

## Santa Cruz County Childhood Lead Poisoning Prevention Program (CLPPP) Case Management Matrix

This document summarizes management guidelines for childhood lead poisoning as recommended by the California Department of Public Health (CDPH), Childhood Lead Poisoning Prevention Branch (CLPPB). It also provides information on local case management and other services provided by the Santa Cruz County CLPPP.

CLPPP reviews all BLL results from County residents and takes action as indicated below. A home visit by a Public Health Nurse (PHN) and a Registered Environmental Health Specialist is scheduled for children with persistent BLLs of 14.5 mcg/dL - 19.5 mcg/dL (2 tests, 30 days apart) or a single serum BLL  $\geq$  19.5 mcg/dL.

**No lead level in the body is known to be safe.** The primary intervention for elevated blood lead levels (EBLLs) is the identification and effective removal of any source of lead exposure that may have occurred. In addition to the long-known sources of lead exposure (lead-contaminated paint, dust and soil), other potential sources are regularly being found. \* See Anticipatory Guidance Forms (On CLPPP website)

Blood Lead Level (BLL)	Provider Office	CLPPP	Comments
<p>&lt; 5 mcg/dL <sup>1</sup>  (first time and persistent)</p>	<ul style="list-style-type: none"> <li>• Risk assessment at each visit from 6 months to 6 years</li> <li>• Routine test at 12 and 24 mo. (up to 6 years, if not tested at 1 and 2 years) for children in publicly supported programs</li> <li>• Test others, not in publicly supported programs, based on risk assessment.</li> <li>• Provide education about lead poisoning prevention and nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Supply educational materials to provider office</li> <li>• Outreach and education to community members, agencies, and providers</li> </ul>	<ul style="list-style-type: none"> <li>• Provider office can request materials by calling 454-4432</li> </ul> <p style="text-align: center;">Or by accessing the Website:</p> <p style="text-align: center;"><a href="http://www.santacruzhealth.org/Public health/CLPPP">http://www.santacruzhealth.org/Public health/CLPPP</a></p>
<p>5 – 9 mcg/dL  through  15 - &lt; 20 mcg/dL (single test)</p>	<ul style="list-style-type: none"> <li>• Provide education about lead poisoning prevention and nutrition</li> <li>• Consider more frequent or more extensive neurodevelopmental evaluations</li> <li>• Consider testing hemoglobin to rule out anemia which is associated with increased lead absorption.</li> <li>• Recheck BLL per CDPH-Childhood Lead Poisoning Prevention Branch (CLPPB) Management Guidelines.<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Send provider letter with recommendations for retesting</li> <li>• Mail letter and educational materials to families</li> <li>• Telephone families to query re: potential exposure and provide education (when warranted)</li> <li>• Consult with PCP upon request</li> </ul>	<ul style="list-style-type: none"> <li>• Laminated HAGS available. Request by calling 454-4432 or e-mailing the CLPPP Coordinator : <a href="mailto:naomi.lobell@santacruzcounty.us">naomi.lobell@santacruzcounty.us</a></li> <li>• Capillary specimens for lead are easily contaminated. Capillary specimens are acceptable for screening but all retests on BLLs <math>\geq</math> 10 mcg/dL should be on venous blood.</li> </ul>

<sup>1</sup> Blood lead test results should be rounded to the nearest whole number: numbers with decimals  $\geq$  .5 rounded up & numbers with  $\leq$  .5 rounded down.

<sup>2</sup> [http://www.cdph.ca.gov/programs/CLPPB/Documents/HAGS\\_201107.pdf](http://www.cdph.ca.gov/programs/CLPPB/Documents/HAGS_201107.pdf)

