



***PRIMARY PREVENTION ACTIVITIES***  
***BOOKLET***

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## Suggested Primary Prevention Activities:

<b><i>Home Visits for venous results 5µg/dL or higher</i></b>
<b>Target Audience:</b> Parents
<b>Activity:</b> <ul style="list-style-type: none"><li>• Conduct a home visit with family of a child who has a venous blood lead level of 5µg/dL or higher.</li><li>• Conduct a visual inspection to determine if potential lead hazards are present.</li><li>• Implement interim controls to limit further exposure to lead hazards.</li><li>• Testing lead dust if chipping/peeling paint is present. <i>(Use the funding to send to a DPH certified lab for quick turnaround.)</i></li><li>• Order the property owner to remediate the defective surfaces using an EPA Renovation, Repair, and Painting (RRP) firm.</li><li>• Provide information on available funding sources, such as HUD grantees, utility companies, CDBG/DECD funding, low interest rate loans.</li></ul>
<b>Measurable Outcomes:</b> <ul style="list-style-type: none"><li>✓ # of targeted outreach visits that were conducted</li><li>✓ # of notices of violations issued for identified potential lead hazards</li></ul>

<b><i>Home Visit with Training for Appropriate Cleaning Techniques</i></b>
<b>Target Audience:</b> Parents of poisoned children
<b>Activity:</b> <ul style="list-style-type: none"><li>• Purchase cleaning supplies (bucket, disposal rags/towels, gloves, spray bottle, an all-purpose cleaner, disposal mop, &amp; garbage bags).</li><li>• Identify children at risk of their blood lead levels increasing.</li><li>• Contact the parents of the child to set up a home visit.</li></ul> <p>During the home visit:</p> <ul style="list-style-type: none"><li>• Demonstrate the correct cleaning techniques using the cleaning supplies and bucket.</li><li>• Provide families with educational information, cleaning supplies and bucket.</li></ul> <p>After cleaning has been completed:</p> <ul style="list-style-type: none"><li>• Set up an appointment to return to the home after the parent completed cleaning.</li><li>• Return to the home and take dust wipe samples to determine if the cleaning was effective. <i>(Use the funding to send the dust wipe samples to a DPH certified lab for quick turnaround.)</i></li></ul>
<b>Measurable Outcomes:</b> <ul style="list-style-type: none"><li>✓ # of parents contacted</li><li>✓ # of demonstration home visits conducted</li><li>✓ # of return visits conducted</li><li>✓ # of dust wipe samples taken</li><li>✓ List of supplies provided to the parent</li></ul>

### ***Educational Materials***

**Target Audience:** Various

**Activity:**

- Print the DPH fact sheets for distribution during home visits with parents of lead poisoned children.
- Purchase lead education brochures from private companies.

**Measurable Outcomes:**

- ✓ Description of how the educational materials were used.

### ***Preventing Lead Exposure Due to Renovations***

**Target Audience:** Contractors/Homeowners requesting permits

**Activity:**

- Establish a protocol with the building official(s) in your town(s) to have them refer building permit applications for work being conducted on pre-1978 residential or child-occupied properties to the health department for review.
- Review the credentials of the contractor/homeowner to ensure they hold the appropriated EPA Renovation, Repair, and Painting Rule (RRP) credentials.
- If they hold the appropriate RRP credentials, notify the building department that the health department has **no objection** to the building permit.
- If the contractor/homeowner does not hold the appropriate RRP credentials, notify the building department that the health department **objects** to the issuance of the building permit because the contractor/homeowner will be breaking a federal law and by issuing the permit the building department will be enabling the contractor/homeowner to break the law.

**Measurable Outcomes:**

- ✓ Protocol established
- ✓ # of permits received from the building department(s)
- ✓ # of permits the local health department has no objection to issuing
- ✓ # of permits the local health department has an objection to issuing

## ***Housing Policy***

**Target Audience:** Homeowners

**Activity:**

- Establish a documented policy with the housing code official(s) in your town(s) to have them refer pre-1978 residences found to have deteriorated paint identified during their inspections to your health department.

Rental dwellings:

- Follow-up on the referral by visually verifying the deteriorated paint
- Order correction by an RRP certified firm.
- If children are in residence and paint is in deteriorated condition consider a full lead inspection and issuance of orders for lead abatement.

Single-family homeowner occupied:

- Follow-up on the referral by contacting the property owner and recommending correction by an RRP certified firm.

