



Department
of Health

Lead Poisoning Prevention Program Regulatory Review and Update

10 NYCRR Part 67

Lead Poisoning and Control

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Rulemaking – Amendments to Part 67

- Notice of Adoption published on September 25, 2019, *Effective October 1, 2019*
- Amended 67-1.1
 - Revised definition of “Elevated blood lead level” to mean a blood lead concentration equal to or greater than 5 µg/dL
- Amended 67-1.2
 - Revised provision requires primary health care providers perform risk reduction and nutrition counseling, and provide confirmatory sampling (venous blood sample) for children with a blood lead level equal to or greater than 5 µg/dL
 - For children with a *confirmed* blood lead level equal to or greater than 5 µg/dL, revised provision requires primary health care providers to perform a complete diagnostic evaluation; medical treatment, if necessary; and referral to the local or State health agency for environmental management.

Local Health Department (and District Office) Care Coordination and Environmental Management

Follow-up services for children with elevated BLLs includes:

- Care Coordination
- Environmental Management (Note: for partial service counties, these services are provided by NYS Department of Health's District Offices (DOs))

Care coordination is typically facilitated by Public Health Nurses or Public Health Educators and involves:

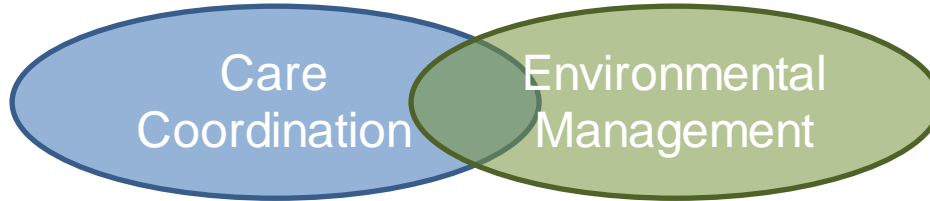
- Data management and case tracking in LeadWeb;
- Ensure appropriate follow-up is completed by health care providers (HCPs);
- Outreach and education to HCPs and parents/guardians; and,
- Referrals for environmental management.

Local Health Department (and District Office) Care Coordination and Environmental Management Continued

- Environmental management is typically facilitated by Sanitarians and involves:
 - Environmental inspections and sample collection;
 - Outreach and education to parents/guardians;
 - Action plans for remediation;
 - Enforcement; and,
 - Case closure following remediation.

Collaboration

All children with BLLs $\geq 5 \mu\text{g/dL}$ require joint management.



Care coordination and environmental management staff must coordinate routinely from the initial referral through case closure.

This coordination may be through phone calls, emails, review of each others reporting in LeadWeb, and joint field visits.

Exchange information, coordinate engagement with the parents/guardians, sequence activities, and ensure efforts are not duplicated.

Children Managed Under the Lead Poisoning Prevention Program (LPPP), *effective as of October 1, 2019*

- All children with a blood lead sample collected on or after October 1st, 2019 that is ≥ 5 $\mu\text{g}/\text{dL}$ must receive care coordination and environmental management
- In the September 25, 2019 letter from the Commissioner of Health to HCPs, NYS Department of Health encouraged HCPs to review previous blood lead sample results for all children at their next child visit. Any child whose most recent BLL was ≥ 5 $\mu\text{g}/\text{dL}$ prior to October 1, 2019, where concerns for lead exposure persist, the Department recommended HCPs collect or order a confirmatory (venous) sample.

Children Managed Under LPPP, *effective as of October 1, 2019*

Previous Cases managed under LPPP

Cases closed prior to October 1st

- If no additional blood lead samples are collected/reported, the case may remain closed
- If additional blood lead samples are collected on or after October 1, 2019 and the results are $\geq 5 \mu\text{g/dL}$, care coordination and environmental management must be provided (existing environmental records should be considered)



Children Managed Under LPPP, *effective as of October 1, 2019*

Previous and Current Cases managed under LPPP

Cases with confirmed blood lead results of 5 to < 15 $\mu\text{g}/\text{dL}$ that were open prior to October 1st and remain open after October 1st

Continue ongoing activities.

