



Policy 490
Emergency & Disaster Planning and
Coordination
March 26, 2020

POLICY

Local programs will attempt to maintain or reestablish program services and benefit delivery to participants during an emergency or disaster, as feasible.

Local programs must be prepared to run a WIC clinic without an MIS connection and/or in an alternative location for up to two weeks.

PURPOSE

Whether a short-term or long-term emergency or disaster, the goal is to ensure basic WIC agency operations are met.

RELEVANT REGULATIONS

USDA Guide to Coordinating WIC Services During Disaster, 2017

WIC Policy Memorandum 95-9 WIC Disaster Policy and Coordination

WIC Policy Memorandum 2016-4, Verification of Certification

ORS 433.441 Proclamation of public health emergency, 2017

OREGON WIC PPM REFERENCES

- ◆ [510 – WIC Cardholder Requirements](#)
- ◆ [561 – Program Integrity: Replacement of Food Benefits](#)
- ◆ [601 – Physical Presence at Certification](#)
- ◆ [625 – Risk Assessment](#)
- ◆ [626 – Hemoglobin and Hematocrit Screening in WIC](#)
- ◆ [712 – Breastfeeding: Breast Pump Ordering, Distribution and Tracking Guidelines](#)
- ◆ [769 – Assigning WIC Food Packages](#)

APPENDICES

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DEFINITIONS

Disaster: A serious disruption of the functioning of society, causing widespread human, material, or environmental loss that exceeds the local capacity to respond, requiring external assistance.

Disaster Supplemental Nutrition Assistance Program (D-SNAP) – D-SNAP gives food assistance to low-income households with food loss or damage caused by a natural disaster. It works much like SNAP, the federal food assistance program, but it is designed as a short-term benefit for families after a natural disaster. Receipt of D-SNAP confers adjunctive income eligibility for WIC. Current SNAP clients may be eligible for a supplement if D-SNAP is operating in the state and they meet certain conditions. NOTE: A household cannot receive both D-SNAP and Oregon Food Bank food because both of these resources are funded from the same federal government source.

Emergency/Disaster Situation: For WIC, this is an event that threatens to or has already interrupted the provision of WIC services to participants for more than 24 hours. Examples of these types of events include natural disasters or catastrophes such as floods, wildfires or earthquakes; pandemics; criminally induced emergencies, such as shootings, bombings, bomb threats or arson; and systemic emergencies such as electrical power failures, gas leaks and toxic waste leaks.

Quarantine: The physical separation and confinement of a person or group of persons who have been or may have been exposed to a communicable disease or possibly communicable disease and who do not show signs or symptoms of a communicable disease, from persons who have not been exposed to a communicable disease or possibly communicable disease, to prevent or limit the transmission of the disease to other persons. ORS 433.001

BACKGROUND

Natural and human-caused hazards can have adverse effects on the health of people across the community. These hazards may affect WIC participants, staff and clinic operations. Any natural or human-caused disaster has the potential to disrupt WIC operations and/or cause the relocation of WIC participants.

During a disaster, ensuring access to nutrition security is critical. The WIC program is not a 'first responder' in emergency situations. The federal government system to respond to the nutrition needs of disaster survivors includes using USDA Food and Nutrition Service (FNS) to redirect foods in school warehouses, supporting foods distributed through the Red Cross and/or Salvation Army, and Disaster SNAP (D-SNAP). WIC's role in responding to disasters is minimal, as the program is neither designed nor funded to meet the basic nutritional needs of disaster survivors who would **not** otherwise be eligible to receive WIC benefits. WIC programs must operate within the current program context and funding level even in disaster circumstances.

WIC's role during a disaster is to minimize disruptions to WIC operations and ensure that eligible, nutritionally at-risk women, infants and children continue to receive benefits. WIC participants – pregnant and breastfeeding women, infants, and children – are among the most vulnerable in natural or human-caused disasters. Although not an emergency-assistance or emergency food program, WIC can play an important role in helping families impacted by disasters. Infant nutrition is a top priority. Breastfeeding support is essential as it is the safest option in an emergency. For infants who are formula fed, consideration must be given to the safety of the water supply and whether refrigeration is available.

During an emergency, WIC can support participants by providing referrals to places in the community for food, water and shelter. Staff can help provide verification of certification (VOC) information or the phone number to get the information so the WIC participant can transfer or move.

During an emergency, local WIC staff may be called on to provide their expertise on how to support the needs of infants, breastfeeding women and young children at recovery centers. This support may include a place to breastfeed, access to adequate amounts of appropriate, safe complementary foods for children, and nutritionally adequate foods for pregnant and lactating women.

