



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Local Health Department Regulatory Response and Reporting Requirements Lead Poisoning Prevention and Control

Children 0 through 5 Years of Age

December 2, 2004

Modified: May 3, 2005, August 1, 2005

Terms and Abbreviations

- 1 CGS = Connecticut General Statutes
- 2 DPH = Connecticut Department of Public Health
- 3 EBLL = a confirmed (venous) blood lead level equal to or greater than twenty micrograms per deciliter ($\mu\text{g}/\text{dl}$) of blood
- 4 LHD = Local Health Department
- 5 LPPCP = Connecticut Department of Public Health Lead Poisoning Prevention and Control 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 ($\mu\text{g}/\text{dl}$) of blood (i.e., an EBLL)**, 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).

- 1 All clinical laboratories must report EBLs to the LHD within forty-eight (48) hours of analysis [reference CGS §19a-110(a)]. (Note: The attending physician must also report an EBLL 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.

The following LHD response steps are required for every new EBLL of children age 0 through 5 years that has been reported to the director of health.

Step 1.

The LHD reviews the date of analysis of the EBLL and the date of receipt of the EBLL report by the LHD to assess whether the laboratory has reported in a timely manner. The initial date of receipt of the confirmatory sample results by the LHD must be clearly indicated on the laboratory report form and a copy of the laboratory report must be included in the LHD case file. If the LHD identifies that a clinical laboratory has not reported an EBLL within the required timeframe (i.e., within 48 hours of analysis), it is



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requested that the LHD notify the LPPCP at (860) 509-7299 of this deficiency.

Step 2.

The LHD initiates an epidemiological investigation that will include, but not be limited to, a comprehensive lead inspection of the child's residence (or residences if multiple residences are involved) when such residence is pre-1978 vintage [reference CGS §19a-111 and RCSA §19a-111-3(c)(1)]. 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 EBLI 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 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 A comprehensive 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.

Step 3.

As part of the epidemiological investigation the LHD conducts a comprehensive lead inspection of the child's residence if the home is pre-1978 vintage (reference RCSA §19a-111-3).

1. The LHD prepares a lead inspection report (see attached DPH prescribed form) **within two (2) working days** of completion of the lead inspection. [RCSA §19a-111-3(d)]
2. The lead inspection report is filed in the LHD case file.
3. Copies of the lead inspection report are forwarded to the owner(s) of the property and the LPPCP **within two (2) working days** of completion of the lead inspection¹ [reference RCSA §19a-111-3(d)].

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

Step 4.

If the LHD has identified lead-based paint hazards and/or lead in soil hazards during the lead inspection, a lead abatement order is issued by the Director of Health [reference CGS §19a-111 and RCSA §19a-111-3(f)].

- 1 The lead abatement order is sent to the property owner(s) by certified mail with return receipt.
- 2 A copy of the lead abatement order is filed in the LHD case file.
- 3 Documentation of receipt of the lead abatement 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 and the comprehensive lead inspection should be completed and the lead abatement order prepared within **thirty (30) working days** of the receipt of the EBLL laboratory report. **Within thirty (30) days²** of the conclusion of this investigation, the Director of Health shall report to the Commissioner of Public Health (LPPCP) 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 LPPCP in writing, as soon as such circumstances are identified. A timeline for completion must be submitted with the non-compliance report.

Step 6.

The following items must be submitted to the LPPCP **within thirty (30) days** of the conclusion of the health director's investigation, in accordance with CGS §19a-111:

- 1 Completed Epidemiological Investigation form.
- 2 Lead abatement order.
- 3 Completed Interim Measures Form (see APPENDIX A) to identify the immediate actions taken to prevent further lead exposure to all family members including, but not limited to, relocation of the family or specific family members.

Step 7.

A written lead abatement 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 [reference RCSA §19a-111-5(a)].³ Within ten (10) business days of receipt of the plan the LHD will review the lead abatement 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.⁴

² 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.

³ Failure to comply warrants referral of the case for enforcement to the Housing Court Prosecutor.

⁴ Failure to comply warrants referral of the case for enforcement to the Housing Court Prosecutor.

Step 8.

Abatement shall commence within forty-five (45) business days of receipt of the lead abatement order and the owner is responsible to proceed to completion of abatement in a diligent manner [reference RCOSA §19a-111-5(a)].⁵

Step 9.

Upon completion of abatement and prior to reoccupancy a lead inspector⁶ shall reinspect the abated area(s) to ensure that the lead abatement plan has been followed. Dust wipe samples shall be collected [reference RCOSA §19a-111-4(e)]. The lead inspector shall issue a Letter of Compliance [reference RCOSA §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 abatement has been completed the LHD shall reinspect the abated 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 RCOSA §19a-111-3(h)(1)].

Delinquent is defined as:

- The epidemiological investigation and/or the comprehensive lead inspection have not been completed or the lead abatement order has not been prepared within twenty (20) working days of the receipt of the laboratory report and reasonable extenuating circumstances are not present.
- The lead inspection report has not been submitted to the LPPCP within two (2) working days of completion of the lead inspection.
- 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 LPPCP 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 LPPCP 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 LPPCP will forward cases where an LHD is found to be delinquent in reporting to the Chief of the DPH Local Health Administration Branch for follow-up.

If the required report regarding the LHD investigation pursuant to an identified EBLL 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

⁵ Failure to comply warrants referral of the case for enforcement to the Housing Court Prosecutor.

⁶ The lead inspector may be a trained code enforcement official or a certified private sector lead inspector.

days of the initial laboratory notification to DPH, the LPPCP case manager will contact the Director of Health to assess the situation.

- If there are reasonable mitigating circumstances, the LPPCP 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 LPPCP.
- 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 LPPCP will refer all cases to the DPH Local Health Administration Branch where a Director of Health has failed to take appropriate, timely action to enforce a lead abatement order.

Mail or fax all written reports and notifications to:

Rhonda Pales, Health Services Worker
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