

# Childhood Lead Poisoning Verbal Risk Assessment Questionnaire

1. Do you live in or visit a building built before 1978 with peeling/chipping paint or with ongoing renovation that may create dust?
2. Do you live with or know someone close to you (at work/ home/church/school) that has or has had lead poisoning or an elevated blood lead level in the past?
3. Do you or someone close to the child work in an occupation or participate in a hobby that may contain lead?

Some examples are:

Auto mechanics/bodywork	Plumbing	Smelting Metals/Scrap yards
Farm/Migrant Farm Work	Blowing Glass	Jewelry Making/Repair
Furniture Refinishing	Gardening	Metal Sculpting
Renovation Work	Painting	Stained Glass
Painting Roads	Printing	Car/Boat repair
Metal Work/Welding	Casting Aluminum	Firing Ranges
Plastics Manufacturing	Ceramic Making	Firearms/Firing Range Electronic
Radiator Repairs	Bridge Repair/Painting	soldering
Home Repairs/Remodeling	High Construction Area	Making Bullets/Sinkers/Lead Toys
Battery Recycling/Smelting/Recycling		

4. Do you use folk remedies, cosmetics or use old painted pottery to store food? Some examples are:

**IMPORTED COSMETICS:** **Middle East, India, Pakistan, Africa** • Kohl, Surma, Al Koh: a powder used both as a cosmetic eye make-up and applied to skin infections and the navel of a newborn child. Can be ingested when on hands • Kajal: eye cosmetic, when used can be ingested if on hands. • Sindoor: a powder applied to face or scalp during ceremonies; can also be mistakenly used as a food additive.

**FOODS:** • **Middle East** • Lozeena: a bright orange powder used by Iraqis to color rice and meat • **Mexico** • Tamarind Candy: gel like candy made with chilies, and placed in little pots to eat with little spoons. With the candy, wrappers and pots have been identified as having high lead levels • Chapulines (dried grasshoppers): can be chocolate coated; grasshoppers eat chilies that are contaminated with lead from soil and area silver mine fallout

**FOLK REMEDIES:** • **Hispanic** • Azarcon aka: Ruedo, Corol, Maria Luiso, Alarcon, Ligo: used for intestinal illness. • **Mexico** • Greta: a yellow powder used for intestinal illness. • **Dominican Republic** • Litargirio: yellow/ peach powder used as a deodorant, foot fungicide, treatment for burns and wound healing. • **Vietnam/ Hmong Community** • Pay-loo-ah- a red powder given for rash or fever. • **Asian/ Tibet/ India/Thailand** • Ayurvedic medicine, • Tibetan Herbal Vitamin • **Asia:** Bo Ying compound (the “product”) manufactured by Eu Yan Sang (Hong Kong) for use in infants and children for treatment of influenza, fever, sneezing, and nasal discharge. **China** • Jin Bu Huan: used to relieve pain, • Po Ying Tan: used to treat minor ailments in children, • Ba-Baw-San. • **India** • Ghasard: a brown powder given as an aid in digestion. • **Thailand** • Daw Tway is a digestive aid used in Thailand and Myanmar (Burma). • **Iran** • Bint Al Zahab: Rock ground into a powder and mixed with honey and butter given to newborn babies for colic and early passage of meconium after birth. • **Saudi Arabia** • Traditional Saudi Medicine: Orange powder prescribed by a traditional medicine practitioner for teething; also has an antidiarrheal effect, • Santrinj: An amorphous red powder containing 98% lead oxide used principally as a primer for paint for metallic surfaces, but also as a home remedy for “gum boils” and “teething.” • Bint Dahab: A yellow lead oxide used by local jewelers and as a home remedy, • **Kuwait** • Bokhoor: A traditional practice of burning wood and lead sulphide to produce pleasant fumes to calm infants. **Other:** • Bala Goli: a round, flat, black bean dissolved in ‘gripe water’ and used for stomach ache. • Kandu: a red powder used to treat stomachaches.

5. Do you live within 3 blocks or less from a busy road/ highway?  
Soil around your home could be contaminated by the fallout from past leaded gasoline or lead based paint dust and chips that can land on your soil or in water (cisterns/wells). Lead can also be absorbed in fast growing plants such as kale, spinach, and other garden vegetables from contaminated soil and then consumed by animals and humans and can lead to an increase in blood lead levels.

# Provider Guidelines for Elevated Blood Lead Levels

for pregnant women and children up to 72 months of age

\*A confirmed test is: two capillary tests, one capillary test and one venous test, or one venous test.

