



POLICY: Appropriate procedures and equipment will be used when performing hemoglobin or hematocrit tests in WIC clinics.

PURPOSE: To protect the safety of applicants and personnel performing the tests and to ensure accurate test results.

RELEVANT REGULATIONS: §246.7 ¶(e)(1)(i)(A) and (B)—Required nutritional risk data
§246.7 ¶(e)(1)(ii)(B)—Hematological test for anemia

OREGON WIC PPM REFERENCES: ◆440—Staff Training Requirements
◆625—Risk Assessment
◆675—Risk Criteria Codes and Descriptions

APPENDIX: 626.3 Appendix A Sample Maintenance and Cleaning Log

DEFINITIONS:

Applicant An individual who comes to the WIC clinic requesting WIC services.

CLIA Clinical Laboratory Improvement Amendments. Congress passed the Clinical Laboratory Improvement Amendments (CLIA) in 1988 establishing quality standards for all laboratory testing to ensure the accuracy, reliability and timeliness of patient test results regardless of where the test was performed. The objective of CLIA is to ensure quality of laboratory testing.

CLIA waived Some laboratory tests may be CLIA waived because they are simple laboratory procedures or pose no reasonable risk of harm to the patient if the test is performed incorrectly.

PROCEDURE:

- Cleansing hands* 1.0 Prior to performing a finger stick, cleanse hands with soap and water, antimicrobial gel or antibacterial hand wipes.
- Allowable equipment* 2.0 Use the following equipment when performing finger or toe sticks:
- a. Disposable gloves on both hands;
 - b. Alcohol (70% isopropyl) or alcohol prep pads;
 - c. Gauze squares or cotton balls;
 - d. Single use, spring-loaded and retractable sterile lancets;
 - e. Capillary tubes or microcuvettes stored in a closed vial (check equipment manufacturer’s instructions);
 - f. Adhesive bandages (when needed);
 - g. Puncture-resistant disposal container designed for contaminated materials (“sharps” container).

HEMOGLOBIN AND HEMATOCRIT SCREENING IN WIC, *cont.*

- (Allowable equipment)* 3.0 When performing **hemoglobin** tests, also use the following equipment:
- a. Hemoglobinometer or photometer;
 - b. Reagent cuvettes or microcuvettes (for performing tests when using the Hemocue photometer).
- 4.0 When performing **hematocrit** tests, also use the following equipment:
- a. Microcentrifuge;
 - b. Plastic clay capillary tube sealer;
 - c. Hematocrit reading device.
- Equipment requirements* 5.0 Equipment used to measure hemoglobin or hematocrit values must be CLIA waived.
- Maintenance of hematologic equipment* 6.0 Follow the manufacturer’s guidelines for routine maintenance of hematologic equipment and proper storage of microcuvettes. Routine maintenance and cleaning of the blood testing equipment based on industry standards must be followed and documented to ensure accuracy in measurements and risk evaluation.
- Documentation* 6.1 Documentation of equipment maintenance and cleaning must be kept on file for six months. See Appendix A for a sample maintenance and cleaning log. Local programs may use their own log as long as documentation of routine maintenance and cleaning is recorded.
- Appropriate blood collecting* 7.0 Refer to the “*Oregon Online Hematology Course*” for appropriate blood collecting procedures. Staff must complete this module *prior to* performing blood tests. Refer to ♦625—Risk Assessment for required timeframes for collecting blood work.
- Appropriate puncture sites* 8.0 The best locations for collecting capillary samples are side of the 3rd and 4th finger pad of the nondominant hand for adults and children. Puncturing the fingers of infants younger than 1 year of age is not recommended. Puncturing the edges of the heel or big toe may be more suitable for this WIC category.
- Blood collecting exceptions* 9.0 The following exceptions are circumstances which would preclude a blood test:
- Participants whose religious beliefs will not allow him or her to have blood drawn.
 - Participants with a medical condition such as HIV, hemophilia, fragile bones (Osteogenesis imperfecta), or a serious skin disease, where the blood collection procedure could cause harm to the participant.

HEMOGLOBIN AND HEMATOCRIT SCREENING IN WIC, *cont.*

Disposal of blood collecting supplies 10.0 After the blood test, throw away any paper wrappers, alcohol prep pads, gauze, tissues, gloves and any other supplies which are not contaminated with blood in a wastebasket.

10.1 Dispose of lancets and cuvettes in “sharps” container.

10.2 Dispose of supplies contaminated with blood in biohazard bag or “sharps” container.

Local procedure 11.0 If a program has a different local policy and procedure for collecting blood for hemoglobin or hematocrit tests that does not follow the recommendations in the “*Oregon Online Hematology Course*” they must submit their policy and procedure to the state WIC office for review and approval.

11.1 Follow your agency’s “Exposure Control Plan” in the event staff are exposed to blood or bodily fluids while performing a finger stick. ★

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