Texas Childhood Lead Poisoning Prevention Program Overview and Guidelines

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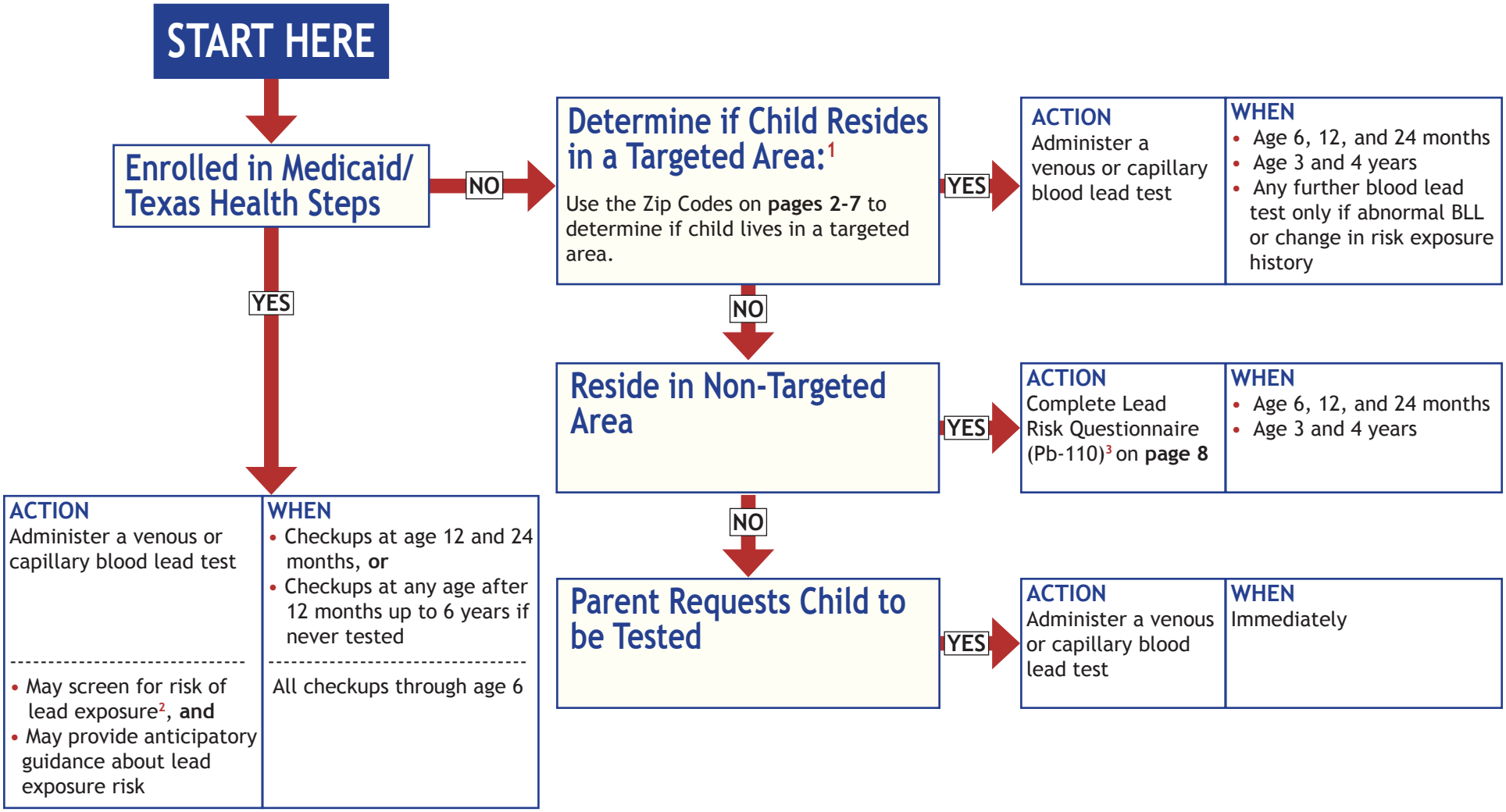
Overview of Texas Childhood Lead Poisoning Prevention Program (TX CLPPP)

The Waco-McLennan County Public Health District does not conduct any surveillance, case investigations, or follow up for blood lead testing. The Texas Department of State Health Services (DSHS) Texas Childhood Lead Poisoning Prevention Program (TX CLPPP) handles all surveillance and case management for children less than 15 years of age in the state of Texas. There are two TX CLPPP environmental risk assessors who evaluate all qualifying locations for the state of Texas. Children under the age of 15 are screened and/or tested based on age, Medicaid status or location of residence. Texas Administrative Code (Title 25, Part 1, Chapter 37, Rule §37.334) requires the reporting of all blood lead levels, elevated and non-elevated, for children 14 years of age or younger. Further action measures are determined by the child's blood lead levels. Local providers are the direct source of family education and prevention measures, as well as, assuring proper screening, testing, and medical management for children in Texas. The following pages provide detailed guidelines provided by TX CLPPP that providers should follow regarding lead screening, testing, education, reporting, and medical management. Additional materials can be found at http://dshs.texas.gov/lead/providers.shtm.

