

SECTION: Certification**SUBJECT: Local Agency Non-Invasive Hemoglobin Testing of WIC Participants****See Policy: WIC 200-08 Nutrition Assessment and Risk Determination and WIC 200-10 Anthropometric Data**

Centers for Disease Control and Prevention. [Recommendations to Prevent and Control Iron Deficiency in the United States](#). MMWR 1998; 47(No. RR-3): [inclusive page numbers].

POLICY

To provide quality nutrition services for all WIC participants (children 18 months and older and women), local agencies have the option to use a **Non-Invasive Hemoglobin Testing Device**, (purchased by the State agency) in accordance with the participant testing criteria and protocols outlined below.

Local agency testing of hemoglobin is expected to reduce the number of participants with missing bloodwork and participants on a monthly issuance of benefits for lack of hemoglobin results.

General Considerations

- Nutritionists will determine when participants meet criteria for in-office hemoglobin testing, based on criteria outlined below.
- Only staff trained in the usage of the equipment can operate the testing devices.
- Local agencies can designate Nutritionists or Nutrition Assistants/Aides I and II as the staff to perform the tests.
- Program Nutritionist must maintain a list of trained staff. After initial training, staff should be observed annually thereafter, to determine if proper procedures are followed.

Referring to the Medical Provider for Bloodwork

1. WIC staff are required to attempt to obtain bloodwork through the health care provider, before conducting a hemoglobin screening at WIC. The attempt to obtain bloodwork includes the following:
 - a. When scheduling an appointment for a participant, staff must check to see if bloodwork is needed by the next WIC appointment for any participant within the family.
 - b. If bloodwork is needed for a family member by their next WIC appointment, regardless of the appointment type, provide the participant a WIC Certification and Medical Referral Form and ask the participant to take it to their health care provider to obtain the required bloodwork and bring the completed form to their next WIC appointment.
 - c. If the participant does not have a health care provider, staff must:
 - Offer a health care referral.
 - Instruct the participant on the steps needed to get the bloodwork and the WIC Certification and Medical Referral Form completed.

- Ask the participant to bring the completed WIC referral form to their next WIC appointment.
2. If the participant arrives at their next WIC appointment without the bloodwork results, the staff must ask the participant if the bloodwork has been completed or if it is scheduled to be completed.
- a. If the bloodwork has been completed, staff will verify that the participant has a completed Applicant/Participant Authorization Request Form on file, with the health care provider's information. If the form is on file, the staff contacts the provider for the results.
 - b. If the bloodwork has not been completed and the participant meets the criteria for screening (below), staff shall proceed with Pronto device screening.

After either of the two scenarios above, the participant will be provided the WIC services as scheduled and issued food benefits.

Criteria for Screening

The Pronto device may be used for screening children, weighing 20 pounds or more. Screening is most successful if the child is at least 24 months of age, however screening of children less than 24 months is permitted, and encouraged in cases when there is a barrier obtaining the 15–18-month child Hgb screening. The Pronto device may also be used for adults.

Common Testing Criteria Scenarios

- Postpartum women with an OBGYN/Health Care Provider (HCP) that does not conduct six (6) week postpartum hemoglobin testing. Testing in the WIC office does not preclude the participant from providing the Women's WIC Certification and Medical Referral Form at the postpartum follow-up appointment.
- Postpartum women without insurance coverage or HCP, after initial referral.
- Participants recently relocated to Connecticut without an established HCP or having difficulty obtaining records from the out of state HCP.
- Children 18-months or older who have an HCP out of compliance with CDC's MMWR anemia screening protocol requirements. See examples below. Testing in the WIC office does not preclude the HCP from conducting required anthropometrics for one year, 18-month, two-year, three year or four year old well child exams and providing a completed WIC Certification and Medical Referral Form to the participant/parent or caretaker.
- Parent or caretaker describes a barrier to getting to laboratory for hemoglobin testing.

Examples of situations that warrant in-office hemoglobin testing, including but not limited to:

- HCP that does not retest for hemoglobin below 11.1 g/dL.
- HCP does not test for hemoglobin at annual well-child visits.

Handling of Equipment

- Perform beginning of day procedure to set-up equipment. (Use sign out/sign in log)
- Follow office protocol for storage of equipment after testing is completed.
- Report malfunctioning and low supply of tests to Program Nutritionist or Coordinator.

Preparation for Screening

1. Have the participant wash hands or use hand sanitizer. A 70% isopropyl alcohol pad can be used for cleaning the finger. If the participant has nail polish on their fingernails, proceed with the screening. Other states are reporting very few problems with nail polish.
2. Participant should have been seated for approximately 2 minutes before performing the screen.
3. Rest the hand/arm on the table or desk. Hand/arm should be above waist level.
4. Ask the participant to refrain from movement or talking.

Site Selection

1. Select non-dominant hand. Preferred finger is ring finger or middle finger. Do not ask to remove jewelry or watch due to liability reasons.
2. Select sensor size by; a. Child sensor: 20 lbs. – 110 lbs. b. Adult sensor: 66 lbs. or more

Testing

1. Clean sensor with alcohol wipe.
2. Place the sensor on a clean finger ensuring the tip of the finger is touching the finger stop. If the participant has a long fingernail, the fingernail can extend over the finger stop.
3. Confirm the detector is placed directly over the participant's nail bed.
4. Make sure the initial reading on the device is at least 1.0 (This initial reading is not the hemoglobin value; it is the perfusion measurement.). Readings less than 1.0 may result in an unsuccessful screening. Lightly rubbing and warming the finger before screening may help increase the reading.
5. Instruct the participant not to talk or move during the screening.
6. Document results in CT-WIC in the Lab Screen. Select WIC Office under *How Verified* in the bloodwork grid.
7. It is not necessary to turn off the device between the screenings; however, turning off the device will extend the battery life.
8. After each test, clean testing clamp with alcohol wipe before storing.
9. Refer to Manufacturer's Recommendations for instructions included in housing unit.

Tips for Screening Small Children

1. If more than one member of the family needs screening, start with the oldest family member(s).
2. If the child is awake, make eye-contact and chat with the child during the first 30 seconds of the screening. The child can be screened sitting in their parent's lap, facing outward.
3. Staff should test facing the child; keep an eye on the finger in the sensor. If the finger starts to move, continue chatting with the child and lightly place your hand on the child's hand.
4. Children can be screened while asleep or in a drowsy state.

Batteries for the Pronto device

The Pronto device is USDA approved for use with alkaline batteries. Each device takes 4 AA batteries. Alkaline batteries last for about 250 tests. Rechargeable batteries can be used and last for 125-150 tests.

Quality Assurance (QA)

The Program Nutritionist should include a QA measure within the quarterly chart audit review process and observations when applicable. Items to consider:

- Was proper procedure followed for obtaining and documenting bloodwork from medical provider?
- Was non-invasive hemoglobin testing offered to the eligible participant?
- Was bloodwork collection documented appropriately? Was the result transcribed correctly? Did staff document as WIC Office under How Verified?



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