

ARTICLE 29. REPORTING, MONITORING, AND PREVENTIVE PROCEDURES FOR LEAD POISONING

Rule 1. Definitions

410 IAC 29-1-1 Applicability

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 1. The definitions in this rule apply throughout this article. *(Indiana State Department of Health; 410 IAC 29-1-1; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)*

410 IAC 29-1-2 "At-risk" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 2. "At-risk" means a child is at-risk if that child:

(1) lives in or regularly visits a house or other structure built before 1978;

(2) has a sibling or playmate who has been lead poisoned;

(3) has frequent contact with an adult who:

(A) works in an industry; or

(B) has a hobby;

that uses lead;

(4) is an immigrant or refugee or has recently lived abroad;

(5) is a member of a minority group;

(6) is a Medicaid recipient;

(7) uses medicines or cosmetics containing lead; or

(8) lives in a geographic area that increases the child's probability of exposure to lead.

(Indiana State Department of Health; 410 IAC 29-1-2; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-3 "Capillary blood lead test" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 3. "Capillary blood lead test" means a blood lead test for which the blood sample was drawn using a finger lance to break the skin, followed by:

(1) drawing the blood from the cut into a capillary tube or other collection device; or

(2) placing drops of blood onto a piece of filter paper.

(Indiana State Department of Health; 410 IAC 29-1-3; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-4 "Case management" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 4. "Case management" means the process of providing, overseeing, and coordinating lead poisoning services, including, but not limited to, the following:

(1) Outreach and identification of children with EBLs.

(2) Child case management service planning and resource identification.

(3) Child case management service implementation and coordination.

(4) Monitoring of child case management service delivery, program advocacy, and program evaluation.

(Indiana State Department of Health; 410 IAC 29-1-4; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-5 "Case manager" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 5. "Case manager" means a person authorized by a health department and trained by the department or its designated representative within six (6) months of hire or the effective date of this rule to perform case management protocols developed by the state. (*Indiana State Department of Health; 410 IAC 29-1-5; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-6 "Child case management service implementation and coordination" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 6. "Child case management service implementation and coordination" means the following:

- (1) For confirmed blood lead levels between zero (0) and nine and nine-tenths (9.9) µg/dL, the following:
 - (A) Notify the child's primary medical provider within ten (10) working days of receipt of test results by the local health officer.
 - (B) Provide educational materials to the parents or family of the child regarding prevention of lead poisoning.
 - (C) Any additional actions the local health officer believes will assist the family in preventing the child's blood lead level from increasing.
- (2) For confirmed elevated blood lead levels between ten (10) and fourteen and nine-tenths (14.9) µg/dL, begin child case management services within ten (10) working days after receipt of test results, including the following:
 - (A) Notify the child's primary medical provider within five (5) working days of receipt of test results and ensure coordination of long term services and retesting.
 - (B) Arrange for testing of all children under seven (7) years of age living in the home.
 - (C) Conduct an initial home visit to include the following:
 - (i) A medical, developmental, and behavioral history.
 - (ii) Lead education, including medical effects and environmental sources.
 - (iii) A determination of potential household exposures.
 - (iv) An evaluation of the risk of other family members, including pregnant women.
 - (v) A nutrition assessment or referral for nutrition assessment.
 - (vi) A developmental assessment or referral for developmental assessment.
 - (vii) Referrals to other social services as appropriate.
 - (D) Provide an environmental inspection to include the following:
 - (i) A risk assessment of the child's primary and secondary addresses within ten (10) working days after receipt of test results if the structure was built before 1978, to include the following:
 - (AA) A complete risk assessment including recommendations to mitigate identified lead hazards.
 - (BB) A written report to the family and the owner if the family does not own the home.
 - (CC) Education of the family and the owner on lead hazards in the home and measures to protect the child from further poisoning.
 - (ii) An environmental investigation, including the following:
 - (AA) Identification and evaluation of nonstructural exposure sources within the child's environment.
 - (BB) Presentation of results of the environmental investigation, including recommendations for reducing or eliminating exposure.
 - (CC) Education of the family on hazards found and education on temporary and permanent measures to protect the child from further exposure.
 - (E) If the risk assessment finds lead hazards, immediately provide written notice to the property owner of the lead hazards and required remediation options. The notice should include the risk assessment. The property owner is given a reasonable time to implement recommendations for remediating lead hazards within sixty (60) days. A clearance examination is conducted to establish the efficacy of remediation.
 - (F) Provide continuing child case management services until case closure as appropriate to the child's case and not less frequently than one (1) contact every three (3) months, to include the following:

- (i) Monitoring blood lead levels by retesting according to subdivision (2) *[this subdivision]* and notification of the primary medical provider of the results and ensuring blood lead testing of other children and pregnant women residing in the home.
- (ii) Monitoring and evaluation of other aspects of the child's case, including, but not limited to, the following:
 - (AA) Additional home visits to monitor the child's progress and to identify needs that may arise from changes in primary and secondary addresses, housing condition, family composition, occupations of family members, child's activities, child's development, medical condition, nutrition, and use of nonprescription medications or household goods.
 - (BB) Contacts with other service providers to monitor and evaluate service delivery, appropriateness, and efficacy.
- (3) For confirmed elevated blood lead levels between fifteen (15) and nineteen and nine-tenths (19.9) µg/dL, initiate actions as in subdivision (2), and child case management services begin within five (5) working days after receipt of test results.
- (4) For confirmed elevated blood lead levels between twenty (20) and forty-four and nine-tenths (44.9) µg/dL, initiate child case management services within five (5) working days after receipt of test results and all actions as in subdivision (2) with the following changes:
 - (A) Notify the child's primary medical provider immediately and ensure coordination of long term services and follow-up testing.
 - (B) Initiate risk assessment of the child's primary and secondary addresses within five (5) working days after receipt of test results if the structure was built before 1978.
- (5) For confirmed elevated blood lead levels between forty-five (45) and sixty-nine and nine-tenths (69.9) µg/dL, initiate child case management services within twenty-four (24) hours after receipt of test results and all actions as in subdivision (2) with the following changes:
 - (A) Notify the child's primary medical provider immediately and ensure coordination of long term services and follow-up testing.
 - (B) Initiate a risk assessment of the child's primary and secondary addresses within two (2) working days after receipt of test results if the structure was built before 1978.
 - (C) Chelation therapy followed by a venous blood lead test one (1) month after completion of therapy as follows:
 - (i) Chelation therapy may be conducted at the child's home if the home does not have any lead hazards.
 - (ii) If the home has lead hazards, the child must be admitted to a hospital and chelation therapy performed at the hospital.
- (6) For confirmed elevated blood lead level greater than or equal to seventy (70) µg/dL, initiate child case management services immediately after receipt of test results and all actions as in subdivision (2) with the following changes:
 - (A) Notify the child's primary medical provider immediately and ensure coordination of long term services and follow-up testing.
 - (B) Initiate a risk assessment of the child's primary and secondary addresses within twenty-four (24) hours after receipt of test results if the structure was built before 1978.
 - (C) Treatment of the child's EBLI as a medical emergency.
 - (D) Admission of the child to a hospital for chelation therapy.
 - (E) Obtain a venous blood lead test one (1) month after completion of therapy.

(Indiana State Department of Health; 410 IAC 29-1-6; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; errata filed Mar 29, 2007, 9:58 a.m.: 20070411-IR-410050189ACA)

410 IAC 29-1-7 "Child case management service planning and resource identification" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 7. "Child case management service planning and resource identification" means:

- (1) implementing a system to provide child case management services; and
- (2) identifying resources and services in the community that can be utilized in child case management.

(Indiana State Department of Health; 410 IAC 29-1-7; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-8 "Clearance examination" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 8. "Clearance examination" means an activity as defined in 326 IAC 23 conducted to establish proper completion of remediation. (*Indiana State Department of Health; 410 IAC 29-1-8; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-9 "Confirmatory testing" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 9. "Confirmatory testing" means conducting additional blood lead level tests on children with initial capillary blood lead tests as follows:

- (1) Initial blood lead level zero (0) to nine and nine-tenths (9.9) µg/dL requires no confirmatory test.
- (2) Confirm initial blood lead levels of ten (10) to nineteen and nine-tenths (19.9) µg/dL within two (2) months of receiving test results by the venous or capillary method.
- (3) Confirm initial blood lead levels of twenty (20) to forty-four and nine-tenths (44.9) µg/dL within one (1) week of receiving test results by the venous or capillary method.
- (4) Confirm initial blood lead levels of forty-five (45) µg/dL and over with a venous test within twenty-four (24) hours of receiving test results.