Childhood Blood Lead Screening Guidelines

Form Pb-120



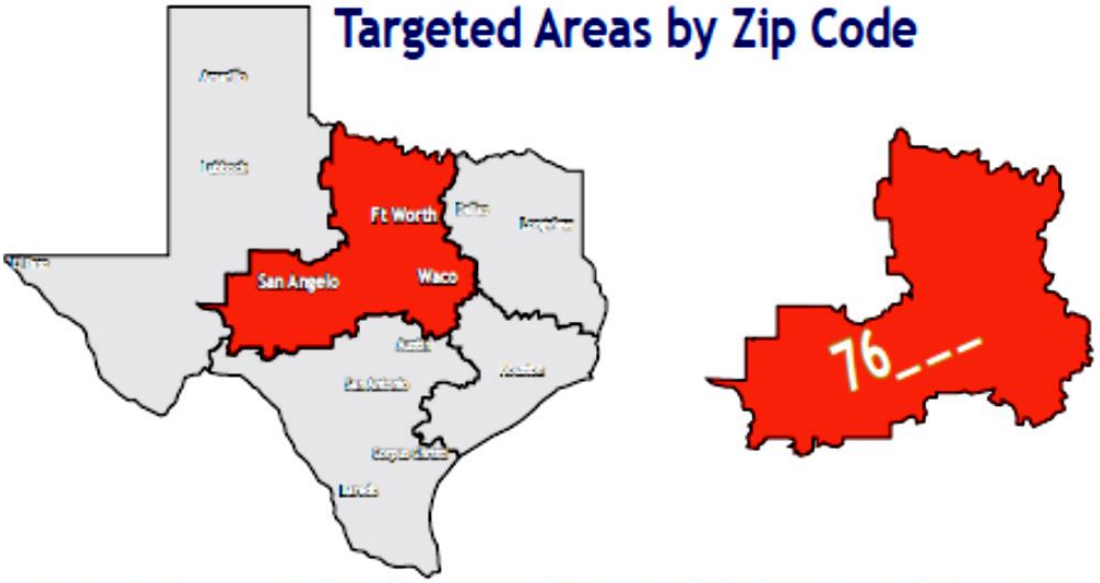
NOTE: After a blood lead test is administered and you receive the results; use Pb-109 Form[4], *Reference for Follow-up Testing and Medical Case Management*, to determine if or when follow-up testing and medical case management is necessary.

[1]Following the Centers for Disease Control and Prevention (CDC) recommendations, the following criteria was used to determine targeted areas: (a) Areas with ≥27% of housing built before 1950, and (b) Areas with ≥3% of children tested for lead at ages 1 and 2 with a blood lead level ≥5 µg/dL . [2]**Only for Texas Health Steps Children -** the use of the *Lead Risk Questionnaire* (Pb-110) and child health forms is optional. The child health forms are available online from Texas Health Steps at www.dshs.state.tx.us/thsteps/forms.shtm. [3]The *Lead Risk Questionnaire* (Pb-110) is recommended for children who reside in a non-targeted area. [4]The Pb-109 and other TX CLPPP forms are available online at www.dshs.state.tx.us/lead.

TX CLPPP reports they follow the Centers for Disease Control and Prevention (CDC) recommendations. The following criteria was used to determine targeted areas:

- Areas with ≥27% of housing built before 1950, and
- Areas with ≥3% of children tested for lead at ages 1 and 2 with a blood lead level ≥5 mcg/dL.*

Targeted Areas by Zip Code



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Data Source: Pb_109 page 4: Reference for Blood Lead Retesting and Medical Case Management http://dshs.texas.gov/lead/providers.shtm

*The information above shows only the regional area containing McLennan County. Additional locations can be found in the full Pb_109 document

All zip codes in McLennan County are listed as being targeted areas.

Lead Risk Questionnaire

Form Pb-110

Purpose: To identify children who need to be tested for lead exposure.

Instructions

- If **Yes or Don't Know**, test the child immediately.
- You may administer a blood lead test instead of using this questionnaire.
- For more information, contact the Texas Childhood Lead Poisoning Prevention Program at: 1-800-588-1248.

Patient's Name: _____ **DOB:**_____ **Medicaid #:** _____

Provider's Name: _____ **Administered by:**_____ **Date** _____

Questions	Yes or Don't Know	No
1. Does your child live in or visit a home, day-care or other building built before 1978?	☐	☐
2. Does your child live in or visit a home, day-care or other building with ongoing repairs or remodeling?	☐	☐
3. Does your child eat or chew on non-food things like paint chips or dirt?	☐	☐
4. Does your child have a family member or friend who has or did have an elevated blood lead level?	☐	☐
5. Is your child a newly arrived refugee or foreign adoptee?	☐	☐
6. Does your child come in contact with an adult whose job or hobby involves lead exposure?	☐	☐
7. Does your family use products from other countries such as pottery, health remedies, spices, or food?	☐	☐

Examples (Question 6)

- House construction or repair
- Battery manufacturing or repair
- Burning lead-painted wood
- Automotive repair shop or junk yard
- Going to a firing range or reloading bullets
- Chemical preparation
- Valve and pipe fittings
- Brass/copper foundry
- Refinishing furniture
- Making fishing weights
- Radiator repair
- Pottery making
- Lead smelting
- Welding

Examples (Question 7)

- Traditional medicines such as Ayurvedic, greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, and rueda
- Cosmetics such as kohl, surma, and sindor
- Imported or glazed pottery, imported candy, and imported nutritional pills other than vitamins.
- Foods canned or packaged outside the U.S.

Test Immediately

TX CLPPP Screening and Testing Guidelines

Texas Childhood Lead Poisoning Prevention Program (TX CLPPP) handles all surveillance and case management for children less than 15 years old in Texas.

