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ACKNOWLEDGEMENTS

The Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program would like to thank our staff who work daily as a team to eliminate childhood lead poisoning in Louisiana. This is accomplished through a comprehensive approach by testing children for lead, managing children with elevated blood lead levels and reducing or eliminating environmental hazards. Additionally, we would like to thank the DHH Office of Public Health administration for their unwavering support of our mission. A special thanks to Amanda Rosencrans, MD/MPH candidate from the Tulane University Schools of Medicine and Public Health, for her assistance with this project. We would also like to thank our medical consultants, clinical care providers, risk assessors, staff at the parish health units and community organizations. With their cooperation, our program is able to provide services that are critical to a successful healthy homes and lead poisoning prevention program.
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Introduction

The Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program Tool Kit was created for health care professionals as a reference guide for routine care of infants and children who may be at risk for lead exposure. This tool kit was developed by the Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program (LHHCPPP) and contains additional resources from the Centers for Disease Control and Prevention (CDC), the United States Environmental Protection Agency (EPA), and the U.S. Department of Housing and Urban Development (HUD).

Section I contains patient education materials designed to assist the health care professional in providing anticipatory guidance and counseling about the dangers of lead poisoning. Section I also contains patient-centered resources that can be printed and distributed to patients and families.

Section II contains information for health care providers about current state guidelines regarding blood lead screening, reporting and management in the pediatric population. Relevant reporting forms are also provided in this section for further reference.

This tool kit is an informative resource to improve current practices in lead screening, prevention and management throughout Louisiana.

If you have any questions, comments or suggestions, please contact the Louisiana Healthy Homes and Childhood Lead Prevention Program, Louisiana Office of Public Health, at 504-568-8254.

How Is Louisiana Doing?

Key Points from the 2011 Annual Lead Report:

- In 2011, only 16.4% of children younger than 6 years of age were screened for elevated blood lead levels in Louisiana. This rate decreased from 2010, when 21.2% of children under 6 years of age were screened.
- In 2011, 675 children were found to have elevated blood lead levels greater than ten micrograms per deciliter of blood.
- Of those screened, 3.2% were between the ages of 6 and 11 months; 69.4% between 12 and 35 months, and 27.4% between 36 and 72 months.
- Blood lead level screening rates across parishes varies greatly, ranging from <10% to >30% in 2011.

More children need to be screened in Louisiana!

Distribution of Blood Lead Screened Rates by Parish 2011 Data

Screened Rates

- <10%
- Between 10% and 20%
- Between 20% and 30%
- ≥30%
Distribution of Blood Lead Elevated Rates by Parish
2011 Data

Elevated Rates
- <1%
- Between 1% and 2%
- Between 2% and 2.5%
- ≥2.5
Section I: For the Parent

About Lead

Lead is a heavy metal commonly found in the environment. Lead can be inhaled, ingested or absorbed from the skin and can seriously harm any system of the human body. However, exposure is most dangerous to developing brains in infants and toddlers. Because lead poisoning often presents itself without any symptoms, it is important to understand if your child is at risk and know how to protect your family from the dangers of lead poisoning.

What Are the Major Sources of Lead Exposure?

- Lead-based paint, especially in homes built before 1978
- Drinking water obtained from lead pipes
- Dust and soil contaminated by lead paint
- Imported candy from Mexico
- Toys imported from outside of the US
- Cosmetics
- Hobby supplies found in local stores
- Antiques and Pottery from Mexico
“Despite progress, lead poisoning remains one of the top childhood environmental health problems today.”

President’s Task Force on Environmental Health Risks and Safety Risks to Children

Did you know...

- Many homes built before 1978 have lead-based paint?
- 24 million homes in the United States have peeling or chipping lead-based paint or high levels of lead in dust?
- Infants, children under six, and pregnant women should have their blood tested for lead?
- In the United States, children from low-income families are eight times more likely to get lead poisoned?

What is it?

Lead is a toxic metal used in a variety of products and materials. When lead is absorbed into the body, it can cause damage to the brain and other vital organs, like the kidneys, nerves, and blood. Some symptoms of lead poisoning may include headaches, stomachaches, nausea, tiredness, and irritability. Lead can also harm children without causing any obvious symptoms.