Guidance on formula and infant feeding during emergencies is addressed in [USDA Infant Nutrition and Feeding, p.107](#), and in references by United States Breastfeeding Committee (USBC), [Centers for Disease Control and Prevention \(CDC\)](#) and [La Leche League International](#) (multilingual).

For breastfed infants, the key message is to keep breastfeeding. Mothers need food, water and to be cared for so they can keep feeding their infants. Access to an International Board Certified Lactation Consultant (IBCLC) or staff trained in emergency breastfeeding support is important if a mother has milk production challenges. Mothers who aren't breastfeeding may be able to induce lactation or relactate, rather than providing formula, particularly if safe water and sanitary ways of preparing formula are not available. An IBCLC can help mothers relactate.

To help a community prepare for disasters, local WIC agency staff can educate participants on food preparation, food safety and food sanitation concerns during disaster conditions as part of routine nutrition education. Encourage participants to have an emergency supply kit that includes items such as one gallon of water per person per day for a minimum of three days and ideally up to 2 weeks for drinking, sanitation, and food preparation.

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PROCEDURE

Preparing for an emergency

- 1.0 It is recommended that the local agency have an emergency and disaster plan. (See 8.0 for details on what to include.)
 - 1.1. The local agency determines if local WIC staff members are 'essential' or 'non-essential' to assist with local agency disaster response team.

Use of WIC funds during an emergency

- 2.0 WIC's role in responding to disasters is minimal, as it is neither designed nor funded as a disaster relief program. WIC programs must operate within the current program context and funding level even in disaster circumstances.
 - 2.1. WIC funds may only be used to provide WIC services. They may not be used to fund staffing or materials in emergency situations.
 - 2.2. WIC staff time to receive training that helps make decisions about the delivery of WIC services is allowed.
 - 2.3. During an outbreak of pandemic disease, the purchase of supplies to prevent the spread of illness in the WIC clinic is allowable. For example, purchase of cleaning or disinfectant supplies, tissues, waste baskets, or gloves and masks for participants or staff are allowable expenses.
 - 2.4. Cross training staff to provide coverage in the WIC clinic in the case of staff absence due to illness is allowed. Paying for staff coverage in the case of absence due to illness is allowed.
 - 2.5. If WIC staff perform non-WIC duties during an emergency, they must be paid with non-WIC funds (e.g. county general funds, emergency preparedness funds, etc.) and hours must be tracked.

Coordinating with the state WIC office

- 3.0 The local agency is required to coordinate with the State Agency during an emergency and/or disaster situation that threatens to or has already interrupted the provision of WIC services to participants for more than 24 hours.
 - 3.1. When an emergency and/or disaster occurs, contact your state assigned Nutrition Consultant or if they cannot be reached, ask to speak with another State Nutrition Consultant or Manager. If you don't speak to a State Staff person directly, please continue to make contact until you receive verification that the message was received.
 - 3.2. Provide status of:
 - 3.2.1. the WIC services disrupted;
 - 3.2.2. any damaged or destroyed program records;
 - 3.2.3. any damaged or destroyed WIC sites;
 - the extent of time the local agency will be out of operation
 - plans to come back into operation

- 3.3. When an emergency necessitates implementation of procedures outside of routine clinic practice, communicate with your assigned Nutrition Consultant as soon as you can to receive guidance on the alternative plan of operations. This includes clinic closure regardless of the length of time or reason for closure, reductions in service due to staff absence or reassignment, or service changes which require a change in established WIC policy. See Appendix A *Considerations for Different Clinic Scenarios* and Appendix B *Supplies to Run a WIC Clinic* for details.
 - 3.3.1. As circumstances change, the plan may need to be revised with state agency guidance.
 - 3.3.2. Alternative procedures intended for full or partial clinic closure should only be used for the time period of the closure.
 - 3.3.3. Inform the local agency administrator when alternative procedures are implemented in your agency.
 - 3.3.4. Notify the public of any variance in normal program operations, including alternative procedures or alternative locations.