(*Indiana State Department of Health; 410 IAC 29-1-9; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-10 "Confirmed blood lead test" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 10. "Confirmed blood lead test" means either of the following:

- (1) Two (2) consecutive capillary blood lead tests not more than twelve (12) weeks apart.
- (2) A single venous blood lead test.

(*Indiana State Department of Health; 410 IAC 29-1-10; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-11 "Confirmed elevated blood lead level" or "CEBL" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 11. "Confirmed elevated blood lead level" or "CEBL" means a blood lead level of ten (10) µg/dL or higher that has been verified by a confirmed blood lead test. (*Indiana State Department of Health; 410 IAC 29-1-11; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-12 "Department" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 12. "Department" means the Indiana state department of health. (*Indiana State Department of Health; 410 IAC 29-1-12; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-1-13 "Elevated blood lead level" or "EBLL" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 13. "Elevated blood lead level" or "EBLL" means a blood lead level of ten (10) µg/dL or higher. (*Indiana State*

Department of Health; 410 IAC 29-1-13; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-14 "Environmental inspection" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 14. "Environmental inspection" means the following:

(1) An environmental investigation.

(2) A risk assessment of the child's primary and secondary addresses.

(Indiana State Department of Health; 410 IAC 29-1-14; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-15 "Environmental investigation" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 15. "Environmental investigation" means an identification of lead hazards from any nonstructural source, including the following:

(1) Identification and evaluation of nonstructural exposure sources within the child's environment.

(2) Presentation of results of the environmental investigation, including recommendations for reducing or eliminating exposure.

(3) Education of the family on:

(A) hazards found; and

(B) temporary and permanent measures;

to protect the child from further exposure.

(Indiana State Department of Health; 410 IAC 29-1-15; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-16 "Family" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 16. "Family" means the caregivers and household of a child. *(Indiana State Department of Health; 410 IAC 29-1-16; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)*

410 IAC 29-1-17 "Local health officer" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 17. "Local health officer" means the local health officer or the local health officer's designated representative. *(Indiana State Department of Health; 410 IAC 29-1-17; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)*

410 IAC 29-1-18 "Monitoring of child case management service delivery, program advocacy, and program evaluation" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 18. "Monitoring of child case management service delivery, program advocacy, and program evaluation" means the following:

(1) Tracking the provision of case management services.

(2) Securing resources adequate to support local efforts.

(3) Measuring program outputs.

(Indiana State Department of Health; 410 IAC 29-1-18; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-19 "Outreach and identification" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 19. "Outreach and identification" means the following:

(1) The promotion of awareness of the health effects of lead, techniques for preventing lead poisoning, and techniques for treating lead poisoning and providing lead hazard education in the local health officer's jurisdiction through activities including, but not limited to, training staff on issues relevant to lead poisoning effects, prevention, and treatment, including, but not limited to, the following:

(A) Housing.

(B) Environment.

(C) Testing.

(2) Raising awareness in the community of lead hazards for those included in at-risk categories.

(3) Providing consultation and education to the local medical community.

(4) Providing consumer alerts and consumer education regarding lead hazards, including products for purchase in the community.

(5) Determining the magnitude of lead poisoning in the local health officer's jurisdictions through activities including, but not limited to, the following:

(A) Ensuring blood lead testing of children at risk for lead poisoning.

(B) Partnering with:

(i) children's and maternal nutrition and health programs;

(ii) education programs and institutions;

(iii) community action agencies;

(iv) housing authorities;

(v) physicians; and

(vi) other partners, such as schools and community and faith-based organizations;

involved in the care of children to ensure screening and testing of all at-risk children.

(C) Partnering with local officials to determine high-risk geographic areas in order to target testing of children at risk for lead poisoning.