- Additional follow-up actions should be based on follow-up blood lead samples collected on or after October 1st, 2019. If follow-up blood lead sample is ≥ 5 $\mu\text{g}/\text{dL}$, care coordination and environmental management must be provided.

Cases with confirmed blood lead results ≥ 15 $\mu\text{g}/\text{dL}$ open prior to October 1, 2019

- Continue ongoing activity and adhere to updated case closure criteria.

Confirmatory Venous and Capillary Results

- All required follow-up activities should be based on confirmatory venous blood lead testing results
- If repeated attempts to obtain a confirmatory venous sample are unsuccessful, a second capillary test result may be used to guide follow-up actions

Care Coordination 5 $\mu\text{g}/\text{dL}$ to $< 10 \mu\text{g}/\text{dL}$

Initiate follow-up activities within 30 working days to ensure the following activities are completed by the HCP:

- Ensure that HCPs provide all required services for children with EBLLs
- Provide risk reduction education to the parent/guardian
- Refer for environmental management
- Monitor venous BLLs in accordance with the follow-up testing schedule
- Communicate with HCP and Local Health Department/DO to monitor progress
- Document activities in LeadWeb

Environmental Management 5 µg/dL to < 10 µg/dL

- Schedule environmental investigation within 30 working days of the referral
- The Local Health Department/DO may collect information prior to performing the environmental inspection
- Home/dwelling visits by environmental management staff are required
- Perform environmental inspections per NYSDOH guidance and best practices

New Tool for Local Health Departments

All children with a confirmed elevated BLL of 5 µg/dL and above must receive comprehensive care coordination and environmental management

- The Department continues to work with National Center for Healthy Housing to develop a tool for Local Health Departments/DOs to prioritize actions and target interventions
- Questionnaire intended for children with confirmed elevated BLLs of 5 to < 10 µg/dL and may be used for all cases to guide environmental investigation

LeadWeb Updates/Enhancements

- 5 Year Project
- Phase 1 conversion to Java web application to improve performance and use a supported platform (completed March 2019)
- Special Release: Updates to screens, reports, and environmental referral type based on BLLs $\geq 5 \mu\text{g/dL}$ (completed October 2019)
- Phase 2 will revise the child surveillance status, nursing reports, matching screen, and other features (released in early 2020)
- Phase 3 will improve data hygiene and advanced reporting options (to be released in mid 2020)
- Phase 4 includes advanced data exchange and technology improvements (to be released in 2021)

Case Closure

Medical discharge can be considered when two venous blood lead results, taken at least three months apart, are $< 5 \mu\text{g}/\text{dL}$ and all environmental follow-up actions have been completed at the child's current residence.

As we gain experience, all guidance will be evaluated and refined as needed.

Information Shared with Local Health Departments since September 2019



- NYSACHO Hosted Webinar (September 18, 2019)
- Regional Office and DO LPPP Training (September 19, 2019)
- Released Guidance to Local Health Departments on “Care Coordination and Environmental Management for Children with Blood Lead Levels of Greater than or Equal to 5 Micrograms per Deciliter” (October 1, 2019)
- LeadWeb Updates (October 1, 2019 and January 2020)
- Field Memos concerning XRFs, care coordination reporting in LeadWeb, and others (September 2019 through present)
- LPPP Contract Worksheet and Templates (October 29, 2019)
- Full Day Training delivered in Syracuse on LPPP Implementation Guidance (December 5, 2019)
- Delivery of XRFs to District Offices began early 2020