Both inside and outside the home, deteriorated lead-paint releases its lead, which then mixes with household dust and soil. Children can become lead poisoned by putting their hands or other lead-contaminated objects into their mouths, by eating paint chips found in homes with peeling or flaking lead-based paint, and from playing in lead-contaminated soil.

continued on back
In homes built before 1978, treat peeling paint as a lead hazard unless proven otherwise.

What can you do?

1. **If your home was built before 1978:**
   - Mop smooth floors (using a damp mop) weekly to control dust.
   - Vacuum carpets and upholstery to remove dust, preferably using a vacuum with a HEPA filter or a “higher efficiency” collection bag.
   - Take off shoes when entering the house.
   - Pick up loose paint chips carefully with a paper towel; wipe the surface clean with a wet paper towel.
   - Take precautions to avoid creating lead dust when remodeling, renovating, or maintaining your home.
   - Have it checked for lead hazards by a lead professional (including the soil).

2. **For your child:**
   - Frequently wash your child’s hands and toys to reduce exposure.
   - Use cold tap water for drinking and cooking.
   - Avoid using home remedies (such as arzacon, greta, pay-boo-ah, or litargirio) and cosmetics (such as kohl or alkohl) that contain lead.
   - Have your child’s blood lead level tested at age 1 and 2. Children from 3 to 6 years of age should have their blood tested, if they have not been tested before and:
     - They live in or regularly visit a house built before 1950;
     - They live in or regularly visit a house built before 1978 with on-going or recent renovations or remodeling; or
     - They have a sibling or playmate who has or did have lead poisoning.

For more information...

Visit HUD’s website at [www.hud.gov/offices/lead](http://www.hud.gov/offices/lead) for more information about addressing health hazards in homes or to learn if HUD has a Healthy Homes program in your community. From HUD’s website, you can download a copy of “Help Yourself to A Healthy Home” for more practical steps you can take to make your home a lead-safe home.

Other Federal Resources

U.S. Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control
[www.hud.gov/offices/lead](http://www.hud.gov/offices/lead) or call (202) 755-1785

The National Lead Information Center
(800) 424-LEAD (5323)
[www.epa.gov/lead/pubs/nlic.htm](http://www.epa.gov/lead/pubs/nlic.htm)

Centers for Disease Control and Prevention (CDC)
[www.cdc.gov/nceh/lead](http://www.cdc.gov/nceh/lead)

Environmental Protection Agency (EPA)
[www.epa.gov/lead](http://www.epa.gov/lead)

U.S. Department of Labor, Occupational Safety & Health Administration
[www.osha.gov/SLTC/lead](http://www.osha.gov/SLTC/lead)

U.S. Consumer Product Safety Commission (CSPC)
[www.cpsc.gov](http://www.cpsc.gov) or call (800) 638-2772

Dust created by opening and closing windows is a common lead hazard.

Photo by: January E. Jones, Improving Kids’ Environment

www.hud.gov/offices/lead
**The Effects of Lead Poisoning**

**Who Is At Risk for Lead Poisoning?**

All children under 6 years of age are at risk for lead exposure. However, children who live in older housing, built before 1978, are at an increased risk due to risk of exposure to lead-based paint.

**Signs and Symptoms of Lead Poisoning:**

Most children who have been exposed to lead do not present with any symptoms. However, at increased lead levels, the following signs and symptoms may occur.

- Fussiness
- Loss of appetite
- Weight loss
- Loss of energy
- Abdominal pain
- Vomiting
- Constipation
- Seizures
- Coma

**Long-Term Effects of Lead Poisoning:**

- Growth delay
- Learning disabilities
- Attention disorders
- Behavioral problems
- Lower IQ
What Do Parents Need to Know to Protect Their Children?

Protecting children from exposure to lead is important to lifelong good health. Even low levels of lead in blood have been shown to affect IQ, ability to pay attention, and academic achievement. And effects of lead exposure cannot be corrected.

The most important step parents, doctors, and others can take is to prevent lead exposure before it occurs.

Update on Blood Lead Levels in Children

- Children can be given a blood test to measure the level of lead in their blood.
- Until recently, children were identified as having a blood lead level of concern if the test result is 10 or more micrograms per deciliter of lead in blood. Experts now use a new level based on the U.S. population of children ages 1-5 years who are in the top 2.5% of children when tested for lead in their blood (when compared to children who are exposed to more lead than most children).
- In the past, blood lead level tests below 10 micrograms per deciliter of lead in blood may, or may not, have been reported to parents. The new, lower value means that more children likely will be identified as having lead exposure allowing parents, doctors, public health officials, and communities to take action earlier to reduce the child’s future exposure to lead.
- What has not changed is the recommendation for when to use medical treatment for children. These new recommendations do not change the recommendation that chelation therapy be considered when a child is found with a test result of greater than or equal to 45 micrograms per deciliter of lead in blood.

