

LEAD Educator



KERN COUNTY CHILDHOOD LEAD POISONING PREVENTION PROGRAM

Fall/Winter 2009

LEAD in the NEWS

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LEAD Educator

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SCREENING REGULATIONS — FOR CHILDHOOD LEAD POISONING

Each CHDP health care provider has specific responsibilities based on state regulations. The regulations outline specific responsibilities on doctors, nurse practitioners and physician assistants doing periodic health care assessments on children between the ages of 6 months and 6 years. The following are important standards of care on lead screening:

- ❖ Provide oral or written guidance on lead poisoning at each periodic assessment from **6 months to 6 years**.
- ❖ Screen – order a blood lead test – for children in publicly supported programs at both **12 months and 24 months**. The publicly supported programs are Medi-Cal, CHDP, Healthy Families, and WIC.
- ❖ Assess whether children not in publicly supported programs are at risk of lead poisoning by asking, “Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently renovated?”
- ❖ Order a blood test if the answer to the question above is “yes” or “I don’t know.”
- ❖ If a child between the ages of 12 months and 6 years was not tested nor asked the risk evaluation question at 12 month and 24 months, the health care provider must do it as soon as he or she becomes aware it was not done at the appropriate time. The health care provider should also order a blood test if it appears a change in circumstances has put a child at risk.
- ❖ **DOCUMENT, DOCUMENT, DOCUMENT** – specifically what you did in the patient’s chart:
 - Date of blood test
 - Did the parent refuse a test?
 - Record when “follow-up” tests should be done and call the patient
- ❖ **PROVIDER SCREENING GUIDELINE CHANGES** - Recognizing that even low blood lead levels (BLLs) may have serious consequences the CHDP and Childhood Lead Poisoning Prevention Branch (CLPPB) have issued new guidelines. These new guidelines recommend to providers that any child with a **BLL of 5ug/dl and up** be rescreened within 6 months until the trend is downward or stable, and then less often as the trend indicates.
- ❖ They also advise that providers consider more frequent and more extensive neurodevelopmental evaluations at this level. They should also add a notation in the medical record for future neurodevelopment monitoring, and testing other family members.

UPDATE

CHILDHOOD LEAD POISONING PREVENTION WEEK

OCTOBER 18 - 24, 2009

Since lead can sometimes be found in bare dirt or soil, planting flowers, shrubs or other plants around a home can help keep children safe from lead poisoning. A blood test is the only way to identify and confirm lead poisoning in children. The purpose of this campaign is to remind parents that lead poisoning can be detrimental to young children's health and development. It's important for CHDP providers to do a **lead screening at year one and again at year two or older** if the child has not been previously screened for lead. The following are some facts about lead poisoning:

- Lead provides no known biological benefit to humans.
- Lead can produce adverse effects on virtually every system in the body; it can damage the kidneys, the nervous system, the reproductive system, and cause high blood pressure. It is especially harmful to the developing brains of fetuses and young children.
- There may be no lower threshold for some of the adverse effects of lead in children. In addition, the harm that lead causes to children increases as their blood lead levels increase.
- Blood lead levels as low as 5-10 micrograms/deciliter ($\mu\text{g}/\text{dL}$) are associated with harmful effects on children's learning and behavior. It is important to prevent the occurrence of blood lead levels of 5 $\mu\text{g}/\text{dL}$ and above in children.
- Children with a venous blood lead level of 20 $\mu\text{g}/\text{dL}$ and above or with two venous BLLs in the range of 15-19 $\mu\text{g}/\text{dL}$ or above over a period of 600 days need a doctor's care.
- Elevated BLLs in children are a major preventable health problem that affects children's mental and physical health. The higher a child's BLL and the longer it persists, the greater the chance that the child will be affected.

**If your clinic would like to host a 'Clinic Display' of lead poisoning prevention materials during Lead Week, please contact
Mary Ramos, PHA, at 868-0385**

All Lead Recalls and other Lead Resources can be viewed on line at:

www.co.kern.ca.us/health/lead.asp
(or) <http://www.cpsc.gov>

For **Lead in Candy** information go to:
www.dhs.ca.gov/ps/fdb

**Childhood Lead Poisoning Report
Kern County**

Jan. – June, 2009

Number of Cases – **6**

Number of EBLs – **68**

Primary Source: Chipping and peeling paint