STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Local Health Department
Regulatory Response and Reporting Guidance Document
Lead Poisoning Prevention and Control
Children 6 through 15 Years of Age
Updated September 21, 2015

Terms and Abbreviations

1. CGS = Connecticut General Statutes
2. DPH = Connecticut Department of Public Health
3. EIBLL = a confirmed (venous) blood lead level equal to greater than 20 µg/dl of blood or two confirmed (venous) blood lead levels between 15 - 19 µg/dl taken at least three months apart
4. LHD = Local Health Department
5. L&HHP = Connecticut Department of Public Health Lead and Healthy Homes Program
6. RCSA = Regulations of Connecticut State Agencies

Background

Upon receipt of each report of a confirmed **venous blood lead level equal to or greater than twenty micrograms per deciliter (µg/dl) of blood (i.e., an EIBLL),** the Director of Health shall make or cause to be made an epidemiological investigation of the source of the lead causing the increased lead level or abnormal body burden and shall order action to be taken by the appropriate person or persons responsible for the condition or conditions which brought about such lead poisoning as may be necessary to prevent further exposure of persons to such poisoning (reference CGS §19a-111).

Upon receipt of reports of confirmed **venous EIBLLs equal to or greater than fifteen µg/dl of blood but less than twenty µg/dl of blood** in two tests taken at least three months (90 days) apart, the Director of Health shall conduct an on-site lead inspection to identify the source of lead and order remediation of such sources by the appropriate persons responsible for the conditions at such source (reference CGS §19a-110(d)).

1. All clinical laboratories must report blood lead levels **equal to or greater than 10 µg/dl of blood** to the LHD within forty-eight (48) hours of analysis [reference CGS §19a-110(a)]. (Note: The attending physician must also report venous blood lead levels equal to or greater than 15 µg/dL of blood to the LHD using form #PD-23 per CGS §19a-2a(9), CGS §19a-215, and RCSA §19a-36-A1 through §19a-36-A4 [see attached form].)

2. Notification may be provided in writing, by facsimile, or verbally (with subsequent written confirmation) and must include all required data elements.

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The following LHD response steps are required for every new EIBLL condition as described above in children age 6 through 15 years that has been reported to the director of health.

Step 1:
The LHD reviews the date of analysis of the reported blood lead level and the date of receipt of the reported blood lead level by the LHD to assess whether the laboratory has reported in a timely manner. The initial date of receipt of the confirmatory sample result(s) by the LHD must be clearly indicated on the laboratory report form(s) and a copy of the laboratory report(s) must be included in the LHD case file. If the LHD identifies that a clinical laboratory has not reported a blood lead level within the required 48 hours of analysis, it is requested that the LHD notify the L&HHP at (860) 509-7299 of this deficiency.

Step 2:

A. **Confirmed venous BLL equal to or greater than twenty µg/dl**:

The LHD initiates an epidemiological investigation that will include, but not be limited to, a comprehensive lead inspection of the child's primary residence. If multiple residences are involved, a lead risk assessment must be conducted at such residences to determine other potential sources of lead exposure (reference CGS §19a-111). Simultaneously, it is recommended that the LHD contact the Primary Care Physician to discuss medical case management and specifics of the case.

1. The LHD must initiate the investigation **within five (5) working days** of receipt of notification of the EIBLL by the LHD [reference RCSA §19a-111-3(c)(1)]. (Note: "initiate" means active follow up has been started by the LHD; e.g., the LHD has contacted or made diligent attempts to contact the child's parent[s] or guardian[s] to schedule the epidemiological interview and comprehensive lead inspection.)

2. The date on which the LHD initially contacted the child's parent(s) or guardian(s) must be clearly indicated in the LHD case file. Additionally, all unsuccessful attempts to contact the child's parent(s) or guardian(s) must be clearly documented in the LHD case file. Attempts to contact and initiate an investigation must be persistent. Deliberate avoidance of LHD contact and scheduling efforts by the parent(s) or guardian(s) must be followed-up by a Report of Child Neglect from the LHD to the State of Connecticut Department of Children and Families (1-800-842-2288). Please note that per CGS §17a-101 certain Directors of Health are mandated reporters. Additionally, DPH has a policy of zero tolerance for abuse or neglect of children.

3. The LHD must provide lead educational materials to the parent(s) or guardian(s) [reference CGS §19a-110(d)] and the date that these materials were provided must be clearly indicated in the LHD case file.

