

Reopening WIC Clinics

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Disclaimer: Information contained within this document pertains to an evolving situation and is subject to change. Refer to continued communications and updated online links/resources for the latest information.

1.0 Purpose

- The purpose of this document is to provide WIC Clinics with recommendations and resources to successfully meet clients' needs, maintain client-centered service, and sustain caseload while keeping staff and clients safe as in-clinic services resume.
- Agencies are encouraged to work with their Health Officer, Local Agency Administration, and other stakeholders in establishing and implementing these practices in their agency's COVID-19 Preparedness and Response Plan.
- In addition to this document, management staff are encouraged to become familiar with the requirements outlined in the [Executive Orders \(EOs\)](#) for COVID-19 signed by Governor Gretchen Whitmer, the [MIOSHA COVID-19 Workplace Guidelines](#) and the latest [guidance](#) from the US Centers for Disease Control and Prevention (CDC). Please note this information is continually changed to reflect the most recent updates and should be reviewed accordingly.

2.0 Workplace Infection Control Safety

In accordance with [Executive Order 2020-161](#), businesses must do their part to protect their employees, their patrons, and their communities from transmission of COVID-19. This can be done by implementing robust safeguards to prevent viral transmission.

Every business is required to designate one or more individuals as the worksite supervisor overseeing the implementation, monitoring, and reporting of the COVID-19 control strategies. Local Agency staff should identify who this is within their agency. If an individual has not yet been designated, staff should work to ensure someone is appropriately designated.

WIC staff should work with their emergency preparedness coordinator and local administration to order necessary supplies. Local Health Departments (LHDs) have received instructions regarding where and how to request PPE through the Community Health Emergency Communications Center (CHECC) and the State Emergency Operations Center (SEOC). WIC agencies can cover the costs of staff masks and cleaning supplies. If you are not a part of a local health department and/or are not supported by the organization overseeing the WIC program or for any additional questions please contact the State WIC Division for additional assistance or clarification on how this applies to your agency.

2.1 Social Distancing

Keep everyone on the premises at least six feet from one another to the maximum extent possible, including using controls such as ground markings, signs, and physical barriers, as appropriate.

- i. Ground Markings – Provide visual cues to guide movement and activity.
 - This may include things like restricting elevator capacity with markings, guides for creating “one-way routes” or directing traffic in hallways and additional indicators as applicable to the specific layout of the clinic/agency.
 - Examples may include:
 - Tape on the floors
 - Signs on the walls
- ii. Signs – Post signs at building entrance(s) containing instructions for clients and visitors. These signs may include the following:
 - Instructing clients of their legal obligation to wear a face covering inside the building.

- Informing clients not to enter if they are currently, or have recently been, sick.
- Encouraging proper hand hygiene.

Examples of material and printable posters are available on the [Michigan Department of Labor and Economic Opportunity COVID-19 Workplace Safety Guidance](#), the [CDC Coronavirus Disease 2019](#) website and under the [Signage, Brochures, Fliers and other non-Social Media Messaging](#) section of NWA’s COVID-19 Resource Page.

- iii. Physical Barriers – Install physical barriers at your reception/intake area or other service points requiring physical interaction.
 - This may include barriers using plexiglass, cardboard, tape, markers, or tables, as appropriate.
 - WIC staff should work with their emergency preparedness coordinator and local administration to order barriers.

2.2 Personal Protective Equipment (PPE)

Prepare and require employees to properly use PPE, in accordance with the most updated guidance from [CDC](#) and [OSHA](#).

- i. Information on the differences between cloth or paper face masks, surgical face masks and filtering respirators (i.e. N95) can be found in the [MIOSHA COVID-19 Facemasks vs. Respirators factsheet](#).
- ii. Recommended PPE is determined based on the exposure risk for each employee. Agencies should determine each employee’s risk and supply the appropriate PPE.
 - a. [MIOSHA Exposure Determination](#)

Exposure Determination

- Very High Risk
 - High potential exposure to known or suspected sources of COVID-19
 - Healthcare, laboratory, morgue employees during specific procedures
- High Risk
 - High potential exposure to known or suspected sources of COVID-19
 - Could include - licensed health care professionals, medical first responders, nursing home employees, law enforcement, correctional officers, or mortuary workers
- Medium Risk
 - Jobs that require frequent and/or close contact (within 6 ft) with people who may be infected, but are not known or suspected COVID-19 patients
 - In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from locations with widespread SARS-CoV-2 transmission.
 - In areas where there is ongoing community transmission, workers in this category may have contact with the general public (for example, schools, high-population-density work environments, high-volume retail settings).
- Lower Risk
 - Jobs that do not require contact with people known or suspected of being infected with coronavirus
 - No frequent close contact (within 6ft) with the general public
 - Minimal contact with co-workers



Management staff should continue to review MDHHS, MIOSHA, CDC and OSHA websites, to ensure their workplace policies and procedures are based on the most up-to-date information available

iii. PPE Recommendations by Exposure Determination (as per [MIOSHA](#) recommendations)

Very High & High Risk Exposure

- Workers *shall* wear
 - Gloves
 - Gown
 - Face shield or goggles and
 - N95 or higher respiratory protection

Medium Risk Exposure

- Workers *may* need to wear a combination of
 - Gloves
 - Gown
 - Face mask
 - Face shield or goggles
- PPE worn will depend on results of job task hazard assessment
- Masks are *mandatory* when social distancing and physical barriers are not possible
- Employer may make it mandatory for customers to wear a mask in order to enter their facility

Lower Risk Exposure

- No need for additional PPE beyond what is typically used for job tasks

Note: [Executive Order 2020-147](#) requires that any individual who leaves their home to wear a covering over their nose and mouth when in any indoor public space.

