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Title: SubPart 67-1 - Screening and Follow-Up

SUBPART 67-1

Screening and Follow-Up

Statutory Authority: Public Health Law, section 206 and Title X of Article 13

SEC.

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Title: Section 67-1.1 - Definitions

Section 67-1.1 Definitions. The following definitions apply to this Part:

(a) "Anticipatory guidance" means providing parents or guardians of children under the age of six and pregnant women with information regarding the major causes of lead poisoning and means of preventing lead exposure. Such guidance shall be pertinent to the environment of the child or pregnant woman.

(b) "Certificate of lead screening" means documentation prepared by the health care provider who ordered the blood lead test for the child indicating the date the test was performed.

(c) "Confirmed blood lead level" means a blood lead concentration measured on venous blood.

(d) "Elevated blood lead level" means a blood lead concentration equal to or greater than 10 micrograms per deciliter of whole blood.

(e) "Environmental management" means environmental investigation and exposure assessment, sampling for lead, environmental testing and reporting, notice and demand of discontinuance of conditions conducive to lead poisoning, environmental intervention and abatement, and enforcement in accordance with Subpart 67-2.

(f) "Follow-up" means actions by local health units and health care providers which, depending on the blood lead level and exposure history of the child, shall include as appropriate: risk reduction education, follow-up testing, confirmatory testing, diagnostic evaluation, medical management, environmental management and case management, in accordance with generally accepted medical standards and public health guidelines.

(g) "Health care provider" means any health care practitioner who is authorized to order a blood lead test and any facility licensed pursuant to Article 28 of the Public Health Law.

(h) "Lead screening" means measuring lead concentration in whole blood to identify elevated blood lead levels.

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Title: Section 67-1.2 - Lead screening and follow-up of children by health care providers

67-1.2 Lead screening and follow-up of children by health care providers.

(a) Lead screening and follow-up of children by primary health care providers.

(1) At each routine well-child visit, or at least annually if a child has not had routine well-child visits, primary health care providers shall assess each child who is at least six months of age but under six years of age, for high dose lead exposure using a risk assessment tool based on currently accepted public health guidelines. Each child found to be at risk for high dose lead exposure shall be screened or referred for lead screening.

(2) Primary health care providers shall provide the parent or guardian of each child under six years of age anticipatory guidance on lead poisoning prevention as part of routine care.

(3) Primary health care providers shall screen or refer each child for blood lead screening, at or around one and two years of age, preferably as part of routine well child care.

(4) The Commissioner of Health may provide recommended alternative schedules for other high risk groups as deemed necessary.

(5) Each primary health care provider who screens a child for elevated blood lead levels shall explain the blood lead test results and give a certificate of lead screening to the parent or guardian of the child or other person authorized to consent for the medical care of the child.

(6) Primary health care providers shall provide or make reasonable efforts to ensure the provision of follow-up testing for each child with an elevated blood lead level in accordance with currently accepted medical standards and public health guidelines.

(7) Primary health care providers shall provide or make reasonable efforts to ensure the provision of risk reduction education and nutritional counseling for each child with an elevated blood lead level equal to or greater than 10 micrograms per deciliter of whole blood.

(8) Primary health care providers shall confirm blood lead levels greater than 15 micrograms per deciliter of whole blood obtained on a fingerstick specimen from a child using a venous blood sample.

(9) For each child who has a confirmed blood lead level equal to or greater than 20 micrograms per deciliter of whole blood, primary health care providers shall provide or make reasonable efforts to ensure the provision of a complete diagnostic evaluation; medical treatment, if necessary; and referral to the appropriate local or State health unit for environmental management. A complete diagnostic evaluation shall include at a minimum: a detailed lead exposure assessment, a nutritional assessment including iron status, and a developmental screening.

(10) Primary health care providers shall communicate and coordinate as appropriate with local health units to ensure that each child with an elevated blood lead level receives appropriate follow-up, as prescribed above in paragraphs (5) through (9) of this Section.