Actions for Parents

Parents can take simple steps to make their homes more lead-safe.

- Talk to your local health department about testing paint and dust in your home for lead if you live in a home built before 1978.
- Common home renovation activities like sanding, cutting, and demolition can create hazardous lead dust and chips by disturbing lead-based paint. These can be harmful to adults and children.
- Renovation activities should be performed by certified renovators who are trained by EPA-approved training providers to follow lead-safe work practices.
- If you see paint chips or dust in windowsills or on floors because of peeling paint, clean these areas regularly with a wet mop.
- Wipe your feet on mats before entering the home, especially if you work in occupations where lead is used. Removing your shoes when you are entering the home is a good practice to control lead.

Lead can be found in a variety of sources. These include:
- paint in homes built before 1978.
- water pumped through leaded pipes.
- imported items including clay pots.
- certain consumer products such as candies, make up and jewelry.
- certain imported home remedies.
Background

Effect of a Different Blood Lead Level

- In the past, blood lead level tests below 10 micrograms per deciliter may, or may not, have been reported to parents. Identifying a child’s blood lead equal to or above 5 micrograms per deciliter means more parents should learn that their child has an elevated blood lead level.
- Even though no medical treatment is recommended for children with blood lead levels lower than 45 micrograms per deciliter, parents will know they need to learn about sources of lead exposure and find out if one or more unrecognized sources of lead are present in their home. Parents then can follow the Centers for Disease Control and Prevention (CDC)’s recommendations to control exposure to lead.
- No changes are recommended to the existing CDC guidelines for the evaluation and treatment of children requiring chelation (those with BLLs ≥ 45 micrograms per deciliter).

New Recommendations to Define Elevated Blood Lead Levels

- In January 2012, a committee of experts recommended that the CDC change its “blood lead level of concern.” The recommendation was based on a growing number of scientific studies that show that even low blood lead levels can cause lifelong health effects.
- The committee recommended that CDC link lead levels to data from the National Health and Nutritional Examination Survey (NHANES) to identify children living or staying for long periods in environments that expose them to lead hazards. This new level is based on the population of children aged 1-5 years in the U.S. who are in the top 2.5% of children when tested for lead in their blood. Currently, that is 5 micrograms per deciliter of lead in blood. CDC’s “blood lead level of concern” has been 10 micrograms per deciliter.
- The new value means that more children will be identified as having lead exposure earlier and parents, doctors, public health officials, and communities can take action earlier.
- The committee also said, as CDC has long said, that the best way to protect children is to prevent lead exposure in the first place.

To learn more about preventing lead exposure, visit CDC’s Web site at http://www.cdc.gov/nceh/lead/
For the Parent: Protect Your Child from Lead Exposure

How do I keep my child safe from exposure?

- Keep the area where your children play as dust-free and clean as possible.
- Consider hiring a certified inspector to check for lead hazards in older homes.
- Ask your doctor to test your young children for lead even if they seem healthy.
- Be a good neighbor. Spread the word about EPA’s new lead-safe renovation rule.
- Report chipped or cracked paint to your landlord if you live in an older home built before 1978.
- Make sure your children do not chew on painted surfaces, such as toys or window sills.
- Learn about and avoid toys that contain lead.

source: Lead-Free Kids for a Healthy Future
lead.dhh.louisiana.gov

Should My Child’s Lead Levels Be Checked?

Yes! It is recommended that all children in Louisiana have blood lead levels checked at least twice between the ages of 6 and 72 months.

How Can I Have My Child’s Lead Levels Checked?

Your child’s blood levels can be checked by a simple blood test. Ask your doctor for more information about testing and how to interpret your child’s test results. Remember, no level of lead is safe in a child under 6 years of age.
If yes, ✓

1. **Was your home built before 1978?**
   A majority of homes built before 1978 (especially homes built throughout the 1940s to 1960s), contain lead-based paint, which can have a dangerous effect on the health of young children (under the age of six) and pregnant women.

