

Frequently Asked Questions (FAQs) Regarding the Reopening of WIC Clinics

To provide an opportunity for state and local WIC agencies to learn from one another about the process of reopening of WIC clinics during the COVID-19 pandemic, the National WIC Association (NWA) held a webinar entitled “Preparing for Reopening: Considerations for Adjusting WIC Clinic Operations throughout COVID-19” on May 19, 2020. A survey was sent out to webinar registrants the week prior to the webinar to collect questions and concerns related to reopening, so that the contents of the webinar were made relevant and instructive to the WIC community.

An unexpected amount of responses (475) were collected from the survey, indicating an urgent need for more comprehensive guidance for local WIC agencies to ensure a safe reopening while maintaining normal services and caseloads. NWA staff narrowed down the hundreds of questions submitted through the survey to a list of 15 frequently asked questions (FAQs) listed below.

1. What thresholds are different states using to determine when to reopen?
2. Is reopening a specific WIC program the state WIC agency’s decision or the sponsoring agency’s decision? What should we do if agency procedures are less strict than state guidelines?
3. Are there guidelines on how to keep breastfeeding peer counseling processes, weighing and measuring infants, and interpreters safe? What types of PPE are recommended?
4. Should there be any shifts of job responsibilities (e.g., are CPAs responsible for health screening?)
5. Should WIC staff be tested for COVID-19?
6. What are suggestions for managing staff anxiety?
7. What are suggestions for what to do after getting home from a shift at the WIC clinic (to ensure other members of my household remain safe)?
8. How do you recommend screening participants for illness prior to entering WIC clinic? Are there standard COVID-19 screening questions recommended before participants enter the clinic? Should we check temperature for everyone entering the WIC clinic?
9. What are some suggestions for managing participant anxiety? How can we encourage participants to come back to office after they have experienced getting services remotely?
10. What are some suggestions for maintaining social distance between local agency staff members and participants, especially when there is limited office space and large amount of participants?

11. What are recommendations for controlling entrance into the clinic if it is not feasible to have a separate security/screening person?
12. Are there guidelines on safety measures for children?
13. Are there standard protocols for sanitizing surfaces and washing hands?
14. Are plexiglass barriers recommended?
15. What is the best way to communicate your operational work plan with participants?

NWA staff compiled answers to these questions based on information provided to us by the Reopening webinar panelists (Berry Kelly, Director of South Carolina WIC, Melinda Morris, Director of Boulder County WIC in Colorado, and Jody Shriver, Director of Muskingum County WIC in Ohio) and members of NWA's Board of Directors as well as guidance published by the Centers for Disease Control and Prevention (CDC). Please keep in mind that the answers to some of these questions are specific to a state, county, or city so we encourage you to refer to your state and local guidance in addition to the answers below.

FAQs

1. *What thresholds are different states using to determine when to reopen?*

Each state WIC agency will base their reopening schedule on the plan enacted by their governor. Most [state plans](#) involve multiple phases, and WIC clinic reopening will fall into one of the phases. No state has reported that WIC clinics should reopen in the first phase of a state reopening plan. Similar to each governor's office, the state WIC agency and/or sponsoring agency may also develop a phased plan for returning employees to the workplace. The early phase(s) will involve minimizing face-to-face time as much as possible, followed by phase(s) with a combination of in-person and remote services for participants. WIC agencies may also opt to open larger primary sites first, followed by satellite clinics later on.

2. *Is reopening a specific WIC program the state WIC agency's decision or the sponsoring agency's decision? What should we do if agency procedures are less strict than state guidelines?*

Whether or not a local agency reopens tends to be the decision of the sponsoring agency (i.e. city or county health department, nonprofit organization, or other entity). If a sponsoring agency is moving to reopen faster than the state agency, we encourage the state agency to support remote services at the local WIC agency for as long as possible under federal

waivers. Generally, in counties that are permitted to reopen, WIC agencies are not *required* to reopen, they are *allowed* to. In these instances, it is important for the local WIC agency to communicate their needs to the sponsoring agency and provide documentation for why the local agency wishes to continue providing remote services.