(b) Lead screening and follow-up of children by non-primary care providers.

(1) A health care provider that provides services to a child who is at least 6 months of age but under 6 years of age and who is not the child's ongoing primary care provider, such as a hospital inpatient facility, an emergency service if the child's condition permits, or other facility or practitioner which provides services to the child on a one-time or walk-in basis, shall inquire if the child has been

appropriately assessed and screened for elevated blood lead levels in accordance with the schedule prescribed in paragraphs (1) and (3) of this subdivision.

(2) If the child has not received such appropriate lead screening, the health care provider shall screen the child for elevated blood lead levels, or refer the child to the child's primary health care provider or, if the child's primary care provider is unavailable or the child has no primary health care provider, to another primary health care provider, or to the local health unit to obtain a blood lead test.

(3) If screening is performed, the blood lead test result shall be sent to the child's primary care provider or to the local health unit to enable appropriate follow-up in accordance with paragraphs (a)(5) through (9) of this section.

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Title: Section 67-1.3 - Laboratory testing and specimen collection

67-1.3 Laboratory testing and specimen collection.

- (a) All blood lead tests shall be performed by a laboratory approved for toxicology-blood lead under Article 5, Title V of the Public Health Law.
- (b) Venous blood is the preferred specimen for blood lead analysis and should be used for lead measurement whenever practicable.
- (c) Fingertick blood specimens are acceptable for lead screening if appropriate collection procedures are followed to minimize the risk of environmental lead contamination. Instructions regarding appropriate collection procedures for fingertick specimens may be obtained from laboratories approved for toxicology-blood lead under Article 5, Title V of the Public Health Law.

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Title: Section 67-1.4 - Lead screening status of children who enroll in preschool or child care

67-1.4 Lead screening status of children who enroll in preschool or child care.

(a) Prior to or within three months of initial enrollment, each child care provider, public and private nursery school and preschool, licensed, certified or approved by any State or local agency shall obtain a copy of a certificate of lead screening for any child at least one year of age but under six years of age, and retain such documentation until one year after the child is no longer enrolled.

(b) When no documentation of lead screening exists, the child shall not be excluded from attending nursery school, preschool or childcare, however, the child care provider, principal, teacher, owner or person in charge of the nursery school or preschool shall provide the parent or guardian of the child with information on lead poisoning and lead poisoning prevention and refer the parent or guardian to the child's primary health care provider or, if the child's primary care provider is unavailable or the child has no primary health care provider, to another primary care provider or to the local health unit to obtain a blood lead test.

(c) Each child care provider, public and private nursery school and pre-school licensed, certified or approved by any State or local agency is exempt from the requirement to obtain, prior to or within three months of initial enrollment of children under six years of age, evidence that said children have been screened for elevated blood lead levels until April 1, 1994.

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Title: Section 67-1.6 - Role of local health units.

67-1.6 Role of local health units.

- (a) Local health units shall provide public and professional education and community outreach on lead poisoning prevention.
- (b) Local health units shall provide blood lead screening or arrange for blood lead screening for each child who requires screening as provided in section 67-1.4 of this Subpart and whose parent or guardian is unable to obtain a lead test for their child because the child is uninsured or the child's insurance does not cover lead screening.
- (c) Local health units shall establish a sliding fee schedule for blood lead screening of children from families with incomes in excess of 200% of the federal poverty level, pursuant to Section 606 of the Public Health Law, and shall collect fees for blood lead testing from third party payors, when available.
- (d) Local health units shall provide environmental management as required under this Part.
- (e) Local health units shall provide data to identify exposure patterns and high risk populations for strategic planning for lead poisoning prevention at the State and local level.
- (f) Local health units shall institute measures to identify and track children with elevated blood lead levels to assure appropriate follow-up.
- (g) Local health units who serve as a child's primary health care provider shall carry out activities in accordance with paragraphs (1) through (9) of section 67-1.2(a).