There are two routes for screening/testing of children less than 15 years of age:

1**. Medicaid** requires children receive a well-child exam at the ages of 12 and 24 months; at these appointments the child should be tested for lead.

- ALL testing is required to be reported to the state for elevated and non-elevated blood lead tests.
- Provider will conduct a capillary or venous blood lead test at the well-child 12 month and 24 month visit.
- At any well-child/ checkup visit through the age of 6:
    - Provider will complete a risk assessment questionnaire with the family and determine potential lead exposure. A yes to any question will require a blood lead test to be conducted.
    - Provider will instruct family with medical guidance and educational information on potential lead exposure sources as well as needed retesting schedule.
        - See *Pb_109* (page 9) for retesting schedule and medical management.

2. **Non- Medicaid** children are not required to have a blood test for lead. Risk assessment questionnaire and residence location determine blood testing qualifications.

- Determine if child resides in a targeted area- See *Targeted Areas by Zip Code* (page 3) for qualifying locations in McLennan County
    - If Yes resides in targeted area:
        - Administer a venous or capillary blood lead test **IF** child age 6 months, 12 months, or 24 months.
        - Any further blood lead test only if abnormal blood lead level or change in risk exposure history
    - If Does Not reside in targeted area:
        - Complete the Risk Questionnaire *Pb-110* (page 4) at age 6 months, 12 months, and 24 month visits and at 3 and 4 years.
        - Test based on risk determined by risk questionnaire.
- If Parent requests child be tested, provider can test the child for blood lead levels.
    - Follow action steps based on blood lead level results. See Pb_109 (page 9).

TX CLPPP Action Steps

There are different levels of action based on the child's test results.

- If the child blood lead level tests between 5-9 µg/dL
    - The TX CLPPP program will not call the provider. Providers are sent an informational letter with retesting guidelines.
    - TX CLPPP will send a letter to the patient's address providing the risk questionnaire and a retesting schedule as well as ways to prevent/ remediate potential exposure sources
    - Providers are the direct resource of education, prevention measures, testing, and retesting. Provider education to family is critical to help identify sources rather than have a continual cycle of retesting for these levels.
- If the child has a blood lead level greater than 10 µg/dL
    - The TX CLPPP nurse will call the provider and offer guidance on:
        - CDC retesting criteria and guidelines, medical management as necessary, and if qualified need for environmental investigation
        - TX CLPPP nurse will educate provider on testing requirements including:
            - Taking specimen using venous method after the capillary results is necessary. Venous specimen should then be sent to a reference lab.
            - Providers with Lead Care 2 machines who perform capillary tests in office when blood lead level tests are high need to send a venous sample off to a reference lab.
    - TX CLPPP will send a letter to the patient's address listed with educational information and retesting schedules.
- If patient blood lead level tests at 20µg/dL once through venous method or at a 10-19µg/dL within 12 weeks apart, providers are required to send in a signed request for environmental lead testing form to DSHS within 30 days of the high test.

TX CLPPP Environmental Risk Assessment Investigation

- The TX CLPPP has 2 environmental risk assessors who cover the entire state of Texas
- The TX CLPPP environmental specialist will contact the family or location and explain information including:
    - Assessor will be coming to check the home for potential sources of lead,
    - Why the assessment is important, and
    - Answer any questions.
- The risk assessors will go to the child's home or secondary location where the potential exposure source is located and do testing.
    - Typically they will take soil and dust samples and potential food sources and send off to EPA lab for testing.
    - Do a home risk assessment environmental investigation and will give recommendations.
    - Write up an official report with recommendations on how to reduce exposures specific to their findings and give tailored education.

Remediation and Authority for Removal

- DSHS does not have the authority to remove a child from the home or require the child not return to the location until the exposure source has been remediated.
- Providers can recommend the child not return home in cases where the exposure levels are very high, but also do not have authority to require the source be remediated before the child is returned home or have the child removed until the source is gone.
    - Based on child's blood lead levels other specific child protection agencies are to be notified.
- Providers are the key in ensuring the child is not simply continuously retested and remediation measures are taken or sources are located. Provider education is the vital to mitigation.
- The state does not provide remediation services. They only provide recommendations to the family or secondary source.

Childhood Blood Lead Level Report

Form F09-11709

Confidential Medical Record

Send to:	**From:**
Texas Childhood Lead Poisoning Prevention Program Texas Department of State Health Services PO Box 149347, MC1964 Austin, TX 78714 Fax Number: (512) 776-7699 Phone Number: (512) 776-6632 or 1-800-588-1248 (Toll-free)	Provider Name: City/State/ZIP: Phone Number: ( ) Fax Number: ( )

Child Information

Last Name: First Name: M.I.

Date Birth: _____ / _____ / _____ Gender: ☐ Male ☐ Female

Age in Months: Medicaid# /CHIP ID#:

Current Address: Apartment #:

City: State: Zip:

Ethnicity: (*check one*)
☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Child Race: (*check one*)
☐ White ☐ Black ☐ Asian or Pacific Islander
☐ Native American or Alaskan Native ☐ Multi-Racial ☐ Unknown

Blood Lead Level Information

Blood Lead Test Level: _____ micrograms per deciliter(mcg/dL) Blood Draw Date: _____ / _____ / _____

Type of Blood Sample: (*check one*)
☐ Capillary ☐ Venous ☐ Unknown

Testing Laboratory:

Laboratory Phone: ( )

If Using LeadCare System, Place Label Here

Attending Physician Information

Last Name: First Name:

Location (City):

