

Georgia Comprehensive Childhood Lead Poisoning Prevention Program Case Management Guidelines

Blood Lead Level	Recommendations
< 5 ug/dl	<ul style="list-style-type: none"> No safe threshold above “0” has been identified. Medical provider should provide anticipatory guidance for any blood lead level (BLL) above “0”.
5 – 9 ug/dl	<ul style="list-style-type: none"> Perform additional blood lead tests within 1 year according to the Georgia Childhood Lead Screening Guidelines.* GHHLPPP will provide educational material to parents GHHLPPP will contact parents for consultation on confirmed cases
10 – 19µg/dL	<p>Per GHHLPPP recommendations, the medical provider will:</p> <ul style="list-style-type: none"> Conduct diagnostic (confirmatory) test (venous preferred) within 3 months. If child is < 12 months old or it is believed the BLL may be increasing rapidly, the test should be done earlier. Test other children in the home <72 months of age who have not been tested in the last 6 months. Conduct nutritional assessment Continue testing at 3 month intervals until all the following conditions are met: <ul style="list-style-type: none"> BLL has remained <10µg/dL for at least 6 months (two tests at least 3 months apart) Lead hazards have been controlled. There are no new sources of lead exposure <p>GHHLPPP or the Case Management Provider will send, by mail, or deliver the following information to the caregiver:</p> <ul style="list-style-type: none"> Child should receive a diagnostic (confirmatory) test (venous preferred) within 3 months. Recommendation to have other children in the home <72 months of age who have not been tested in the last 6 months, tested. <p>GHHLPPP will refer the case to one of six Regional Healthy Homes Coordinators (RHHC)</p> <p>Regional Healthy Homes Coordinator or Case Management Provider will give in-person (or in some cases by phone or mail) to caregiver:</p> <ul style="list-style-type: none"> Information on lead poisoning cause and effect, environmental lead hazard reduction, and nutrition. Information on WIC services available. Information on Children 1st Program information (newborns to 5 years old) Information on Children’s Medical Services (CMS) if child =>5 years old <p>Regional Healthy Homes Coordinator will also:</p> <ul style="list-style-type: none"> Conduct or arrange an environmental risk assessment by a certified risk assessor. Risk assessment should occur within 2 weeks of receiving referral from GHHLPPP.

	<ul style="list-style-type: none"> •
20 – 44µg/dL	<p>Per GHHLPPP recommendations, the medical provider will:</p> <ul style="list-style-type: none"> • Conduct diagnostic (confirmatory) test (venous preferred) within 1 week-1 month • Test other children in the home <72 months of age who have not been tested in the last 6 months. • Conduct comprehensive medical evaluation including nutritional assessment • Continue testing at 3 month intervals until all the following conditions are met: <ul style="list-style-type: none"> ○ BLL has remained <10µg/dL for at least 6 months (two tests at least 3 months apart) ○ Lead hazards have been controlled, ○ There are no new sources of lead exposure <p>GHHLPPP or the Case Management Provider will send, by mail, the following information to the caregiver:</p> <ul style="list-style-type: none"> • Child should receive a diagnostic (confirmatory) test (venous preferred) within 1 week to 1 month, • Recommendation to have other children in the home <72 months of age who have not been tested in the last 6 months, tested. <p>GHHLPPP will refer the case to one of nine Regional Healthy Homes Coordinators (RHHC)</p> <p>Regional Healthy Homes Coordinator or the Case Management Provider will give in-person (or in some cases by phone or mail) to caregiver:</p> <ul style="list-style-type: none"> • Information on lead poisoning cause and effect, environmental lead hazard reduction, and nutrition. • Information on WIC services available. • Information on Children 1st Program information (newborns to 5 years old) • Information on Children’s Medical Services (CMS) if child =>5 years old <p>Regional Healthy Homes Coordinator will also:</p> <ul style="list-style-type: none"> • Conduct or arrange an environmental risk assessment by a certified risk assessor. Risk assessment should occur within 1-2 weeks of receiving referral from GHHLPPP. • Send by mail (or in some cases call) a summary of risk assessment and recommendations to the caregiver, property owner and medical provider. • Provide a copy of the risk assessment in approved format to GHHLPPP.
45 – 69µg/dL	<p>URGENT</p> <p>Per GHHLPPP recommendations, the medical provider will:</p> <ul style="list-style-type: none"> • Conduct diagnostic (confirmatory) test (venous preferred) within 24-48 hours. • Test other children in the home <72 months of age who have not been tested in the last 6 months.

