

# TITLE 410 INDIANA DEPARTMENT OF HEALTH

## Emergency Rule

LSA Document #22- (E)

### DIGEST

Temporarily amends 410 IAC 29 to update definitions, and to lower the standard for an elevated blood lead level. Statutory authority: IC 16-41-39.4. Effective July 1, 2022

#### SECTION 1. (a) This section supersedes 410 IAC 29-1-2.

(b) "At-risk" means a child who:

- (1) lives in or regularly visits a house or other structure built before 1978;
- (2) has a sibling or playmate who has an elevated blood lead level;
- (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.

#### SECTION 2. (a) This section supersedes 410 IAC 29-1-4.

(b) "Case management" means the process of providing, overseeing, and coordinating services for an elevated blood lead level, 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.

#### SECTION 3. (a) This section supersedes 410 IAC 29-1-6.

(b) "Child case management service implementation and coordination" means the following:

- (1) For blood lead levels between zero and three and four tenths  $\mu\text{g}/\text{dL}$ , the following:
  - (A) Notifying the child's primary medical provider within ten (10) working days of receipt of test results by the local health officer.
  - (B) 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 blood lead levels between three and five tenths (3.5) and four and nine-tenths (4.9)  $\mu\text{g}/\text{dL}$ , the following:
  - (A) Notifying the child's primary medical provider within five (5) working days of receipt of test results by the local health officer.
  - (B) Arranging for testing of all children less than seven (7) years of age living

in the home.

(C) Providing educational materials to the parents or family of the child regarding prevention of an elevated blood lead level.

(D) Any additional actions the local health officer believes will assist the family in preventing the child's blood lead level from increasing.

(3) For confirmed elevated blood lead levels between five (5.0) and fourteen and nine-tenths (14.9)  $\mu\text{g/dL}$ , beginning child case management services within five (5) working days after receipt of test results, including the following:

(A) Notifying the child's primary medical provider within five (5) working days of receipt of test results and ensuring coordination of long-term services and retesting.

(B) Arranging for testing of all children less than seven (7) years of age living in the home.

(C) Conducting 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) Providing 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 providing written notice to the property owner of the lead hazards and required remediation

options in accordance with 410 IAC 29-4 and this document. The notice shall include the risk assessment. The property owner shall be given a reasonable time to implement recommendations for remediating lead hazards within one hundred eighty (180) days. The property owner shall have a clearance examination performed by a properly licensed individual to establish the efficacy of remediation.

(F) Providing 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 section 21 of this document 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 (15.0) and nineteen and nine-tenths (19.9)  $\mu\text{g}/\text{dL}$ , initiating actions as in subdivision (2) and child case management services beginning within five (5) working days after receipt of test results.

(4) For confirmed elevated blood lead levels between twenty (20.0) and forty-four and nine-tenths (44.9)  $\mu\text{g}/\text{dL}$ , initiating 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) Notifying the child's primary medical provider immediately and ensuring coordination of long-term services and follow-up testing.

(B) Initiating 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 (45.0) and sixty-nine and nine-tenths (69.9)  $\mu\text{g}/\text{dL}$ , initiating 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) Notifying the child's primary medical provider immediately and ensuring coordination of long-term services and follow-up testing.

(B) Initiating 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 (70.0) µg/dL, initiating child case management services immediately after receipt of test results and all actions as in subdivision (2) with the following changes:
- (A) Notifying the child's primary medical provider immediately and ensuring coordination of long-term services and follow-up testing.
  - (B) Initiating 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 EBLL as a medical emergency.
  - (D) Admission of the child to a hospital for chelation therapy.
  - (E) Obtaining a venous blood lead test one (1) month after completion of therapy.

SECTION 4. (a) This section supersedes 410 IAC 29-1-9.