For TX CLPPP Use Only

Person Receiving Report: Date Received: _____ / _____ / _____

TEXAS Department of State Health Services

Physician Checklist for Parent Education Topics ☑

Form Pb - 104

Child's First Name: _____ **Parent:** _____

Child's Last Name: _____ **Date:** _____ / _____ / _____

Environmental Interventions (supply parent with educational materials #1-307, #1-308, #1-315, #09-13409)

- ☐ Potential sources of lead
  - ☐ Lead paint
  - ☐ Lead contaminated dust and soil
  - ☐ Lead contaminated water from lead pipes or lead solder
  - ☐ Imported mini-blinds
  - ☐ Home remedies (Azarcon or Greta)
  - ☐ Lead contaminated food from storage in ceramic pottery, leaded crystal, and lead soldered cans
  - ☐ Occupations and hobbies
- ☐ Certified professionals should conduct lead abatement
- ☐ Methods to reduce their child's lead exposure
  - ☐ Create barriers between living/play areas and lead sources (i.e. tape over lead painted windowsills or doorframes, plant grass in bare soil areas)
  - ☐ Wash child's hands and face before meals and at bedtime
  - ☐ Wash child's toys, pacifiers, and bottles often
  - ☐ Wet mop floors regularly and wet wipe window components
  - ☐ Vacuum carpeted areas before wet mopping floors
  - ☐ Keep child from eating nonfood items
  - ☐ Keep child away from peeling, chipping, or flaking paint
  - ☐ Prevent child from playing in bare soil areas
  - ☐ Keep child away from areas where lead is being used (i.e. hobbies, occupations)
  - ☐ Relocate if lead contamination is extensive and not easily remediable
- ☐ Potential water hazards
  - ☐ Do not cook with or allow children to drink hot tap water
  - ☐ Run cold tap water for 1-2 minutes in the morning and fill a pitcher with the water. Use this water for drinking, cooking, and formula preparation
  - ☐ Use bottled water if drinking water is contaminated

Nutritional Interventions (supply parent with educational material #EPA-747-F-01-004)

- ☐ Feed child foods rich in absorbable iron, vitamin C, and calcium
- ☐ Feed child three healthy meals and two nutritious snacks each day
- ☐ Use glass, plastic, or stainless steel containers for storing, preparing, or serving food

Medical Care (supply parent with educational material #1-311)

- ☐ The importance of recommended medical follow-up
  - ☐ After the blood lead level goes below 5 µg/dL, screen children for lead at least once a year up to the age of 6
- ☐ Risks associated with elevated blood lead levels

Download educational materials by visiting www.dshs.state.tx.us/lead and clicking on the "Educational Materials" link.

If you have any questions or comments about lead, please contact the Texas Childhood Lead Poisoning Prevention Program by phone at 1-800-588-1248.

Reference for Blood Lead Retesting and Medical Case Management

- Immediately retest the child if the blood lead level (BLL) is unsatisfactory (e.g. "Clotted" or "Insufficient Quantity").
- Follow the flowchart below to determine when retesting and medical case management is necessary.

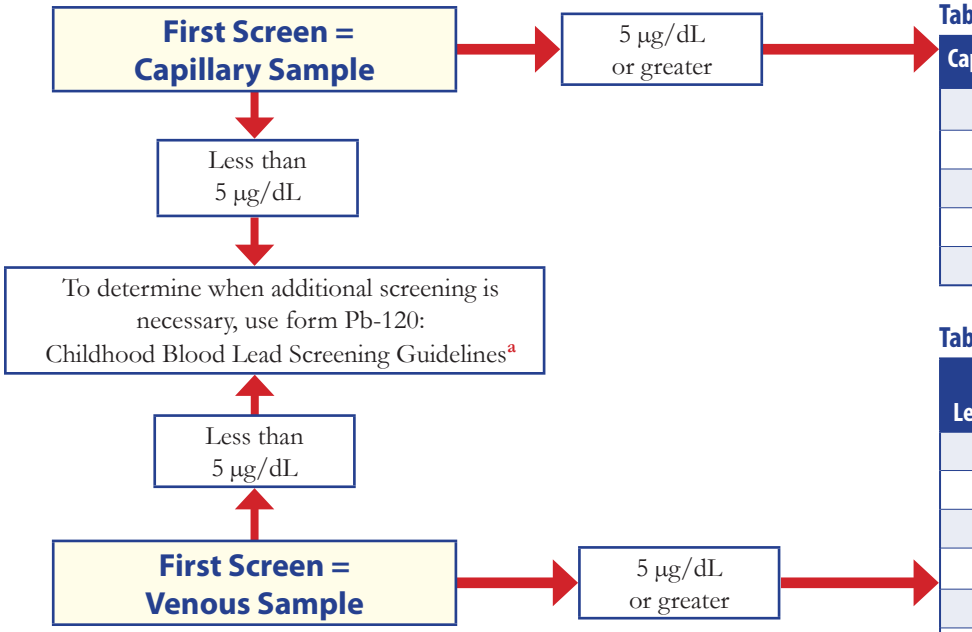

Table 1: Schedule for Obtaining a Diagnostic Venous Sample

Capillary Screening Test Result (µg/dL)	Perform Venous Diagnostic Test Within
5 - 9	1 week - 12 weeks[b]
10 -44	1 week - 4 weeks
45 - 59	48 hours
60 - 69	24 hours
70 and up	Immediately as an emergency lab test