[Executive Order 2020-161](#) recommends considering face shields when employees cannot consistently maintain at least three feet of separation from other individuals in the workplace.

- iv. Supplies of N95 masks and surgical face masks should generally be reserved, for now, for health care professionals, first responders (e.g. police officers, fire fighters, paramedics), and other critical workers who interact with the public.
- v. Additional information on determining exposure risk, implementing exposure controls, PPE recommendations and understanding the different types of face coverings can be found on pages 9-12 of the [MIOSHA/Michigan Department of Labor and Economic Opportunity COVID-19 Workplace Guidelines](#).
- vi. Due to potential shortages of PPE, your agency should consider taking steps to conserve your supply of PPE by:
 - Only using PPE when necessary.
 - Conserving necessary PPE through extended use and limited reuse when applicable.

Suggested Best Practices for WIC-specific functions:

- Staff considered high risk who collect anthropometric/laboratory data, including Lab Techs, and staff performing breastfeeding assessments, including Peer Counselors, IBCLC and other Breastfeeding Support Staff.
 - Surgical face mask, gloves, and face shield. Goggles may be used if a face shield is not available.
- Staff considered medium risk with work requiring frequent contact and/or close contact (within 6ft) with people who may be infected, but are not known or suspected COVID-19 patients, including staff working as CPA, RD, Clerk, Peer Counselors, IBCLC and other Breastfeeding Support Staff .
 - Face mask, or cloth face covering if face mask is not available. Consider wearing gloves.

- Staff considered medium risk with work requiring use of cleaning chemicals for an extended time (as per your Local Agency's OSHA Guidelines)
 - o Face mask or cloth face covering if face mask is not available, thick gloves (follow all safety recommendations from the manufacturer for safe use of the chemicals).
- Staff considered high/medium risk with work requiring close physical contact with people who are ill with any acute illness other than COVID-19
 - o It is recommended clients who are ill be serviced by alternative methods.
 - o If clients must be served in-person, staff should utilize the following PPE: Face mask, gloves, and additional protection such as face shield or goggles if a face shield is not available. Gown or single use coveralls, if possible.
- Staff considered high/medium risk who enter client residences (home visits)
 - o Face mask, or cloth mask if face mask is not available, gloves.

2.3 Client Face Coverings

Per [Executive Order 2020-147](#) any individual who leaves their home is required to wear a covering over their nose and mouth when in any indoor public space, when outdoors and unable to consistently maintain a distance of six feet or more from individuals who are not members of their household, and when waiting for or riding on public transportation, while in a taxi or ridesharing vehicle, or when using a private car service as a means of hired transportation.

The requirement to wear a face covering does not apply to individuals who:

- Are younger than five years old, though children two years old and older are strongly encouraged to wear a face covering, pursuant to guidance from the Centers for Disease Control and Prevention.
- Cannot medically tolerate a face covering.
- Are receiving a service for which temporary removal of the face covering is necessary to perform the service.
- Are entering a business or are receiving a service and are asked to temporarily remove a face covering for identification purposes.
- Are communicating with someone who is hearing impaired or otherwise disabled and where the ability to see the mouth is essential to communication.

[Executive Order 2020-147](#) states that no business that is open to the public may provide service to a customer or allow a customer to enter its premises, unless they are wearing a face covering as required by the order.

- i. The protections against discrimination in the Elliott-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2101 et seq., and any other protections against discrimination in Michigan law, apply in full force to individuals who wear a face covering under this order.
- ii. In the event a client or applicant refuses to wear a face covering, agencies are encouraged to consult with their Health Officer, Agency Administration, and/or legal counsel to confirm acceptable practice.

WIC staff should work with their emergency preparedness coordinator and local administration to obtain client face coverings.

2.4 Cleaning and Sanitizing

Cleaning and sanitation practices within the clinic should be enhanced to comply with [Executive Order 2020-161](#) and to limit exposure to COVID-19.

