

Management Guideline for Providers

Quick Guide for Lead Screening, Testing & Treatment

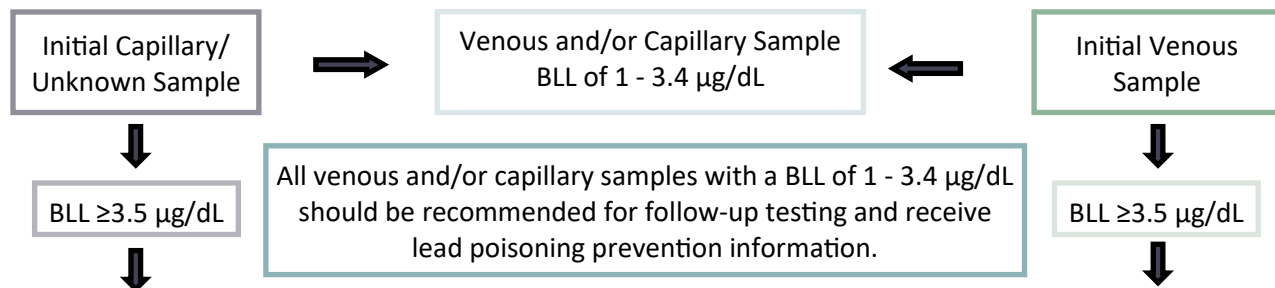


Childhood lead poisoning is a preventable, serious environmental health problem. Lead exposure is recognized as one of the most common environmental toxins for young children, especially children under the age of six. No level of lead in the body is known to be safe. In 2021, the Centers for Disease Control and Prevention (CDC) established a new “reference value” of 3.5 micrograms per deciliter (µg/dL) for blood lead levels (BLLs), thereby lowering the level at which evaluation and intervention are recommended.

Legislative Rule §64-42 to be read in conjunction with W. Va. Code §16-35, requires all children shall receive a screening test at one year and again at two years of age, and children 36 to 72 months of age if they have not been screened previously.

4.1.2. The screening tests shall be recorded in each child’s medical record at the healthcare provider’s office. The Office of Maternal, Child and Family Health shall ensure laboratory results received are incorporated in the Immunization Registry within the Lead Module provided by the Bureau for Public Health for healthcare provider reference. This information shall include the date of screening test, the child’s address, the location where the screening test was conducted, which screening test was used, and the physician’s name.

4.2. The protocol for confirmation of elevated BLLs shall be in accordance with the U.S. Department of Health and Human Services, CDC Advisory Committee on Childhood Lead Poisoning Prevention, *Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention* (2012).



Schedule for Obtaining a Confirmatory Venous Sample

Capillary Blood Lead Level	Confirm for Venous Test Within
≥3.5 - 9 µg/dL	3 months
10 - 19 µg/dL	1 month
20 - 44 µg/dL	2 weeks
45 - 68 µg/dL	48 hours
≥69 µg/dL	Immediately as an emergency lab test

The higher the capillary test results, the more urgent the need for a confirmatory venous test.

Schedule for Follow-Up Blood Lead Testing

Venous Blood Lead Level	Confirm for Venous Test Within
≥3.5 - 9 µg/dL	3 months
10 - 19 µg/dL	1-3 months
20 - 44 µg/dL	2 weeks—1 month
45 - 68 µg/dL	As soon as possible
≥69 µg/dL	Admit to hospital; repeat testing 1-3 weeks after discharge

Some case managers or healthcare providers may choose to repeat blood lead tests on all new patients within a month. Repeated testing may ensure the patient’s BLL is not rising more quickly than expected.

Temporary Interventions to Limit Exposure

Provide “Lead and Nutrition,” “Lead and Children” and “Lead and the Home” education for parents and caregivers on:

- Hand washing
- Cleaning child's toys, bottles, and pacifiers often
- Feeding child calcium, iron, and Vitamin C foods daily
- Barriers to block access to lead hazards
- Wet wipe window sills, door jams, and door frames
- Wet mop floors and stairs once a week or more
- Use a vacuum with a HEPA filter to clean up dust and paint chips

Clinical Treatment Guideline for Confirmed Blood Lead Levels

<3.5 µg/dL	3.5 - 19 µg/dL	20 - 44 µg/dL	≥45 µg/dL
<ul style="list-style-type: none"> • Provide education about common sources of lead exposure and information on how to further prevent exposure. • During well-child visits, check development to make sure age-appropriate milestones are being met. • During well-child visits, discuss diet and nutrition with a focus on iron and calcium intake. • Conduct follow-up blood lead testing at recommended intervals based on the child’s age. 	<ul style="list-style-type: none"> • Follow the recommendations for BLL <3.5 µg/dL. • Report test result to your state health department. • Obtain an environmental exposure history to identify potential sources of lead. • Ensure the child does not have iron deficiency using testing and treatment. Follow testing and treatment guidelines from the American Academy of Pediatrics (AAP). • Discuss the child’s diet and nutrition with a focus on calcium and iron intake. • Check the child’s development to ensure appropriate milestones are being met per AAP guidelines. • Refer caregivers to supportive services, as needed (e.g., developmental specialists, Early Intervention Program). • Provide follow-up BLL testing at recommended intervals. 	<ul style="list-style-type: none"> • Follow the recommendations for BLL is 3.5 - 19 µg/dL. • Perform a complete history and physical exam, assessing the child for signs and symptoms related to lead exposure. • Consider performing an abdominal X-ray to check for lead-based paint chips and other radiopaque foreign bodies. This is important for young children who tend to swallow or eat non-food items. Children may also put their mouths on surfaces that could be covered with lead dust. Initiate bowel decontamination if indicated. • Contact a Pediatric Environmental Health Specialty Unit (PEHSU) at www.pehsu.net or the Poison Control Center (1-800-222-1222) for guidance. PEHSU provides information on protecting children and reproductive-age adults from environmental hazards. PEHSU works with healthcare professionals, parents, schools, and community groups. 	<ul style="list-style-type: none"> • Follow recommendations for BLL 20 - 44 µg/dL. • Perform a complete history and physical exam including a detailed neurological exam. • Perform an abdominal X-ray and, if needed, initiate bowel decontamination. • If the patient exhibits signs or symptoms of lead poisoning, including, confusion, weakness, seizures, coma, nausea, vomiting, and abdominal pain, admit them to a hospital as soon as possible. • Consult with a medical toxicologist or pediatrician with experience in treating lead poisoning to initiate gastrointestinal decontamination or chelation therapy. • Contact PEHSU (www.pehsu.net) or Poison Control Center (1-800-222-1222) for assistance.