(b) "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 (0.0) to three and four tenths (3.4) µg/dL requires no confirmatory test.
- (2) Confirming initial blood lead levels of:
  - (A) three and five tenths (3.5) to nine and nine-tenths (9.9) µg/dL within three (3) months;
  - (B) ten (10.0) to forty-four and nine-tenths (44.9) µg/dL within one (1) month;
  - (C) forty-five (45.0) to fifty-nine and nine-tenths (59.9) µg/dL within forty-eight (48) hours; and
  - (D) sixty (60.0) to sixty-nine and nine-tenths (69.9) µg/dL within twenty-four (24) hours; of receiving initial test results.
- (3) Confirming initial blood lead levels of seventy (70) µg/dL and higher immediately with an emergency lab test and considering blood lead levels of seventy (70) µg/dL to be a medical emergency.

SECTION 5. (a) This section supersedes 410 IAC 29-1-11.

(b) "Confirmed elevated blood lead level" means a blood lead level of three and five tenths (3.5) µg/dL or higher that has been verified by a confirmed blood lead test.

SECTION 6. (a) This section supersedes 410 IAC 29-1-13.

(b) "Elevated blood lead level" or "EBLL" means a blood lead level of three and five tenths (3.5) µg/dL or higher.

SECTION 7. (a) This section supersedes 410 IAC 29-1-19.

(b) "Outreach and identification" means the following:

- (1) The promotion of awareness of the health effects of lead, techniques for preventing

an elevated blood lead level, and techniques for treating an elevated blood lead level 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 the effects of an elevated blood lead level, 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 children with an elevated blood lead level 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 an elevated blood lead level.

(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 an elevated blood lead level.

SECTION 8. (a) This section supersedes 410 IAC 29-1-21.

(b) "Retesting" means additional testing to monitor a child's blood lead level over time in accordance with the following schedule, unless a primary care physician or local health department determines retesting should occur within shorter intervals:

(1) Within twelve (12) months for results between zero (0.0) and three and four tenths (3.4)  $\mu\text{g}/\text{dL}$ .

(2) Within three (3) months for results between three and five tenths (3.5) and twenty-four and nine-tenths (24.9)  $\mu\text{g}/\text{dL}$ .

(3) Within one (1) month for results between twenty-five (25.0) and forty-four and nine-tenths (44.9)  $\mu\text{g}/\text{dL}$ .

(4) By the venous method within one (1) month after completion of chelation therapy for results greater than forty-five (45)  $\mu\text{g}/\text{dL}$ .

SECTION 9. (a) This section supersedes 410 IAC 29-1-22.

(b) "Risk assessment" means an assessment of lead hazards from any structural

source, and adjacent impacted residential soil, by a licensed risk assessor consistent with 410 IAC 32 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.

SECTION 10. (a) This section supersedes 410 IAC 29-2-2.

(b) 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 blood lead level is less than five (5.0) µg/dL in a six (6) month period, and environmental lead hazards have been remediated and passed a 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 elevated blood lead level 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 seven years of age 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.

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.

(E) Case management is blocked for religious or other legally recognized reasons, and documentation of these reasons is on file.

(F) The death of the child.

SECTION 11. (a) This section supersedes 410 IAC 29-3-1.

(b) In addition to the information required to be submitted under IC 16-41-39.4-3, the report to the department must include at least the following:

(1) With respect to the individual whose blood is examined, the following:

(A) Full address, including street address, city, and zip code.

(B) County of residence.

(C) Race and ethnicity.

(2) With respect to the examination, the following:

(A) The date collected.

(3) The name, address, and telephone number of the person examining the blood.

SECTION 12. (a) This section supersedes 410 IAC 29-3-2.

(b) 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.

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

(d) Case closure activities shall be reported electronically using the forms designated by the department.

SECTION 13. (a) This section supersedes 410 IAC 29-4-1.

(b) 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 an elevated blood lead level and lead hazards.

(2) Order what is reasonable and necessary to prevent an elevated blood lead level or remediate lead hazards.

Remediation shall be followed by clearance examination.

SECTION 14. (a) This section supersedes 410 IAC 29-5-3.

(b) If the department seizes items under IC 16-41-39.4-7 the items seized shall be:

(1) held for a period of not less than thirty (30) days;

(2) stored at the owner's expense; and

(3) destroyed as of the date stated in the notice.