- Clinics should increase facility cleaning and disinfection.
 - Focus on high touch areas and shared equipment like restrooms, card machines, keypads, counters, and other surfaces.
 - Make cleaning supplies available to employees upon entry AND at the worksite.
 - Provide time for employees to wash hands frequently and/or use hand sanitizer.
 - Develop cleaning and disinfection protocol for the facility.
 - The CDC has developed a [Cleaning and Disinfecting Decision Tool](#) and [Guidance on cleaning and disinfecting facilities](#) to assist in developing appropriate protocol.
 - Deep clean examination rooms after clients with respiratory symptoms and clean rooms between all clients.
- [Executive Order 2020-161](#) recommends placing hand sanitizer and face coverings at client entrance(s).
- Clinics are encouraged to provide resources and a work environment promoting personal hygiene. This includes:
 - Providing tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.
 - Requiring regular hand washing or using alcohol-based hand rubs; if only sanitizer is initially used, encouraging handwashing with soap and water as soon as possible. Workers should always wash hands when they are visibly soiled and after removing any PPE.
 - Posting handwashing signs.
 - Staff are encouraged to work within their Health Department or agency to determine any specific requirements or guidelines for postings.
 - The CDC has examples of [handwashing posters](#), including posters directed for children, agencies may use.
 - Supervising young children when they use hand sanitizer to prevent swallowing alcohol.
- All cleaning materials should be kept secure and out of reach of children.
- EPA has compiled a [list of disinfectant products](#) that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product meets the [EPA's criteria](#) to use against the SARS-CoV-2 virus.
- For Staff returning home after work
 - Encourage staff to help protect other members of their household from COVID-19 exposure by taking the following precautions when they return home from in-clinic work:
 - Remove clothes in a garage, or as close to the exterior door as possible, bag and/or wash them as soon as possible.
 - Take a shower.
 - Follow [CDC guidance on disinfecting the home](#).

2.5 Waiting Room

Limit waiting-area occupancy to the number of individuals who can be present while staying six feet away from others not in the same household.

Some other ways to minimize opportunity for contact include:

- Ask clients, if possible, to wait in cars or in a designated outside waiting area for their appointment to start.
- Recommend the authorized person leave other children/individuals who do not have an appointment requiring physical presence at home when possible. Refer to section 6.2 Intake for additional guidance.
- Mark waiting rooms by placing X's on the ground to indicate acceptable 6-foot distance.
- Remove or limit frequently touched items in the waiting room, such as:
 - Chairs.
 - Magazines/books.
 - Toys.
 - Additional items that cannot be readily cleaned/sanitized.

2.6 Workspace Recommendations

Additional workspace recommendations to help maintain a safe clinic environment include:

- Increase distancing between employees by spreading out workspaces, staggering workspace usage, restricting non-essential common space (e.g., cafeterias), and providing visual cues to guide movement and activity (e.g., restricting elevator capacity with markings).
- Prohibit social gatherings and meetings that do not allow for social distancing or that create unnecessary movement through the office. Staff are encouraged to use creative alternative meeting solutions including virtual or outside meetings, whenever possible.

3.0 Service Locations

3.1 Remote Services

- Some specific appointment types may continue to be completed remotely. Below is a list of those appointments:
 - Nutrition Education (EDU) – Newly approved [Policy 5.0](#) allows for individual nutrition education appointments to be conducted through secure and confidential telephone, or audio/video remote connection.
 - NCRD – Newly approved [Policy 5.0](#) allows for individual nutrition education appointments, including nutrition counseling with the WIC RD, to be conducted through secure and confidential telephone, or audio/video remote connection.
Note: Current lab and anthropometric data allow for a complete nutrition assessment. Please make every attempt to have current data, whether referral or in-clinic measurements, especially for high risk clients.
 - Breastfeeding – See section 8.0 Breastfeeding below for breastfeeding appointment guidance.

Note: Agencies may consider working with other programs available in your county (e.g., home visiting, MIHP, NFP, etc.) to develop a plan to obtain referral data, especially for high risk clients (e.g., infants with poor weight gain, etc.).

3.2 In-Clinic Services: Certification, Recertification, and Mid-certification

3.2.1 Certification & Recertification

- In the absence of USDA and State Agency approval, the certification/recertification appointment requires physical presence, with a few exceptions. [WIC Federal Regulations](#) and [Policy 2.09](#) outline these exceptions, which include:
 - o Individuals with disabilities, or their parents/caretakers with disabilities, who are unable to be physically present at the WIC clinic because of:
 - i. A medical condition that necessitates the use of medical equipment that is not easily transportable.
 - ii. A medical condition that requires bed rest.
 - iii. A serious illness that may be exacerbated by coming into the WIC clinic.
 - o Infants and children who were physically present for the initial certification and have documented, ongoing health care, and being physically present would pose an unreasonable barrier.
 - o Infants and children who were physically present for the initial certification and were present at a certification visit within 1 year from the most recent certification determination, and are under the care of one or more parents/caretakers whose work status presents a barrier to bringing the infant or child to the WIC clinic.

Note: Clients with known exposure, active symptoms or a current COVID-19 diagnosis are not required to be physically present for their certification appointment, as covered above.

In the absence of USDA and State Agency approval, a representative for a WIC family or client meeting any of the above-mentioned exceptions is required to be physically present at the WIC Clinic to provide all necessary documentation. If in-person documentation is not provided, the client should be provided a short certification.