3. *Are there guidelines on how to keep breastfeeding peer counseling processes, weighing and measuring infants, and interpreters safe? What types of PPE are recommended?*

Agencies should continue to limit face-to-face interactions with the public to the maximum extent possible. Peer counselors should continue providing remote services via phone and video calls, and WIC agencies should obtain anthropometric and hemoglobin data from healthcare providers if possible. When face-to-face interactions are required, agencies should follow minimum protective guidelines, ensuring that:

- Both the WIC employee and participant (if they are over age 2) wear cloth face coverings throughout the interaction (WIC employees may also be encouraged to wear surgical masks, face shields, goggles, and/or nitrile gloves);
- There is one area within the office where all face-to-face meetings with participants are conducted;
- This area is wiped down with disinfecting solutions or wipes after each meeting is concluded and before another meeting is held and is thoroughly cleaned each evening (See **Question 13** for more information);
- Areas where face-to-face meetings are being held have clear social distancing markings;
- Only scheduled appointments are allowed (no walk-ins); and
- Participants are instructed to call a designated number upon arrival outside the clinic (See **Question 11** for more information).

4. *Should there be any shifts of job responsibilities (e.g., are CPAs responsible for health screening?)*

WIC agencies may consider shifting job responsibilities so that only one person manages collecting anthropometric and hemoglobin measurements, reducing the need for PPE and leaving more staff available to manage phone calls.

5. *Should WIC staff be tested for COVID-19?*

If free testing is available in your state, employees should be encouraged to get tested. This is especially true if they have recently engaged in activities where they may have been exposed to COVID-19.

Employees should be encouraged to stay home when sick or if they have been instructed by a health professional to quarantine due to close contact with someone with COVID-19.

Agencies should take extra precaution with employees who are at [higher risk of severe complications](#) associated with COVID-19 infection.

If an employee who has returned to the workplace contracts COVID-19, the state's infectious disease agency should notify fellow employees. Employees exposed to a coworker with confirmed COVID-19 should monitor themselves for symptoms and may be recommended for a 14-day quarantine.

If an employee has a member of their household who tests positive for COVID-19, the employee should notify their HR department before reporting to the workplace.

6. *What are suggestions for managing staff anxiety?*

Some of the best ways to ameliorate anxiety are to provide strong guidance, open communication, and ongoing support. Guidance should assure staff that face-to-face time with participants will be minimized. In communications with staff, it is important to acknowledge fear and anxiety and also provide support, strategies, and resources. Taking care of yourself and being a good role model is also a great way to communicate the importance of self-care to your staff. Plan to check-in with staff regularly, asking them how they are doing and taking the time to listen. Express your appreciation for what they are doing.

When necessary, refer staff members to your employee assistance program or a local mental health agency. Some states and municipalities have a free COVID-19 stress line for people to call and talk to someone about their stress and anxiety related to COVID-19. Your state, county, or city health department website should have information about these helplines.

7. *What are suggestions for what to do after getting home from a shift at the WIC clinic (to ensure other members of my household remain safe)?*

To help protect other members of your household from COVID-19 exposure, you can take the following precautions:

- Remove your clothes in your garage, bag them, and take them to your laundry room
- Go directly to the shower
- Follow [CDC guidance](#) on disinfecting your home.

8. *How do you recommend screening participants for illness prior to entering WIC clinic? Are there standard COVID-19 screening questions recommended before participants enter the clinic? Should we check temperature for everyone entering the WIC clinic?*

Before coming to the clinic, participants should be asked (by phone, email, or text) if they feel unwell with any symptoms consistent with COVID-19 or if they have been in close

contact with a person who has COVID-19. Symptoms include cough, high temperature, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

WIC agency staff should also ask if other members of the participant's household may be at greater risk of transmitting infection or having complications if infected with COVID-19 (e.g., those who have a weakened immune system, over the age of 65 years, have chronic health conditions such as heart disease, lung disease, or diabetes, or [other COVID-19 risk factors](#)).

If the response is yes to any of the questions above, the staff should not conduct the face-to-face visit and proceed with an alternative mode for the visit (i.e. telephone and/or video communication).

If the response is no to all of the questions above, and the decision is made that an in-person appointment is within the best interest of the family, then staff should continue to take precautions to prevent the spread of COVID-19.

Once a participant and/or their family arrives at the clinic, it is recommended to perform temperature checks and an additional assessment of symptoms prior to participant/family entry to the clinic. It is an option to ask a parent to take their child's temperature rather than the WIC staff person taking the child's temperature. If you are taking multiple people's temperatures, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check. If any family member displays symptoms or has a fever of 100.4 degrees F or above, then they unfortunately must be turned away and offered a remote appointment instead.

