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

December 2, 2004

Modified: May 3, 2005, August 1, 2005, January 1, 2009

Terms and Abbreviations

1. BLL = Blood Lead Level(s)
2. CGS = Connecticut General Statutes
3. DPH = Connecticut Department of Public Health
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 BLL equal to or greater than twenty micrograms per deciliter (µg/dl) of blood,** 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 BLLs 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 determine whether the child resides in a residence that was constructed (in whole or in part) prior to 1978. If the Director of Health determines that the residence was constructed (in whole or in part) prior to 1978 the Director of Health shall make or cause to be made an on-site lead inspection of the residence [reference CGS §19a-110(d)].

1. All clinical laboratories must report BLLs **equal to or greater than ten 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 BLLs equal to or greater than fifteen 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.

Phone: (860) 509-7299, Fax: (860) 509-7295
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 51LED
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

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

Step 1.
The LHD reviews the date of analysis of the BLL(s) and the date of receipt of the BLL report(s) 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 such a BLL within the required 48 hours of analysis, it is requested that the LHD notify the LPPCP 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 lead risk assessment or 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]. 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) business days** of receipt of notification of the BLL 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, lead risk assessment, and/or 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.

B. **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)**: The LHD initiates a risk assessment (or alternatively, 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-110(d) 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 risk assessment (or inspection) **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 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 a risk assessment (or inspection) 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 risk assessment to identify potential lead-based paint hazards in the child's residence. Alternatively, the LHD may decide to conduct a comprehensive lead inspection of the child's residence if the home is pre-1978 vintage.

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

[1] 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, and potable water, and (3) receipt of all laboratory analysis results.

[2] 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 risk assessment or lead inspection, a lead hazard remediation order or lead abatement order is issued by the Director of Health [reference CGS §19a-111 and RCSA §19a-111-3(f)].

1 The lead hazard remediation order or lead abatement order is sent to the property owner(s) by certified mail with return receipt or hand delivered.
2 A copy of the lead hazard remediation order or the lead abatement order is filed in the LHD case file.
3 Documentation of receipt of the lead hazard remediation order or 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 (for confirmed venous BLLs equal to or greater than twenty µg/dl) and the lead risk assessment (or alternatively, the comprehensive lead inspection) should be completed and the lead hazard remediation order (or lead abatement order) prepared within **thirty (30) business days** of the receipt of the BLL laboratory report. **Within thirty (30) days**[3] of the conclusion of an investigation of confirmed venous BLLs equal to or greater than twenty µg/dl, 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.
For confirmed venous BLLs equal to or greater than twenty µg/dl 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 (updated that includes interim measures section). (Note: The interim measures section of the Epidemiological Investigation form must be completed to identify the immediate actions to be taken to prevent further lead exposure to all family members including, but not limited to, relocation of the family or specific family member.]
2 Lead hazard remediation or lead abatement order.

[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.

Step 7.
A written lead hazard remediation or lead abatement plan is to be submitted by the property owner to the Director of Health within twenty (20) business days of receipt of the lead hazard remediation order or lead abatement order [fifteen (15) business days for confirmed venous BLLs equal to or greater than twenty µg/dl] [reference RCSA §19a-111-5(a) and (b)].[4] Within fifteen (15) business days of receipt of the plan [ten (10) business days for confirmed venous BLLs equal to or greater than twenty µg/dl] 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 hazard remediation or lead abatement shall commence within ninety (90) business days of receipt of the lead hazard remediation or lead abatement order [forty-five (45) business days for confirmed venous BLLs equal to or greater than twenty µg/dl] [reference RCSA §19a-111-5(a) and (b)][6] and the owner is responsible to proceed to completion of lead hazard remediation or lead abatement in a diligent manner.[7]

Step 9.
Upon completion of lead hazard remediation or lead abatement and prior to reoccupancy a lead inspector[8] shall reinspect the remediated or abated area(s) to ensure that the lead hazard remediation or lead abatement 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 remediation/abatement area(s) is/are in compliance with clearance standards.

Step 10.
Within ten (10) business days of notification that lead hazard remediation or lead abatement has been completed the LHD shall reinspect the remediated or 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 RCSA §19a-111-3(h)(1)].[9] A copy of the post abatement re-inspection report/letter of compliance shall be sent to the LPPCP within two (2) business days after the re-inspection has been completed.

---

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

Delinquent is defined as:

- The epidemiological investigation, the lead risk assessment, and/or the comprehensive lead inspection have/has not been completed or the lead hazard remediation order or lead abatement order has not been prepared within twenty (20) business days of the receipt of the laboratory report and reasonable extenuating circumstances are not present.
- The lead risk assessment report or lead inspection report has not been submitted to the LPPCP within two (2) business days of completion of the lead risk assessment or lead inspection.
- A report of the investigation (for confirmed venous BLLs equal to or greater than twenty µg/dl) 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 Director of the DPH Local Health Administration Branch for follow-up.

If the required report regarding the LHD investigation (for confirmed venous BLLs equal to or greater than twenty µg/dl) 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 business 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) business days to submit the report to the LPPCP.
- Failure to report to the LPPCP within the additional five (5) business 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 hazard remediation order or a lead abatement order.

Mail or fax all written reports and notifications to:

Mark Aschenbach, Environmental Analyst 3
CT DPH Lead Poisoning Prevention and Control Program
State of Connecticut
Department of Public Health
410 Capital Avenue, MS # 51 LED
P.O. Box 340308
Hartford, CT 06134-0308

Phone: (860) 509-7299
Fax: (860) 509-7295