- The certification/recertification appointment also requires current lab and anthropometric data. Referral data may be used for this, as outlined in [Policy 2.15](#) and [Policy 2.16](#).
 - o If all necessary referral data is available, staff may choose to complete the appointment outside the traditional clinic setting (i.e. car-side, parking lot, tent, etc.) as long as privacy/confidentiality is maintained.
 - o WIC staff may consider collecting lab and anthropometric data outside of the clinic. See Section 3.3, Curbside Services, for more information.
- Staff may also consider pre-visit contact with the Authorized Person in order to obtain information prior to the appointment to minimize the time spent in the clinic. Staff may consider using the [Health & Diet Questionnaires](#) paper forms to gather information to enter into MI-WIC.
- If at-risk clients, including those with comorbidities or other underlying health conditions, are due for an in-clinic appointment, please consider additional necessary precautions to reduce the risk of exposure. This may include:

- Discouraging the client from coming to the clinic, if appropriate. This may include scheduling a virtual appointment, if allowable based on appointment type and approval, or encouraging the use of available curbside services.
- Allowing for additional time in the schedule before, during and after the appointment to allow for adequate social distancing and limit risk of contact with other clients.
- Ensuring exam area and other frequently touched surfaces are disinfected before and after the appointment.

Note: Local Agencies should always defer to local health authorities for local risk designations and applicable recommendations.

3.2.2 Mid-certification

Per [Policy 2.17](#), infant or child evaluations (IEVAL or CEVAL) shall be performed midway through a certification period for infants certified before 6 months of age and children.

- a. Infant evaluation (IEVAL) shall consist of anthropometric and laboratory measurements (according to Policies [2.15](#) and [2.16](#)), immunization status review and update of medical and nutrition information, nutrition risks, breastfeeding assessment (as applicable), nutrition education and referrals.
- b. Child evaluation (CEVAL) shall consist of anthropometric and laboratory measurements (according to Policies [2.15](#) and [2.16](#)), immunization status review and update of current certification information, nutrition assessment, nutrition education and referrals.

Current lab and anthropometric data allow for a complete nutrition assessment, and every effort should be made to have current data. This information may be obtained through appropriate referral data, in-office measurements taken during an appointment or through curbside Laboratory/Anthropometric measures (as described in section 3.3 below).

- If referral data is available, according to policy, the appointment may be conducted remotely. Documentation for a remote appointment should not differ from an in-person appointment.
- If no referral data is available, clients shall be scheduled to come to the clinic for measurements. If a client is exempted from attendance per [Policy 2.09](#) (Physical Presence), or fails to attend due to pandemic risks, staff shall offer a remote appointment. If attended, all other required elements shall be completed and documented (see [Policy 2.17](#)). If refused, staff can alternatively offer and document a nutrition education contact.

Notes:

1. Physical presence exemptions ([Policy 2.09](#), Physical Presence) apply to all nutrition services appointments. If an infant or child will not be present, it is critical the authorized person be instructed to provide referral data at the appointment.
2. Clinics should develop a process that is compliant with federal regulations and state policy around mid-certification appointments, while also adhering to state mandates requiring social distancing. For example, staff may consider pre-appointment contact with the client to obtain required laboratory or anthropometric data, while completing the remainder of the appointment remotely.

3. Clients are eligible for supplemental food benefits for their entire certification period. **Food benefits must not be withheld, delayed, or denied to clients who refuse or fail to participate in nutrition services appointments, including at mid-certification appointments.**

3.3 Curbside Services

Continued use of curbside services is encouraged to minimize risk and exposure to both the client and staff.

This may include:

- Some elements of the certification/recertification appointment:
 - o The required documentation for the physical presence requirement may be achieved through car-side/curbside, parking lot, or other intake methods as long as privacy/confidentiality is maintained.
 - o Nutrition and Breastfeeding assessment and education/counseling may be completed outside of the traditional clinic setting.
- Laboratory/Anthropometric Measures
 - o Measurements may be conducted outside the traditional clinic setting, including in a designated outdoor area, provided privacy/confidentiality is maintained.
 - o Staff should determine if available clinic equipment can adapt to an outdoor situation. Some considerations include:
 - i. HemoCue Hb 301 analyzer
 - Operating temperature for analyzer and microcuvettes is between 50-104 degrees Fahrenheit and humidity levels from 5 – 90%.
 - Dust or dirt in air could cause the optronic eye (inside analyzer) to become dirty and require cleaning. (Error code E10-E40 would display.)
 - Can run on 4 AA batteries.
 - ii. Anthropometric Equipment
 - The portable Stadiometer/Infantometer can be used for both children and adults for lengths and heights.
 - Both the scales and stadiometers should be placed on flat, stable surfaces, ensuring WIC client safety and data accuracy.
 - Most scales have both battery and electrical connections.
- EBT Card Replacement/Pickup:
 - o See guidance on EBT Card Replacement/Pickup in the [Michigan WIC Remote Services Guidance](#).
- Breast Pump Pick-Up and Return:
 - o Return: Curbside pump return is ideal, but staff should utilize methods that limit exposure to both clients and staff. Have client sign return receipt and scan into system.
 - o Pick up: Curbside pump distribution is ideal but utilize methods that limit exposure to both clients and staff. Have client sign agreement and scan into system.
 - o Cleaning and re-issuance: For more information on cleaning and re-issuing of returned pumps, see updated guidance in the [Michigan WIC Remote Services Guidance](#).
- Formula Return:

- In the absence of a USDA waiver, formula must be returned to the clinic in accordance with [Policy 8.05](#).
 - i. Document returned formula on the Formula Acceptance and Action Log.
 - ii. For local agencies donating returned formula, formula must be accepted and donated in accordance with the approved local agency Returned Formula Policy.
- Formula returns may be accepted in-clinic or at the curbside.
- For appointments attended in person, staff must no longer select Over-Issuance reason of “Formula Change/Not Returned/COVID 19.”

