

EMERGENCY AND DISASTER SITUATIONS

Objective: This guidance is intended to be a resource for local WIC agencies as they plan their organizational response to provide WIC program services prior to, during, and following an emergency, pandemic, or disaster situation.

Background: Emergency and disaster situations, including natural disasters, cyber-attacks, pandemics, or disasters of human origin, have the potential to disrupt WIC operations and cause the relocation of WIC participants. 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. However, local agency staff can contribute to disaster relief efforts by minimizing disruptions to WIC operations and ensuring that eligible, nutritionally at-risk women, infants, and children continue to receive benefits.

Planning: Prior to a Disaster

Local WIC agency staff can contribute to the overall emergency and disaster relief response with advanced planning and preparation. In coordination with and supporting the Local Agency Disaster Policy, Local agencies should:

- Identify the clinic staff who will:
 - o develop and maintain an up-to-date chain of command, complete with identified alternate contacts (Example: In the absence of the WIC Director, identify the alternative contact who will act in their place.)
 - o serve as the contact person for communication with Community Nutrition Services Section (CNSS)
 - o submit updates to the staff directory
 - o delegate critical emergency and disaster planning and response tasks within clinic staff
 - o contact the Local Health Department Emergency Response Team
 - o contact and communicate with local vendors
 - o communicate with clinic participants through social media and/or local media outlets

- Consider clinic operations addressing:
 - o points of potential disruptions to clinic services with attention to various emergency or disaster situations
 - o staff shortages and needs
 - o alternate communication methods
 - o participant access (to clinic services, local vendors, etc.)
 - o county resources

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- Develop a local WIC agency emergency readiness plan
 - o Integrate and review the readiness plan with staff
 - o Run readiness drills
 - o Evaluate the plan and update as needed

- Address requirements for resuming Clinic operations
 - o Identify resource requirements for reopening
 - o Identify mitigation strategies necessary to protect staff and participants/applicants

Food Package Accommodations During Emergency or Disaster Recovery and Reconstitution

During the nutrition assessment of a WIC applicant or participant, a Competent Professional Authority (CPA) should gather and document information about the participant's living conditions such as refrigeration and storage capabilities, restricted water supply, and the ability to use WIC foods. Additional considerations may be necessary as related to the impact of the emergency or disaster situation on the community and product distribution.

Evacuees who are staying with relatives/friends or residing in shelters may have limited or no refrigeration available. Homeless food packages, which include foods that do not require refrigeration, may be assigned to participants when appropriate. Document why the homeless food package was assigned to a participant.

The following are *examples* of possible modifications within food benefit categories within the WIC food packages:

- Product form
 - o canned beans
 - o canned fruit/vegetables
 - o UHT or evaporated milk

- Infant formula: powder or ready-to-feed dependent on access to clean water supply

- Category substitutions, modifications, or eliminations as necessary
 - o dairy: cheese, yogurt, and/or tofu

- In some situations, federal programmatic waivers may offer additional food benefit category modifications.
 - o In the case that federal waiver authority impacts the WIC program food benefit categories, the North Carolina State agency will coordinate and communicate guidance.

If a mother is breastfeeding in any amount, encourage her to continue breastfeeding. Breastfeeding women continue to maintain their breast milk supply during times of physical and emotional stress, but support is critical. (See below 'Breastfeeding Families and Breast Pumps and/or Breastfeeding Supplies').

Infant Feeding During Disaster Recovery

Breastfeeding Families

The North Carolina WIC Program encourages breastfeeding as the standard method of infant feeding. Especially in emergencies, breastfeeding is the safest way to feed infants and young children as it provides infants and children with a safe source of fluid and nourishment as well as protection against infection.

The WIC Program should support breastfeeding mothers in emergencies, activities can include:

- Meeting with the local emergency preparedness team to convey the importance of continued breastfeeding during emergencies and contribute to a plan that supports breastfeeding mothers and infants during disasters.
- Raising awareness among mothers to the benefits of continued breastfeeding. During emergency situations, diarrhea and respiratory infection in infants and young children is primarily from contaminated water and unsanitary environments. Human milk contains antibodies that protect against and fight infection.
 - o It is recommended that breastfeeding mothers who are considering weaning their infant or introducing bottles delay doing so until the emergency has resolved and it is safe to resume alternative feeding methods.
- Promoting breastfeeding as the safest food in an emergency.

Breastfeeding women continue to lactate during times of physical and emotional stress, but support is critical. Encourage breastfeeding women to take time to feed the baby at the breast if possible, as optimal human milk supply is maintained by infant demand and frequent feedings. However, it is important to keep all children and their parents together during emergencies whenever possible regardless of feeding choice.

Breastfeeding women may breastfeed anywhere in North Carolina as protected by North Carolina law which states, "...a woman may breastfeed in any public or private location where she is otherwise authorized to be, irrespective of whether the nipple of the mother's breast is uncovered during or incidental to the breastfeeding." [N.C. Gen. Stat. § 14-190.9 \(1993\)](#).