Victims of an emergency or disaster

- 4.0 Applicants/participants who are disaster related evacuees must be served ahead of others receiving WIC benefits and receive expedited certification processing.
 - 4.1. These applicants must be certified immediately or within 10 days of their request (whether by phone or walk-in).
 - 4.2. If an emergency or disaster victim moves in with another household, the displaced individuals should be considered homeless and treated as a separate economic unit (separate family living under the same roof).
 - 4.3. Each emergency or disaster victim must be provided Verification of Certification (VOC)/Transfer Information to assure continuation of benefits should the individual relocate to another state.
 - 4.4. Disaster-related evacuees are considered homeless and can be assigned the nutritional risk of homelessness. Every effort should be made to provide a full assessment at the time the individual seeks WIC services, to ensure the participant is linked to the health and social services network in the state. At a minimum, height or length and weight measurements and hemoglobin/hematocrit are required as part of the nutrition assessment. ([◆Policy 625 – Risk Assessment](#))
 - 4.4.1. The blood test may be deferred up to 90 days for persons with a documented nutrition risk. ([◆Policy 625 – Risk Assessment and](#) [◆Policy 626 – Hemoglobin and Hematocrit Screening in WIC](#))
 - 4.5. Participants evacuated from another state or within the state who cannot provide medical documentation for WIC eligible formula may be issued one month of benefits after assessment.

Flexibility when providing WIC services during an emergency

- 5.0 Issuing WIC services during an emergency may require adaptations to normal procedures.
- 5.1. The following modifications can only be used during an emergency or disaster.
- 5.1.1. Give first priority to issuing formula to infants who are formula fed and without formula, followed by issuance of food to the remainder of WIC participants.
- 5.1.2. When a disaster prohibits participants from visiting the clinic, one month of eWIC benefits may be issued electronically to those individuals who were scheduled for a quarterly contact as long as the nutrition education visit or mid-certification health assessment appointment is rescheduled. This option cannot be utilized for certification visits.
- 5.2. The following modifications are always available:
- 5.2.1. Physical presence exceptions outlined in Policy 601 may be granted with proper documentation. ([◆ Policy 601 Physical Presence at Certification](#)).
- 5.2.2. Food benefits may be tailored if participants are experiencing unsafe water or limited food storage or refrigeration ([◆ 769 – Assigning WIC Food Packages](#))
- Water is not an allowable WIC cost. Refer participants in need of water to FEMA or mass care organizations such as the American Red Cross or the Salvation Army.
- 5.2.3. Issued and redeemed food benefits will not be replaced under any circumstance and redeemed formula benefits will only be replaced under limited circumstances ([◆ Policy 561 – Program Integrity: Replacement of Food Benefits](#))
- Benefits which could not be used due to store closure in a previous month cannot be replaced.
- 5.2.4. When WIC participants are unable to use their eWIC benefits because they or other family members are under quarantine (voluntary or involuntary), they may identify a 2nd cardholder to redeem WIC benefits on their behalf. ([◆ 510 – WIC Cardholder Requirements](#))
- 5.2.5. In many cases a personal breast pump could be replaced if they still meet the criteria for a pump. ([◆ 712 – Breastfeeding: Breast Pump Ordering, Distribution and Tracking Guidelines](#))

Coordination of services

- 6.0 During an emergency, WIC can support participants by providing referrals to places in the community for food, water and shelter.
- 6.1. In areas where mass care relief organizations, such as the American Red Cross or The Salvation Army are providing services, make referrals to these services.

- 6.2. Coordinate services, to the extent necessary, with local government authorities such as the local Emergency Manager who will coordinate all disaster response, the Red Cross, other voluntary associations. Include information on each agency's services, referrals between agencies, joint service delivery efforts and sharing of service sites.

Outreach

- 7.0 If possible, provide program outreach to potentially eligible individuals, some of whom may be newly income eligible if their employment was affected by the disaster or if they are now D-SNAP recipients.

Interrupted vendor operations

- 8.0 Work with State WIC Vendor staff to develop and update a list of open and authorized WIC stores and pharmacies. You may contact State WIC Vendor staff through the VAL (Vendor Answer Line) at 1-877-807-0889.
 - 8.1. If WIC Vendors are closed, local agency must refer participants to alternative emergency food sources.

Local agency emergency and disaster plan

- 9.0 Consider the following components in the local agency emergency and disaster plan :
 - 9.1. Process for contacting the State Agency when there is an emergency or disaster situation.
 - 9.2. Plans to protect program records, to the extent possible from possible damage or destruction from water and fire.
 - 9.3. Process to assure emergency or disaster victims are served within 10 days and ahead of others receiving WIC benefits.
 - 9.4. Plans for continuity of operations to ensure WIC services continue or resume as soon as possible

REFERENCES

Disaster-Planning Resources for WIC

<https://www.nwica.org/blog/disaster-planning-resources-for-wic#.XFC2wDaWyM8>

[USDA: Infant Nutrition and Feeding: A Guide for Use in the Special Supplemental Nutrition Program for Women, Infants and Children \(WIC\), FNS-826, April 2019](#)