Information for Local Health Departments – *Coming Soon*

- Full Day Training in Poughkeepsie on LPPP Implementation Guidance (February 11, 2020)
- LeadWeb Training Webinar (February 2020)
- Comprehensive LPPP Guidance (February 2020)
- New Tool (Questionnaire) release and pilot (February/March 2020)
- Environmental Health Summit (March 25, 2020)
- Webinar series to cover all elements of LPPP implementation (April 2020)

Information Shared with Health Care Providers since September 2019

Updated Guidelines, tools, resources, and training provided to health care providers and will be discussed in the next presentation

Publications and Outreach Tools Updates

- Updated materials and order form consistent with new guidance
- Redesigned and streamlined www.health.ny.gov/lead
- Developed new tools for providers and local health departments assist with data collection and family education
- Continuing awareness campaigns to reduce childhood lead exposures and promote lead testing.

Examples of Materials

Does your child need a lead test?

Child's Name: _____
 Child's Date of Birth: _____
 Today's Date: _____
 (FOR OFFICE ONLY) – MRN #: _____

- | | | | |
|--|-----|----|----------|
| 1. Does your child live in or regularly visit a building built before 1978 with potential lead exposures, such as peeling or chipping paint, recent or ongoing renovation or remodeling, or high levels of lead in the drinking water? | YES | NO | NOT SURE |
| 2. Has your child spent any time outside the United States in the past year? | YES | NO | NOT SURE |
| 3. Does your child live or play with a child who has an elevated blood lead level? | YES | NO | NOT SURE |
| 4. Does your child have developmental disabilities, put nonfood items in their mouth, or peel or disturb painted surfaces? | YES | NO | NOT SURE |
| 5. Does your child have frequent contact with an adult who may bring home traces of lead from a job or hobby such as: house painting, plumbing, renovation, construction, auto repair, welding, electronics repair, battery recycling, lead smelting, jewelry, stained glass or pottery making, firing weights, "sinkers", firearms, or collecting lead or pewter figurines? | YES | NO | NOT SURE |
| 6. Does your family use traditional medicines, health remedies, cosmetics, powders, spices, or food from other countries? | YES | NO | NOT SURE |
| 7. Does your family cook, store, or serve food in crystal, pewter, or pottery from other countries? | YES | NO | NOT SURE |
| 8. Did your child miss a lead test? New York State requires all children be tested for lead at age 1 and again at age 2. | YES | NO | NOT SURE |

If you answered "YES" or "NOT SURE" to any of these questions, your child may need a blood lead test.

Lead is a concern, especially for children under age 6. It's important for you and your health care provider to know your child's blood lead level.

www.health.ny.gov/lead



Eat a Variety of Nutritious Foods to Help Reduce the Effects of Lead

Calcium

Makes it hard for lead to enter the body



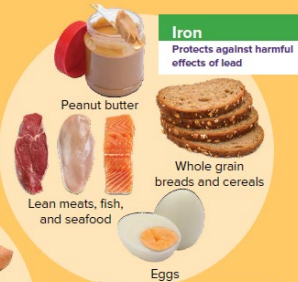
Vitamin C

Helps the body absorb calcium and iron better



Iron

Protects against harmful effects of lead



Learn more about how you can protect your family from lead at www.health.ny.gov/lead or contact your local health department.

