

# Blood Lead Screening and Healthy Homes Summary

Screen all children between the ages of 6 and 72 months at each well-child visit using the Risk Assessment and Healthy Homes Questionnaire below.

**Risk Assessment and Healthy Homes Questionnaire** — \*Consider the child high risk with a “yes” or “don’t know” answer to questions 1–7.

Questions 8–11 pertain to Healthy Housing issues and will help determine if there are hazards inside the child’s home that may affect his/her health.

| Child’s Name | Date of Birth   | Date |    | Date |    | Date |    | Date |    | Date |    | Date |    | Date |    |
|--------------|---|------|----|------|----|------|----|------|----|------|----|------|----|------|----|
|              |   | Yes  | No | Yes  | No | Yes  | No | Yes  | No | Yes  | No | Yes  | No | Yes  | No |
| 1.           | Does your child live in or visit a home, daycare, or other building built before 1950?  |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| 2.           | Does your child spend at least six hours a week at a home, daycare, or other building built before 1978 with recent, ongoing or planned remodeling?   |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| 3.           | Does your child have a family member or friend who has or did have an elevated blood lead level?  |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| 4.           | Does your child frequently come in contact with an adult who works with lead?<br>Examples: construction, welding, painting, radiator repair, metal recycling.                                     |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| 5.           | Have you seen your child mouthing or touching painted surfaces (i.e. window sills, door frames), keys, electrical cords, jewelry, vinyl (plastic) mini-blinds or bare soil outside near the home? |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| 6.           | Do you give your child any home or folk remedies which may contain lead?<br>Examples: Greta or Azarcon (Hispanic), pay-loo-ah (SE Asia), and ayurvedic medicines (India)?                         |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| 7.           | Does your child drink well water?   |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| 8.           | Does your home have a smoke alarm?  |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| 9.           | Does your home have a carbon monoxide detector?   |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| 10.          | Are there signs of water leakage in your home (mold and mildew)?  |      |    |      |    |      |    |      |    |      |    |      |    |      |    |
| 11.          | Has your child been diagnosed with asthma by a primary care provider?   |      |    |      |    |      |    |      |    |      |    |      |    |      |    |

## Blood Lead Levels

|  | Date and Signature | Level |  | Dates and Initial |  |  |  | Comments |
|--|--------------------|-------|--|-------------------|--|--|--|----------|
| Initial specimen drawn<br>Specify cap. or venous |                    |       | Lead Education                           |                   |  |  |  |          |
| Confirmatory venous<br>Specimen drawn            |                    |       | Nutritional Counseling                   |                   |  |  |  |          |
| Repeat venous<br>Specimen drawn                  |                    |       | Lead Hazard<br>Prevention                |                   |  |  |  |          |
| Repeat venous<br>Specimen drawn                  |                    |       | Nursing/Social work<br>Home Visit        |                   |  |  |  |          |
| Repeat venous<br>Specimen drawn                  |                    |       | Referral to<br>Environmentalist          |                   |  |  |  |          |
| Repeat venous<br>Specimen drawn                  |                    |       | Environmental<br>Inspection              |                   |  |  |  |          |
| Repeat venous<br>Specimen drawn                  |                    |       | Referral for Clinical<br>Management      |                   |  |  |  |          |
| Repeat venous<br>Specimen drawn                  |                    |       | Referral for<br>Developmental Assessment |                   |  |  |  |          |

Instructions for Blood Lead Screening and Healthy Homes Summary  
Form No. 222

PURPOSE

To document risk assessment and follow-up of elevated blood lead levels and to capture information regarding home environmental hazards. Lead levels are to be recorded along with the date the specimen was drawn and then signed. Spaces for documentation of lead education, which is to include lead hazard prevention, appropriate nutritional counseling, and abatement information as necessary, are provided. Spaces are provided to document referrals to clinicians for children with confirmed blood lead levels above 5µg/dL. The Lead Program Manager will make referrals to the Environmentalist and to Early Intervention Program (EIP).

INSTRUCTIONS

Risk Assessment Questionnaire – This is the risk assessment that is asked of children ages 6 through 72 months at each well-child visit. Include date that the questionnaire is completed and check yes or no depending on how the parent/guardian answers. The child will be considered high risk with a “yes” or “don’t know” answer to questions 1-7.

Blood Lead Levels – This section should be used to document specimens that are collected and activities that are done in support of high lead levels. Place data and signature in space provided each time specimen is drawn or activity completed. Referral to Environmentalist and EIP are done by the Lead Program Manager.

ACTIVITIES

- 1) Lead Education: educating parents about lead sources; how children are exposed and how to prevent lead poisoning
- 2) Nutritional Counseling: should include information on diets high in iron, calcium, and vitamin C and what foods provide these
- 3) Lead Hazard Prevention: this includes talking with the parents about wet mopping floors at least twice a week, wiping window sills with an all purpose cleaner once a week, and if anyone works with lead to make sure they shower and change clothes before touching the child
- 4) Nursing/Social Work Home Visit: documenting any attempts made to do a home visit for a non-compliant patient
- 5) Referral to Environmentalist: the Lead Program Manager will make the referral for any child needing an environmental inspection
- 6) Environmental Inspection: documenting completion of the inspection and needed reports have been received from the environmentalist
- 7) Referral for Clinical Management: documenting any referral from the health department to the child’s primary care provider

- 8) Referral for Developmental Assessment: the Lead Program Manager will make a referral for a developmental assessment if the blood lead level is greater than 20µg/dL or is a persistent 15-19 µg/dL.

#### OFFICE MECHANICS AND FILING

This form will become a part of the child's medical record.

#### RETENTION PERIOD

Retain according to agency policy.