

Educational Intervention for Parents

Parent education is a vital part of the medical treatment plan for a child with an elevated blood lead level. It may be difficult for the parent to understand that lead exposure is harmful to their child since lead poisoning is often asymptomatic. Understanding the magnitude and life-altering effects lead exposure can have on a child's body can help the parent make changes to reduce the lead exposure in the child's environment. Your education of the parent on lead exposure risks will help them to reduce or eliminate the child's lead exposure.

To help you with this education, we developed a checklist you may use to mark items as you discuss them with the parent (see page 2). You can insert the list into the medical record to document your discussion with the parent. Since taking home written information is a good reminder to take some action, you may want to give the parent a copy. We also have a variety of free lead educational materials you may give the parent (see page 3). Each heading on the checklist contains a reference to the educational material you may hand to the parent.

Educate the caregiver on:

- The effects of lead poisoning
- The importance of proper nutrition
- The signs and symptoms of lead poisoning
- How to identify and control or eliminate a possible lead hazard

As a reminder:

- Tailor the educational interventions for each child and parent
- Repeat educational interventions as needed
- Prioritize interventions

Information adapted from "Managing Elevated Blood Lead Levels among Young Children", March 2002, CDC.

New Forms

(blood lead levels of 20 µg/dL or higher)

Upon identifying a child with a blood lead level at 20 µg/dL or higher we initiate several actions. We send a letter to the parent (via certified mail) reminding them to return to the doctor for any follow-up action. In addition, we send a letter to the health care provider with information on the blood lead test result and **3** forms to assist with you with follow up actions. The forms will include the child's name when you receive the forms. Examples of the forms are on page 3 and described below.

- **Pb-100** Use to interview the parent to determine possible sources of exposure. (2 pages)
- **Pb-101** Use to request an environmental investigation. (2 pages)
- **Pb-102** Use to notify the Texas Department of Health of follow-up actions. (1 page)

Ordering Educational Materials

The Texas Department of Health's Childhood Lead Poisoning Prevention Program offers a variety of English and Spanish educational materials free of charge. Order these materials by visiting our website at: www.tdh.state.tx.us/lead. See page 3.

Screening Recommendations

- **ALL** children receive a blood lead test at 12 and 24 months.

Reporting Requirements

- Report **ALL** blood lead results to the Texas Department of Health's Child Lead Registry.
(Reporting requirements effective 6/1/03)



Physician Checklist for Parent Education Topics

Child's Last Name: _____ First Name: _____

Parent: _____ Date: _____

Environmental Interventions (supply parent with educational materials #1-307, #1-308, #1-309)

- Potential sources of lead
 - Lead paint
 - Lead contaminated dust and soil
 - Lead contaminated water from lead pipes or lead solder
 - Imported mini-blinds
 - Home remedies (Azarcon or Greta)
 - Lead contaminated food from storage in ceramic pottery, leaded crystal, lead soldered cans
 - Occupations and hobbies
- Certified professionals should conduct lead abatement
- Methods to reduce their child's lead exposure
 - Create barriers between living/play areas and lead sources (i.e. tape over lead painted window sills or door frames, plant grass in bare soil areas)
 - Wash child's hands and face before meals and at bedtime
 - Wash child's toys, pacifiers, and bottles often
 - Wet mop floors regularly and wet wipe window components
 - Vacuum carpeted areas before wet mopping floors
 - Keep child from eating nonfood items
 - Keep child away from peeling, chipping, or flaking paint
 - Prevent child from playing in bare soil areas
 - Keep child away from areas where lead is being used (i.e. hobbies, occupations)
 - Relocate if lead contamination is extensive and not easily remediable
- Potential water hazards
 - Do not cook with or allow children to drink hot tap water
 - Run cold tap water for 1-2 minutes in the morning and fill a pitcher with the water. Use this water for drinking, cooking, and formula preparation
 - Use bottled water if drinking water is contaminated

Nutritional Interventions (supply parent with educational material #13-32)

- Feed child foods rich in absorbable iron, vitamin C, and calcium
- Feed child three healthy meals and two nutritious snacks each day
- Use glass, plastic, or stainless steel containers for storing, preparing, or serving food

Medical Care (supply parent with educational materials #1-310 and #1-311)

- The importance of recommended medical follow-up
 - After the blood lead level goes below 10 $\mu\text{g}/\text{dL}$, screen children for lead at least once a year up to the age of 6
- Risks associated with elevated blood lead levels

Forms and Educational Materials

ProtectTexas
Texas Department of Health

Lead Assessment Interview Tool

This form is used by a health-care provider to interview the parent/guardian of a child with a confirmed elevated blood lead level to determine possible source(s) of exposure.

