

## COUNTY BOARD OF HEALTH CHILDHOOD LEAD POISONING PREVENTION PROGRAM CASE MANAGEMENT GUIDELINES

provide anticipatory guidance for any blood lead level (B  5 – 9 μg/dL  • Perform additional blood lead tests within 1 year according Childhood Lead Screening Guidelines.* • GHHLPPP will provide educational material to parents • GHHLPPP will contact parents for consultation on confined parents. • GHHLPPP will contact parents for consultation on confined provider will:  • Conduct diagnostic (confirmatory) test (venous preferred if child is < 12 months old or it is believed the BLL mayority, the test should be done earlier. • Test other children in the home <72 months of age what tested in the last 6 months. • Conduct nutritional assessment • Continue testing at 3-month intervals until all the following met:  • BLL has remained <10μg/dL for at least 6 months 3 months apart) • Lead hazards have been controlled • There are no new sources of lead exposure  GHHLPPP or the Case Management Provider will send, by material following information to the caregiver: • Child should receive a diagnostic (confirmatory) test (within 3 months. • Recommendation to have other children in the home < who have not been tested in the last 6 months, tested.  GHHLPPP will refer the case to one of six Regional Healthy Hore (RHHC)  Regional Healthy Homes Coordinator or Case Management in-person (or in some cases by phone or mail) to caregiver: • Information on lead poisoning cause and effect, environm reduction, and nutrition. • Information on WIC services available.	BLOOD LEAD LEVEL	RECOMMENDATIONS
Childhood Lead Screening Guidelines.*  GHHLPPP will provide educational material to parents GHHLPPP will contact parents for consultation on confin  10 – 19 μg/dL  Per GHHLPPP recommendations, the medical provider will: Conduct diagnostic (confirmatory) test (venous preferred if child is < 12 months old or it is believed the BLL m rapidly, the test should be done earlier. Test other children in the home <72 months of age what tested in the last 6 months. Conduct nutritional assessment Continue testing at 3-month intervals until all the following met:  BLL has remained <10μg/dL for at least 6 months 3 months apart) Lead hazards have been controlled There are no new sources of lead exposure  GHHLPPP or the Case Management Provider will send, by m following information to the caregiver: Child should receive a diagnostic (confirmatory) test (within 3 months. Recommendation to have other children in the home < who have not been tested in the last 6 months, tested.  GHHLPPP will refer the case to one of six Regional Healthy Hot (RHHC)  Regional Healthy Homes Coordinator or Case Management in-person (or in some cases by phone or mail) to caregiver: Information on lead poisoning cause and effect, environm reduction, and nutrition.	< 5 μg/dL	<ul> <li>No safe threshold above "0" has been identified. Medical provider should provide anticipatory guidance for any blood lead level (BLL) above "0".</li> </ul>
Conduct diagnostic (confirmatory) test (venous preferred If child is < 12 months old or it is believed the BLL m rapidly, the test should be done earlier.  Test other children in the home <72 months of age what tested in the last 6 months.  Conduct nutritional assessment  Continue testing at 3-month intervals until all the following met:  BLL has remained <10µg/dL for at least 6 months 3 months apart)  Lead hazards have been controlled  There are no new sources of lead exposure  GHHLPPP or the Case Management Provider will send, by m following information to the caregiver:  Child should receive a diagnostic (confirmatory) test (within 3 months.  Recommendation to have other children in the home < who have not been tested in the last 6 months, tested.  GHHLPPP will refer the case to one of six Regional Healthy Hor (RHHC)  Regional Healthy Homes Coordinator or Case Management in-person (or in some cases by phone or mail) to caregiver:  Information on lead poisoning cause and effect, environm reduction, and nutrition.		Childhood Lead Screening Guidelines. *  GHHLPPP will provide educational material to parents  GHHLPPP will contact parents for consultation on confirmed cases
,		<ul> <li>Conduct diagnostic (confirmatory) test (venous preferred) within 3 months. If child is &lt; 12 months old or it is believed the BLL may be increasing rapidly, the test should be done earlier.</li> <li>Test other children in the home &lt;72 months of age who have not been tested in the last 6 months.</li> <li>Conduct nutritional assessment</li> <li>Continue testing at 3-month intervals until all the following conditions are met:         <ul> <li>BLL has remained &lt;10µg/dL for at least 6 months (two tests at least 3 months apart)</li> <li>Lead hazards have been controlled</li> <li>There are no new sources of lead exposure</li> </ul> </li> <li>GHHLPPP or the Case Management Provider will send, by mail, or deliver the following information to the caregiver:         <ul> <li>Child should receive a diagnostic (confirmatory) test (venous preferred) within 3 months.</li> <li>Recommendation to have other children in the home &lt;72 months of age who have not been tested in the last 6 months, tested.</li> </ul> </li> <li>GHHLPPP will refer the case to one of six Regional Healthy Homes Coordinators (RHHC)</li> <li>Regional Healthy Homes Coordinator or Case Management Provider will give in-person (or in some cases by phone or mail) to caregiver:         <ul> <li>Information on lead poisoning cause and effect, environmental lead hazard reduction, and nutrition.</li> <li>Information on Children 1st Program information (newborns to 5 years old)</li> <li>Information on Children's Medical Services (CMS) if child =&gt;5 years old</li> </ul> </li> </ul>

