

#### PURPOSE:

To maintain a consistent and equitable method for hematological risk determination.

#### A. POLICY:

1. A hematological test such as a hemoglobin or hematocrit shall be performed as a screening tool to assess for low serum iron levels, as part of the assessment for nutritional risk factors. This test may be performed in the WIC clinic or referral data may be used from a laboratory or health care provider. (See Exemptions to Hematological Testing Requirements, Policy Statement #4.)
2. The date and the result of all hematological tests, including retests (see Policy #8), shall be recorded in the Date of Bloodwork field in MI-WIC, in addition to the log requirements specified in the WIC Laboratory Procedure Manual.
3. Data from referral sources may be used provided that it was obtained within the specified time period for the client's status according to the testing schedule detailed in #5, and is presented at the time of the appointment. If referral data is not presented at the time of the appointment, a test shall be performed.
4. Exemptions to Hematological Testing Requirement for WIC Certification:
  - Medical Condition Prohibits Draw  
Conditions such as hemophilia, fragile bones (osteogenesis imperfecta) or a serious skin disease in which the procedure (i.e. finger stick or venipuncture) of collecting the blood sample could cause harm to the applicant. The physician should be asked for referral data.
  - Pending  
Only allowed by agencies who contract for lab services and that receive results after the certification date; requires the LA to obtain prior State approval.
  - Religious Objections
  - Severe Risk to Staff  
For instance, a client who is kicking, biting and placing staff at high risk of injury. This should be a rare occurrence.
5. Testing shall be performed using the following schedule:
  - a. Infants
    - 1) For infants initially certified before seven (7) months of age, one hematological test shall be performed between 7 and 13 months of age. For the majority of infants, this first test will occur at the 12 months recertification visit.

- 2) Infants who are over seven (7) months of age at the initial certification shall have a hematological test performed.
  - 3) A hematological test is not required at the infant evaluation (IEVAL), although may be performed at the local agency's discretion. (See Guidance for high risk infants)
- b. Children – At 13 months and up to 24 months of age.
- 1) Children at 13 months and up to 24 months shall have a minimum of one hematological test performed. Preferred testing time is six (6) months after the first test if given before 13 months of age. For the majority of children, this will occur at the 18 month child evaluation (CEVAL) visit.
  - 2) If the test performed is below the cut off level (see Policy 2.13A Michigan Risks), the test must be performed at the next recertification/child evaluation (CEVAL).
- c. Children – Two to five years.
- 1) At 2 years of age and up to 5 years of age, hematological tests are required every 12 months for children whose serum iron levels were at or above the cutoff levels for age (see Policy 2.13A Michigan Risks) at the previous certification/evaluation visit.
  - 2) Hematological tests are required:
    - a) At initial certification
    - b) At child evaluation (CEVAL), if serum iron values were below the cutoff levels as specified in Policy 2.13A Michigan Risks, at the last test.
    - c) Or, if a test has not been performed within the last 12 months.
  - 3) Referral data may be used when it has been obtained within the last 6 months.
- d. Pregnant women shall have one hematological test at the time of their certification.
- e. Postpartum women shall have one hematological test at the time of their certification.
6. Hematological Testing Requirements
- a. Hematological testing shall be performed according to the standard procedures established in the WIC Laboratory Procedure Manual (DCH-0476).
  - b. Universal precautions shall be used during all hematological testing.
  - c. WIC clinics shall not refer clients elsewhere for testing based solely on knowledge of the applicant's infection with a bloodborne pathogen.

7. Applicants who are referred to another site for blood tests shall not be charged for the test.
8. To insure test accuracy, local agencies shall select a re-testing procedure from the following options:
  - a. Testing levels that are outside the cutoff values specified in Policy 2.13A, Nutrition Risk Criteria.
  - b. A critical hemoglobin result (<8 or > 17 g/dL).
  - c. Testing levels that have been specified as a critical value established by local agency policy.
9. Local agencies may perform one follow-up blood test (total of two tests per certification period) when deemed necessary for health monitoring by the CPA.

### **B. GUIDANCE**

1. Other hematological testing during the certification period may be justified when situations indicate that the client may be at risk for low serum iron.
  - a. Infants: A hematological test prior to the 9-12 month recommended period may be appropriate when there are indications that the infant is at risk for low serum iron, as described below:
    - Low birth weight or preterm infant.
    - Has not been fed iron-fortified formula (10-12 mg. Fe/liter) or breastmilk.
    - Has a known diagnosis of anemia.
    - Has undergone surgery that resulted in excessive blood loss.
  - b. Women and Children: Based on the assessments performed by the CPA, the following situations may indicate the need for an additional test for clients who have had a previous test result below cutoff levels:
    - Diet pattern indicates low intake of meat and Vitamin C.
    - Special health care needs as identified through the assessment process.
    - Client appearance – pale skin and mucous membranes, low energy levels.
    - History indicates that iron supplement was prescribed, but client has failed to take daily iron supplement.
  - c. Additional tests should be performed at least 60 days from the date of the previous low-iron finding.

2. Educate all clients with low iron readings regarding the importance and necessity of dietary interventions that support improvement of iron levels and/or prescribed supplementation.
3. Local agencies should assure that all clerical, technical and professional staff who perform hematological testing receive laboratory training locally or as provided by the State.

### References:

- American Academy of Pediatrics (AAP), Committee on Practice and Ambulatory Medicine, Recommendations For Preventive Pediatric Health Care (RE9535), March 2000.
- USDA Bloodwork Requirements, Federal Register, Volume 64, No. 241, December 16, 1999.
- CDC, Recommendations to Prevent and Control Iron Deficiency in the United States MMWR, April 3, 1998 / 47 (RR-3); 1-36
- Federal Regulations 246.7 (d)(1)
- Institute of Medicine, 1993, Iron Deficiency Anemia; Recommended Guidelines for the Prevention, Detection and Management Among U.S. Children and Women of Childbearing Age. National Academy Press, Washington, D.C.
- WIC Laboratory Procedure Manual (DCH-0476)
- USDA: Guidance for Providing Quality WIC Nutrition Services During Extended Certification Periods. August 29, 2011.

### Cross Reference:

- Policy 2.01 Eligibility/Certification of Clients  
Policy 2.13 Nutritional Risk Criteria