

Childhood Blood Lead Level Care and Action Case Management Guidelines

For children ages 6 months to 84 months

Blood Lead Levels (µg/dL)	Care and Action Guidelines
0 – 3.4	<ul style="list-style-type: none"> Opening of Case Investigation (CI) in NBS to support documentation of all provided patient services is optional and dependent on local needs and policy Confirmatory blood test not required Contact primary medical provider (PMP) within ten (10) working days of receipt of lab results, confirming results and coordinating care and retesting Contact with family suggested, done as per local health department (LHD) policy. Provide lead information and prevention education re. possible sources of lead exposure, nutrition counseling, medical/developmental/behavioral impacts (<i>See CDC Childhood Lead Poisoning Prevention for more information</i>)
3.5 – 4.9	<ul style="list-style-type: none"> Confirmatory blood testing REQUIRED for ALL initial blood lead levels (BLL) ≥ 3.5 µg/dL. Required schedule for testing according to TABLE A. Case management begins at BLL 5-14.9 Opening of CI in NBS to support documentation of all monitoring and investigation related patient services and activities is optional and dependent on local needs and policy For confirmed BLLs, contact PMP within five (5) working days of receipt of lab results, confirming results and coordinating care and retesting BLL retest schedule to be followed according to TABLE B on back Arrange for testing of all children <7 years of age living in the home Contact family, done as per LHD policy. Provide lead information and prevention education re. possible sources of lead exposure, nutrition counseling, medical/developmental/behavioral impacts (<i>See Childhood Lead Poisoning Prevention for more information</i>)
5 – 14.9	<ul style="list-style-type: none"> Confirmatory blood testing REQUIRED for ALL initial blood lead levels (BLL) ≥ 5 µg/dL. Required schedule for testing according to TABLE A For confirmed elevated blood lead level (EBLL) results at this level, <u>begin case management (CM) activities as listed below:</u> <ul style="list-style-type: none"> Begin CM activities within five (5) working days of receipt of lab results Open CI in NBS to document all CM-related activities Contact PMP within five (5) working days of receipt of lab results, confirming results and coordinating care and retesting BLL retest schedule to be followed according to TABLE B on back Arrange for testing of all children <7 years of age living in the home Provide continuing CM services and monitoring until case closure (<i>See back for more information</i>), having not less than one (1) contact every three (3) months with child/family Additional actions the local health officer and LHD staff believes will assist the family in preventing the child’s blood lead level from increasing should be provided as needed Contact with family and home visit required. Includes: 1.) Nutrition assessment or referral REQUIRED, 2.) Developmental assessment or referral REQUIRED (<i>See back for additional information regarding home visit REQUIREMENTS</i>) Initiation of environmental inspection and risk assessment required of primary and secondary addresses within ten (10) working days of receipt of lab results. Includes: 1) Hazard control education and mitigation recommendations of identified hazards, 2) Education of family/owner on hazards and measures to protect from further exposure, 3) Presentation of results and clearance exam as needed
15 – 19.9	<ul style="list-style-type: none"> For confirmed EBLL results, begin CM activities as listed above for BLL 5-14.9 µg/dL, within five (5) working days of receipt of lab results
20 – 44.9	<ul style="list-style-type: none"> For confirmed EBLL results, begin CM activities as listed above for BLL 5-14.9 µg/dL, within five (5) working days of receipt of lab results, with the following changes: <ul style="list-style-type: none"> Contact PMP immediately following the receipt of lab results, confirming results and coordinating care and retesting Initiate environmental inspection and risk assessment of primary and secondary addresses within five (5) working days of receipt of lab results
45 – 69.9	<ul style="list-style-type: none"> For confirmed EBLL results, begin CM activities as listed above for BLL 5-14.9 µg/dL, within twenty-four (24) hours of receipt of lab results, with the following changes: <ul style="list-style-type: none"> Contact PMP immediately following the receipt of lab results, confirming results and coordinating care and retesting Initiate environmental inspection and risk assessment of primary and secondary addresses within two (2) working days of receipt of lab results Chelation therapy followed by a venous blood lead test one (1) month after completion of therapy Chelation may be conducted at child’s home if patient doing well clinically and no lead hazards are present. Alternative housing should be sought if needed. Hospitalization considered case by case; Contact PEHSU [317-864-5526, 866-967-7337], Indiana Poison Control [1-800-222-1222] for guidance and consultation for health care provider if needed
≥ 70 Medical Emergency	<ul style="list-style-type: none"> For confirmed EBLL results, begin CM activities as listed above for BLL 5-14.9 µg/dL immediately upon receipt of lab results, with the following changes: <ul style="list-style-type: none"> Contact PMP immediately following the receipt of lab results, confirming results and coordinating care and retesting Initiate environmental inspection and risk assessment of primary and secondary addresses within twenty-four (24) hours of receipt of lab results Hospital admission for chelation therapy followed by a venous blood lead test one (1) month after completion of therapy