Blood Lead Level	Provider Office	CLPPP	Comments
<p>15 - 20 mcg/dL</p> <p>(persistent – second test must be venous and at least 30 days apart)</p> <p>Or</p> <p>20 - 44 mcg/dL (venous)</p>	<ul style="list-style-type: none"> <li>• Provide education about lead poisoning prevention and nutrition</li> <li>• Consider more frequent or more extensive neurodevelopmental evaluations</li> <li>• Consider testing hemoglobin to rule out anemia which is associated with increased lead absorption.</li> <li>• Recheck BLL per CDPH-Childhood Lead Poisoning Prevention Branch (CLPPB) Management Guidelines.<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Send provider letter with recommendations for retesting</li> <li>• CLPPP PHN home visit which involves source assessment, education, and referrals to other services as appropriate.</li> <li>• Environmental home inspection</li> <li>• Send provider summary of CM and EH findings and education to family</li> <li>• Ongoing monitoring of BLLs and communication with provider</li> </ul>	<ul style="list-style-type: none"> <li>• Persistent case making EBLL: Two BLLs <math>\geq</math> 14.5 mcg/dL, at least 30 days apart, with the second specimen from a venous sample</li> <li>• More than one home visit or environmental inspection can be done if warranted.</li> <li>• <u>Closure</u>: When BLLs have consistently remained &lt; 15mcg/dL for a least 6 months and other objectives in the case management plan have been achieved</li> </ul>
<p>45-59 mcg/dL</p>	<ul style="list-style-type: none"> <li>• <b>Urgent: confirm within 48 hours</b> (all retests should be venous)</li> <li>• If confirmed in this range, monitor with serial BLLS during any chelation.</li> <li>• Recheck BLL per CDPH-Childhood Lead Poisoning Prevention Branch (CLPPB) Management Guidelines.<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Assist provider with obtaining testing to confirm BLLs on weekends or a holiday.</li> <li>• Provide provider with information of expert resources on chelation as requested.</li> </ul>	<p><b>Urgent Medical Situation</b></p> <ul style="list-style-type: none"> <li>• Consider chelation</li> <li>• Follow guidelines as outlined in CDPH CLLPB resource.<sup>2</sup></li> <li>• For Santa Cruz County CLPPP assistance on weekends or holidays, call the after-hours number at (831) 471-1170 (Net Com) and ask to speak to the Health Officer.</li> </ul>

<sup>2</sup>[http://www.cdph.ca.gov/programs/CLPPB/Documents/HAGS\\_201107.pdf](http://www.cdph.ca.gov/programs/CLPPB/Documents/HAGS_201107.pdf)

Blood Lead Level (BLL)	Provider Office	CLPPP	Comments
60-69 mcg/dL	<ul style="list-style-type: none"> <li>• <b>Urgent: confirm within 24 hours</b> (all retests should be venous)</li> <li>• If confirmed in this range, monitor with serial BLLS during any chelation.</li> <li>• Recheck BLL per CDPH-Childhood Lead Poisoning Prevention Branch (CLPPB) Management Guidelines.<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Assist provider with obtaining testing to confirm BLLs on weekends or a holiday.</li> <li>• Provide provider with information of expert resources on chelation as requested.</li> </ul>	<p><b>Urgent Medical Situation</b></p> <ul style="list-style-type: none"> <li>• Consider chelation</li> <li>• Follow guidelines as outlined in CDPH CLLPB resource.<sup>2</sup></li> <li>• For Santa Cruz County CLPPP assistance on weekends or holidays, call the after-hours number at (831) 471-1170 (Net Com) and ask to speak to the Health Officer.</li> </ul>
≥ 70 mcg/dL	<ul style="list-style-type: none"> <li>• <b>Confirm any BLL in this range IMMEDIATELY</b> (all retests should be venous)</li> <li>• If confirmed in this range, monitor with serial BLLS during any chelation.</li> <li>• Recheck BLL per CDPH-Childhood Lead Poisoning Prevention Branch (CLPPB) Management Guidelines.<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Assist provider with obtaining testing to confirm BLLs on weekends or a holiday.</li> <li>• Provide provider with information of expert resources on chelation as requested.</li> </ul>	<p><b>MEDICAL EMERGENCY</b></p> <ul style="list-style-type: none"> <li>• Immediately hospitalize to stabilize, reduce lead exposure, chelate, and monitor progress</li> <li>• Immediately notify local CLPPP For assistance on weekends or holidays, call the after-hours number at (831) 471-1170.</li> </ul> <p><b>Chelation therapy</b></p> <ul style="list-style-type: none"> <li>• Consult with a provider experienced in managing chelation therapy.</li> <li>• Order bowel decontamination <b>before</b> chelation, if indicated by abdominal x-ray.</li> <li>• Typically combined therapy with BAL (dimercaprol) and CaNa<sub>2</sub> EDTA per prescribed protocol</li> </ul>