For further information, contact the statewide Follow-Up Coordinator at 1-800-588-1248.

Using the preaddressed postage paid envelope send to:

Texas Childhood Lead Poisoning Prevention Program
Texas Department of Health
1100 West 49th St.
Austin, TX 78756-3109

A

Child's Name: _____
Residential Address: _____
Date of Birth: _____ Medical ID: _____
Informant's Name: _____ Relationship to Child: _____
Home Phone: (____) _____ Work Phone: (____) _____
Provider Name: _____ Provider Phone: _____
Provider Address: _____
Interviewer: _____ Date of Interview: _____

1. Was your home probably built before 1978?
¿Se construyó en casa probablemente antes de 1978? Yes No
2. How long have you lived at this address?
¿Cuánto tiempo ha vivido en esta dirección? _____
3. What was your previous address?
¿Cuál era su dirección anterior? _____
4. Is there any peeling paint on the inside or outside of your home?
¿Hay pintura desmenuándose en el interior o exterior de su hogar? Yes No
5. Has any recent remodeling work been involved paint removal or the use of old/recycled lumber?
¿Ha habido renovación o trabajo de su hogar que haya involucrado el removimiento de pintura o el uso de madera vieja o reciclada? Yes No
6. Does your child spend time at any other building (playcare center, Grandparent's house, neighbor's house, etc.) that was probably built before 1978 or that has had recent renovations?
¿Pasa su niño o niña mucho tiempo en algún otro edificio (centro de guardería, de sus abuelos, casa de vecinos, etc.) que probablemente haya sido construido antes de 1978 o que haya tenido renovaciones recientes? Yes No
7. Does anyone in your family use alternative, traditional, or home remedies, such as Greta, Azarcon, Maria Luisa, or Pay-fo-ab?
¿Hay alguien de su familia que use remedios alternativos, tradicionales, o caseros, como Greta, Azarcon, Maria Luisa, o Pay-fo-ab? Yes No
8. Does your child put non-food items, like paint or dirt, in his/her mouth?
¿Se lleva a la boca, su niño o niña, cosas no comestibles (como pintura o tierra)? Yes No
9. If your home is heated by a wood-burning stove or fireplace, is painted wood burned as fuel?
Si calienta usted su casa con estufa de leña o chimenea, ¿quemó usted madera pintada de colores como combustible? Yes No

Rev. 12/2003 PH-100

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Texas Department of Health

Request for Environmental Investigation

It is the responsibility of the provider to initiate an environmental investigation. Initiate investigations as soon as possible after you identify a case since the main objective of environmental management is to reduce lead exposure quickly. Prioritize your request on children with the highest BLLs and on children less than 2 years of age with any BLL. Their BLLs are more likely to increase and they are more sensitive to lead's toxicologic effects.

The tables below show the recommended maximum time frames for a obtaining confirmatory venous sample and initiating environmental investigations and interventions according to a child's BLL.

For further information, contact the statewide Follow-Up Coordinator at 1-800-588-1248.

B

Recommended Schedule for Obtaining a Confirmatory Venous Sample

*The higher the BLL, the more urgent the need for confirmatory testing.

Serum lead levels (µg/dL)	Perform a confirmatory venous sample
10-19	1 month
20-44	2 weeks
45-69	1 week
70-99	1 week
100-299	1 week
300 and up	Immediately as an emergency lab test

Time Frames for Environmental Investigation and Other Case Management Activities According to Child's BLL

Confirmed Blood Lead Level (µg/dL)	Action	Timeframe for Initiating Investigation
10-14	Provide targeted lead education. Provide home testing. Refer the child for social services if needed. Advise school, plus E-BLLs parents (i.e., 2 weeks). Lead level range at least 1 month apart on location. proceed according to criteria for E-BLLs (20-44).	Within 30 days
15-19	Advise school, plus E-BLLs parents (i.e., 2 weeks). Lead level range at least 1 month apart on location. proceed according to criteria for E-BLLs (20-44).	Within 2 weeks
20-44	Provide immediate, plus E-BLLs parents (i.e., 2 weeks). Provide immediate environmental investigation and control current lead hazards.	Within 1 week
45-79	Advise school, plus E-BLLs parents (i.e., 2 weeks). Provide immediate environmental investigation and control current lead hazards.	Within 48 hours
80 or higher	Advise school, plus E-BLLs parents (i.e., 2 weeks). Provide immediate environmental investigation and control current lead hazards.	Within 24 hours