	<ul style="list-style-type: none"> • Conduct comprehensive medical evaluation, including nutrition assessment and consider pharmacologic treatment. Contact the Georgia Poison Center for consultation. • Continue testing at 1-2 month intervals until all the following conditions are met: <ul style="list-style-type: none"> ○ BLL has remained <45µg/dL for at least 4 months (two tests at least 2 months apart) then start follow up blood lead testing at 3 month intervals until BLL has remained <10µg/dL for at least 6 months (two tests at least 3 months apart) ○ All identified lead hazards have been controlled Note: A child receiving chelation therapy <u>MAY NOT</u> return to the home until all lead hazards have been controlled. ○ There are no new sources of lead exposure. <p>GHHLPPP or the Case Management Provider will give, by phone, the following recommendation to the caregiver:</p> <ul style="list-style-type: none"> • Child should receive a diagnostic (confirmatory) test (venous preferred) within 24-48 hours, • Recommendation to have other children in the home <72 months of age who have not been tested in the last 6 months, tested. <p>GHHLPPP will refer the case to one of nine Regional Healthy Homes Coordinators (RHHC)</p> <p>Regional Healthy Homes Coordinator or the Case Management Provider will give in-person (or in some cases by phone) to caregiver:</p> <ul style="list-style-type: none"> • Information on lead poisoning cause and effect, environmental lead hazard reduction, and nutrition. • Information on WIC services available. • Information on Children 1st Program information (newborns to 5 years old) • Information on Children’s Medical Services (CMS) if child =>5 years old <p>Regional Healthy Homes Coordinator will also:</p> <ul style="list-style-type: none"> • Conduct or arrange an environmental risk assessment by a certified risk assessor. Risk assessment should occur within 48 hours of receiving referral from GHHLPPP. • Call-in a summary of risk assessment and recommendations to the caregiver, property owner and medical provider. • Provide a copy of the risk assessment in approved format to GHHLPPP.
<p>≥ 70µg/dL</p>	<p>MEDICAL EMERGENCY. DO NOT DELAY MEDICAL TREATMENT. Per GHHLPPP recommendations, the medical provider will:</p> <ul style="list-style-type: none"> • Conduct diagnostic (confirmatory) test (venous preferred) as emergency lab test. • Conduct immediate medical evaluation and pharmacologic treatment. Contact the Georgia Poison Center for consultation. • Test other children in the home <72 months of age who have not been tested in the last 6 months.

	<ul style="list-style-type: none"> • Continue testing at 1-2 month intervals until all the following conditions are met: <ul style="list-style-type: none"> ○ BLL remains <45µg/dL for at least 4 months (two tests at least 2 months apart) then start follow up blood lead testing at 3 month intervals until BLL has remained <10µg/dL for at least 6 months (two tests at least 3 months apart) ○ All identified lead hazards have been controlled Note: A child receiving chelation therapy <u>MAY NOT</u> return to the home until all lead hazards have been controlled. ○ There are no new sources of lead exposure. <p>GHHLPPP or the Case Management Provider will give, by phone, the following recommendation to the caregiver:</p> <ul style="list-style-type: none"> • Child should receive a diagnostic (confirmatory) test (venous preferred) immediately. • Recommendation to have other children in the home <72 months of age who have not been tested in the last 6 months, tested. <p>GHHLPPP will refer the case to one of nine Regional Healthy Homes Coordinators (RHHC)</p> <p>Regional Healthy Homes Coordinator or the Case Management Provider will give in-person (or in some cases by phone) to caregiver:</p> <ul style="list-style-type: none"> • Information on lead poisoning cause and effect, environmental lead hazard reduction, and nutrition. • Information on WIC services available. • Information on Children 1st Program information (newborns to 5 years old) • Information on Children's Medical Services (CMS) if child =>5 years old <p>Regional Healthy Homes Coordinator will also:</p> <ul style="list-style-type: none"> • Conduct or arrange an environmental risk assessment by a certified risk assessor. Risk assessment should occur within 24 hours of receiving referral from GHHLPPP. • Call-in a summary of risk assessment and recommendations to the caregiver, property owner and medical provider • Provide a copy of the risk assessment in approved format to GHHLPPP. • If child must go to different housing unit post chelation, RHHC will inspect the new unit for lead hazards and inform medical provider that home is lead safe prior to child's release from hospital.
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*GA-AAP recommends a follow-up blood lead test within 3 months if the initial test is 5- 9 ug/dl.

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