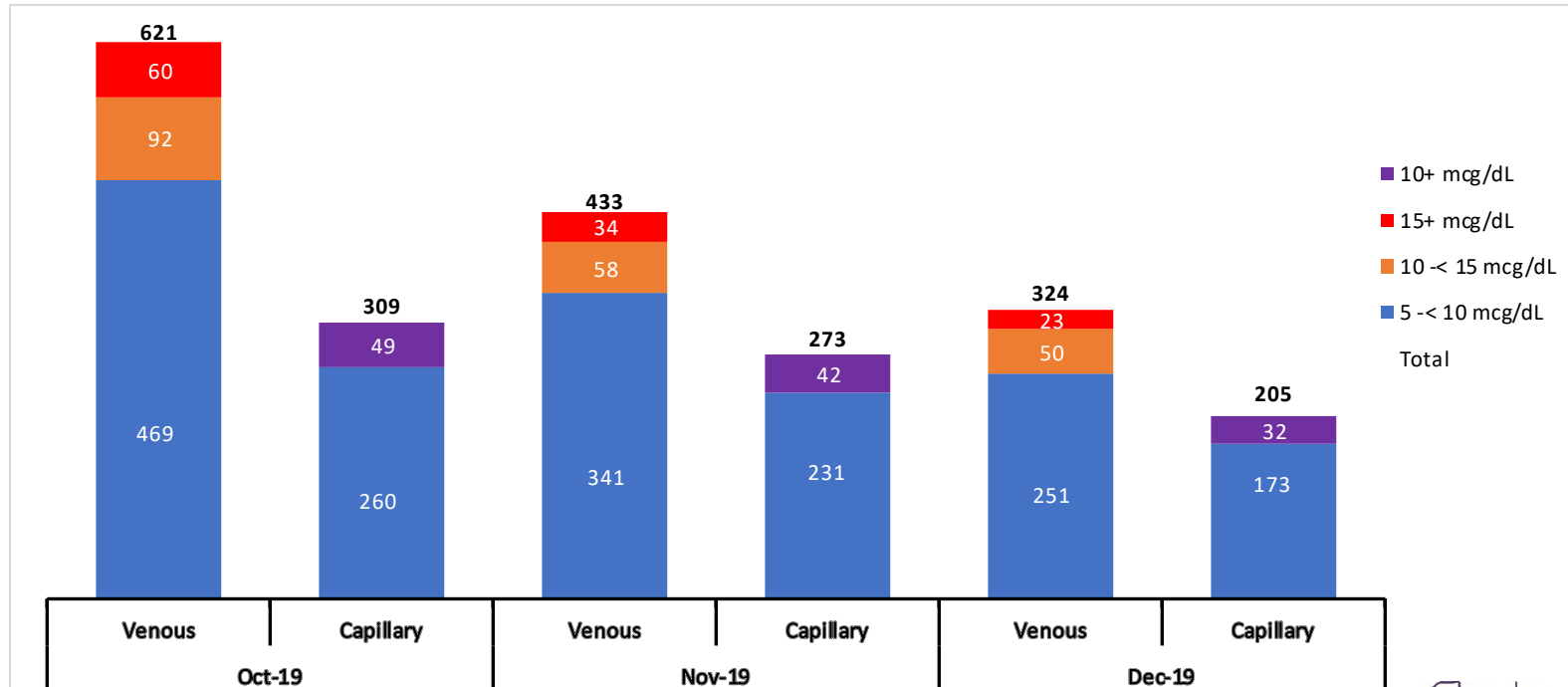


NYS Guidelines for Blood Lead Level (BLL) Management

BLL (µg/dL)	Confirmation of Capillary Test with Venous Test	Follow-Up Venous Testing Schedule AFTER Confirmed Venous BLL ≥ 5 µg/dL
<5	No confirmation needed. Average BLL for U.S. children ages 1-5 years is 1.4 µg/dL	Not applicable
5 to <15	Venous test within 3 months	Every 1-3 months until 2 tests at least 3 months apart confirm BLLs are <5 µg/dL
15 to <25	Venous test within 1 week	Every month until BLL is <15 µg/dL
25 to <45	Venous test within 48 hours	Consult Regional Lead Resource Center (RLRC) until BLL is <25 µg/dL
45 to <70	Venous test within 24 hours	Consult RLRC immediately. Notify LHD within 24 hours. Chelation should not be delayed for test results
≥70	Medical emergency: Confirm with venous test immediately	



NYS* Childhood Lead Poisoning Prevention Program New Confirmed and Elevated Patients Count in 2019 Q4



*Note: not including NYC.

Questions?