Range	Clinical Intervention	What to Do Next
0-4.9 µg/dL	<ul style="list-style-type: none"> <li>None- not considered lead poisoned by CDC</li> </ul>	<ul style="list-style-type: none"> <li>Retest again at AAP assigned intervals</li> <li>Test all pregnant women in the home</li> </ul>
5-9.9 µg/dL	<ul style="list-style-type: none"> <li>*Confirm capillary test with second capillary or venous test within 1 month to 12 weeks.</li> <li>Provide guardian with educational packet &amp; review</li> <li>Environmental lead hazards visual inspection may be completed by LMPHW within 4 weeks of testing</li> </ul>	<ul style="list-style-type: none"> <li>Schedule and repeat confirmatory test in or around 12 weeks if necessary</li> <li>Test all other children under 72 months living in the home if not previously tested</li> <li>Test all pregnant women in the home</li> </ul>
10-14.9 µg/dL	<ul style="list-style-type: none"> <li>*Confirm capillary test with second capillary or venous test within 1 month.</li> <li>Provide guardian with educational packet &amp; review</li> <li>Environmental lead hazards visual inspection may be completed by LMPHW within 4 weeks of testing</li> </ul>	<ul style="list-style-type: none"> <li>Schedule and repeat confirmatory test in or around 4 weeks if necessary</li> <li>Test all other children under 72 months living in the home if not previously tested</li> <li>Test all pregnant women in the home</li> </ul>
Confirmed 5-14.9 µg/dL	If after the second or "confirmatory" blood lead test level remains in this range, repeat every 12 weeks until blood lead level is <5 µg/dL then retest according to routine AAP schedule.	
15-44.9 µg/dL This is considered "lead poisoned"	<ul style="list-style-type: none"> <li>Obtain *confirmation specimen within one week, if this is a venous specimen, no additional "confirmation" needed.</li> <li>Provide guardian with educational packet &amp; review</li> <li>Required environmental lead hazards risk assessment completed by LMPHW within 1-2 weeks of testing</li> </ul>	<ul style="list-style-type: none"> <li>Repeat testing at 1-2 month intervals until blood lead level in less than 5 µg/dL for at least 6 months with testing at 1 month intervals, If monthly tests cannot be obtained, a minimum of 3 tests during the 6 month period is required.</li> <li>Test all other children under 72 months living in the home if not previously tested</li> <li>Resume testing according to routine AAP schedule.</li> <li>Test all pregnant women in the home</li> </ul>
25 µg/dL and above	If *confirmatory blood lead test level is 25 µg/dL or above, evaluate for medical nutrition therapy and refer to a hematology specialist for evaluation and, <u>potentially</u> , chelation.	
45-69.9 µg/dL	<ul style="list-style-type: none"> <li>*Confirm blood lead level within 48 hours.</li> <li>Provide guardian with educational packet &amp; review</li> <li>Refer for chelation therapy</li> <li>Required environmental lead hazards risk assessment completed by LMPHW within 48 hours of testing</li> </ul>	<ul style="list-style-type: none"> <li>Submit venous confirmation specimen within <b>48 hours</b>. During post chelation therapy, retest monthly until: blood lead level is less than 5 µg/dL for 6 months (capillary specimens are acceptable).</li> <li>Test all other children under 72 months living in the home if not previously tested</li> <li>Test all pregnant women in the home</li> </ul>
<b>70 µg/dL and above MEDICAL EMERGENCY</b>	<ul style="list-style-type: none"> <li>*Confirm blood lead level within 24 hours.</li> <li>Provide guardian with educational packet &amp; review</li> <li>Refer for chelation therapy</li> <li>Required environmental lead hazards risk assessment completed by LMPHW within 24 hours of testing</li> </ul>	<ul style="list-style-type: none"> <li>Submit venous confirmation specimen within <b>24 hours</b>. During post chelation, retest monthly until: Blood lead level is less than 5 µg/dL for 6 months (capillary specimens are acceptable).</li> <li>Test all other children under 72 months living in the home if not previously tested</li> <li>Test all pregnant women in the home</li> </ul>

## AAP Periodicity Schedule for Lead Screening<sup>1</sup>

AGE Lead Screening	INFANCY								EARLY CHILDHOOD						MIDDLE CHILDHOOD						
	Prenatal	Newborn	3-5 d	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3y	4y	5y	6y	7y	8y	9y	10y
							*	*	• or *		*	• or *		*	*	*	*				

KEY • = to be performed

\* = verbal risk assessment to be performed with appropriate action to follow, if possible