Table 2: Schedule for Venous Blood Lead Testing

Venous Blood Lead Level (µg/dL)	Early Retesting (first 2-4 tests after identification)	Late Retesting (after BLL begins to decline)
5 - 9	3 months - 6 months	6 months - 9 months
10 - 14	3 months	6 months
15 - 19	1 month - 3 months	3 months - 6 months
20 - 24	1 month - 3 months	1 month - 3 months
25 - 44	2 weeks - 1 month	1 month
45 and up	As soon as possible	Chelation with subsequent retesting[c]

Table 3: Medical Case Management for Children with a Diagnostic Elevated Blood Lead Levels

5 - 9 µg/dL	10 - 14 µg/dL	15 - 19 µg/dL	20 - 44 µg/dL	45 - 69 µg/dL	70 or higher µg/dL
1. Lead Education: Dietary & Environmental 2. Continued BLL monitoring	1. Lead Education: Dietary & Environmental 2. Continued BLL monitoring 3. Environmental Lead Investigation if: • BLLs persist at least 12 weeks after diagnostic venous test	1. Lead Education: Dietary & Environmental 2. Continued BLL monitoring 3. Proceed according to actions for 20-44 µg/dL if: • BLLs persist at least 12 weeks after diagnostic venous test	1. Lead Education: Dietary & Environmental 2. Continued BLL monitoring 3. Complete history and physical exam 4. Lab work: Hemoglobin or hematocrit; Iron status 5. Environmental Lead Investigation 6. Lead hazard reduction 7. Neurodevelopmental monitoring 8. Abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated	1. Lead Education: Dietary & Environmental 2. Continued BLL monitoring 3. Complete history and physical exam 4. Complete neurological exam 5. Lab work: Hemoglobin or hematocrit; Iron status; FEP or ZPP 6. Environmental Lead Investigation 7. Lead hazard reduction 8. Neurodevelopmental monitoring 9. Abdominal X-ray with bowel decontamination if indicated 10. Chelation therapy[c]	1. Hospitalize and commence chelation therapy[c] 2. Proceed according to actions for 45-69 µg/dL

[a] *Childhood Blood Lead Screening Guidelines.* Go to: www.dshs.state.tx.us/lead/screening.shtm. [b] The higher the blood lead level on the screening test, the more urgent the need for diagnostic testing. [c] Healthcare providers should consult with an expert in the management of these lead levels before administering chelation. Chelation therapy should never be administered before a venous diagnostic is obtained.

Tables adapted from Managing Elevated Blood Lead Levels Among Young Children: CDC, March 2002; and the Strategic Planning Committee to Eliminate Childhood Lead Poisoning in Texas, January - March 2013

TEXAS Department of State Health Services

Follow-up of an Elevated Blood Lead Level

Form Pb–102

Follow these 4 steps to follow-up on a child with an elevated blood lead level (EBLL)

STEP 1. Provider and Patient Information

Provider Information *(Please print clearly)*

Provider's Name _____ **Clinic Name** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____ **County** _____

Telephone ( ) _____ **Fax** ( ) _____ **Date** _____

Patient Information *(Please print clearly)*

Child's Last Name _____ **First Name** _____ **M.I.** _____

Date of Birth (mm/dd/yyy) ___/___/___ **Medicaid Number** _____ **Language Spoken** (check one) ☐ English ☐ Spanish ☐ Other: _____

Parent/Guardian's Name _____ **Telephone** ( ) _____ **Alternate Telephone** ( ) _____

Physical Address/ Apt. # _____ **City** _____ **State** _____ **Zip** _____

STEP 2. Child's Blood Lead Test Results

List sample type (Capillary or Venous)	Results (µg/dL)	Date (mm/dd/yy)	Laboratory, Address, City, State (where analysis conducted)

STEP 3. Complete Questions Below

1. Is the child continuing in your care? ☐**Yes** ☐**No**
2. Have you documented sending reminder letters or calling for follow-up? ☐**Yes** ☐**No**
3. Is the child lost to follow-up because they have moved? ☐**Yes** ☐**No**
   If **yes**, have you made a referral to Texas Health Steps/Maximus? ☐**Yes** ☐**No**
4. Is the child lost to follow-up because the parent/guardian is non-compliant? ☐**Yes** ☐**No**
   If **yes**, have you made a referral to Case Management for Children and Pregnant Woman (CPW)? ☐**Yes** ☐**No**
5. Has the child been referred to another healthcare provider? ☐**Yes** ☐**No**
   If **yes**, New Physician and Clinic: _____
   Mailing Address: _____
   Phone: _____
6. Does the child meet the requirements below for an Environmental Lead Investigation:
   - The child's **VENOUS** blood lead test result is 20 µg/dL and higher ☐**Yes** ☐**No**
   - Two separate **VENOUS** blood lead level tests collected at lead 12 weeks apart in the 10-19 µg/dL range. ☐**Yes** ☐**No**

   If yes, has an ELI been arranged or conducted? ☐**Yes** ☐**No**
7. If patient is **younger** than 3 years old, have you made a referral to Early Childhood Intervention Services? ☐**Yes** ☐**No**

Step 4. Fax completed form with all laboratory blood lead tests results to:

Texas Childhood Lead Poisoning Prevention Program, **Fax:** 512-776-7699

Texas Childhood Lead Poisoning Prevention Program
PO BOX 149347, MC1964, Austin, TX 78714 ▪ 1-800-588-1248 ▪ www.dshs.state.tx.us/lead
(Rev. 01/04/2017)

Provider: Follow these five (5) steps to request an Environmental Lead Investigation (ELI).

