

Local Health Departments Lead Poisoning Prevention and Response Activities

How do local health departments address lead hazards and poisoning in their communities? Health care providers screen children for elevated blood lead levels (EBLL) at ages one and two. An EBLL of 5 or higher is the current statutory actionable level for medical and environmental interventions.



Care Coordination: For a BLL of 5 or higher, LHD Lead Program staff, typically public health nurses, health educators, or community health workers, work with the child's health care provider to follow-up as appropriate. Follow-up may include:

- Confirmatory and follow-up blood lead testing
- Risk reduction education for parent/guardian/household members.
- Testing for pregnant women and other children in home.
- Nutritional counseling.
- Diagnostic evaluation which includes a detailed lead exposure assessment,
- Nutritional assessment including iron status, and developmental screening.
- Medical treatment, if necessary.
- Case management/follow-up testing through discharge of case.
- Referral for environmental management activities.

In most cases, it will be the health care provider who does the medical follow-up on risk reduction, nutrition, etc., though in some cases, for example, for a child who is un- or under-insured, the LHD might provide these services. The LHD must ensure that the follow-up is provided.

Environmental Management: A BLL of 5

or greater also triggers the environmental investigation/ management work. The LHD or state District Office (in partial service counties) investigates/identifies possible sources of exposure. This includes looking at



interior and exterior paint, water sources, dust, soil, hobbies, home medicines, cosmetics, pottery, occupation. Environmental management activities include:

- Pre-Interview/Demographics Collection
- Environmental Inspection of Residence, including building inspection (Visual or XRF)
- Follow-up when Lead Hazard(s) is/are Identified:
 - Serve Notice and Demand, and meet with property owner regarding identified lead hazards, acceptable remediation methods, lead-safe work practices, and answering questions regarding the remediation process.
 - Collect remediation workplan, determine timeline and conduct onsite visits as needed to monitor progress and verify use of lead-safe work practices.
 - \circ $\;$ Follow-up with owners, contractors, etc. through remediation.
 - Closure, including visual inspection to assure remediation is completed.
 - Assessment of fines/civil penalties if necessary.

Local Health Departments (LHDs) may also provide public education regarding lead hazards and testing, primary prevention education for tenants, property owners and homeowners, education regarding lead safe home repair, information for workers regarding federal lead-safe workplace requirements (Lead Renovation, Repair and Painting Program) and information on grants/funding to assist in repairs.