Note: Requirements for Special Formula/Food Requests remain in place for Class I (children), II and III formulas. See [Policy 7.03](#).

- Project FRESH:
 - Project FRESH coupons can be distributed curbside or mailed to clients.

An example that may limit exposure to both clients and staff includes tents/canopies set outside the clinic in a shaded and more secluded area.



Image: Macomb County Lactation Consultant Service setup location.

4.0 Screening

4.1 Client Screening

Per [Executive Order 2020-161](#), clinics must develop a screening protocol for all clients/visitors, including a temperature check and questions about COVID-19 symptoms.

- Many Health Departments and agencies may already have a questionnaire and procedure developed. It is encouraged to work within your agency to determine the questionnaire to be used, and to establish when and where the screening will be conducted in the clinic building. If clients are not screened before entering the WIC clinic, WIC may be responsible for screening clients.
- Information and guidance on development of screenings is available from the [Centers for Disease Control and Prevention](#).
- Additionally, the [National WIC Association](#) provided the following recommendations for client screenings:

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.

Note: This list does not include all possible symptoms. CDC continually updates the [symptom list](#) as more is learned about COVID-19.

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. 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.

- Additional considerations for client screenings may include:
 - o Implementing creative screening practices when possible to help reduce contact and minimize the risk of exposure to staff and other clients in the clinic building.
This may include:
 - i. Completing the screening before the client arrives at the clinic, including over the phone, or by secure email or text.
 - ii. Weather permitting, completing the screening curbside while the client is in the car or in a designated outside area.
 - o WIC staff should work with their emergency preparedness coordinator and local administration on conducting screenings.
 - o Agencies are encouraged to track screening responses. This may be done through a variety of methods, including maintaining copies of completed questionnaires or documenting screenings on a log.
 - i. Example log:

NAME (First, Last Initial)	TEMP	Questionnaire Y/N <i>List symptoms or exposure, if applicable</i>	Granted Access Y/N	HAND SANTIZER APPLIED (✓)	MASK APPLIED (✓)
<i>Example: Jane, S</i>	97	<i>Y or N (list symptoms if any)</i>	<i>Y or N</i>	✓	✓

- Contactless Temperature Reading
 - o Many screenings include the use of a contactless/infrared thermometer to establish if the client actively has a fever before entering the premise.
 - o WIC staff should work with their emergency preparedness coordinator and local administration to obtain thermometers, if needed.

4.2 Staff Screening

Additionally, [Executive Order 2020-161](#) requires employers to conduct a daily entry self-screening protocol for all employees or contractors entering the workplace, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19.

- Many Health Departments and Agencies may already have a questionnaire developed. It is encouraged to work within your agency to determine the questionnaire and established protocol related to completion times, record maintenance and additional considerations.
- Agencies should work to establish coverage plans in the event staff become ill or suspect exposure to COVID-19.

In accordance with [Executive Order 2020-161](#), if an employee is identified with a confirmed case of COVID-19, agencies are required to:

- Immediately notify the local public health department, and
- Within 24 hours, notify any co-workers, contractors, or suppliers who may have come into contact with the person with a confirmed case of COVID-19.

Refer to [MIOSHA/Michigan Department of Labor and Economic Opportunity COVID-19 Workplace Guidelines](#) and the [National WIC Association Frequently Asked Questions](#) for additional guidance.

5.0 Scheduling

To maintain social distancing practices, schedule adjustments should be considered to limit the number of people in the clinic at a time. This includes both client and staff schedules.

5.1 Client Scheduling

[Executive Order 2020-161](#) requires businesses to hold special hours for highly vulnerable patients, including the elderly and those with chronic conditions. Therefore, clinics are encouraged to think about scheduling practices for vulnerable clients and authorized persons including new babies, pregnant women, moms who recently gave birth, elderly (grandparents, AP, foster/adopted guardians), people with comorbid conditions such as diabetes, and other at-risk clients. These individuals should be

scheduled in such a manner to limit exposure, as much as possible. This may include encouraging use of virtual appointments and curbside services, allowing additional time before and after the appointment to ensure adequate sanitation and minimal risk of encountering another client in the office, or other scheduling practices.

Below are additional considerations to keep in mind when adjusting the clinic schedule to reduce the number of clients in the office:

- Continue utilizing remote appointments and curbside services to provide a hybrid of in-person and remote services.
- Schedule adequate time between appointments to allow for appropriate cleaning and sanitation.
- Evaluate the use of walk-in appointments.
 - o If allowing walk-in appointments, ensure above-mentioned safety measures are still able to be implemented.

5.2 Staff Scheduling

In addition to client scheduling, staff schedules may also need to be adjusted in order to limit the number of people in the office, limit exposure and comply with current executive orders.

This may include:

- Specifying if and when employees are allowed to work remotely after in-clinic services resume.
- Rotating staff assigned to work on higher exposure tasks, such as the lab and intake.
 - o An example may be shifting job responsibilities so only one person collects anthropometric and laboratory measurements, reducing the need for PPE, and leaving more staff available to manage phone calls.
- Staggering staff start and break times to reduce congestion at building entrances at the start and throughout the day.
- If there is not a separate employee entrance, recommend staff arrive 15-30 minutes before clients arrive to reduce congestion and limit physical contact.