4. An epidemiological investigation must be conducted by the LHD (reference CGS §19a-111). The Epidemiological Investigation form (see attached form) must be completed, signed, dated, and filed in the LHD case file.

B. <u>Confirmed venous BLLs equal to or greater than fifteen µg/dl of blood but less than twenty µg/dl of blood (two tests taken at least 90 days apart):</u>

The LHD initiates a comprehensive lead inspection or lead risk assessment of the child's residence (or residences if multiple residences are involved). Simultaneously, it is recommended that the LHD contact the Primary Care Physician to discuss medical case management and specifics of the case.

1. The LHD must initiate the comprehensive lead inspection or lead risk assessment **within five (5) business days** of receipt of notification of the second BLL by the LHD. (Note: "initiate" means active follow up has been started by the LHD; e.g., the LHD has contacted or made diligent attempts to contact the child's parent[s] or guardian[s] to schedule the lead comprehensive inspection or lead risk assessment.)

2. The date on which the LHD initially contacted the child's parent(s) or guardian(s) must be clearly indicated in the LHD case file. Additionally, all unsuccessful attempts to contact the child's parent(s) or guardian(s) must be clearly documented in the LHD case file. Attempts to contact and initiate a comprehensive lead inspection or lead risk assessment must be persistent. Deliberate avoidance of LHD contact and scheduling efforts by the parent(s) or guardian(s) must be followed- up by a Report of Child Neglect from the LHD to the State of Connecticut Department of Children and Families (1-800-842-2288). Please note that per CGS §17a-101 certain Directors of Health are mandated reporters. Additionally, DPH has a policy of zero tolerance for abuse or neglect of children.

3. The LHD must provide lead educational materials to the parent(s) or guardian(s) [reference CGS §19a-110(d)] and the date that these materials were provided must be clearly indicated in the LHD case file.

Step 3:

The LHD will conduct a comprehensive lead inspection or lead risk assessment to identify potential lead-based paint hazards in the child's residence.

1. The LHD prepares a comprehensive lead inspection report or lead risk assessment report (see attached DPH prescribed lead inspection and testing summary form) **within two (2) working days** of completion of the comprehensive lead inspection[1] or lead risk assessment[2].

[1] A completed comprehensive lead inspection includes: (1) comprehensive testing of painted surfaces, (2) sampling dust, bare soil areas, potable water, and any other potential source of lead, and (3) receipt of all laboratory analysis results.

[2] A completed lead risk assessment includes: (1) identification and testing of all painted surfaces that may constitute lead-based paint hazards, (2) sampling dust, bare soil areas, potable water, and (3) receipt of all laboratory analysis results.

2. The comprehensive lead inspection report or lead risk assessment report is filed in the LHD case file.

3. Copies of the comprehensive lead inspection report or lead risk assessment report are forwarded to the owner(s) of the property and the L&HHP **within two (2) working days** of completion of the lead risk assessment or the lead inspection [reference RCSA §19a-111-3(d)].

Step 4:
If the LHD has identified lead-based paint hazards and/or lead in soil hazards during the comprehensive lead inspection or lead risk assessment, a lead abatement order or lead hazard remediation order shall be issued by the Director of Health [reference CGS §19a-111 and RCSA §19a-111-3(f)].

1. The lead abatement order or lead hazard remediation order is sent to the property owner(s) by certified mail with return receipt.

2. A copy of the lead abatement order or lead hazard remediation order is filed in the LHD case file.

3. Documentation of receipt of the lead abatement order or the lead hazard remediation order by the property owner(s) is filed in the LHD case file (e.g., green card/return receipt, verified hand delivery).

Step 5:
The epidemiological investigation (for confirmed venous blood lead levels equal to or greater than 20 µg/dL) and the comprehensive lead inspection or lead risk assessment should be completed and the lead abatement order or lead hazard remediation order prepared within **thirty (30) working days** of the receipt of the EIBLL laboratory report. **Within thirty (30) days**[3] of the conclusion of an investigation of confirmed venous blood lead levels equal to or greater than 20 µ/dL, the Director of Health shall report to the Commissioner of Public Health (L&HHP) the result of such investigation and the action taken to insure against further lead poisoning from the same source, including any measures taken to effect relocation of families in accordance with CGS §19a-111. Extenuating circumstances that may affect compliance with the thirty-day reporting period must be documented and reported to the L&HHP in writing, as soon as such circumstances are identified. A timeline for completion must be submitted with the non-compliance report.

