## Childhood Blood Lead Case Management Guidelines Summary

<table>
<thead>
<tr>
<th>Blood Lead Levels</th>
<th>Capillary Tests</th>
<th>Venous Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 µg/dL</td>
<td>• Provide educational materials to the family, including an overview of high risk categories</td>
<td>BLOOD LEAD LEVELS ≥5µg/dL ARE CONSIDERED ELEVATED</td>
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<tr>
<td>5–14.9 µg/dL</td>
<td>• Provide educational materials to the family, including an overview of high risk categories</td>
<td>Within one month:</td>
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<tr>
<td></td>
<td>• Contact the family with the recommendation for venous confirmation</td>
<td>• Provide educational materials to the family, including an overview of high risk categories</td>
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<tr>
<td></td>
<td>VENOUS CONFIRMATION WITHIN ONE MONTH</td>
<td>• Ask questions to identify possible sources of lead</td>
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<td></td>
<td>• Contact the family with the recommendation for venous confirmation</td>
<td>• Contact the family with the recommendation for a follow-up venous test within three months of the last blood draw date</td>
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<tr>
<td>15–44.9 µg/dL</td>
<td>• Provide educational materials to the family, including an overview of high risk categories</td>
<td>• If feasible, contact the medical care provider regarding venous confirmation</td>
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<tr>
<td></td>
<td>• Contact the family with the recommendation for venous confirmation</td>
<td>• Offer the medical care provider MDH’s screening and treatment guidelines</td>
</tr>
<tr>
<td></td>
<td>• If feasible, contact the medical care provider regarding venous confirmation</td>
<td>• VENOUS CONFIRMATION WITHIN ONE WEEK</td>
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<tr>
<td></td>
<td>• Offer the medical care provider MDH’s screening and treatment guidelines</td>
<td>Within one week:</td>
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<tr>
<td></td>
<td>VENOUS CONFIRMATION WITHIN ONE WEEK</td>
<td>• Arrange for initial home visit using family’s spoken language</td>
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<td>VENOUS CONFIRMATION WITHIN TWO BUSINESS DAYS</td>
<td>• Complete an in-depth assessment of: medical, environmental, nutritional, and developmental needs</td>
</tr>
<tr>
<td>45–59.9 µg/dL</td>
<td>• See actions for capillary 15–44.9 µg/dL</td>
<td>• Provide educational materials to the family, including an overview of high risk categories</td>
</tr>
<tr>
<td>≥60 µg/dL</td>
<td>• See actions for capillary 15–44.9 µg/dL</td>
<td>• Make necessary referrals</td>
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<tr>
<td></td>
<td>IMMEDIATE VENOUS CONFIRMATION</td>
<td>• Attempt to facilitate alternative, lead-safe housing</td>
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<td>• Communicate with the risk assessor assigned to the case</td>
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<tr>
<td></td>
<td></td>
<td>• Contact the medical provider to determine blood lead level, medical status, treatment, and follow-up plans</td>
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<td></td>
<td>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</td>
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<tr>
<td></td>
<td></td>
<td>• See actions for venous 45–59.9 µg/dL</td>
</tr>
</tbody>
</table>

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).

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

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

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

Minnesota Department of Health
Health Risk Intervention Unit
PO Box 64975
St. Paul, MN 55164-0975
651-201-4620
www.health.state.mn.us

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