STEP 1. Eligibility Criteria for an ELI

BLOOD LEAD LEVEL (capillary & unknown sample types do not qualify)

The requestor must submit this form within 30 days of the qualifying venous blood lead level.

- One **venous** blood lead test at 20 micrograms per deciliter (µg/dL) or higher, **OR**
- Persistent: Two **venous** blood lead tests at least 12 weeks apart at 10-19 µg/dL

Blood Lead Test Level 1: _____ µg/dL	**Blood Lead Test Level 2:** _____ µg/dL
Test Date: _____ / _____ / _____	**Test Date:** _____ / _____ / _____
Testing Laboratory: _____	**Testing Laboratory:** _____

STEP 2. Requestor Information

ELI must be ordered by a Physician, Physician's Assistant, Nurse Practitioner, or Clinical Nurse Specialist

Requestor Credentials (check one)	**Requestor Identification**
☐ Physician (MD, DO)	**NPI:** _____
☐ Physician's Assistant (PA)	
☐ Nurse Practitioner (NP)/Clinical Nurse Specialist (CNS)	**License:** _____

Requestor Name (please print) **Requestor Signature** **Date**

Mailing Address **City** **State** **Zip**

( ) **Telephone** ( ) **Fax**

Diagnosis Codes (check one)

Toxic effect of lead and its compounds:	☐ **T560X3A** - assault, initial encounter
☐ **T560X1A** - accidental (unintentional), initial encounter	☐ **T560X3D** - assault, sequel
☐ **T560X1D** - accidental (unintentional), subsequent encounter	☐ **T560X3S** - assault, sequela
☐ **T560X1S** - accidental (unintentional), sequel	☐ **T560X4A** - undetermined, initial encounter
☐ **T560X2A** - intentional self-harm, initial encounter	☐ **T560X4D** - undetermined, subsequent encounter
☐ **T560X2D** - intentional self-harm, subsequent encounter	☐ **T560X4S** - undetermined, sequel
☐ **T560X2S** - intentional self-harm, sequela	☐ **Z77011** - Contact with and (suspected) exposure to lead

STEP 3. Patient Information

Patient Information (please print)

Child's Last Name **First Name** **M.I.**

__ / __ / ____ **Date of Birth** (mm/dd/yyy) **Medicaid Number**

☐ English ☐ Spanish ☐ Other: _____ **Language Spoken** (check one)

Parent/Guardian's Name ( ) **Telephone** ( ) **Alternate Telephone**

Primary Address / Apt. # **City** **State** **Zip**

Background: Childhood Lead Exposure and Poisoning

Lead is an element found throughout our environment, and it is highly toxic – especially to babies, toddlers and young children.

Effects on Children

Exposure to lead affects a child in many ways. Lead collects in the blood, tissues and bones, and can harm the kidneys, stunt growth and affect balance. Over the long term, children can experience developmental problems, learning difficulties, behavior disorders and a lower IQ.

Although there are not always early symptoms, exposure to lead can eventually cause symptoms such as abdominal pain, vomiting, constipation, change in appetite and irritability.

Typical Exposure Sources

Children become poisoned by lead from breathing lead contaminated dust or ingesting contaminated foods, liquids, or non-food items.

The primary source of lead exposure for children continues to be lead-based paint. Lead was banned as a paint additive in the U.S. in 1978, but thousands of older homes still pose a threat. As old lead paint flakes, chips, or turns to dust, it can contaminate surfaces in the home and exposed soil areas outdoors.

In addition to lead-based paint, other exposure sources may exist in the child's environment, for example, food contaminated by glazed pottery such as bean pots, water that may be contaminated from lead solder in old pipes, certain traditional home remedies, lead products used in hobbies such as stained glass making, even fishing weights. Bare soil near high-traffic areas may also be contaminated by automobile emissions deposited before leaded gasoline was banned.

If a parent works in an industry that exposes him or her to lead, it is important to change clothes before returning home, and to wash work clothes separately from other family laundry.

If a child's blood test reveals lead exposure, the immediate goal is to find and remove sources of exposure as quickly as possible.

We are your resource for publications like these:

- ***Poster: Getting a Good Specimen***

  Reviews techniques for getting good capillary and venous samples, with detailed photos of supplies currently shipped by the DSHS lab

- ***Educator's brochure: What All New Parents Need to Know…***

  Provides background for provider staff who want to educate parents about lead poisoning

- ***Bilingual flyer series: How Lead Affects Your Child's Health***

  A series of five flyers, bilingual (English/Spanish) front and back

- ***Brochure: Protect Your Children from Lead Poisoning***

  A brochure available in either English or Spanish provides basic information to parents who may have limited reading skills

To learn more about our services, contact your local health department's Childhood Lead Poisoning Prevention Program:

TX CLPPP
Be a Healthy Texas Kid!

This publication was supported by a grant from the Centers for Disease Control and Prevention (CDC). Contents are solely the responsibility of the authors and do not necessarily represent the view of CDC.

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Your Local Childhood Lead Poisoning Prevention Program (CLPPP)

Is Here to Help You

Keep Texas Children Safe From Lead

TEXAS Department of State Health Services

Local CLPPPs make a variety of services available to healthcare providers:

- patient screening and case management
- sources for general and clinical information
- current reporting requirements
- patient education resources and literature
- patient referral sources such as nutritional counseling
- family referrals such as Children's Health Insurance Program and Texas Health Steps
- monitoring of referrals
- presentations
- environmental investigations
- needs assessments
- prevention strategies

Lead poisoning is the primary environmental hazard faced by children in Texas.

