleaning products and the recommended sanitation PPE.

Sources:

- [CDC: Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes \(https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html)
- [CDC: Get Your Clinic Ready for COVID-19 \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html)
- [Topaz Signature Pad Cleaning, page 12 \(https://topazsystems.com/userguides/Topaz_Universal_User_Guide.pdf\)](https://topazsystems.com/userguides/Topaz_Universal_User_Guide.pdf)
- [CDC: Cleaning and Disinfecting your Facility \(https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)
- [EPA-approved disinfectants for COVID-19 \(https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2\)](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

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Identifying and Isolating Potentially Infectious Individuals

- Review WIC staff sick leave policies and protocols for report staff illness. If staff feel ill, they should stay home. Consider remote working options to interact with WIC clients when possible. Have a plan for backup staffing if an employee needs to self-isolate or becomes ill.
- Advise WIC participants to stay home if they are feeling ill or exhibiting COVID-19 signs and symptoms. Offer WIC services remotely, if possible.
- Determine appropriate health screening based on local agency protocols for participants and staff. Screening may include advising temperature checks prior to visiting WIC, asking about symptoms before the visit, and/or screening for symptoms when arriving at the WIC clinic. Refer individuals presenting symptoms to COVID-19 testing.
 - MDH [Visitor and Employee Health Screening Checklist](#) in *Social Distancing* section
 - [WI WIC Sample Screening Questions](#)
- Plan for responding to participants presenting with COVID-19 signs and symptoms at the WIC clinic. These individuals should be isolated and directed to exit the facility as soon as possible. Offer WIC services remotely, if possible.

Sources:

- [OSHA COVID-19 Control and Prevention \(https://www.osha.gov/SLTC/covid-19/controlprevention.html\)](https://www.osha.gov/SLTC/covid-19/controlprevention.html)
- [CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)
- [MDH Visitor and Employee Health Screening Checklist \(https://www.health.state.mn.us/diseases/coronavirus/businesses.html\)](https://www.health.state.mn.us/diseases/coronavirus/businesses.html)

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Communication

- Consider using a variety of communication methods to promote health messages, such as prominent signage, social media, agency website, phone reminders, clinic voicemail, and electronic communication.
 - Provide the information in languages besides English, as appropriate for the WIC agency. Many [MDH COVID-19 materials](#) are available in multiple languages.
 - Use LanguageLine or a fluent phone interpreter to ensure that participants limited in English proficiency fully understand verbal communication.
 - Communicate how your agency will keep staff and participants safe (e.g., by postings at building entry points or on your website).
- Display and make available COVID-19 materials for staff and WIC participants.
 - Communicate any safety requirements to participants before they arrive at the WIC clinic (e.g., health screening, face coverings, etc).
 - Post guidance regarding requirements or recommendations for building visitors, such as health screening, social distancing, waiting room etiquette, face coverings, etc.
- Promote hand hygiene and cough etiquette.
 - Clearly display hand-sanitizer stations and handwashing facilities.
 - Post handwashing and “cover your cough” [signs](#).

Sources:

- [MDH Materials and Resources for COVID-19 Response](https://www.health.state.mn.us/diseases/coronavirus/materials/index.html) (<https://www.health.state.mn.us/diseases/coronavirus/materials/index.html>)
- [CDC COVID-19 Social Media Toolkit](https://www.cdc.gov/coronavirus/2019-ncov/communication/social-media-toolkit.html) (<https://www.cdc.gov/coronavirus/2019-ncov/communication/social-media-toolkit.html>)
- [CDC COVID-19 Print Resources](https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html) (<https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html>)
- [NWA COVID-19 Resources](https://www.nwica.org/covid-19-resources) (<https://www.nwica.org/covid-19-resources>)
- [MDH Hand Hygiene Print Materials](https://www.health.state.mn.us/people/handhygiene/materials.html) (<https://www.health.state.mn.us/people/handhygiene/materials.html>)

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Training

- Educate staff on COVID-19 risk factors and infection control measures.
 - Train staff on COVID-19 disease transmission and the importance of wearing masks.
 - Train staff regarding correct usage of personal protective equipment (PPE).
- Provide resources that promote personal hygiene practices, such as handwashing and workstation sanitization.
- Employees who are ill must stay home. Instruct on your agency's sick leave policies that are flexible and non-punitive.
- Provide information about how to report concerns or unsafe practices such as call the Minnesota Helpline 651-297-1304 or 1-800-657-3504.

Sources:

- [How to Use Masks During the Coronavirus Pandemic \(https://www.scientificamerican.com/article/how-to-use-masks-during-the-coronavirus-pandemic/\)](https://www.scientificamerican.com/article/how-to-use-masks-during-the-coronavirus-pandemic/)
- [CDC: Using Personal Protective Equipment \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)
- [CDC: Interim CDC Guidance on Handling Non-COVID-19 Public Health Activities that Require Face-to-Face Interaction with Clients in the Clinic and Field in the Current COVID-19 Pandemic \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-covid-19-client-interaction.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-covid-19-client-interaction.html)

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Appendix: Sample Screening Questions

Sample COVID-19 Screening Questions for Participants Entering the Building

1. In the past 3 days have you or someone in the household had fever, chills, new cough, shortness of breath, new sore throat, new muscle aches, new headache, and new loss of taste or smell?
2. Have you or anyone in your home been diagnosed with COVID-19 or advised that you/they had it? If so, when? (If less than 3 weeks before, verify that the person has been released from home isolation and has been symptom free for 3 or more days.)
3. Have you been near someone who tested positive for COVID-19 in the last 2 weeks?

If yes to any of the questions, the participant may not come in for their WIC appointment. Refer them to their health care provider. Follow scheduling suggestions as described above.

Questions adapted from WI WIC 'Transitioning back to WIC In-Person Services during COVID-19 Pandemic'

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