Table adapted from Managing Elevated Blood Lead Levels among Young Children (E-BLLs) About 2003

Child's Name: _____
Residential Address: _____
Date of Birth: _____ Medical ID: _____
An Environmental Investigation is requested because:
The child has a confirmed lead level of 20 µg/dL or greater.
The child has a confirmed lead level of between 15 and 19 µg/dL for 3 or more months.
Provider requesting Environmental Investigation: _____
Provider Name: _____ Provider Phone: (____) _____
Provider Address: _____

Please fax the front of this form to one of the Local Childhood Lead Poisoning Prevention Programs listed below based on the child's address. If the child resides outside the program's area, fax to the Environmental Lead Branch at 512-834-6644.

Austin/Travis County	City of Dallas	El Paso City/County	Harris County
512-973-6652 Fax: 512-972-6999	214-670-5563 Fax: 214-679-8036	955-943-3325 Fax: 955-943-6699	713-698-6367 Fax: 713-698-6476
City of Houston	City of El Paso	San Antonio Metro	
713-544-5169 Fax: 713-764-8408	936-762-4991 Fax: 936-759-2812	210-267-8853 Fax: 210-267-8638	

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Texas Department of Health

Provider Questionnaire: Follow Up of Elevated Blood Lead Level

Return this form and the blank information below is available. Child is lost to follow-up, complete and return immediately. Contact us if you need a referral to an expert who can offer advice on medical treatment of childhood lead poisoning.

For further information, contact the statewide Follow-Up Coordinator at 1-800-588-1248.

Using the preaddressed postage paid envelope send to:

Texas Childhood Lead Poisoning Prevention Program
Texas Department of Health
1100 West 49th St.
Austin, TX 78756-3109

C

Follow-Up Venous Blood Lead Testing
Medical Management includes follow-up blood lead testing. The table below presents guidance on the frequency of follow-up tests.

Schedule for Follow-Up Blood Lead Testing

Venous blood lead level (µg/dL)	Early follow-up (first 2-4 years after identification)	Follow-up (5 years and older)
10-14	1 month	1 year
15-19	1 month	1 year
20-44	1 month	1 year
45-69	2 weeks-1 month	1 year
70 and up	As soon as possible	1 year

Child's Name: _____
Residential Address: _____
Date of Birth: _____
Guardian's Name: _____ Phone Number: _____
List child's subsequent blood lead results:

List sample type (Capillary or Venous)	Result (µg/dL)	Date	Where analysis was conducted (Laboratory Name, Address, City, State)

 Physician's Name: _____
 Clinic Name: _____ Phone Number: (____) _____
 Address: _____

1. Is the child continuing in your care? Yes No
 2. Have you documented sending reminder letters or calling for follow-up? Yes No
 3. Is the child lost to follow-up because they have moved? Yes No
 4. Is the child lost to follow-up because the parents are non-compliant? Yes No
- If yes, explain _____

Rev. 12/2003 PH-102



E

- A** Pb-100, or Lead Assessment Interview Tool
- B** Pb-101, or Request for Environmental Investigation
- C** Pb-102, or Provider Questionnaire
- D** 1 page bilingual flyers
- E** English and Spanish low literacy brochures

TX CLPPP News

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Austin, TX 78756.

Send questions, comments and subscription requests to:

TX CLPPP
Texas Department of Health
1100 W. 49th St.
Austin, TX 78756
or call 1-800-588-1248

Local Health Department CLPPP phone numbers and addresses

Austin/Travis County
211 Comal Street
Austin, TX 78702
512-972-6652

City of Dallas
4500 Spring Ave
Dallas, TX 75210
214-670-7663

City of Houston
8000 N. Stadium Dr.
6th Floor
Houston, TX 77054
713-794-9349

City of Laredo
2600 Cedar Ave
Laredo, TX 78040
956-795-4901

El Paso City/County
5115 El Paso Drive
El Paso, TX 79905
915-771-5803

Harris County
2223 W. Loop South
Houston, TX 77027
713-439-6369

San Antonio
332 W. Commerce
Suite 101
San Antonio, TX 78205
210-207-8853

Look for our next newsletter to contain information on:

- Developmental Assessment

To order educational materials:

Visit our website:
www.tdh.state.tx.us/lead

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