**Measurable Outcomes:**

- ✓ Policy established
- ✓ # of referrals received from the housing official(s)
- ✓ # of referrals followed-up on
- ✓ # of permits the local health department has an objection to issuing

## ***Targeted inspections***

**Target Audience:** High Risk Children

**Activity:**

- Target an area of town where there is a high rate of lead poisoning.
- Conduct a door-to-door knock campaign to inspect housing units.
- Inspect units for lead hazards.
- Order correction of identified lead hazards.

**Measurable Outcomes:**

- ✓ Identification of the area of town
- ✓ # of doors “knocked” on
- ✓ # of inspections conducted
- ✓ # of orders issued
- ✓ # of orders complied with

### ***“Other” Dwelling Unit inspections***

**Target Audience:** High Risk Children

**Activity:**

- Conduct lead inspection of dwelling units in the same building or complex where a lead poisoned child resides. (19a-111-3(c)(2))
- Order correction of identified lead hazards.

**Measurable Outcomes:**

- ✓ # of inspection conducted
- ✓ # of orders issued
- ✓ # of orders complied with

### ***Housing Authority Policy***

**Target Audience:** Housing Authority Personnel

**Activity:**

- Identify the Housing Authority in your town(s).
- Meet and establish written policies for:
  - Relocation for poisoned child(ren).
  - Maintenance/Renovation work on pre-1978 subsidized housing units to ensure all
  - Response for lead poisoned children residing in publically-funded housing.
  - Communication between the two local offices implementing the above policies.

**Measurable Outcomes:**

- ✓ Dates meetings were held
- ✓ Copies of newly established protocols

### ***Educational Program Targeting Rental Property Owners***

**Target Audience:** Rental Property Owners

**Activity:**

- Develop an educational program that explains/reviews lead poisoning laws and requirements for rental property owners.
  - Include a pre- and post- test to identify changes in knowledge, beliefs and attitudes.
- Identify Rental Property Owners groups in your town(s).
- Market your educational program.

**Measurable Outcomes:**

- ✓ Copy of the educational program with agenda
- ✓ Dates of the educational program is held
- ✓ Results of the pre- and post- test to measure knowledge, beliefs, and attitudes

## ***Renovation, Repair, and Painting (RRP) Certified Renovator Training***

**Target Audience:** Contractors, Landlords, Property Owners, Daycare Operators, School Maintenance Staff and Child-Occupied Facility Staff

**Activity:**

- Offer an RRP training taught by an EPA accredited trainer.
  - The course can be offered free or for a reduced rate for targeted individuals.

To locate an EPA RRP training provider:

[http://cfpub.epa.gov/flpp/searchrrp\\_training.htm](http://cfpub.epa.gov/flpp/searchrrp_training.htm)

Visit the EPA website for more information:

[www2.epa.gov/lead/renovation-repair-and-painting-program-contractors](http://www2.epa.gov/lead/renovation-repair-and-painting-program-contractors)

**Measurable Outcomes:**

- ✓ Date of training
- ✓ # of attendees
- ✓ # of attendees that passed the examination at the end of the course
- ✓ # of attendees that who plan to register their company as a certified firm with EPA

## ***Training for Pediatricians and Office Staff***

**Target Audience:** Pediatricians, Nurses, Office Managers/Staff

**Activity:**

- Inquire at your local pediatric offices if they would be interested in the Educating Practices in the Community (EPIC) Program.
  - If the office is interested, refer their contact information to Dr. Lisa Menillo at [lmenciloweis@comcast.net](mailto:lmenciloweis@comcast.net) , Dr. Lisa Honigfeld at [honigfeld@uchc.edu](mailto:honigfeld@uchc.edu), or Maggy Morales at [mamorales@uchc.edu](mailto:mamorales@uchc.edu).

For more information on the EPIC Program, please visit: [www.chdi.org/our-work/health/educating-practices-community-epic/list-trainings/lead-screening/](http://www.chdi.org/our-work/health/educating-practices-community-epic/list-trainings/lead-screening/)

**Measurable outcomes:**

- ✓ # of interested pediatric offices
- ✓ # of referrals made
- ✓ # of trainings conducted

## ***Protocol for follow-up testing for children cannot be located or are overdue for testing***

**Target Audience:** Pediatricians, Office Managers/Staff

**Activity:**

- Contact the pediatric offices in your town(s) to discuss/set up a protocol to locate children who cannot be located and/or are overdue for their retesting.
- Suggest faxing a list of children who cannot be located/overdue for lead testing on a monthly basis for the pediatric office staff to follow-up on.

