

Childhood Blood Lead Level Care and Action Case Management Guidelines

For children ages 6 months to 84 months

Blood Lead Levels (µg/dL)	Care and Action Guidelines
<5	<ul style="list-style-type: none"> No NBS Case Investigation (CI) needed unless documentation of any child case management¹ (CM) related activities is necessary Confirmatory blood test not required Contact with family suggested, done as per local health department policy; provide lead information and education re. possible sources of lead exposure, nutrition counseling, medical/developmental/behavioral impacts, good hygiene practices, housekeeping tips and other prevention measures <i>(See back for more information)</i>
5 – 9.9	<ul style="list-style-type: none"> Open CI in NBS to document all CM-related activities associated with the case Confirmatory blood test not required, but should be considered based on the case and risk factors BLL retest to be done according to Table A on back Contact primary medical provider within ten (10) working days of receipt of lab results Contact with family encouraged, done as per local health department policy; provide lead information and education re. possible sources of lead exposure, nutrition counseling, medical/developmental/behavioral impacts, good hygiene practices, housekeeping tips and other prevention measures <i>(See back for more information)</i>
10 – 19.9	<ul style="list-style-type: none"> Begin CM activities within ten (10) working days of receipt of lab results; open CI in NBS to document all CM-related activities Contact primary medical provider within five (5) working days of receipt of results Confirmatory blood test required according to Table B on back BLL retest to be done according to Table A on back Provide continuing CM services and monitoring until case closure, having not less than one (1) contact every three (3) months with child/family Contact with family and home visit required. Includes: a medical, developmental, and behavioral history as well as lead information and education re. 1) possible sources of lead exposure, 2) nutrition counseling, 3) medical/developmental/behavioral impacts, 4) good hygiene practices, 5) housekeeping tips and other prevention measures <i>(see back for additional information and details of home visit requirements)</i> Environmental risk assessment required of primary and secondary addresses within ten (10) working days of receipt of lab results; hazard control education and remediation and clearance exam conducted as needed
20 – 44.9	<ul style="list-style-type: none"> Begin CM activities within five (5) working days of receipt of lab results; open CI in NBS to document all CM-related activities Contact primary medical provider immediately upon receipt of results Environmental risk assessment required, as listed above, to be done within five (5) working days of receipt of lab results Proceed with remaining additional interventions as listed for BLL 10 – 19.9 µg/dL
45 – 59.9	<ul style="list-style-type: none"> Begin CM activities within five (5) working days of receipt of lab results; open CI in NBS to document all CM-related activities Chelation therapy and hospitalization considered, contact PEHSU [317-864-5526, 866-967-7337] for guidance and consultation for health care provider if needed Proceed with remaining additional interventions as listed for BLL 20 – 44.9 µg/dL
60 – 69.9	<ul style="list-style-type: none"> Begin CM activities within twenty-four (24) hours of receipt of lab results; open CI in NBS to document all CM-related activities Environmental risk assessment required, as listed above, to be done within two (2) working days of receipt of lab results Proceed with remaining additional interventions as listed for BLL 45 – 59.9 µg/dL
≥ 70	<ul style="list-style-type: none"> Begin CM activities immediately after receipt of lab results; open CI in NBS to document all CM-related activities Environmental risk assessment required, as listed above, to be done within twenty-four (24) hours of receipt of lab results Proceed with remaining additional interventions as listed for BLL 60 – 69.9 µg/dL

¹ 410 IAC 29-1-6 Child case management service implementation and coordination

For questions, please call: 317-233-1250



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Table A: Retest Schedule for Children with Confirmed Elevated Blood Lead Levels

**Venous testing is preferred, but capillary testing is acceptable

Confirmed Blood Lead Level (µg/dL)	Test the Child Again Within...
0 - 9.9	6 months
10 - 24.9	3 months
25 - 44.9	1 month
≥45	1 month after chelation therapy, venous method only

Table B: Confirmatory Testing Schedule

Confirmatory blood lead test = Two (2) consecutive capillary blood lead tests, not more than twelve (12) weeks apart, **OR, a single venous blood lead test

**An initial venous blood lead test is considered a confirmed specimen

Initial Blood Lead Test Results (µg/dL)	Perform a Confirmatory Blood Test Draw Within:
0 - 9.9	Not required
10 - 19.9	3 months
20 - 44.9	1 month
45 - 59.9	48 hours
60 - 69.9	24 hours
≥70	Immediately, emergency lab test, considered a Medical Emergency

Required Elements of Home Visit:

- A Medical, developmental, and behavioral history
- Lead education, including medical effects and environmental sources
- A determination of potential household exposures
- A nutrition assessment or referral for nutrition assessment
 - Counseling related to calcium, iron intake, and vitamin C
- A developmental assessment or referral for developmental assessment
- Referrals to other social services as appropriate
- An evaluation of the risk of other family members, including pregnant women; arrange for testing of siblings under the age of seven

Common Sources of Lead Exposure

<p>Leaded Paint: (Homes built before 1978 can contain lead-based paint)</p> <ul style="list-style-type: none"> • Chipping or peeling • Windowsills, porches, door frames are common areas • Dust created from friction of painted surfaces • Renovation that creates large amounts of dust 	<p>Soil and Water:</p> <ul style="list-style-type: none"> • Soil near busy roadways, around old homes painted with leaded paint, or areas associated with other manufacturing sources of lead • Can enter water as it passes through plumbing systems (homes built before 1986 may have lead parts in their plumbing systems)
<p>Hobbies and Occupations:</p> <ul style="list-style-type: none"> • Exposure to dust brought home from household member's job or hobby • Examples: <ul style="list-style-type: none"> ◦ Recycling materials that contain lead (e.g., batteries, electronic waste) ◦ Manufacturing items containing lead (e.g., bullets, fishing sinkers, stained glass) ◦ Construction, painting, demolition ◦ Firing range work, reloading shotgun shells 	<p>Other Common Sources:</p> <ul style="list-style-type: none"> • Imported or recalled spices • Imported cosmetics (e.g., kohl/surma and sindoor) • Imported or handmade pottery and cookware • Traditional medications, folk remedies • Mouthing on keys and metal jewelry • Antique furniture, toys, or other objects (e.g. reclaimed barn wood, window frames, etc.) • Imported candy

Medical/Developmental/Behavioral Impacts:

- Lead is a cumulative toxicant, affecting multiple body systems. Even at lower levels of exposure where no obvious symptoms are noted, lead can affect brain development resulting in:
 - Reduced IQ
 - Behavior changes, such as reduced attention span, increased antisocial behavior, reduced educational attainment
- Exposure also causes:
 - Anemia
 - Hypertension
 - Renal impairment