The following resources may be beneficial to supporting breastfeeding mothers in emergency situations and may be reproduced for free distribution:

- The American Academy of Pediatrics' (AAP): [Infant Feeding in Disasters and Emergencies](#)
- International Lactation Consultant Association's (ILCA): [Emergency Preparedness Checklist for Breastfeeding Mothers](#)
- Centers for Disease Control and Prevention's (CDC): [Infant and Child Feeding in Emergencies](#)

Breast Pumps and/or Breastfeeding Supplies

Breast pumps and/or supplies can be issued to any evacuated breastfeeding WIC participant who is currently enrolled in the North Carolina WIC Program. Local agencies should consider the provision of a verification of certification (VOC) documentation to ensure consistent breastfeeding support during emergency situations if your local agency is not available or the participant has evacuated for their safety. All participants issued a breast pump or supply must be taught hand expression (Lactation Education Resources Hand Expression Handouts: [Hand Expression of Breastmilk \(English\)](#); [Hand Expression \(Spanish\)](#) ; [Hand Expression \(Arabic\)](#)).

- **Manual breast pumps.** These pumps can be issued for any reason and may be helpful for evacuated participants who do not have access to electricity. An electric breast pump can be issued later if needed. If a participant has evacuated and was issued an electric breast pump at a previous appointment but is now without electricity and cannot rely on batteries or car adapters, the local agency may always issue a manual pump. Participants previously issued a collection kit with an electric breast pump and the kit is available, there is a manual pump option provided within each collection kit.
- **Electric breast pumps.** It is essential that WIC staff determine a participant's access to electricity prior to issuance of an electric pump. Multi-user electric pumps can be loaned to participants who are separated from their infants; however, it is recommended that single-user electric pumps be issued in place of the multi-user pumps unless displaced participants are living with family at a permanent address in the area. When issuing a single-user electric pump, inform participants that any local agency in North Carolina can troubleshoot and/or replace the pump if it seems to lose suction or malfunctions.
- **Replacing destroyed breast pumps and/or breastfeeding supplies.** In the aftermath of a disaster, participants may report that their pumps and/or supplies were destroyed. While the WIC Program Manual Chapter 9, Section 4 generally prohibits the replacement of a

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single-user electric breast pump, this policy may be *temporarily waived* to allow replacement of a pump that was destroyed due to a disaster.

Every effort should be made to replace the destroyed items as quickly as possible. Document both the loss and the replacement in the Crossroads record. If a breastfeeding woman was transferred from another local agency and is seeking assistance, staff should assess the need for a pump and/or supply and issue the most appropriate item(s). When replacing a multi-user breastfeeding supply if the local agency issuing the replacement pump differs from the local agency who issued the original pump and the original agency is located in North Carolina that the original pump has been destroyed, so it may be documented in their inventory.

The following resource may be useful for the cleaning of breast pumps and/or breastfeeding supplies: Food and Drug Administration's (FDA): [FDA Offers Tips about Medical Devices and Hurricane Disasters](#).

Infant feeding supplies

Most parents who provide their infant expressed human milk or infant formula are accustomed to bottle-feeding. Because cleaning bottles in hot soapy water is not always possible during emergencies, bottles should be avoided if possible. Cup feeding from a disposable cup is safest, and all babies can learn to cup feed, even newborns. For full instructions on how to cup feed refer to: [Cup Feeding Your Baby](#).

The following resource provides guidance on the storage and feeding of expressed human milk in emergencies: [CDC: Breast Milk Storage Q&A](#) ("The power went out! Do I have to throw out all of my stored frozen breast milk?").

Infant Formula Use

When human milk is not available, an infant should receive infant formula. When a safe water source is available to prepare infant formula:

Powder or concentrate infant formula should be provided in the food package.

- Preparation instructions and storage guidance for the infant formula should be provided to the parent(s)/guardian(s) and/or caregiver.
- Concentrate infant formula requires refrigeration after opening. Please assess during emergencies if a participant requesting concentrate infant formula can properly store the concentrate infant formula after opening.

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When a participant has limited or no access to a safe water source to prepare infant formula:

- Ready-to-Feed (RTF) formula may be issued without a prescription.
 - RTF formula requires refrigeration after opening. If refrigeration is not available, all RTF infant formula must be discarded within two hours of opening and within one hour from when a feeding begins.
 - When prescribing RTF infant formula on an infant's food prescription, the CPA must document in Crossroads:
 - the justification for the prescription of RTF infant formula;
 - provision to the parent/guardian/caretaker of instructions about the use and storage of RTF infant formula; and
 - vendor supply of RTF infant formula.

Note: The USDA 2022 WIC Disaster Guide used in part to create North Carolina resource.