

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

EHS Circular Letter # 2013-67

DATE: December 12, 2013

TO: Local Directors of Health and Chief Sanitarians

FROM: Francesca Provenzano, MPH, CHES, RS
Health Program Supervisor, Lead and Healthy Homes Program

RE: Guidance on Lead Poisoning Prevention and Control Regulations

Many health departments rely on the Childhood Lead Poisoning Prevention and Control (CLPPC) regulations for providing them with clear direction for responding to childhood lead poisoning cases (i.e., children diagnosed with a confirmed blood lead level of 20 µg/dL or more; or two confirmed blood lead levels between 15-19 µg/dL taken 90 days apart). However, there are several sections of the regulations that require a local health response for preventing childhood lead poisoning cases. This memorandum is intended to provide guidance to Directors of Health regarding specific sections of the CLPPC regulations that are focused on childhood lead poisoning prevention responsibilities.

Inspection of 'other child-occupied units' within the same building of a severely lead poisoned child

When a local health department or district (LHD) must respond to a childhood lead poisoning case that requires a full epidemiological investigation, other child-occupied units within the same building must also be inspected. Section 19a-111-3(c) of the Public Health Code (PHC) requires that "inspections...begin within thirty (30) working days and be completed as expeditiously as possible in all dwelling units in which a child resides in the same building [as that of an elevated blood lead level case]..."

Triggers that Require Local Health Response to Known Lead Hazards

There are many routine activities carried out by LHDs that may involve limited paint sampling or XRF testing of specific surfaces. Frequently, a health department learns of lead hazards on a property either directly or through receiving a report. For example:

- a) If a code enforcement official, as part of his or her routine work determines that deteriorated lead-based paint is present on or in the residence of a child under the age of six; or
- b) If the health department receives a Lead Inspection Report Form from a licensed lead consultant which is used by consulting companies to report that lead hazards requiring abatement have been found.

Under §19a-111-3(d) of the CLPPC regulations, Report of Inspection, "Whenever an inspector finds a toxic level of lead requiring abatement, the inspector shall report this to the owner, local director of



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410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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health and the commissioner...” In short, if you receive a Lead Inspection Report Form, it means that lead abatement is required and further action needs to be taken by the Director of Health.

Review and Verification of Inspection Conditions and Findings

The Director of Health is required to issue orders for lead abatement when lead paint hazards on or in the residence of a child under the age of six have been identified by a code enforcement official or licensed professional. This applies regardless of the health status of the child in residence. The Director of Health is also obligated to ensure that the subsequent work is carried out in a timely manner and compliance is achieved.

Prior to the issuance of orders, the Director of Health must ensure that the lead inspection is comprehensive and includes all structures on the property, and all interior and exterior components and media (i.e., paint, dust, water, exposed soil). According to §19a-111-2 of the PHC, once lead-based paint requiring abatement is identified through approved sampling methods (i.e., XRF or paint chip laboratory analysis) in the residence of a child, a full and comprehensive lead inspection of all media (i.e., paint, dust, soil, water) must be conducted.

Licensed lead consultants are not obligated to conduct comprehensive lead inspections for clients, unless the clients request those services. When a Lead Inspection Report Form is received by the Director of Health from a licensed lead consultant, the LHD must visit the property and confirm that a comprehensive lead inspection has been completed, and that the inspection report reflects the existing conditions of lead hazards at the property. This is necessary, because the public health orders must accurately reflect the conditions found on the property.

Inadequate response by a LHD can result in (1) lead abatement not being performed on the property, (2) improper lead abatement being performed, or (3) incomplete lead abatement being performed, because the inspection did not identify all components and hazards on the property. Each inadequate response places a healthy child at continued or increased risk of lead poisoning.

It has recently come to the Program’s attention that some LHDs are not issuing lead abatement orders to those properties where abatement is required; that is, where lead hazards requiring abatement have been identified, and a child is in residence. The CLPPC regulations always apply, even when a municipality has a Lead Hazard Reduction and Control grant (HUD grants) or a LHD partners with the Connecticut Children’s Medical Center (CCMC) Lead Action for Medicaid Primary Prevention (LAMPP) program. Under each of these circumstances, it is anticipated that lead abatement will be completed through the support of federal funds in a timely manner, but it does not excuse the Director of Health from his or her regulatory obligations.

In summary, the CLPPC regulations contain regulatory requirements pertaining to childhood lead poisoning prevention. The regulations require a Director of Health to issue orders for lead abatement when known lead hazards have been identified in the residence of a child under the age of six, regardless of that child’s blood lead level.

If you have any questions regarding this letter, the applicable regulations, or your role in reducing childhood lead poisoning, please contact the L&HHP at 860-509-7299.

c: Suzanne Blancaflor, M.S., M.P.H., Chief, Environmental Health Section
Ellen Blaschinski, R.S., M.B.A., Chief, Regulatory Services Branch