2. **Do you see walls, furniture, or window sills in your home with chipping or peeling paint?**
   Lead-based paint is unsafe if it peels, chips, or cracks. Harmful lead dust is created when windows, doors, edges of stairs, rails, or other lead-based painted surfaces wear away over time. You or your landlord can get your home checked for lead by hiring a trained, certified professional. Many young children put their hands or other objects covered with lead dust in their mouths, which can cause serious damage to their health. Wash children’s hands, bottles, pacifiers, and toys often.

3. **Do your children play in lead-contaminated soil near your home?**
   Soil around homes with lead-based paint may have lead chips, dust, or flakes in it. Children can accidentally swallow this soil while playing outdoors, or the soil may be tracked indoors from shoes onto carpet and floors where children can eventually come into contact with it. Teach children to wipe and remove their shoes, as well as to wash their hands, after playing outdoors.

4. **Do you store food in imported pottery that contains lead?**
   Imported pottery and dishware usually contain lead. To protect your family from lead poisoning, use imported pottery only for decoration, and keep food and drinks in other safe, storage containers.

5. **Do you work with lead in your job?**
   You may be exposed to lead on the job if you work as a painter, ironworker, construction worker, cable splicer, automobile radiator repair mechanic, firearms instructor, metal shop worker, stained glass artist, or battery maker. If you work in a lead-related industry, change your work clothes before entering the home, wash your work clothes separately from the clothes you wear around your family, and remove your shoes before entering your home, as lead can be tracked indoors onto carpets, floors, and furniture.

If you have answered yes to any of these questions, have your home tested by a certified professional by contacting 1-800-424-LEAD (5323) or visiting [www.epa.gov/lead](http://www.epa.gov/lead). If you rent, find out if your landlord has checked your home for lead. Have your children tested for lead poisoning by asking your doctor or your health specialist at a Head Start center to do a simple blood test. Medicaid should pay for the cost of the lead poisoning test.

To find simple ways to prevent lead poisoning in your home look for the “Chance of a Lifetime” brochure at your Head Start center.
Nutrition and Lead Poisoning Prevention

Did you know...
- that children absorb less lead when their stomachs are full?
- that certain nutrients like Iron, Calcium and Vitamin C help protect your child from lead poisoning?

Iron-Rich Foods:
- Lean red meats, fish and chicken
- Iron-fortified cereals
- Dried fruits like raisins and prunes

Calcium-Rich Foods:
- Milk
- Yogurt and Cheese
- Green leafy vegetables like spinach, kale and collard greens

Vitamin C-Rich Foods:
- Oranges, orange juice
- Grapefruits, grapefruit juice
- Tomatoes, tomato juice
- Green peppers

Tip: Provide your child with 4-6 small meals each day that contain iron, calcium and vitamin C to help prevent lead poisoning.

Section II: For the Health Care Provider

CDC Update on Blood Lead Levels in Children

- Experts now use a reference level of 5 micrograms per deciliter (µg/dL) to identify children with blood lead levels that are much higher than most children’s levels. This new level is based on the U.S. population of children ages 1-5 years who are in the highest 2.5% of children when tested for lead in their blood.

- This reference value is based on the 97.5th percentile of the National Health and Nutrition Examination Survey (NHANES)’s blood lead distribution in children. CDC will update the reference value every four years using the two most recent NHANES surveys.

- Until recently, children were identified as having a blood lead “level of concern” if the test result is 10 or more µg/dL of lead in blood. CDC is no longer using the term “level of concern” and is instead using the reference value to identify children who have been exposed to lead and who require case management.

- In the past, blood lead level tests below 10 µg/dL of lead in blood may, or may not, have been reported to parents. The new lower value means that more children will likely be identified as having lead exposure allowing parents, doctors, public health officials and communities to take action earlier to reduce the child’s future exposure to lead.

- What has not changed is the recommendation for when medical treatment is advised for children with high blood lead exposure levels. The new recommendation does not change the guidance that chelation therapy be considered when a child has a blood lead test result greater than or equal to 45 µg/dL.

- Children can be given a blood test to measure the level of lead in their blood. These tests are covered by Medicaid and most private health insurance.

source: Update on Blood Lead Levels in Children. Centers for Disease Control and Prevention. cdc.gov/nceh/lead
A New Emphasis on Primary Prevention

In 2012, the Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) published a report entitled, “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention.”

