

POLICY:

In order to complete the certification, each WIC applicant/participant is required to have their hemoglobin tested according to the procedures listed below to identify individuals at risk of becoming anemic, to assure appropriate WIC Program benefits for those in greatest need, and to protect the safety of applicants/participants and WIC personnel performing the tests. The value must be collected in clinic or provided by a healthcare provider at the certification appointment.

PROCEDURE:

A. Categorical Hematological Testing

1. Infants:

- a. **Under nine (9) months of age** at the time of initial certification and follow-up visit are not required to have a hematological test performed.
 - i. There is no adjustment for age due to prematurity.
- b. Blood work must be collected on infants between **nine (9) months of age and prior to thirteen (13) months of age.**
 - i. Hemoglobin collected prior to 12 months of age must be done via heel stick. West Virginia does not train for completion of a heel stick.
 - ii. It is recommended by USDA to defer the blood test until age 12 months so that a finger stick may be used for collection.
 - iii. There is no adjustment for age due to prematurity.

2. Children:

- a. Children between 1 and 2 years of age must have at least (1) hematological test performed, preferably 6 months after the infant screening.
- b. Children between 2 and 5 years of age with a normal hemoglobin value are required to have a hematological test once every 12 months.

3. Pregnant Women must have a hematological test performed during the pregnancy certification.

4. Breastfeeding Women must have a hematological test performed when they are initially certified as breastfeeding.

- a. If a hematological test is performed when a woman is initially certified as breastfeeding, and then breastfeeding is discontinued, a hematological

test does not have to be performed when there is a category change to non-breastfeeding postpartum.

5. **Postpartum Non-Breastfeeding Women** must have a hematological test performed at the time they are certified under that category.

B. Collection of Hematological Value

1. The WIC Staff will use a single use lancet that is completely disposable. No spring-loaded lancet devices are to be used in clinic sites to obtain blood samples for hemoglobin measurements.
2. Hematological measurements are taken in grams per deciliter (g/dL). All clinic staff must complete a Source of Measurement form (**Attachment #1**) at the beginning of employment to acknowledge their understanding of how blood will be measured. Signed copies of Attachment #1 will be kept on site for each Local Agency.
3. Hemoglobin testing is **required** to complete a certification.
 - a. The value must be collected in the clinic or provided by a healthcare provider at the certification appointment.
 - b. Hemoglobin testing documentation from a healthcare provider will be accepted as:
 - i. Written documentation on the healthcare provider's prescription pad or letterhead
 - ii. Verbal verification (i.e. over the phone)
 - iii. Official medical records, hard copy, or electronic copy
 - c. Hemoglobin testing documentation must:
 - i. Be reflective of the applicant's category
 - ii. Conform to anemia screening schedule for infants and children
 - iii. Must be no more than ninety (90) days old
 - iv. Be documented on the **Crossroads Anthro/Lab Screen** with the date and source of measurement of where or by whom the blood test was conducted.
 - d. A participant who does not have hemoglobin testing documentation and is not cooperative during an appointment in which hematological testing is required to be rescheduled.
4. Hematological values will be documented on the **Crossroads Anthro/Lab Screen**.
 - a. Do not scan referral documentation into the **Crossroads Computer System**.

C. Referral and Follow-up of High-Risk Hemoglobin Values

1. The Competent Professional Authority (CPA) **must** make an immediate referral to the participant's healthcare provider when a hemoglobin value generates a high-risk status.
 - a. The referral will be documented by the Nutritionist/Nutrition Associate (CPA) in Crossroads.
2. Repeat the test during the high-risk follow-up appointment if there is no evidence of a course of treatment (i.e. healthcare provider test results, observation of iron prescription).
 - a. A repeated test is not required when the healthcare provider documents an improved hemoglobin value and/or a course of treatment following the referral. The improved value and/or course of treatment will be documented by the Nutritionist/Nutrition Associate (CPA) in the Nutrition Care Plan.
 - b. The **Crossroads Referral Program Screen** must be updated.
3. High-risk nutrition education will be provided by the Nutritionist (CPA) and the initial and follow-up contacts will be documented in the Nutrition Care Plan.

