

# 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"> <li>Opening of Case Investigation (CI) in NBS to support documentation of all provided patient services is optional and dependent on local needs and policy</li> <li>Confirmatory blood test <b>not required</b></li> <li>Contact primary medical provider (PMP) within <b>ten (10) working days</b> of receipt of lab results, confirming results and coordinating care and retesting</li> <li>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 (See <a href="#">CDC Childhood Lead Poisoning Prevention</a> for more information)</li> </ul>
3.5 – 4.9	<ul style="list-style-type: none"> <li><b>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</b></li> <li>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</li> <li>For confirmed BLLs, contact PMP within <b>five (5) working days</b> of receipt of lab results, confirming results and coordinating care and retesting</li> <li>BLL retest schedule to be followed according to <b>TABLE B</b> on back</li> <li>Arrange for testing of all children &lt;7 years of age living in the home</li> <li>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 (See <a href="#">CDC Childhood Lead Poisoning Prevention</a> for more information)</li> </ul>
5 – 19.9	<ul style="list-style-type: none"> <li><b>Confirmatory blood testing REQUIRED for ALL initial blood lead levels (BLL) ≥5 µg/dL. Required schedule for testing according to TABLE A</b></li> <li><b>For confirmed elevated blood lead level (EBLL) results at this level, <u>begin case management (CM) activities as listed below:</u></b> <ul style="list-style-type: none"> <li>Begin CM activities within <b>five (5) working days</b> of receipt of lab results</li> <li>Open CI in NBS to document all CM-related activities</li> <li>Contact PMP within <b>five (5) working days</b> of receipt of lab results, confirming results and coordinating care and retesting</li> <li>BLL retest schedule to be followed according to <b>TABLE B</b> on back</li> <li>Arrange for testing of all children &lt;7 years of age living in the home</li> <li>Provide continuing CM services and monitoring until case closure (See <i>back for more information</i>), having not less than one (1) contact every three (3) months with child/family</li> <li>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</li> <li><b>Contact with family and home visit required.</b> Includes: 1.) Nutrition assessment or referral REQUIRED, 2.) Developmental assessment or referral REQUIRED (See <i>back for additional information regarding home visit REQUIREMENTS</i>)</li> <li><b>Initiation of environmental inspection and risk assessment required</b> of primary and secondary addresses within <b>ten (10) working days</b> 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</li> </ul> </li> </ul>
20 – 44.9	<ul style="list-style-type: none"> <li>For confirmed EBLL results, begin CM activities as listed above for BLL 5-19.9 µg/dL, within <b>five (5) working days</b> of receipt of lab results, with the following changes:           <ul style="list-style-type: none"> <li>Contact PMP <b>immediately</b> following the receipt of lab results, confirming results and coordinating care and retesting</li> <li>Initiate environmental inspection and risk assessment of primary and secondary addresses within <b>five (5) working days</b> of receipt of lab results</li> </ul> </li> </ul>
45 – 69.9	<ul style="list-style-type: none"> <li>For confirmed EBLL results, begin CM activities as listed above for BLL 5-19.9 µg/dL, within <b>twenty-four (24) hours</b> of receipt of lab results, with the following changes:           <ul style="list-style-type: none"> <li>Contact PMP <b>immediately</b> following the receipt of lab results, confirming results and coordinating care and retesting</li> <li>Initiate environmental inspection and risk assessment of primary and secondary addresses within <b>two (2) working days</b> of receipt of lab results</li> </ul> </li> <li>Chelation therapy followed by a venous blood lead test <b>one (1) month</b> after completion of therapy</li> <li>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</li> </ul>
<b>&gt; 70</b> Medical Emergency	<ul style="list-style-type: none"> <li>For confirmed EBLL results, begin CM activities as listed above for BLL 5-19.9 µg/dL <b>immediately</b> upon receipt of lab results, with the following changes:           <ul style="list-style-type: none"> <li>Contact PMP <b>immediately</b> following the receipt of lab results, confirming results and coordinating care and retesting</li> <li>Initiate environmental inspection and risk assessment of primary and secondary addresses within <b>twenty-four (24) hours</b> of receipt of lab results</li> </ul> </li> <li>Hospital admission for chelation therapy followed by a venous blood lead test <b>one (1) month</b> after completion of therapy</li> </ul>