- Lead poisoning is more likely to occur in children living in poverty.
- In 2003, census estimates placed 13.1 % of Texas families below the poverty level– over 711,000 Texas families are now living in poverty.
- **The effects of chronic lead exposure in a young child may not show up until adolescence.**

Our website is your resource:

The Texas CLPPP website provides easy access to information about lead poisoning prevention, as well as reporting forms, requirements and guidelines, and links to other resources.

http://www.dshs.state.tx.us/lead

We provide the latest information on clinical techniques and guidelines:

- Washing a child's hands with **soap and water** before a capillary blood lead test will remove environmental lead contamination from the skin and help avoid an inaccurate result– an alcohol wipe will **not** do this.
- New lab certification guidelines are more stringent on tube fill levels. Refer to manufacturer's instructions for correct fill level.
- The number one reason specimens are rejected is incorrect fill volumes.

We publish information on childhood lead poisoning topics for your staff and your patients:

Exposure Sources

It's not always the paint!
We can provide information on sources of lead exposure including environmental and workplace contamination, dietary sources such as imported candies, and exposure from traditional home remedies.

Case Management

There aren't always symptoms!
We can provide resources such as questionnaires to help you screen families for risk factors and guidelines on current testing and reporting requirements. In addition we can refer you to medical specialists in the field of childhood lead poisoning treatment.

Prevention

It's entirely preventable!
We can help your staff educate parents and families about how childhood lead poisoning occurs, how to prevent it and where they can go for help.

How to comply with blood lead reporting laws:

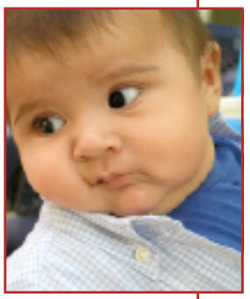
Know the Law:

As of June 1, 2003, immediate reporting to the Texas Child Lead Registry is required for **all blood lead tests** for persons age 14 or younger.

Physicians, laboratories, hospitals, clinics and other healthcare facilities must report.

Provide Complete Data:

Complete data helps protect all the children of Texas. By tracking **all** childhood lead cases – using the data you provide – the state can better identify risk factors for all children as well as offer individual follow-up based on a child's test results.



Make sure your report includes:

- Child's complete name
- Date of birth
- Gender
- Ethnicity
- Race
- Address
- Blood lead result
- Type of blood sample (capillary or venous)
- Name and address of testing laboratory
- Test date

Report:

- By phone: (toll-free) **1 (800) 588-1248**
- By fax: **(512) 458-7699**
- By mail:

Epidemiology and Surveillance Unit
Department of State Health Services
PO Box 149347
Austin, Texas 78756

If you need a reporting form call our toll free number: **1 (800) 588-1248**, or download a form from our web site:
http://www.dshs.state.tx.us/lead/providers.shtm

We Can Help

Here is how the
Texas Department of State Health Services

Childhood Lead Poisoning Prevention Program

helps providers and families manage lead exposed children:

Texas requires that *all* blood lead tests be reported to the Texas Department of State Health Services Child Lead Registry. By tracking every child's blood lead test and following every lead poisoning case, the state can better identify risk factors for all children as well as offer individual follow-up to a family.

Education is available from the state and from local health departments to help families learn how to reduce a child's blood lead level and prevent a recurrence. The Texas CLPPP stresses the importance of identifying and removing the sources of lead exposure in the child's environment as quickly as possible.

If a case requires immediate medical intervention, the Texas CLPPP can provide the child's physician with a referral to an expert in medical management of lead poisoning.

Please contact us if you have any questions about lead poisoning or would like to order printed materials.

1-800-588-1248 • 512-458-7269 (fax)

http://www.dshs.state.tx.us/lead

TEXAS Department of State Health Services

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What All New Parents Need to Know…

A Guide for Educators:

Childhood Lead Poisoning– and How You Can Help Families Prevent It.

TX CLPPP
Be a Healthy Texas Kid!

Texas Childhood Lead Poisoning Prevention Program

Texas Department of State Health Services

Lead is an element found throughout our environment, and exposure to it is highly toxic – especially to babies, toddlers and young children.

Exposure to lead harms a child in many ways. Lead can harm the kidneys, stunt growth and affect balance and hearing. Children exposed to lead can experience permanent neurological damage including learning difficulties, behavior disorders and a lower IQ.

Lead collects in the blood, tissues and bones, and can be detected by a blood test. Unlike other elements, iron or calcium for example, we have no biological need for lead and, in fact, there is no known "safe" level in the body.

Symptoms of lead poisoning, if present at all, can be vague and include abdominal pain, vomiting, constipation, change in appetite, lethargy and irritability. Symptomatic lead poisoning is a medical emergency.

Even babies are diagnosed with lead poisoning. From 2000 through 2004 in Texas—

188,786 babies less than a year old had a blood lead test

2,557 of those babies had an elevated blood lead level

384 of those babies had a blood lead level high enough to meet the requirements for an environmental investigation

How Children are Screened for Lead:

The Texas CLPPP recommends that all children have a blood lead test at age 12 months and again at age 24 months. This testing schedule is *required* for children enrolled in Texas Health Steps.

