

Childhood Blood Lead Case Management Guidelines Summary

| | ACTIONS BASED ON RESULTS OF CAPILLARY TESTS | ACTIONS BASED ON RESULTS OF VENOUS TESTS |
|---|---|--|
| <5 µg/dL | <ul style="list-style-type: none"> Provide educational materials to the family, including an overview of high risk categories | |
| BLOOD LEAD LEVELS ≥5µg/dL ARE CONSIDERED ELEVATED | | |
| 5–14.9 µg/dL | <ul style="list-style-type: none"> Provide educational materials to the family, including an overview of high risk categories Contact the family with the recommendation for venous confirmation VENOUS CONFIRMATION WITHIN ONE MONTH | Within one month: <ul style="list-style-type: none"> Provide educational materials to the family, including an overview of high risk categories Ask questions to identify possible sources of lead Contact the family with the recommendation for a follow-up venous test within three months of the last blood draw date |
| 15–44.9 µg/dL | <ul style="list-style-type: none"> Provide educational materials to the family, including an overview of high risk categories Contact the family with the recommendation for venous confirmation If feasible, contact the medical care provider regarding venous confirmation Offer the medical care provider MDH's screening and treatment guidelines VENOUS CONFIRMATION WITHIN ONE WEEK | Within one week: <ul style="list-style-type: none"> Arrange for initial home visit using family's spoken language Complete an in-depth assessment of: medical, environmental, nutritional, and developmental needs Provide educational materials to the family, including an overview of high risk categories Make necessary referrals Communicate with the risk assessor assigned to the case Contact the family with the recommendation for follow-up venous test within three months of the last blood draw date. Higher levels may require more frequent monitoring Contact the medical care provider regarding the need for follow-up venous testing if venous follow-up not completed within three months |
| 45–59.9 µg/dL | <ul style="list-style-type: none"> See actions for capillary 15–44.9 µg/dL VENOUS CONFIRMATION WITHIN TWO BUSINESS DAYS | Within two business days: <ul style="list-style-type: none"> Arrange for initial home visit using family's spoken language Complete an in-depth assessment of: medical, environmental, nutritional, and developmental needs Provide educational materials to the family, including an overview of high risk categories Make necessary referrals Attempt to facilitate alternative, lead-safe housing Communicate with the risk assessor assigned to the case Contact the medical provider to determine blood lead level, medical status, treatment, and follow-up plans <p>At this level the medical care provider might provide chelation therapy (see MDH treatment guidelines) and the child will need more frequent monitoring of their blood lead level</p> |
| ≥60 µg/dL | <ul style="list-style-type: none"> See actions for capillary 15–44.9 µg/dL IMMEDIATE VENOUS CONFIRMATION | <ul style="list-style-type: none"> See actions for venous 45–59.9 µg/dL |
| VENOUS CONFIRMATION IS REQUIRED FOR A RISK ASSESSMENT. AFTER CONFIRMATION, VENOUS FOLLOW-UP TESTS ARE PREFERRED, BUT CAPILLARY RESULTS ARE ACCEPTED. BLOOD LEAD LEVELS SHOULD CONTINUE TO BE MONITORED UNTIL THEY ARE BELOW 5µg/dL | | |

Referrals

Referrals should be made to services as appropriate. See the full guidelines for details at [MDH Lead Poisoning Prevention: Guidelines \(www.health.state.mn.us/divs/eh/lead/guidelines/index.html\)](http://www.health.state.mn.us/divs/eh/lead/guidelines/index.html).

Types of referrals to consider are:

- Medical assistance
- Housing resources
- Legal assistance
- Learning and development resources
- Nutritional resources
- Other local public health programs

Sources of Lead

Paint

- Chipping or peeling paint is the most common source of lead exposure. Homes built before 1978 may contain lead-based paint
- Window sills and porches are common areas to find lead-based paint
- Even tiny amounts of dust from lead paint can cause a child's blood levels to rise
- Renovation creates large amounts of dust and can cause high blood lead levels
- Paint exposures can occur at home, daycare, or a relative's home

Hobbies and Occupations

- Children can be exposed to lead from dust brought home from a household member's hobby or job
- Common sources in Minnesota include:
 - Recycling materials that contain lead (e.g., batteries, electronic waste)
 - Manufacturing items that contain lead (e.g., bullets, fishing sinkers, stained glass)
 - Construction, painting, and demolition
 - Firing range work and reloading shotgun shells

Soil and Water

- Bare soil can be a source of lead, especially in areas near busy streets or old homes
- Lead can enter drinking water as it passes through household plumbing systems. Houses built before 1986 may have lead parts in their plumbing systems

Other Common Sources

- Traditional medications
- Imported cosmetics, especially kohl/surma and sindoor or kumkum
- Imported or recalled spices
- Imported or handmade pottery
- Mouthing on keys
- Antique furniture, toys, or other objects
- Chalk
- Imported candy
- Exposure that occurred in another country

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