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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 – 19.9	1 month
20 – 44.9	2 weeks
45 – 59.9	48 hours
60 – 69.9	24 hours of initial result
<b>≥70 Medical Emergency</b>	Initial BLL Confirmed Immediately with Emergency Lab Test, Considered a <b>Medical Emergency</b>

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 – 9.9	3 to 6 months
10 – 19.9	1 to 3 months
20 – 44.9	2 weeks to 1 month
≥45	1 month after chelation therapy, <b>venous method only</b>

General Important Information:
<ul style="list-style-type: none"> <li>Elevated blood lead level = BLL of <math>\geq 3.5</math> µg/dL</li> <li>Confirmed elevated blood lead level = BLL of <math>\geq 3.5</math> µg/dL verified by a confirmed blood lead test</li> <li><b>Confirmed Case</b> of BLL <math>\geq 5</math> µg/dL = the beginning of the provision of case management services (i.e. home visit, risk assessment, etc.)</li> </ul>
IDOH LHHH Website:
<ul style="list-style-type: none"> <li><a href="https://www.in.gov/health/lead-and-healthy-homes-division">https://www.in.gov/health/lead-and-healthy-homes-division</a> - contains important updates, resources, and program related information</li> </ul>
NBS:
<ul style="list-style-type: none"> <li>New EBLLs are delivered in two ways; 1) Lab report in the 'Documents Requiring Review' (DRR) Queue; 2) Email Manifest lab report</li> <li>Check DRR queue at least once daily for new EBLLs. Process lab <b>immediately</b> as appropriate, i.e. opening a CI and attaching lab, or attaching lab to existing CI</li> <li>Closing CIs should be done on a regular and timely basis</li> </ul>

- **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

Required Elements of Home Visit:
<ul style="list-style-type: none"> <li>A Medical, developmental, and behavioral history</li> <li>Lead education, including medical effects and environmental sources</li> <li>A determination of potential household exposures</li> <li>An evaluation of the risk of other household members, including pregnant women.</li> <li>Nutrition assessment or referral for nutrition assessment (<b>Note:</b> Completing Home Visit Form, including nutrition based questions, satisfies this requirement)</li> <li>A developmental assessment or referral for developmental assessment (<b>Note:</b> Example of possible referral sources include First Steps or other local service agencies, or child's physician if assessment done during office visit)</li> <li>Referrals to other social services as appropriate.</li> </ul>

Case Closure (410 IAC 29-2-2)
Case investigations may be closed under <b>either</b> of the following conditions and when the elements for the selected condition has been met. Go <a href="#">here</a> for complete details:
<b>1. Case Complete:</b> <ol style="list-style-type: none"> <li>Appropriate referrals have been made; <b>and</b></li> <li>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 and environmental lead hazards have been remediated and passed a clearance test</li> </ol>
<b>2. Administratively Closed:</b> (Any of the following reasons apply) <ol style="list-style-type: none"> <li>Child moves to another state</li> <li>Child moves to another county</li> <li>Child reaches seven (7) years of age</li> <li>Child can no longer be located or contacted, and five (5) attempts have been made to contact the child during twenty-six-week (26) closure window according to the following: (All <b>MUST</b> be documented)                     <ol style="list-style-type: none"> <li>At least one (1) telephone call to parent or guardian after the first four (4) weeks</li> <li>At least one(1) letter to the parent or guardian between nine (9) and thirteen (13) weeks</li> <li>At least one (1) certified letter to the parent or guardian between thirteen (13) and twenty-one (21) weeks</li> <li>At least one (1) attempted home visit to the child's last known address after twenty-four (24) weeks</li> <li>Repeat of any previous choice</li> </ol> </li> <li>Case management is blocked for religious or other legally recognized reasons</li> <li>The death of the child</li> </ol>