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TABLE A: Confirmatory Testing Schedule

Additional blood lead level tests following initial capillary blood lead test to determine if will be a 'confirmed case'

Initial Blood Lead Test Results (µg/dL)	Perform a Confirmatory Blood Test Within:
0.0 – 3.4	Not required
3.5 – 9.9	3 months
10 – 44.9	1 month
45 – 59.9	48 hours
60 – 69.9	24 hours of initial result
≥70	Immediately, emergency lab test, considered a Medical Emergency

- **Confirmatory blood lead test** = Two (2) consecutive **capillary** blood lead tests, not more than twelve (12) weeks apart, **OR**, a single **venous** blood lead test
- An initial **venous** blood lead test is considered a confirmed specimen

TABLE B: Retest Schedule

Additional testing to monitor a child's BLL over time. **Venous testing is preferred, but capillary testing is acceptable

Blood Lead Level (µg/dL)	Test the Child Again Within...
0.0 – 3.4	12 months
Confirmed Blood Lead Level (µg/dL)	Test the Child Again Within...
3.5 – 24.9	3 months
25 – 44.9	1 month
≥45	1 month after chelation therapy, venous method only

General Important Information:

- Elevated blood lead level = BLL of 3.5 µg/dL
- Confirmed elevated blood lead level = BLL of ≥3.5 µg/dL verified by a confirmed blood lead test
- **Confirmed Case** of BLL ≥5 µg/dL = the beginning of the provision of case management services (i.e. home visit, risk assessment, etc.)

IDOH LHHD Website:

- <https://www.in.gov/health/lead-and-healthy-homes-division> - contains important updates, resources, and program related information

NBS:

- New EBLLs are delivered in two ways; 1) Lab report in the 'Documents Requiring Review' (DRR) Queue; 2) Email Manifest lab report
- Check DRR queue at least once daily for new EBLLs. Process lab **immediately** as appropriate, i.e. opening a CI and attaching lab, or attaching lab to existing CI
- Closing CIs should be done on a regular and timely basis

Required Elements of Home Visit:

- A Medical, developmental, and behavioral history
- Lead education, including medical effects and environmental sources
- A determination of potential household exposures
- An evaluation of the risk of other family members, including pregnant women.
- Nutrition assessment or referral for nutrition assessment (**Note:** Completing Home Visit Form, including nutrition based questions, satisfies this requirement)
- A developmental assessment or referral for developmental assessment (**Note:** Example of possible referral sources include First Steps or other local service agencies, or child's physician if assessment done during office visit)
- Referrals to other social services as appropriate.

Case Closure (410 IAC 29-2-2)

Case investigations may be closed under **either** of the following conditions, and the elements for the selected condition has been met. Go [here](#) for complete details:

- 1. Case Complete:**
 - a. Appropriate referrals have been made; **and**
 - b. The child has two (2) consecutive confirmed blood lead tests at least sixty (60) days apart for which the blood lead level is less than five (5) µg/dL
- 2. Administratively Closed:** (Any of the following reasons apply)
 - a. Child moves to another state
 - b. Child moves to another county
 - c. Child reaches seven years of age
 - d. Child can no longer be located or contacted, and five attempts have been made to contact the child during twenty-six week (26) closure window according to the following: (All **MUST** be documented)
 - i. At least one telephone call to parent or guardian after the first four weeks
 - ii. At least one letter to the parent or guardian between nine and thirteen weeks
 - iii. At least one certified letter to the parent or guardian between thirteen and twenty-one weeks
 - iv. At least one attempted home visit to the child's last known address after twenty-four weeks
 - v. Repeat of any previous choice
 - e. Case management is blocked for religious or other legally recognized reasons
 - f. The death of the child