### Childhood Lead Poisoning Prevention Program (CLPPP) Contacts:

**Nurse Case Manager:** Karen Hess 574-5082

**Program Fax:** 574-6657

**Program Coordinator:** Elise Bensman 574-6524

**Program Main Line:** 574-6650

**Environmentalist:** Matthew Przystal 574-6630

**Program Email:** LMPHWCLPPP@louisvilleky.gov



DEPARTMENT OF  
**PUBLIC HEALTH  
AND WELLNESS**

**LOUISVILLE METRO DEPARTMENT  
OF PUBLIC HEALTH & WELLNESS**

**Childhood Lead Poisoning Prevention Program**

400 East Gray Street  
Louisville, Kentucky 40202

**FACSIMILE TRANSMITTAL**

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**TO: Name:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_ 574-6657 \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ 574-6650 \_\_\_\_\_

**Number of pages including cover:** \_\_\_\_\_

**FROM: Name:** \_\_\_\_\_  
NAME OF PRACTICE AND PROVIDER

**Fax #:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**TEST INFO:** \_\_\_\_\_  
PATIENT NAME (LAST, FIRST), DOB

\_\_\_\_\_  
TEST RESULT

\_\_\_\_\_  
WAS THIS A CONFIRMATION TEST?

\_\_\_\_\_  
ADDITIONAL INFORMATION (Capillary or venous, language other than English, etc.)

**PLEASE BE SURE TO REPORT ALL BLOOD LEAD TEST RESULTS  
TO THE CABINET and THE DEPARTMENT OF PUBLIC HEALTH  
AND WELLNESS.**

*“Notice of Confidentiality: This fax transmittal is intended only for the use of the individual or entity to which it is addressed and may contain confidential information that is legally privileged and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are notified that any review, use, disclosure, distributing or copying of this communication is strictly prohibited. If you have received this communication in error, please contact the sender by reply fax or phone call to the above number and destroy all forms of the original message.”*

# Reporting Requirements

## For an Analyzing Lab

- Assure that your lab is CLIA certified and that they are reporting according to the CLIA minimum requirements, **Per 42 CFR 493.1241(c)(1)-(c)(8)<sup>15</sup>**
- Per **KRS 211.902<sup>13</sup>**, Health care providers in Kentucky are responsible for reporting the required standardized reporting information to the analyzing lab on the lab specimen requisition form. Health care providers are responsible to make contact with their labs in assuring the reporting of this information.
- If your analyzing lab is located outside of Kentucky, you must confirm that they report results to the Cabinet.
- If you are unsure what to do to ensure you are meeting the requirements for reporting, contact the **Clinical Laboratory Improvement Amendments<sup>2</sup>** within the **Centers for Medicare & Medicaid Services** as well as the Cabinet to ensure you are meeting Kentucky's minimum requirements.

## For a Lead Care II Analyzer

- Utilize the **Kentucky Online Gateway** to confidentially report test results: There must be a designated user set up in the Kentucky Online Gateway system who will report these results within 7 days of analyzing.
- If you do not have an account set up with a designated user, you must request an account **here** to gain access.
- Additionally, you can consult the manual for the Lead Care II analyzers **here<sup>11</sup>**

*All blood lead results of 2.3 ug/dL and above are **REQUIRED** to be reported to the Cabinet within **7 days**.<sup>13</sup>*

*If you have any questions regarding reporting results, contact the Cabinet at **502-564-2154**.*

*In addition to reporting to the Cabinet, please report all blood lead levels directly to LMPHW by fax to **502-574-6657***

# Chelation Therapy and Nutritional Interventions

## Referring a Patient for Chelation Therapy

- According to the CDC<sup>14</sup>, any child with a confirmed blood lead level **of 45 µg/dL** or greater should be referred to a hematology specialist for medical evaluation by the provider. While there is no formal agreement between LMPHW and any specialists, one common office for patients to be referred is:  
**University of Louisville's Pediatric Cancer and Blood Disorders Group** -  
Dianne Burnett, APRN Main Office Phone: (502)-588-3600
- If referred for chelation evaluation, please notify the LMPHW Case Manager. Continue follow-up testing per the Provider Guidelines for Children with Elevated Blood Lead Levels.

## Assessing a Child for Nutritional Interventions<sup>14</sup>

- For children with **BLLs of 25 µg/dL and above**, evaluate the risk for anemia based on criteria such as low income, migrant or recently arrived refugee families, SNAP and/or WIC qualified families, etc.
- If the child is at risk for anemia or has poor nutrition, encourage the parent or guardian to apply for programs like WIC, if eligible.
- Encourage the parent or guardian to increase the intake of foods that provide an adequate supply of iron, vitamin C and calcium for the child's size and age.
- If the child remains deficient in these vitamins and minerals, refer for medical nutrition therapy.

*You may choose to refer the child to a hematology specialist at 25 µg/dL for evaluation, but chelation for levels between 20 µg/dL and 45 µg/dL has not been shown to offer therapeutic benefits for reducing BLLs.<sup>14</sup>*

*Information regarding **Community Resources for Healthy Eating** can be found at the end of this Toolkit.*