Step 6:
For confirmed venous blood lead levels equal to or greater than 20 µg/dL the following items must be entered in to the DPH Lead Surveillance System within **thirty (30) days** of the conclusion of the health director's investigation, in accordance with CGS §19a-111:

[3] When a statute or regulation indicates a timeline (e.g., # of days for a certain event, response, etc.) but does not specify business or calendar days the method of counting to be used is calendar days.

1. Completed Epidemiological Investigation Form.

2. Lead abatement order or lead hazard remediation order.

Step 7:
A written lead abatement plan or lead hazard remediation plan is to be submitted by the property owner to the Director of Health within fifteen (15) business days of receipt of the lead abatement order or lead hazard remediation order.[4] Within ten (10) business days of receipt of the plan the LHD will review the plan and notify the property owner that the plan is acceptable as submitted or that specific revisions or additional material are required. If revisions or additional material are required the LHD shall establish a timetable for submission of an acceptable plan.[5]

Step 8:
Lead abatement or lead hazard remediation shall commence within forty-five (45) business days of receipt of the lead abatement order or lead hazard remediation order. The owner is responsible to proceed to completion of lead abatement or lead hazard remediation in a diligent manner.[6]

Step 9:
Upon completion of lead abatement or lead hazard remediation and prior to reoccupancy a lead inspector[7] shall reinspect the abated or remediated area(s) to ensure that the lead abatement plan or lead hazard remediation plan has been followed. Dust wipe samples shall be collected [reference RCSA §19a-111-4(e)]. The lead inspector shall issue a Letter of Compliance [reference RCSA §19a-111-4(f)] within five (5) business days of verification that the abatement area(s) is/are in compliance with clearance standards.

Step 10:
Within ten (10) business days of notification that lead abatement or lead hazard remediation has been completed the LHD shall reinspect the abated or remediated area(s). Within two (2) business days of completion of the reinspection and verification that abatement has been properly completed the LHD shall issue a post abatement inspection report [reference RCSA §19a-111-3(h)(1)].[8]

Delinquent is defined as:

- The epidemiological investigation, the comprehensive lead inspection, and/or the lead risk assessment have/has not been completed or the lead abatement order or lead hazard remediation order has not been prepared within twenty (20) working days of the receipt of the laboratory report and reasonable extenuating circumstances are not present.

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[4] Failure to comply warrants referral of the case for enforcement to the Housing Court Prosecutor.
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[7] The lead inspector may be a trained code enforcement official or a certified private sector lead inspector.
[8] Steps 9 and 10 may be accomplished simultaneously when all clearance activities are conducted by the LHD.

- The lead inspection report or the lead risk assessment report has not been submitted to the L&HHP within two (2) working days of completion of the lead inspection or lead risk assessment.
- A report of the investigation and the action taken to insure against further lead poisoning from the same source has not been submitted to the L&HHP within thirty (30) days of the conclusion of the investigation or a report documenting extenuating circumstances that will delay compliance beyond thirty days has not been submitted to the L&HHP prior to the thirty day required response.
- Failure to make a report of child neglect to the Department of Children and Families when parent(s) or guardian(s) deliberately avoid LHD contact and scheduling efforts.
- **Failure to refer noncompliant cases to the Housing Court Prosecutor for enforcement in a prompt and diligent manner.**

The L&HHP will forward cases where an LHD is found to be delinquent in reporting to the Section Chief of the DPH Local Health Administration Branch for follow-up.

If the required report regarding the LHD investigation pursuant to an identified EIBLL and the action taken to insure against further lead poisoning (or a report documenting extenuating circumstances that will delay compliance) is not received within 50 working days of the initial laboratory notification to DPH, the L&HHP case manager will contact the Director of Health to assess the situation.

- If there are reasonable mitigating circumstances, the L&HHP case manager will establish a revised reporting schedule for that case.
- If there are no mitigating circumstances the Director of Health will be provided an additional five (5) working days to submit the report to the L&HHP.
- Failure to report to the LPPCP within the additional five (5) working day period will result in referral of the LHD to the DPH Local Health Administration Branch.

The L&HHP will refer all cases to the Section Chief of the DPH Local Health Administration Branch where a Director of Health has failed to take appropriate, timely action to enforce a lead hazard remediation order or a lead abatement order.