D. Referral and Follow-up of Abnormal (Low, Not High-Risk) Hemoglobin Values

1. Repeat the test during the mid-certification follow-up appointment for a participant with a low hemoglobin value that does not generate a high-risk status. Nutrition education will be provided by the Nutritionist/Nutrition Associate (CPA).
2. Non-breastfeeding postpartum women will not require a follow-up unless their blood value is less than or equal to 10.0.
 - a. The Nutritionist/Nutrition Associate (CPA) will document the referral on the **Crossroads Referral Program Screen**.
3. When the second hemoglobin value is lower than or equal to the first, the Nutritionist/Nutrition Associate (CPA) will make a referral to the participant's healthcare provider.
 - a. The hematological test will be repeated at the next certification visit.
4. When the second value is higher than the first, though continues to be below normal, repeat the test at the next certification visit.
5. When the second value is in the normal range, the hematological test does not need to be repeated until the next certification visit.

E. When Hematological Testing is Not Required

1. Hematological testing is **not** required when religious beliefs will not allow applicant/participant to have blood drawn.
 - a. A written statement of the refusal to have blood drawn will be scanned into the participant's chart.
 - b. The applicant/participant may be certified based on other identified risk criteria.

2. Hematological testing is **not** required when an applicant/participant has a medical condition such as hemophilia, fragile bones (osteogenesis imperfecta), sickle cell anemia, thalassemia, or a serious skin disease in which the testing procedure could cause harm to the applicant/participant.
 - a. Documentation from a healthcare provider verifying the medical condition and specifying whether it is "short term" or "lifelong" will be scanned into the participant's chart.
 - b. If the condition is treatable (short term), a new statement from the healthcare provider is required at each subsequent certification.
 - c. If the condition is considered "lifelong", a new statement from the healthcare provider is **not** required at each subsequent certification.
 - d. WIC personnel should try to obtain hematological values (if they exist) from the applicant's/participant's healthcare provider. The hemoglobin value must:
 - i. Be reflective of the applicant's category
 - ii. Conform to anemia screening schedule for infants and children
 - iii. Must be no more than ninety (90) days old
 - iv. Be documented on the **Crossroads Anthro/Lab Screen** with the date and source of measurement of where or by whom the blood test was conducted.

3. **Crossroads** will allow the bypass of the hematological testing when one of the above conditions exists. It must be entered into the Anthro/Lab Screen as an "Exempt Reason."
 - a. **Crossroads** will not assign any risk codes related to anemia
 - b. The Nutritionist/Nutrition Associate (CPA) will not be able to manually assign risk codes related to anemia.
 - c. The exemption reason for bypassing the hematological testing will be documented by the Nutritionist/Nutrition Associate (CPA) in the participant's Nutrition Care Plan.

F. Persons Infected with Human Immunodeficiency Virus (HIV)

1. Persons infected with human immunodeficiency virus (HIV) must have hematological testing for WIC certification performed on site if it is the normal operating procedure of the WIC clinic to perform hematological testing on site.
2. If it is determined that the health and safety of WIC personnel is severely at risk, other means would be justified in providing the service.

***Example:** If the applicant/ participant is known to be HIV-infected and is hostile and physically abusive, they could be referred to another location to have blood drawn.*

- a. There will be no cost to the applicant/participant for the testing.
- b. The situation will be documented by the Nutritionist/Nutrition Associate (CPA) in the participant's Nutrition Care Plan.

G. Training

1. Initial training of each WIC personnel will be conducted at the State Agency during **Crossroads** training within four (4) months of employment.
 - a. WIC personnel should review the *Hematological Collection Manual 2021*, and the HemoCue 301 training (<https://hemocueoncue.education/>) when the WIC personnel must perform the task of hemoglobin testing prior to their attending training at the State Agency.
2. Annual training of each WIC personnel performing hemoglobin testing will be conducted by:
 - a. A person assigned by the State Agency during the biennial State WIC Meeting; or
 - b. A person assigned by the Local Agency Director to be performed at the Local Agency.
3. Annual training will include HemoCue machine procedure, maintenance, and problem prevention.
4. Annual training will be documented on the **Training or Continuing Education Activities** form (see **Attachment #1, Policy 11.01 WIC Staff Training**).

H. Hematology Training and Reference Manual

1. Refer to the *Hematological Collection Manual 2021* for the complete protocol for hematological testing.

REFERENCES:

1. WIC Regulations 264.7, Determination of Nutritional Risk
2. SFP 91-032, Implementation of WIC Minimum Data Set
3. SFP 01-041, WIC Final Policy Memorandum, WIC Bloodwork Requirements
4. SFP 09-046 WIC Hematological Data Requirements: Clarification
5. Hematological Collection Manual 2021 (West Virginia)