United States Breastfeeding Committee (USBC), Infant and Young Child Feeding in Emergencies: <http://www.usbreastfeeding.org/emergencies>

USDA – 2017 Special Supplemental Nutrition Program for Women Infants, and Children (WIC) Guide to Coordinating WIC Services During Disaster:

<https://fns-prod.azureedge.net/sites/default/files/wic/WIC-Disaster-Guidance.pdf>

[Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity, Disaster Planning : Infant and Child Feeding:](#)

<https://www.cdc.gov/nccdphp/dnpao/features/disasters-infant-feeding/index.html>

La Lache League International. Disaster: Breastfeeding Is a Life Line.
<https://www.llli.org/disaster-breastfeeding-is-a-life-line/>

See Shopify on WIC Website to order or download copies of (all links are to English version of forms):

- [Certification Data Entry Document, 57-615](#)
- [Participant Signature Form, 57-629](#)
- [No proof form, 57-633](#)
- [Medical Documentation Form, 57-636](#)
- [Health questionnaire pregnant women, 57-618](#)
- [Health questionnaire postpartum women 57-619](#)
- [Health questionnaire infants and children 57-617](#)
- [Your diet questions 57-624](#)
- [Your baby's diet questions 57-622](#)

Other disaster planning references:

Safe Dishwashing Without an Automatic Dishwasher for Home, Community Events, and Outdoor Activities. <https://edis.ifas.ufl.edu/fy1403>

If you need this in large print or an alternate format, please call 971-673-0040.

This institution is an equal opportunity provider.

POLICY HISTORY

Date	* Major Revision, Minor revision
3/26/2020	New policy

The date located at the top of the policy is the implementation date unless an “effective date” is noted on the policy. Policies will become compliance findings 6 months from the implementation date.

Release notes can be found in the corresponding document on the [Policy and Procedure Manual page](#).

**Major Revisions: Significant content changes made to policy.*

Minor Revisions: Minor edits, grammatical updates, clarifications, and/or formatting changes have occurred.

APPENDIX A

Considerations for Different Clinic Scenarios

When clinics are not at full operating capacity, closed or moved

When the main clinic or satellite clinics are unable to open or are not operating at capacity due to staffing issues, options include:

- a. Reschedule recertifications by extending certifications up to 30 days when possible, then issue 1 month of benefits.
- b. Reschedule quarterly nutrition education appointments and mid-certification health assessments to the next month and issue 1 month of benefits.

If a satellite clinic is closed, but the Main clinic is open, options include:

- c. Reschedule appointments to main clinic.
- d. Reschedule recertification appointments, if possible extend certification by 30 days and issue 1 month of benefits.
- e. Reschedule quarterly nutrition education appointments and mid-certification health assessments to the next month and provide 1 month of benefits.
- f. Use alternative method to provide quarterly nutrition education appointment and document in progress notes how appointment provided and why.

Main clinic had to close and now need to catch back up

- a. Run the autoscheduler for next month for recertifications only. Move quarterly nutrition education appointments to the month after next month where possible.
- b. Consider scheduling group certifications to get “caught up”.
- c. Consider adding weekend or evening hours to add extra appointment slots.
- d. Increase part-time staff hours or offer overtime to regular staff to increase number of appointment slots.
- e. Ask for assistance from partners (e.g. ask community health nurses to do some extra home certifications this month.)
- f. Request the state to extend the end certification date for those participants with an end certification of current month and no appointment in current month.

APPENDIX B

Supplies Needed for a Temporary WIC Clinic

- Forms
 - Paper Certification Documents (amount needed for 2 weeks):
 - Certification Data Entry Document, 57-615
 - Participant Signature Form, 57-629
 - My Rights and Responsibilities, 57-630
 - No proof form, 57-633
 - Health questionnaire pregnant women, 57-618
 - Health questionnaire postpartum women 57-619
 - Health questionnaire infants and children 57-617
 - Your diet questions 57-624
 - Your baby's diet questions 57-622 Medical Documentation Form, 57-636
 - Replacement of Unavailable/Stolen Formula form (57-912)
- Justice for All Poster
- Moving Poster
- eWIC cards
- eWIC card inventory form
- How to Shop brochure
- Food Lists
- Referral list
- Laptop(s) – if available. Have information on how to connect if borrowing computers to do WIC.
- Printer
- Ink
- Printer Paper (Benefits List, VOCs)
- HemoCue analyzer, microcuvettes, hand sanitizer, gloves, paper towel, lancets, alcohol wipes, sharps container
- Standing measure, length measure, paper for board
- Adult scale
- Infant scale
- Pens
- Nutrition education materials