Additionally, per [Executive Order 2020-161](#), business-related travel for employees should be restricted to essential travel only. Please keep this in mind if staff are being asked to travel for WIC business.

6.0 Adjusting Clinic Procedures

To maintain a safe clinic environment, some clinic procedures associated with higher risk functions may need to be adjusted. Below are aspects to keep in mind as agencies are developing plans and guidance.

6.1 Anthropometric/Laboratory

- Suggestions on ways to maintain a safe lab environment may include:
 - o Being mindful of how appointments requiring anthropometric and lab data are scheduled.
 - i. This may include limiting height/weight and hemoglobin measures to a specific timeframe to minimize staff exposure and control clinic traffic to/from lab.
 - o Utilizing alternative location for data collection. See section 3.3 Curbside Services above.

- PPE
 - o Refer to section 2.2 Personal Protective Equipment (PPE) regarding PPE recommendations for the lab setting.
- Height/Weight measurements
 - o Anthropometric referral data can be used in accordance with [Policy 2.15](#).
 - o Make sure equipment and any touched surfaces are cleaned after each client and are disinfected between families.
 - i. Refer to section 2.4 Cleaning and Sanitizing for guidance on cleaning practices and products.
- Blood Testing
 - o To limit exposure, it is recommended to complete only the lab work required by policy. Staff should confirm how this applies to their agency.
 - o Use of referral data, according to [Policy 2.16](#), is acceptable if available.
 - o Minimize the number of staff in the lab area at a time. It is recommended to have 1 staff member at a time.
 - o Make sure equipment and any touched surfaces are cleaned after each client and are disinfected between families.
 - i. Refer to section 2.4 Cleaning and Sanitizing for guidance on cleaning practices and products.

6.2 Intake

- Ensure waiting room complies with infection control safety standards outlined in section 2.5 Waiting Room. Including spacing markers, sanitizing, and removing items that cannot be readily cleaned/sanitized.
- When possible, try to limit the number of families in waiting areas to accommodate 6-foot separation.
 - o This will vary based on clinic setup, staffing and Health Department requirements and recommendations.
- It is recommended all clinic areas that cannot maintain a 6-foot separation install barriers, if feasible. Staff are encouraged to wear appropriate PPE, as defined in section 2.2 Personal Protective Equipment (PPE) above.
- Per [Executive Order 2020-161](#), contactless sign-in should be implemented as soon as practicable. Agencies are encouraged to use alternative intake methods whenever possible, including, but not limited to:
 - o Allowing clients to check in from the car.
 - o Providing a tented waiting area outside the clinic building (Refer to section 2.5 Waiting Room for waiting area guidance).
 - o Allowing for call-ahead check in, where a client can call to check-in before leaving their home.
- After each family checks in, equipment and surfaces in high touch areas should be sanitized.
 - o This may include items such as keypad, signature pad, chair, counter/desk, and doorknobs.
 - i. Refer to section 2.4 Cleaning and Sanitizing for guidance on cleaning practices and products.
 - o Cleaning time may need to be built into the schedule between clients.

- Staff should work to prepare families for their appointment by informing them of the procedure, expectations, and other important information. Each clinic should establish expected communication. This may include:
 - o Suggest to family over the phone to limit who comes into the clinic to the authorized person and/or caregiver with client.
 - o Recommend the authorized person leave other children who do not have an appointment requiring physical presence at home, when possible.
 - o Suggest clients bring items to occupy children during the visit, due to removal of toys from waiting room.
 - o Remind clients the public water fountains will not be accessible, so they may want to consider bringing their own water bottle.

7.0 Client Messaging

Clear and concise communication with clients will be integral to successful in-clinic appointments. Agencies are encouraged to develop consistent messaging to keep clients informed.

7.1 General Messaging

- Update existing messages pertaining to COVID-19 procedures and precautions, including:
 - o Agency websites.
 - o Social media platforms.
 - o Recorded message on phone trees and voice mail.
 - o Posted signs/images.
- Develop client-friendly messages to send to clients.
 - o Agencies are encouraged to use the messaging services available through MI-WIC to communicate with clients.
 - o Clinics may consider creating or using a standard “Appointment Reminder” message to send to clients with upcoming appointments, including what to expect when visiting the clinic for an appointment and/or service.
 - i. Example Text message:
 - Your WIC appointment is on [Date] at [time] at the office. Some things have changed to create a safer space. Everyone 2 and older should wear a face mask. Please follow the signs when you arrive. Visit our website or call XXX-XXX-XXXX for more info
 - ii. Similar scripts may be developed for staff working in the call center to communicate expectations with clients over the phone.
 - iii. Additional messaging may include:
 - Contact information if client has been exposed to COVID or is experiencing symptoms.
 - Expectations on who should come to appointments.
- Resources are available to assist agencies in developing messaging, including:
 - o CDC [Social Media Toolkit](#)
 - o NWA [WIC and COVID-19 Messaging Toolkit](#)

7.2 System Generated Notifications

Agencies should ensure as in-clinic appointment and services resume, the Clinic Notification Preferences established in the admin module are updated to send notifications, as appropriate, based on current services available.

