

"Submitter" any health care provider (primary and non-primary), hospital, physician, laboratory, or other facility that submits blood specimens for blood lead measurements.

"Target population" refers to any infant or child, 6 months to 72 months of age.

"Unsatisfactory specimen" a blood specimen which is not suitable in quality or quantity to perform blood lead measurements.

SUBCHAPTER 3. SPECIMEN

310:512-3-1. Screening Parameters

(a) All children in Oklahoma, 6 months to 72 months of age shall be assessed for blood lead exposure utilizing the risk assessment questionnaire and should have access to service which will assess the exposure to lead in their environment. An initial capillary or venous sample should be done at 12 months and 24 months of age, anytime the child has not had a baseline before the age of 72 months, or with any change in the child's assessment.

(b) A parent or guardian who refuses blood lead testing screening of their child shall also indicate in writing this refusal in the child's record.

310:512-3-2. Screening criteria

(a) For children at low risk for lead exposure, according to risk assessment questions, the health care provider should perform an initial blood lead test at 12 months of age, or when initially assessed if older.

(1) If the result is $<10 \mu\text{g/dL}$, the child should be retested at 24 months of age.

(2) If the result is between $10\text{-}19 \mu\text{g/dL}$, the child should be retested every 3-4 months until two consecutive measurements are $<10 \mu\text{g/dL}$ or three consecutive measurements are $<15 \mu\text{g/dL}$. At this point, the child should be retested in one year.

(3) If the result is $\geq 20 \mu\text{g/Dl}$, retest every 3-4 months and individual case management should be provided.

(b) For children at high risk for lead exposure, according to risk assessment questions, the health care provider should perform an initial blood lead test at 6 months of age, or when initially assessed if older.

(1) If the result is $<10 \mu\text{g/Dl}$, the child should be retested every 6 months until two consecutive measurements are $<10 \mu\text{g/Dl}$ or three consecutive measurements are $<15 \mu\text{g/Dl}$. At this point, retested yearly, if the child remains at high risk for lead exposure.

(2) If the result is between $10\text{-}19 \mu\text{g/Dl}$, the child shall be retested every 3-4 months until two consecutive measurements are $<10 \mu\text{g/Dl}$ or three consecutive measurements are $<15 \mu\text{g/Dl}$. At this point, retested yearly, if the child remains at high risk for lead exposure.

(3) If the result is $\geq 20 \mu\text{g/Dl}$, the child should be retested every 3-4 months and individual case management shall be provided.

310:512-3-3. Blood collection

(a) **Capillary sample for blood lead testing.** Capillary blood specimens are acceptable for lead screening if appropriate collection procedures are followed, to minimize the risk of environmental lead contamination.

(b) **Venous sample for blood lead testing.** Venous blood is the preferred specimen for blood lead analysis and should be used for lead measurement whenever practical. A venous sample is required for confirmation of blood lead concentration.

310:512-3-4. Providers screening and follow-up**(a) Primary provider screening and follow-up.**

(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 should 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 at high risk for lead exposure should be tested.

(2) Primary health care providers should 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 should screen each child for lead exposure starting at 6 months of age, as part of routine well child care.

(4) Each primary health care provider who screens a child for an elevated blood lead level should explain the blood lead test results and any necessary follow-up.

(5) Primary health care providers should provide or make reasonable efforts to ensure the provision of follow-up testing for each child with an elevated blood lead level ≥ 10 $\mu\text{g/Dl}$.

(6) Primary health care providers should confirm blood lead levels ≥ 10 $\mu\text{g/Dl}$ of blood obtained on a capillary fingerstick specimen from a child using a venous blood sample.

(7) For each child who has a confirmed blood lead level of ≥ 20 $\mu\text{g/Dl}$ (micrograms per deciliter), the primary health care providers should provide or make reasonable efforts to ensure the provision of medical evaluation, or referral for medical evaluation; medical treatment if necessary; and referral to the appropriate local or state health department for environmental management. Medical evaluation should include at a minimum: a detailed lead exposure assessment, a nutritional assessment, including iron status, and a developmental screening.

(b) Non-Primary provider screening and follow-up.

(1) A health care provider who provides services to a child who is at least six months of age but under six 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 another facility or practitioner which provides services to the child on a one-time or walk-in basis), should inquire if the child has been

appropriately screened for lead exposure.

(2) If the child, under 72 months of age, has not received such appropriate lead assessment and screening, the health care provider should screen the child for a blood lead level.

(3) If screening is performed, the blood lead test result should be sent to the child's primary care provider or, if not available, to the local health department for appropriate follow-up.

310:512-3-5. Reporting requirements

(a) Laboratory.

(1) Laboratories shall report the results of all blood lead tests performed on children 6 months to 72 months of age that are residents of Oklahoma to the Childhood Lead Poisoning Prevention Program. These reports shall be confidential and may be utilized only for the purpose of assuring service delivery, program administration, data analysis, and evaluation.

(2) Laboratories shall report the following information to the Childhood Lead Poisoning Prevention Program by mail, telephone, facsimile, or electronic data transmission: name, date of birth, address, county of residence, type of sample (venous or capillary), blood lead level, health provider ordering the test, laboratory identifiers, date the sample was collected and the date of analysis. The laboratory receiving the sample from the health care provider taking the sample shall assure that the laboratory requisition slip is fully completed and includes the information required pursuant to the Subsection.