Key Points/Recommendations:

- CDC should develop and help implement a nationwide primary prevention policy to ensure that no children in the U.S. live or spend significant time in homes, buildings or other environments with lead-exposure hazards.
- Clinicians should be a reliable source of information on lead hazards and take the primary role in educating families about preventing lead exposures. This includes recommending environmental assessments prior to blood lead screening of children at risk for lead exposure.

- Clinicians should monitor the health status of all children with a confirmed BLL ≥5 µg/dL for subsequent increase or decrease in BLL until all recommended environmental investigations and mitigation strategies are complete, and should notify the family of all affected children of BLL test results in a timely and appropriate manner.
- Clinicians should ensure that BLL values at or above the reference value are reported to local and state health and/or housing departments if no mandatory reporting exists and collaborate with these agencies in providing the appropriate services and resources to children and their families.

January 24, 2014

Dear Colleagues,

The Department of Health and Hospitals, Office of Public Health would like to remind medical providers of changes made to state regulations pertaining to blood lead screening of children in Louisiana. Low blood lead screening rates of children across the state (16.4% average) has resulted in inadequate prevalence data to identify geographic high risk parishes. Therefore, in an effort to improve screening rates of children in Louisiana, this is a reminder that all children between the ages of 6 months and 72 months must be screened for blood lead levels. The following amendments were made to the Louisiana Administrative Code (LAC) 48: V. §7005, §7007, and §7009 and became effective October 20, 2008:

§7005. Mandatory Blood Lead Screening of Children in High Risk Geographical Areas
The amendment extends the designation of high-risk areas for childhood lead poisoning from Morehouse, Orleans, Tensas, and West Carroll to ALL Parishes in the state of Louisiana. Therefore, medical providers of routine primary care services to children ages 6 months to 72 months who reside or spend more than 10 hours per week in any Louisiana parish must have such children screened in accordance with practices consistent with the current Center for Disease Control and Prevention guidelines and in compliance with Louisiana Medicaid.

§7007. Mandatory Case Reporting by Health Care Providers
To ensure appropriate and timely follow-up, medical providers must now report a lead case, which is a blood lead level ≥10 micrograms per deciliter (μg/dL), to the Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program (LHHCLPPP), Office of Public Health within 24 business hours (instead of 48 hours) by fax to (504) 568-8253, and the original lead case reporting form shall be mailed within 5 business days to LHHCLPPP, Office of Public Health, PO Box 60630, New Orleans, LA 70160.

§7009. Reporting Requirements of Blood Lead Levels by Laboratories AND Health Care Providers Performing Office-Based Blood Lead Analyses for Public Health Surveillance
All results of blood lead testing for children under 72 months of age must be reported to LHHCLPPP by electronic transmission regardless of the blood lead level.

The LHHCLPPP needs your continued commitment to create a lead safe environment for children and their families. If you have any questions about the information presented in this letter, please contact LHHCLPPP at (504)568-8254. Also, please visit the website at www.lead.dhh.louisiana.gov for additional provider information and for lead poisoning prevention educational materials for families, which are available at no cost to providers.

Sincerely,

Jimmy Guidry, MD
State Health Officer/DHH Medical Director
Screening Requirements

Medical providers offering routine care to children ages 6 months to 72 months who reside or spend more than 10 hours per week in any Louisiana parish must have children screened in accordance with practices consistent with the current Centers for Disease Control and Prevention and Louisiana Medicaid (KIDMED) guidelines and in compliance with Louisiana Administrative Code (LAC) 48: V 7005, 7007 and 7009.

Reporting requirements:

1. Medical providers are required to report all blood lead levels to LHHCLPPP on the Lead Case Reporting Form.

2. **Blood lead levels 10 µg/dL or greater should be reported immediately.** In addition to the Lead Case Reporting Form, Medical Providers are required to submit an Environmental Lead Investigation Form immediately to LHHCLPPP with blood lead levels that are 15µg/dL-19µg/dL after 2 venous tests or ≥ 20 µg/dL on one venous test.

3. Follow the CDC Lead Poisoning Management Summary Chart (see page 21) to determine when a child needs a repeat blood lead level test, when to make a referral, or when an environmental inspection is needed.