Tell parents:

- to ask about a lead test if their child's healthcare provider doesn't mention it.
- in addition to blood testing at 12 and 24 months, at other ages healthcare providers may use questionnaires with the parent to help determine if a child is at risk for lead exposure.
- it's important to return to the healthcare provider for follow-up if their child has an elevated blood lead level.
- if a child's blood lead level is elevated, the immediate goal is to find and remove sources of exposure as quickly as possible.
- when warranted, the local health department may perform an environmental investigation to find the source of exposure.
- if their child has very high blood lead levels or has already become seriously ill, hospitalization may be necessary.

Some things to avoid around the house:

- glazed pottery not marked "lead free"
- certain imported candies – sometimes shipped in small lead glazed containers
- any remedies not recommended by a doctor – some home remedies are almost 100% lead and very dangerous
- water that may be lead contaminated from old plumbing – use only cold water for cooking or drinking and let it run a few minutes before using (and keep a lead-free pitcher full in the refrigerator)
- hobbies that may contain lead products – such as working with stained glass or fishing weights

What to tell parents about how lead in the workplace can transfer exposure to children:

Here are some possible sources of lead exposure parents might come into contact with at work:

Ammunition	Explosives
Printing ink	Refrigeration/heating equipment
Industrial inorganic chemicals	Pottery products
Mechanical rubber goods	Metal cans with raised seams
Tires and inner tubes	Metal foil and leaf
Vitreous table china	Adhesives and sealants
Paint removal/renovation	Ceramic wall and floor tile
Scrap and waste materials	Motor vehicle parts
Storage batteries	Valves and pipe fittings, solder

If a parent works in an industry that exposes him or her to lead, it is important that they change clothes before returning home, and that they wash work clothes separately from other family laundry.

If you think a parent or other family member is being exposed to lead at work, encourage them to contact a health care provider for testing.

Information on adult (age 15+) lead poisoning is available from the Texas Department of State Health Services: http://www.dshs.state.tx.us/epitox/adultlead.shtm

There are treatments for high blood lead levels, but in all cases, the most important first step is to remove the source of lead exposure from the child.

What to tell parents about how babies and children are exposed to lead:

Maternal-fetal transfer (mother transfers lead to unborn baby):

If a pregnant woman has a high level of lead in her own blood, she could transfer it to her unborn baby's blood through the placenta. Adults can be exposed in their home or workplace. Look at the "lead in the workplace" table on page 6 of this brochure to see if you might be at risk – and take action if you are.

Breastfeeding:

There is some evidence that a mother with high lead levels can transfer lead to her baby through breast milk. If you are at risk for high lead levels or have been diagnosed with high levels, discuss breastfeeding with your doctor – it is important to weigh the risks and benefits.

Exposure at home and in the environment:

The primary source of lead exposure for children continues to be lead-based paint.

Lead was banned as a paint additive in 1978, but many older homes still pose a threat. As old lead paint flakes, chips, or turns to dust, it can contaminate surfaces in the home and exposed soil areas outdoors. Bare soil near high-traffic areas may also be contaminated by automobile emissions deposited before leaded gasoline was banned.

- Page 5 lists ways to protect children from lead chips and dust.
- Pages 6 and 7 list exposure sources other than lead paint.

What to tell parents about nutrition and lead exposure:

Providing good nutrition is an important part of protecting your child from lead poisoning.

You already know how nutrition supports your child's growth and health. But regular meals and certain nutrients also help protect your child from absorbing lead in the environment.

- More lead is absorbed by an empty stomach – if your child eats regular, healthy meals and snacks, he will absorb less of any lead he may be exposed to.
- Minerals like iron, calcium, zinc, phosphorus and magnesium "compete" with lead for absorption in the body. Making sure your child's diet includes these minerals helps lessen lead absorption.
- There is some evidence of a relationship between blood lead levels and **iron** deficiency. Though more study about this relationship is needed, there is no question that it is important for your child to get enough iron (from dietary sources, not supplements).
- **Vitamin C** provides many health benefits, but is also important because it helps in the absorption of iron.
- Many children do not get enough **calcium**. It is especially important for children to have adequate calcium intake since it is known to inhibit lead absorption.

All of these nutritional needs should be met through a well-planned diet, not supplements (unless ordered by your health care provider).

Lead levels in the blood are measured in micrograms per deciliter (µg/dL). The CDC-defined "level of concern" is 10 µg/dL or greater. There is recent evidence that the adverse effects of lead may occur at even lower levels.

What to tell parents about hand washing and keeping lead out of the house:

It's important to keep your child's toys and hands clean and to wet-clean places where lead chips or contaminated dust can collect.

Here are some normal toddler behaviors that can expose children to lead paint chips and contaminated dust:

- Chewing on painted surfaces or eating non-food items
- Eating food that has fallen on the floor or onto a windowsill
- Picking toys or pacifiers up from the floor or a windowsill and putting them into their mouths
- Putting unwashed hands into their mouths or eating without washing their hands
- Playing with household pets that may have picked up lead dust on their fur from the floor or outdoors
- Crawling on floors inside the house or playing in soil outdoors

Tips:

- Pay close attention to windows – the movement of the sash dislodges old paint. Doorways are another problem area.
- Wash your child's hands with soap and water often, and use household cleaner and lots of rinse water on hard surfaces.
- Help prevent lead dust from entering your home by using small washable rugs at each entrance and asking everyone to leave shoes at the door.
- Cover areas of lead paint with wallpaper or wallboard to keep your child away from it. Do not try to remove lead paint yourself!

Remember, a child's "environment" includes:

- the homes of caregivers, friends or relatives
- play areas
- school or daycare
- other places where a child spends a lot of time