

**SOUTH CAROLINA WIC**  
**DISASTER PREPAREDNESS**  
**And**  
**CONTINUITY OF OPERATIONS PLAN**  
**(COOP)**

## WIC SERVICES COOP FOR HUMAN PANDEMIC

In the event of a pandemic, the priority of the WIC Program will be to assure that delivery of food benefits to the eligible women, infants and children continues with as little disruption as possible. While providing WIC services, efforts to minimize the risk of infection among staff and clients must be implemented. In addition, WIC staff must be knowledgeable about transmission and intervention.

### **Determining a Human Pandemic**

A human pandemic is defined as a disease or virus such as influenza that appears and which the human population has no immunity and spreads around the world. The United States Department of Health and Human Services and the Department of Homeland Security are the lead Federal agencies in declaring and responding to a human pandemic. In turn, recommendations are made to States as to the most effective strategies to reduce the spread and severity of the pandemic. In South Carolina, the Department of Health and Environmental Control (DHEC) provides guidance and recommendations as to whether WIC services should continue or be discontinued to slow the spread of a disease. Regions or individual clinic sites cannot make this decision independent of the state office.

Staff in the WIC State Office have very little physical contact with WIC participants, the primary consideration for coping with a pandemic would be staff shortages. WIC state office will follow SCDHEC guidelines for prophylaxis, including routine hand washing, sanitizing, etc. The State WIC Director will access availability of staff statewide and request resources to assure that state office required activities are performed.

### **Policies**

Current WIC policies related to influenza pandemic event are the following:

1. In the event participants present to the clinic with suspected Influenza like Illness (ILI), staff should follow the “Guidance for the Control of Transmission of Respiratory Infections” posted on the DHEC Intranet site.
2. Participants who call-in sick reporting ILI should be discouraged from coming into the clinic and be informed that they are eligible to receive one month of benefits by mail. Please assure that the WIC participant has an accurate current physical address (no PO Box).
3. Nutrition education can be provided by use of the online web-based Nutrition Education (WIChealth.org). The Certified Professional Authority (CPA) should assess each participant to determine if web-based nutrition education is suitable for the participant. Use of the Kiosk machines (Touch Screen and computers) at the clinic site may not be appropriate during a pandemic.

The United States Department of Agriculture/Food and Nutrition Services (USDA/FNS) WIC Program regulations provide flexibility with regard to physical presence, adjusting certification periods and mailing of food benefits that includes the following:

1. State agencies may extend the certification period for breastfeeding women, infants and children by not more than 30 days to accommodate difficulty in scheduling appointments.
2. Persons with a serious illness that may be exacerbated by coming in to the WIC clinic may be exempt from the physical presence requirement (this would also apply if applicants/family members were under a voluntary quarantine).
3. State agencies may approve mailing food benefits to persons who are not scheduled for nutrition education or a second or subsequent certification.
4. State agencies cannot allow issuance of more than a three-month supply of food benefits to participants in order to decrease the number of participants coming in to the WIC clinics in a pandemic flu situation.
5. If it is determined that masks and respirators are necessary for the safety and well-being of WIC Program employees and participants while conducting WIC Program services, the cost of such items would be allowed by WIC.

### **Recommendations to Prevent Influenza Transmission**

1. Enforce respiratory hygiene and cough etiquette.
2. Encourage the practice of covering nose and mouth with tissues when coughing or sneezing for staff and participants.
3. Have face masks available in the event there is a need.
4. Encourage staff and WIC participants to frequently practice hand hygiene (soap and water or hand sanitizers may be used).
5. Staff with fever and or respiratory symptoms should be instructed not to come to work at least 24 hours after there is no longer a fever.
6. Consider offering alternative work place (such as work at home) for staff at risk for complications of influenza.
7. For staff that must come in close contact (i.e. weight, measure infants and children) with WIC participants, it is recommended that the use of a fit-tested disposable N95 respirator is used with participants that are suspected influenza or other respiratory illnesses.