Once the protocol has been established:

- Compile a list of children overdue for lead testing using the “overdue for testing” workflow in the Lead Surveillance System (LSS).
- Send a fax monthly to the pediatric offices in your town(s) of the list of children.
- Ask the pediatric office staff to fax you the blood lead analysis reports of children who were tested or the contact information for the guardian of the children who could be located.

Please see Appendix A for a sample fax cover sheet, letter and HIPAA letter.

**Measurable Outcomes:**

- ✓ # of pediatric offices with newly established protocol
- ✓ Date(s) faxes sent
- ✓ # of children that had follow-up testing
- ✓ # of children found due to established protocol

## ***Partnering with Refugee Resettlement Agencies***

**Target Audience:** Refugee Resettlement coordinators

**Activity:**

- Identify local refugee resettlement agencies that relocate refugees into your town(s).
- Propose a partnership to assist them in ensuring that the families with children they are relocating into your town(s) are placed in lead-safe housing.
  - Conduct a visual inspection of a residence prior to the family being placed into the residence.
  - If the residence has deteriorated paint, suggest that the family be relocated elsewhere.
- Order the property owner to correct the deteriorated paint, using a certified RRP firm, prior to renting the residence, or if the paint is severely deteriorated conduct a full lead inspection and issue orders for lead abatement.

**Measurable Outcomes:**

- ✓ Copy of the partnership agreement
- ✓ # of visual assessments your health department has been invited to
- ✓ # of visual assessments your health department conducted
- ✓ # of inspection
- ✓ # of residences that had deteriorated paint



- ✓ # of orders issued to property owners
- ✓ # of orders complied with (equals # of residences that are now lead-safe)

### ***National Lead Poisoning Prevention Week (NLPPW)***

**Target Audience:** All consumers

**Activity:**

- Visit the EPA's website for more information about NLPPW:  
[www2.epa.gov/lead/lead-poisoning-prevention-week-2015](http://www2.epa.gov/lead/lead-poisoning-prevention-week-2015)

NLPPW is being held October 25 – 31, 2015. EPA has developed materials that can be used during NLPPW. Materials include:

- Modifiable poster (English)
- Modifiable flyer (English, Spanish, Russian, French, and Chinese)
- NLLPW Icon (English)
- Web banners
- Social Media Package

**Measurable Outcomes:** Dates of events, events held, materials used, and description of event.

***Appendix A***

Sample Fax Sheet, Letter and HIPAA Letter

# Fax

To: \_\_\_\_\_ From: \_\_\_\_\_

Fax: \_\_\_\_\_ Pages: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Re: Follow-up blood lead analysis results or contact information**

Dear Provider Name:

I am with the {enter your health department name here} and I am following up with you on children who are overdue for their blood lead testing. I am hoping you have additional information to share with me. If you could take the time to please review the list of children on the next page and provide me with faxed copies of any additional blood lead analysis results or additional contact information (address or telephone number) it would be greatly appreciated. Thank you for your assistance.

Sincerely,

Your Name  
Health Department Name

\*\*\*\*Confidential Notice\*\*\*\*

The documents accompanying this fax transmission contain information that is confidential and legally privileged. The information is intended for the use of the individual or entity named on the transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of this telecopied information is strictly prohibited and that the document should be returned to our office immediately.



# HIPAA Release

Date:

The following statute pertains to release of information to programs seeking personally identifiable health information from providers regarding public health activities, i.e., to prevent/control disease, injuries or disabilities by requesting the reporting of diseases, injuries, and vital events, and by conducting public health surveillance, investigations and interventions.

Pursuant to Connecticut General Statute §19a-110, the Lead Poisoning Prevention and Control Regulations, the requested information is required to be provided to the Department of Public Health.

Please note that Connecticut General Statute §52-146o(b)(1) authorizes the release of these records to the Department without the patient's consent.

Additionally, the federal Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), also permits you, as a provider, to release this information without an authorization, consent, authorization, or opportunity to object by the patient, as information (i) required by law to be disclosed [HIPAA Privacy regulation 42 CFR § 164.512(a)] and (ii) as part of the Department's public health activities [HIPAA Privacy regulation § 164.512(b)]. The requested information is what is minimally necessary to achieve the purpose of the disclosure, and you may rely upon this representation in releasing the requested information, pursuant to 42 CFR § 164.514(d)(3)(iii)(A) of the HIPAA Privacy regulations.

Thank you for your cooperation in this matter.

Sincerely,

{Your Name}

{Your Local Health Department}