(Indiana State Department of Health; 410 IAC 29-1-19; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; errata filed Mar 29, 2007, 9:58 a.m.: 20070411-IR-410050189ACA)

410 IAC 29-1-20 "Remediation" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 20. "Remediation" means actions that constitute either:

(1) abatement; or

(2) interim control;

of a lead hazard as defined in 326 IAC 23. *(Indiana State Department of Health; 410 IAC 29-1-20; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)*

410 IAC 29-1-21 "Retesting" defined

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 21. "Retesting" means additional testing to monitor a child's blood lead level over time, with specific intervals depending on whether a child's blood lead level has or has not decreased, as follows:

(1) If the child's blood lead level has not decreased by at least three (3) µg/dL within at least a three (3) month period, retest as follows:

(A) In three (3) months for results between zero (0) and fourteen and nine-tenths (14.9) µg/dL.

- (B) In two (2) months for results between fifteen (15) and nineteen and nine-tenths (19.9) µg/dL.
 - (C) In one (1) month for results between twenty (20) and twenty-four and nine-tenths (24.9) µg/dL.
 - (D) In two (2) weeks for results between twenty-five (25) and forty-four and nine-tenths (44.9) µg/dL.
 - (E) By the venous method one (1) month after completion of chelation therapy for results greater than forty-five (45) µg/dL.
- (2) If the child's blood lead level has decreased by at least three (3) µg/dL within at least a three (3) month period, retest as follows:
- (A) In six (6) months for results between zero (0) and fourteen and nine-tenths (14.9) µg/dL.
 - (B) In three (3) months for results between fifteen (15) and nineteen and nine-tenths (19.9) µg/dL.
 - (C) In two (2) months for results between twenty (20) and twenty-four and nine-tenths (24.9) µg/dL.
 - (D) In one (1) month for results between twenty-five (25) and forty-four and nine-tenths (44.9) µg/dL.
 - (E) By the venous method one (1) month after completion of chelation therapy for results greater than forty-five (45) µg/dL.

(Indiana State Department of Health; 410 IAC 29-1-21; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-22 "Risk assessment" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 22. "Risk assessment" means an assessment of lead hazards from any structural source by a licensed risk assessor consistent with 326 IAC 23 to include the following:

- (1) A complete risk assessment including recommendations to mitigate identified lead hazards.
- (2) A written report to the family and the owner if the family does not own the home.
- (3) Education of the family and the owner on the following:
 - (A) Lead hazards in the home.
 - (B) Measures to protect children from further poisoning.

(Indiana State Department of Health; 410 IAC 29-1-22; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-1-23 "Risk assessor" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 23. "Risk assessor" means a person licensed by the state to conduct risk assessments consistent with section 15 of this rule. *(Indiana State Department of Health; 410 IAC 29-1-23; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)*

410 IAC 29-1-24 "Unconfirmed elevated blood lead level" or "UEBL" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 24. "Unconfirmed elevated blood lead level" or "UEBL" means a blood lead level of ten (10) µg/dL or greater that has not yet been subject to confirmatory testing. *(Indiana State Department of Health; 410 IAC 29-1-24; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)*

410 IAC 29-1-25 "Venous blood lead test" defined

Authority: IC 16-41-39.4-1
Affected: IC 16-41-39.4

Sec. 25. "Venous blood lead test" means a blood lead test for which the blood sample was drawn using venipuncture. *(Indiana State Department of Health; 410 IAC 29-1-25; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)*

Rule 2. Case Management and Testing

410 IAC 29-2-1 Case management

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 1. Local health officers shall ensure the provision of case management to all children under seven (7) years of age in their jurisdictions, including the following:

- (1) Outreach and identification of EBLL children.
- (2) Child case management service planning and resource identification.
- (3) Confirmatory testing.
- (4) Child case management service implementation and coordination.
- (5) Retesting.
- (6) Monitoring of child case management service delivery, program advocacy, and program evaluation.

(Indiana State Department of Health; 410 IAC 29-2-1; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

410 IAC 29-2-2 Case closure

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 2. The department or local health officer may close cases under either of the following conditions:

- (1) A case may be designated "case complete" if:
 - (A) referrals have been made to individuals and agencies for long term developmental, environmental, and medical follow-up; and
 - (B) the child has two (2) or more consecutive confirmed blood lead tests for which the BLL is less than ten (10) µg/dL in a six (6) month period, and environmental lead hazards have been remediated and passed a dust clearance test.
- (2) A case may be designated "administratively closed" for any of the following reasons:
 - (A) The child moves to another state and a case referral has been made to the appropriate state lead poisoning prevention program. This referral must be made not later than ten (10) working days after the case manager learns of the move, and the department shall keep the case open until the case is confirmed as received by the state to which it has been transferred.
 - (B) The child moves to another county in Indiana and a case referral has been made to the appropriate local health department. This referral must be made not later than ten (10) working days after the case manager learns of the move, and the department shall keep the case open until the case is confirmed as received by the local health department to which it has been transferred.
 - (C) The child reaches his or her seventh birthday and referrals have been made to individuals and agencies for long term developmental, environmental, and medical follow-up.
 - (D) The child can no longer be located or contacted and five (5) attempts have been made to contact the child during a twenty-six (26) week closure window according to the following action periods:
 - (i) At least one (1) telephone call to the parent or guardian after the first four (4) weeks of the twenty-six (26) week closure window.
 - (ii) At least one (1) letter to the parent or guardian between nine (9) and thirteen (13) weeks into the twenty-six (26) week closure window.
 - (iii) At least one (1) certified letter to the parent or guardian between thirteen (13) and twenty-one (21) weeks into the twenty-six (26) week closure window.
 - (iv) At least one (1) attempted home visit to the child's last known address after twenty-four (24) weeks into the twenty-six (26) week closure window.
 - (E) Actions completed later than the action period shall be recorded against the twenty-six (26) week closure window in the week in which they were performed.
 - (F) Case management is blocked for religious or other legally recognized reasons, and documentation of these reasons is on file.
 - (G) The death of the child.

(Indiana State Department of Health; 410 IAC 29-2-2; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA)

Rule 3. Reporting

410 IAC 29-3-1 Reporting of blood lead test results

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 1. (a) A person that examines the blood of an individual for the presence of lead must report to the department the results of the examination not later than one (1) week after completing the examination. The report must include at least the following:

- (1) With respect to the individual whose blood is examined, the following:
 - (A) Full name.
 - (B) Date of birth.
 - (C) Gender.
 - (D) Full address, including street address, city, and zip code.
 - (E) County of residence.
 - (F) Race and ethnicity.
 - (G) Parent's or guardian's name and phone number, where applicable.
 - (H) Any other information that is required to be included to qualify to receive federal funding.
- (2) With respect to the examination, the following:
 - (A) The date.
 - (B) The type of blood test performed.
 - (C) The person's normal limits for the test.
 - (D) The results of the test.
 - (E) The person's interpretation of the results of the test.
- (3) The names, addresses, and telephone numbers of the following:
 - (A) The person examining the blood.
 - (B) The attending physician, hospital, clinic, or other specimen submitter.

(b) If a person required to report under subsection (a) has submitted more than fifty (50) results in the previous calendar year, the person must submit subsequent reports in an electronic format determined by the department. (*Indiana State Department of Health; 410 IAC 29-3-1; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-3-2 Reporting of case information

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 2. (a) Local health officers shall ensure that case information is reported to the department for children less than seven (7) years of age who have an elevated blood lead level.

(b) Case management activities shall be reported electronically or using the forms designated by the department.

(c) Case closure activities shall be reported electronically or using forms designated by the department. (*Indiana State Department of Health; 410 IAC 29-3-2; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

410 IAC 29-3-3 Reporting of housing information

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 3. Local health officers shall ensure that addresses associated with children with elevated blood lead levels and gathered after July 1, 2002, are provided to federal, state, and local organizations covered by 24 CFR 35.82. (*Indiana State Department of Health; 410 IAC 29-3-3; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA; errata filed Mar 29, 2007, 9:58 a.m.: 20070411-IR-410050189ACA*)

Rule 4. Prevention and Remediation

410 IAC 29-4-1 Prevention or remediation

Authority: IC 16-41-39.4-1

Affected: IC 16-41-39.4

Sec. 1. Local health officers may do the following:

(1) Enter upon and inspect private property, at proper times after due notice, in regard to the possible presence, source, and cause of lead poisoning and lead hazards.

(2) Order what is reasonable and necessary to prevent lead poisoning or remediate lead hazards.

Remediation shall be followed by dust clearance examination. (*Indiana State Department of Health; 410 IAC 29-4-1; filed Jan 2, 2007, 2:49 p.m.: 20070131-IR-410050189FRA*)

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