8.0 Breastfeeding

8.1 Staff Training for Breastfeeding

For the most successful breastfeeding support, it is recommended staff are trained on the following topics:

- Triage determination (how to determine if clients need to come into the office or can be seen remotely).
- How to gather breastfeeding information required in MI-WIC ahead of time to reduce the amount of time the client needs to be in the clinic.
- Where to find resources/information:
 - o [Breastfeeding for WIC Staff](#) and [Breastfeeding for WIC Clients](#)
- Telehealth
 - o See [Telehealth Resources and Tips](#) developed by Lactation Education Resources (LER)
 - o See [Teleconsult 101](#) developed by LER
 - o See [ready. set. teleconsult! For providers](#) developed by LER
- How to use shared decision making to assist clients in their decisions to breastfeed, especially as it relates to COVID concerns.

8.2 Clinic Procedures for Breastfeeding

- Develop procedure for phone triage to see if clients can be assisted virtually or if they need to come to the office. Consider alternative meeting locations to avoid a congested clinic environment.
- Ensure breastfeeding staff have access to secure telehealth capabilities.
- Set up procedures to allow staff to ask assessment questions and gather information prior to client arrival.
- Encourage staff to gather necessary teaching tools (dolls, balloons, breast models, etc.) ahead of time to make sure they have been disinfected and to limit client time in the office.
- For PPE guidance for in-person Breastfeeding appointments, refer to section 2.2 Personal Protective Equipment (PPE) above.
 - o For additional guidance see [PPE for Lactation Support Providers in the Community Setting](#) developed by LER.

8.3 Lactation Room

Special considerations should be made to limit any potential risk of virus transmission in the lactation room.

- Multi-user pumps should not be used in the clinic at this time. Clients and/or staff should use their own personal pump.
- Consider developing guidelines that clearly delineates type and frequency of room cleaning.

- Rooms should be disinfected after each use focusing on high touch surfaces including tables, doorknobs, light switches, countertops and sink handles. See section 2.4 Cleaning and Sanitizing for additional guidance.
- Develop and post signage reminding room users to wash hands, wear a mask and disinfect room before and after each use.
- Lactation rooms should have hand sanitizers, gloves, and disinfectant wipes.
- Magazines and other shared resources should be removed.
 - Breastfeeding supplies commonly available in the lactation room could be shown to clients and made available upon request.

Note: The webinar [“Can I Still Pump at Work? Pandemic Considerations for Lactating Workers in California”](#) provides additional guidance and specific examples.

9.0 Nutrition Education

9.1 Nutrition Education Appointments

Please refer to Section 3.1 for more information on nutrition education appointments, and new policy flexibilities to allow for remote service.

9.2 Education Mall/Room

Adjustments should be made to your Nutrition Education Mall/Room, as needed, to limit risk of exposure.

- Staff should consider using no-contact methods for Nutrition Education, including bulletin boards, videos, or online options (including www.wichealth.org). The State office is currently working to bring our state-approved self-directed education binders to clients in an online platform; more details to come.
- If self-directed education binders must be used in the clinic by clients, they should be cleaned/sanitized after each use.

10.0 Training

10.1 COVID-19 Training

[Executive Order 2020-161](#) establishes safeguards to protect Michigan’s workers from COVID-19. This includes the requirement that employers provide COVID-19 training to employees to cover, at a minimum, workplace infection-control practices, the proper use of personal protective equipment, steps the employee must take to notify of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19 and how to report unsafe working conditions.

Many Health Departments and agencies may already have training materials and requirements developed for employees. Please work within your administration to ensure WIC employees receive the required training.

Note: OSHA has recommended that records of employee training be maintained and at a minimum document the name(s) of employee(s) trained, date of training, name of trainer, and content of training.

10.1.1 Employee Training Development

If your Local Agency has not yet developed employee training material, the following lists and resources contain suggestions on potential training content.

- [MIOSHA COVID-19 Workplace Guidelines – Employees Guide](#) contains information including:
 - o Routes by which the virus causing COVID-19 is transmitted from person to person.
 - o Distance the virus can travel in the air, as well as the time it remains viable in the air and on environmental surfaces.
 - o Symptoms of COVID-19.
 - o Steps the worker must take to notify the business or operation of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.
 - o Measures the facility is taking to prevent worker exposure to the virus, as described in the COVID-19 preparedness and response plan required under the most recent Executive Order.
 - i. **Including:** screening procedures, barriers, drive-thru/pick up policies.
 - o Rules the worker must follow to prevent exposure to and spread of the virus.
 - i. **Including:** sanitizing procedures, Employee Sick and Leave Policies, changes in shift schedules, telework duties.
 - o The use of PPE, including the proper steps for putting it on and taking it off.
- [MIOSHA COVID-19 Workplace Guidelines – Employers Guide](#)
- [MIOSHA COVID-19 Guidelines for Outpatient Healthcare Facilities](#)
- CDC [Information for Healthcare Professionals about Coronavirus](#)

11.0 Staff and Client Mental Health

11.1 Staff Stress/Anxiety

People deal with stress very differently. Some of the best ways to ameliorate anxiety are to provide strong guidance, open communication, and ongoing support. The guidance you develop should assure staff time with clients will be minimized, as much as possible. In communications with staff, it is important to acknowledge fear and anxiety while also providing support, strategies, and resources. Decision-makers and leaders should be good role models by practicing self-care when needed, while communicating the importance of self-care to your staff. Establish a plan to check-in with staff regularly, asking how they are doing and taking the time to listen. Express your appreciation for what they are doing.