Required reporting information:

1. Complete LHHCLPPP Lead Case Reporting Form, then fax to 504-568-8253.

2. Complete the Request for Environmental Lead Investigation form if needed, then fax to 504-568-8253.

For more information about lead poisoning, reporting requirements or referral, contact:

**Louisiana Childhood Lead Poisoning Prevention Program (LHHCLPPP)**

1450 Poydras Street, Suite 2046, New Orleans, La. 70112

Phone: (504) 568-8254

Fax: (504) 568-8253


*Lead Testing Kits can be obtained from Tamarac Medical Laboratoreis 1-800-842-7069*
### Lead Case Reporting Form

Copies of the following form can be used to report lead results. As stated in the Louisiana Childhood Lead Poisoning Prevention Program Rule (LAC 48:V.7001-7007), please provide all of the following information. Please print all information, use separate forms for each patient and fax the completed form to (504) 568-8253.

#### PATIENT INFORMATION

1. LAST NAME: ____________________________ 2. FIRST: ____________________________ 3. MI: ____________________________  
4. SSN: ____________________________ 5. MEDICAID NUMBER (if any): ____________________________  
6. DATE OF BIRTH: ____________________________ 7. SEX: FEMALE MALE  
8. RACE: Black White Other ____________________________ 9. NATIONAL ORIGIN: ____________________________

#### PARENT'S OR GUARDIAN'S INFORMATION

10. PARENT'S OR GUARDIAN'S FULL NAME: ____________________________ 11. MOTHER'S FULL NAME: ____________________________ 12. PHONE NUMBER: ____________________________  
17. PARISH/COUNTY: ____________________________

#### BLOOD LEAD INFORMATION

18. BLOOD LEAD RESULT: ____________________________ 19. DATE COLLECTED: ____________________________  
20. Please circle one: CAPILLARY VENOUS  
21. Please circle one: FIRST ANNUAL REPEAT

#### REPORTING PROVIDER OR LABORATORY INFORMATION

22. PROVIDER/LAB NAME: ____________________________ 23. CONTACT PERSON: ____________________________  
28. PARISH/COUNTY: ____________________________ 29. TELEPHONE: ____________________________ 30. FAX: ____________________________
Assessing the Risk of Lead Exposure

**CDC Guidelines for Questions to Ask Regarding a Child’s Environmental History:**

**Environmental exposure**
- What is the age and general condition of the residence?
- Is there evidence of chewed or peeling paint on woodwork, furniture or toys?
- How long has the family lived at that residence?
- Have there been recent renovations or repairs in the house?
- Are there other sites where the child spends significant amounts of time?
- What is the character of indoor play areas?
- Do outdoor play areas contain bare soil that may be contaminated?
- How does the family attempt to control dust/dirt?

**Relevant behavioral characteristics of the child**
- To what degree does the child exhibit hand-to-mouth activity?
- Does the child exhibit pica?
- Are the child’s hands washed before meals and snacks?

**Exposures to and behaviors of household members**
- What are the occupations of adult household members?
- What are the hobbies of household members? (Fishing, working with ceramics or stained glass and hunting are examples of hobbies that involve risk for lead exposure.)
- Are painted materials or unusual materials burned in household fireplaces?

**Miscellaneous questions**
- Does the home contain vinyl mini-blinds made overseas and purchased before 1997?
- Does the child receive or have access to imported food, cosmetics or folk remedies?
- Is food prepared or stored in imported pottery or metal vessels?
REQUEST FOR ENVIRONMENTAL LEAD INVESTIGATION

Please fill out Parts I, II, & III completely. Complete Part IV if residence is rental. The information is necessary for a proper investigation to be arranged, to complete documents needed for Medicaid reimbursement, and for a thorough inspection to help identify the source of lead poisoning. FAX this form to 504-568-8253

I. REQUESTER INFORMATION
Date of Request:_____/_____/______ Requested By: ____________________ Telephone:____________________
Provider Name:________________________________________ Fax:____________________
Address:________________________________________ City:_________________ State:____ Zip:_______ Parish:__________________

II. PATIENT INFORMATION
Name:________________________________________ Birth Date:_____/_____/______ Sex:____ Race:____
Social Security No.:_________ - _______ - _______ Medicaid No.:________________________
Home Address:________________________________________ (P.O. Box not acceptable) Rent___Own___
City:_________________ ZIP:_________ Phone:____________________
Parent/Guardian Name:______________________________________ Bus. Phone:____________________
Other residence where patient spends time:
Occupant Name:________________________________________ Phone:____________________
Address:________________________________________ City:_________________ State:____ ZIP:_______
Owner/Agent Name:________________________________________ Phone:____________________
Address:________________________________________ City:_________________ State:____ ZIP:_______