9. *What are some suggestions for managing participant anxiety? How can we encourage participants to come back to office after they have experienced getting services remotely?*

Similar to managing staff anxiety, communication is key to ameliorating participant anxiety. Communicate clearly what measures are being taken to minimize the spread of COVID-19 at your clinic. This includes minimizing face-to-face time, conducting the majority of certification procedures over the phone, minimizing exposure to other participants and staff members, and the use of PPE and sanitizing procedures. You could also ask participants for ideas about what would make them feel more comfortable and try your best to take their suggestions. In many cases, people want to be heard and understood.

10. *What are some suggestions for maintaining social distance between local agency staff members and participants, especially when there is limited office space and large amount of participants?*

Suggestions for maintaining social distancing between staff members and participants include:

- Modify waiting areas: Remove chairs and face remaining chairs outwards, to maintain a six feet social distancing policy (See **Question 12** for more information on how to protect children in waiting areas).
- Use signs and/or floor markers to indicate spacing and clinic flow.
- If possible, use an “open room” clinic where the staff and participants are all together in one room, just at different tables. Please keep in mind that it will be harder with this set-up to maintain participant confidentiality.
- If possible, use outdoor spaces such as parking lots. This may be for all WIC services or just for some WIC services (such as handing out eWIC cards or breast pumps).
- Limit the number of participants who come in at any one time by scheduling fewer appointments. When participants are in the clinic, focus on the in-person necessities (e.g., anthropometrics and hemoglobin) and provide all other services (e.g., certification, nutrition education) remotely.
- Schedule necessary face-to-face time in 10-minute increments, with time between each appointment. An additional 30 minutes should be added for in-person certification visits. This additional time will allow for certifiers to screen the family prior to the visit (15 minutes) and to clean the clinic area between appointments (15 minutes).
- To reduce the number of participants in the clinic at any one time, consider extending your clinic hours to include nights and weekends.
- Ask people to wait in their car or outside the clinic if there is not enough room in the clinic. If possible, escort participant(s) from the entrance to the office to minimize foot traffic.

11. *What are recommendations for controlling entrance into the clinic if it is not feasible to have a separate security/screening person?*

This may involve locking the door to ensure that only a certain number of people enter the clinic at one time. Outside the door, provide signage describing:

- Why the doors are locked (i.e. WIC is limiting the number of people inside the clinic due to COVID-19)
- Mask requirements
- Number to call to be admitted into the clinic

WIC staff can call the participant(s) to enter the clinic when there are sufficiently few people inside.

12. Are there guidelines on safety measures for children?

Below are safety considerations specific to young children (from [CDC](#)):

- Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.
- Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.
- Toys that can be put in the mouth should be cleaned and sanitized.
- Toys that cannot be cleaned and sanitized should not be used.
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.
- Information about [COVID-19 in](#) children is somewhat limited, but the information that is available suggests that many children have mild symptoms. However, a small percentage of children have been reported to have more severe illness. WIC staff should ask parents if their children have underlying health conditions, which may put them at greater risk of severe illness from COVID-19.

13. Are there standard protocols for sanitizing surfaces and washing hands?

WIC clinic staff should:

- Minimize touching frequently touched surfaces within the clinic space.
- Avoid touching eyes, nose, and mouth while at work.
- Wash their hands with soap and water for at least 20 seconds before and after each appointment or use a hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- While wearing gloves, wipe down doors, keypads, and counters with disinfecting spray or wipes in between each appointment.
- Minimize the number of forms being passed back and forth between staff and participants by providing as many forms online as possible and accepting electronic signatures. If forms do need to be exchanged, provide hand sanitizer for participants and staff to use and disinfect pens between uses.

You may consider extending your clinic hours and/or adjusting shifts to allow time for cleaning. More [specific cleaning/sanitizing instructions](#) are available from CDC.

14. Are plexiglass barriers recommended?

Plexiglass barriers are one option for reducing the risk of spreading COVID-19, but social distancing and PPE are also effective options. It is important to note that plexiglass barriers will not fully protect clinic staff, as in-person contact is required for weights, measurements, and hemoglobin testing.

15. What is the best way to communicate your operational work plan with participants?

Please consider the following strategies for communicating plans with participants:

- One pager flyer
- Phone call
- Text message
- Email
- Social media
- WIC agency/parent agency website
- WIC Shopper App or other apps

In all communications, it is important to be clear and consistent. If you need additional assistance in your communications and outreach efforts around reopening, please reach out to the NWA Communications Team, Natalie Moran (nmoran@nwica.org) and Whitney Carlson (wcarlson@nwica.org).