When necessary, refer staff members to an existing employee assistance program or a local mental health agency. Michigan has a free helpline for people to call and talk to someone about health-related questions, including their stress and anxiety, related to COVID-19. The Michigan Department of Health and Human Services (MDHHS) supports this helpline, which is open Monday – Friday from 8 a.m. to 5 p.m. at 1-888-535-6136. Staff may also email COVID19@michigan.gov with any COVID-related questions, and emails will be answered as quickly as possible from 8 a.m. to 5 p.m., Monday – Friday. Your county or city health department may also offer support; check their websites for any available local resources.

11.2 Client Stress/Anxiety

Like managing staff anxiety, communication is key to ameliorating client anxiety. Communicate clearly what measures are being taken to minimize the spread of COVID-19 at your clinic. This includes minimizing close interactions, conducting appointments remotely when possible, minimizing exposure to other clients and staff members, and the use of PPE and sanitizing procedures. You could also ask clients for ideas about what would make them feel more comfortable and do what you can to implement these suggestions. In many cases, people just want to be heard and understood.

The [CDC Social Media Toolkit](#) may provide helpful ideas for communicating these messages to clients.

Please also refer clients to the MDHHS helpline or email listed above for any health-related questions about COVID-19 (1-888-535-6136 or COVID19@michigan.gov).

12.0 Preparedness Checklist

The following suggested Preparedness Checklist is available to assist staff in ensuring required/recommended tasks have been completed.

Date Completed/Reviewed	Action Item	Applicable Document Section
	Create or participate in an internal response team to review operations and coordinate response. Include diverse employees with different trainings and educational backgrounds, if possible.	
	Provide open and transparent communication with clients and employees	
	Establish a social distancing protocol for clients and employees. Install associated physical barriers, signage, and other markers throughout the clinic.	
	Review sick leave and remote work policies. Determine if incentives or flexible options are available to encourage employees to stay home when they are sick.	
	Establish protocols for employees who need to be quarantined because they are a close contact of a person who is COVID-19 positive and employees who need to be isolated because they have tested positive.	
	Identify possible work-related exposures and health risks to employees. MIOSHA has more information on how to protect workers from potential exposures to coronavirus.	
	Identify, complete and document employee training on infection control practices, proper usage of PPE, steps to notify if symptomatic/known exposure, and reporting unsafe work conditions.	
	Create policies and procedures for using and stocking preventative materials such as cleaning supplies, thermometers, and appropriate face masks and gloves.	
	Create an on-site pre-shift health screening procedure for employees to monitor for respiratory symptoms and fever.	
	Create a protocol for visitors and clients to screen prior to entry.	

Resources:

- Centers for Disease Control and Prevention (CDC)
 - o Care for Breastfeeding Women
 - o <https://www.cdc.gov/coronavirus/2019-ncov/hcp/care-for-breastfeeding-women.html>
 - o Cleaning and Disinfection for Community Facilities
 - o <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
 - o Social Media Toolkit
 - o <https://www.cdc.gov/coronavirus/2019-ncov/communication/social-media-toolkit.html>
- Federal Emergency Management Agency Coronavirus Resources
 - o <https://www.fema.gov/coronavirus>
- Michigan Farmers Market Association (MIFMA)
 - o <http://mifma.org/>
- Michigan Occupational Safety and Health Administration (MIOSHA)
 - o COVID-19 Guidelines for Outpatient Healthcare Facilities
 - https://www.michigan.gov/documents/leo/COVID-19_Workplace_Guidelines_for_Outpatient_Healthcare_Facilities_691894_7.pdf?utm_medium=email&utm_source=govdelivery
 - o COVID-19 Workplace Guidelines for Offices
 - https://www.michigan.gov/documents/leo/COVID-19_Workplace_Guidelines_for_Offices_691402_7.pdf
- National WIC Association (NWA)
 - o COVID-19 Resources
 - <https://www.nwica.org/covid-19-resources>
 - o Frequently Asked Questions regarding the Reopening of WIC Clinics
 - https://s3.amazonaws.com/aws.upl/nwica.org/reopening-faqs_6-18-20.pdf
- State of Michigan
 - o Executive Orders and Directives
 - https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455---,00.html
 - o Coronavirus Resources
 - <https://www.michigan.gov/coronavirus/>
- United States Department of Labor, Occupational Safety and Health Administration (OSHA), Guidance on Preparing Workplaces for COVID-19
 - o <https://www.osha.gov/Publications/OSHA3990.pdf>
- Wisconsin WIC, Transitioning back to WIC In-Person Services during COVID-19 Pandemic
 - o <https://s3.amazonaws.com/aws.upl/nwica.org/transitioning-back-to-wic-clinics-during-covid-mw-notes.pdf>