III. PATIENT'S LEAD TEST HISTORY
Provide initial test date and result. Circle type, either venous (V) or capillary(C):
Initial Test: Date_____/_____/______ Result_____ug/dl Type: C or V____
Provide most recent follow-up test dates and results. Circle type, either venous (V) or capillary (C):
Date___/___/___ Result_____ug/dl Type: C or V_ Date___/___/___ Result_____ug/dl Type: C or V____
Date___/___/___ Result_____ug/dl Type: C or V_ Date___/___/___ Result_____ug/dl Type: C or V____
Attach copies of laboratory reports for all results listed.

IV. RENTAL RESIDENCE INFORMATION
Owner/Agent Name:________________________________________ Phone:____________________
Address________________________________________ City:_________________ State:____ ZIP:_______
Risk Assessor Information:________________________

LOUISIANA HEALTHY HOMES and CHILDHOOD LEAD POISONING PREVENTION PROGRAM
1450 Poydras Street Suite 2046 • New Orleans, Louisiana 70112
Phone #: 504/568-8254 • Fax #: 504/568-8253 • WWW.DHH.LA.GOV
"An Equal Opportunity Employer"
Management Guidelines for Providers

LOUISIANA HEALTHY HOMES
CHILDHOOD LEAD POISONING PREVENTION PROGRAM
(LHHCLPPP)

MANAGEMENT FOR FOLLOW-UP BLOOD LEAD TESTING

Test all children at age 1 year and again at age 2 years regardless of initial result.
All capillary blood lead level results that are ≥5 should be confirmed with a venous test within the recommended time frame

<table>
<thead>
<tr>
<th>BLL (µg/dL)</th>
<th>Confirmation of CAPILLARY test with VENOUS Test</th>
<th>MEDICAL Follow-up VENOUS Test</th>
<th>LHHCLPPP Case Management Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5</td>
<td>No confirmation</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>5-9</td>
<td>Venous test within 3 months</td>
<td>Venous test within 3 months</td>
<td>*Letter mailed to parents regarding the new reference value and take child within 3 months for retest. *No other case management follow-up.</td>
</tr>
<tr>
<td>10-14</td>
<td>Venous test within 3 months</td>
<td>Test every 3 months</td>
<td>Follow-up BLL monitoring</td>
</tr>
<tr>
<td>15-19</td>
<td>Venous test within 1 month</td>
<td>Test every 2 months</td>
<td>*Follow-up BLL monitoring. *Environmental Investigation if two venous. *Lead education and nutrition counseling.</td>
</tr>
<tr>
<td>20-44</td>
<td>Venous test within 1 week</td>
<td>*Test monthly *Lab work: Hemoglobin Treat low iron levels</td>
<td>*Follow-up BLL monitoring *Environmental Investigation *Lead education and nutrition counseling</td>
</tr>
<tr>
<td>45-69</td>
<td>Venous test within 3 days</td>
<td>*Test monthly *Chelation Therapy *Lab work: Hemoglobin Treat low iron levels</td>
<td>*Follow-up BLL monitoring *Environmental Investigation *Lead education and nutritional counseling *Referral for developmental screening</td>
</tr>
<tr>
<td>&gt;69</td>
<td>Venous Test Immediately</td>
<td>*Test monthly *Chelation Therapy *Lab work: Hemoglobin Treat low iron levels</td>
<td>*Follow-up BLL monitoring *Environmental Investigation *Lead education and nutritional counseling *Referral for developmental screening</td>
</tr>
</tbody>
</table>

Based on 2013 CDC Guidelines
The purpose of Louisiana Childhood Lead Poisoning Prevention Program (LHHCLPPP) is to eliminate childhood lead poisoning in Louisiana through a comprehensive approach to prevention of lead poisoning and the management of children found to have elevated blood levels.

Services include:

- Monitoring of blood lead levels in children 6 years of age and under;
- Identification of children with elevated blood lead levels;
- Care coordination for children with elevated blood lead levels;
- Environmental inspection for children with elevated blood lead levels; and
- Community and professional education on childhood lead poisoning.

Questions can be directed to the Louisiana Childhood Lead Poisoning Prevention Program, at (504) 568-8254.