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	<ul> <li>Conduct or arrange an environmental risk assessment by a certified risk assessor. Risk assessment should occur within 2 weeks of receiving referral from GHHLPPP.</li> </ul>		
20 – 44μg/dL	Per GHHLPPP recommendations, the <b>medical provider</b> will:		
	<ul> <li>Conduct diagnostic (confirmatory) test (venous preferred) within 1 week-1 month</li> </ul>		
	Test other children in the home <72 months of age who have not been tested in the last 6 months		
	<ul> <li>Conduct comprehensive medical evaluation including nutritional assessment</li> </ul>		
	<ul> <li>Continue testing at 3-month intervals until all the following conditions are met:</li> </ul>		
	<ul> <li>BLL has remained 10 μg/dL for at least 6 months (two tests at least 3 months apart)</li> </ul>		
	<ul> <li>Lead hazards have been controlled,</li> </ul>		
	<ul> <li>There are no new sources of lead exposure</li> </ul>		
	<b>GHHLPPP</b> or the Case Management Provider will send, by mail, the following information to the caregiver:		
	Child should receive a diagnostic (confirmatory) test (venous preferred)		
	within 1 week to 1 month,		
	<ul> <li>Recommendation to have other children in the home &lt;72 months of age who have not been tested in the last 6 months, tested.</li> </ul>		
	GHHLPPP will refer the case to one of nine Regional Healthy Homes Coordinators (RHHC)		
	Regional Healthy Homes Coordinator or the Case Management Provider will		
	<ul> <li>give in-person (or in some cases by phone or mail) to caregiver:</li> <li>Information on lead poisoning cause and effect, environmental lead hazard reduction, and nutrition.</li> </ul>		
	Information on WIC services available.		
	<ul> <li>Information on Children 1st Program information (newborns to 5 years old)</li> </ul>		
	Information on Children's Medical Services (CMS) if child =>5 years old		
	Regional Healthy Homes Coordinator will also:		
	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 case of the risk assessment in approved format to CLUL DDD.		
	Provide a copy of the risk assessment in approved format to GHHLPPP.		

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## $45 - 69 \mu g/dL$

## URGENT

Per GHHLPPP recommendations, the medical provider will:

- 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.
- Conduct comprehensive medical evaluation, including nutrition assessment and consider pharmacologic treatment. Contact the Georgia Poison Center for consultation.
- Continue testing at 1 to 2-month intervals until all the following conditions are met:
  - 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 <u>Note:</u> A child receiving chelation therapy MAY NOT return to the home until all lead hazards have been controlled.
  - o There are no new sources of lead exposure.

**GHHLPPP** or the Case Management Provider will give, by phone, the following recommendation to the caregiver:

- 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.

**GHHLPPP** will refer the case to one of nine Regional Healthy Homes Coordinators (RHHC)

**Regional Healthy Homes Coordinator** or the Case Management Provider will give in-person (or in some cases by phone or mail) to caregiver:

- 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

## Regional Healthy Homes Coordinator will also:

 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.

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	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.
> 70µg/dL	<ul> <li>MEDICAL EMERGENCY</li> <li>DO NOT DELAY MEDICAL TREATMENT</li> <li>Per GHHLPPP recommendations, the medical provider will:         <ul> <li>Conduct diagnostic (confirmatory) test (venous preferred) as emergency lab test.</li> <li>Conduct immediate medical evaluation and pharmacologic treatment. Contact the Georgia Poison Center for consultation.</li> <li>Test other children in the home</li> <li>Test other children in the home</li> <li>Continue testing at 1 to 2-month intervals until all the following conditions are met:</li></ul></li></ul>
	<ul> <li>GHHLPPP or the Case Management Provider will give, by phone, the following recommendation to the caregiver:         <ul> <li>Child should receive a diagnostic (confirmatory) test (venous preferred) within 24-48 hours,</li> <li>Recommendation to have other children in the home &lt;72 months of age who have not been tested in the last 6 months, tested.</li> </ul> </li> <li>GHHLPPP will refer the case to one of nine Regional Healthy Homes Coordinators</li> </ul>
	Regional Healthy Homes Coordinator or the Case Management Provider will give in-person (or in some cases by phone or mail) to caregiver:  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

Regional Healthy Homes Coordinator will also:

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•	Conduct or arrange an environmental risassessor. Risk assessment should occureferral from GHHLPPP.  Call-in a summary of risk assessment caregiver, property owner and medical property.	t and recommend	s of receiving
•	Provide a copy of the risk assessment in	approved format to	GHHLPPP.
•	If child must go to different housing unit	oost chelation, RHF	HC will inspect
	the new unit for lead hazards and informed lead safe prior to child's release from hos	•	that home is

01/2021

Revised

**COUNTY BOARD OF HEALTH** 

**GUIDELINES** 

\*GA-AAP recommends a follow-up blood lead test within 3 months if the initial test is 5- 9µg /dl.

Developed 7/2006 Updated 2/2018

Georgia Healthy Homes and Lead Poisoning Prevention Program 2 Peachtree Street, NW | 13th Floor | Atlanta, Georgia 30303 Phone: 404 657-6534 | dph.ga.gov/lead | Fax (404) 463-403