(3) Time limits for reporting to the Childhood Lead Poisoning Prevention Program shall be as follows:

(A) Results of all blood lead levels $<10 \mu\text{g/dL}$ at a minimum of a monthly basis.

(B) Results of all blood lead levels equal to or $>10 \mu\text{g/dL}$ at a minimum of a weekly basis and if possible daily.

(4) All clinical laboratories shall notify the provider ordering the blood lead test by telephone or fax, the results of any analysis in a child up to 72 months of age which is $\geq 20 \mu\text{g/dL}$ within 24 hours of the date of the analysis.

(5) Nothing in this Subsection shall be construed to relieve any laboratory from reporting results of any blood lead analysis to the physician, or other health care provider that ordered the test or to any other entity as required by State, Federal or local statutes or regulations or in accordance with accepted standard of practice.

(b) Health care providers.

(1) All health care providers should ensure that all of the information specified is completed for all blood lead analyses ordered by health care providers and that this information accompanies the sample to the testing laboratory.

(2) On written or verbal notification of an elevated capillary lead level, $\geq 10 \text{ mg/dL}$, the child's health care

provider will obtain a confirmatory test by venous sample.

(3) All health care providers shall notify the Childhood Lead Poisoning and Prevention Program of any blood lead level in a child up to 72 months of age equal to or $>10 \mu\text{g/dL}$ within 1 week and equal to or $>20 \mu\text{g/dL}$ within 24 hours of having been notified of this result by the testing laboratory; the following information shall be provided when reporting: name, date of birth, address, county of residence, type of sample (venous or capillary), blood lead level, health provider ordering the test, laboratory identifiers, date the sample was collected and the date of analysis.

(4) Upon notification of a blood lead level $\geq 20 \mu\text{g/dL}$, an environmental investigation and public health followup will be carried out by the Oklahoma State Department of Health.

(5) On written notification of unsatisfactory specimens, the child's health care provider will obtain a repeat specimen.

(6) These reports shall be confidential and may be utilized only for the purpose of assuring service delivery, program administration, data analysis, and evaluation.

Oklahoma Childhood Lead Poisoning Prevention Program Lead Exposure Risk Assessment Questionnaire (LERAQ)

Screening Plan: The Childhood Lead Poisoning Prevention Rules recommend that health care providers screen all children at 12 and 24 months of age with the Lead Exposure Risk Assessment Questionnaire (LERAQ). If the parent/guardian answers "yes" or "don't know" to any of the questions, then a blood lead test should be administered. All children from 6 to 72 months of age should be screened with the LERAQ if they have never been previously screened.

CHILD'S NAME _____

Date: _____ Age: _____ Current Residential Zip Code: _____

1. Is the above zip code an At-Risk zip code area? (see back of this form)	Yes	No	Don't Know
2. Does your child have Medicaid or SoonerCare? (If yes this child must have a blood lead test at 12 and 24 months of age)	Yes	No	Don't Know
3. Does your child live in or often visit a house or child care site with peeling paint that was built prior to 1950?	Yes	No	Don't Know
4. Does your child live in or often visit a house or child care site built prior to 1978 with new repairs or remodeling in the last 6 months?	Yes	No	Don't Know
5. Does your child live in or often visit a house or child care site that has vinyl or plastic mini blinds?	Yes	No	Don't Know
6. Does your child have friends, siblings, house mates, or a play mate that has or did have lead poisoning?	Yes	No	Don't Know
7. Does your child live with an adult who has a job or hobby where lead is used? (such as bridge painters, demolition/renovation of buildings, automobile work with batteries or radiators, lead solder, leaded glass, lead shot, bullets or lead fish sinkers)	Yes	No	Don't Know
8. Is your child given any home or folk remedies which may have lead in them? (such as imported items called Greta, Azarcon, Rudea)	Yes	No	Don't Know
9. Does your child eat food cooked in or served from pottery made outside the United States (especially Mexico)?	Yes	No	Don't Know

AT-RISK ZIP CODES

73002	73102	73507	73550	73655	73750	73937	74106	74521	74766
73005	73103	73520	73551	73658	73756	73938	74107	74528	74801
73006	73104	73521	73552	73659	73757	73939	74110	74529	74824
73009	73105	73526	73553	73660	73758	73942	74112	74530	74825
73011	73106	73528	73554	73661	73759	73944	74114	74531	74827
73014	73107	73530	73555	73662	73760	73945	74115	74534	74829
73015	73108	73531	73556	73663	73761	73946	74116	74535	74830
73018	73109	73532	73557	73664	73762	73947	74117	74538	74831
73021	73110	73537	73559	73666	73763	73949	74119	74540	74836
73022	73111	73539	73560	73667	73764	73950	74120	74542	74837
73024	73114	73540	73561	73668	73766	73951	74126	74543	74844
73027	73117	73541	73562	73669	73768	74001	74127	74546	74845
73028	73118	73542	73564	73673	73770	74002	74128	74547	74848
73029	73119	73544	73565	73701	73771	74003	74129	74549	74850
73030	73121	73546	73566	73716	73772	74010	74130	74553	74854
73032	73127	73547	73567	73717	73773	74016	74146	74554	74859
73033	73129	73549	73568	73718	73832	74023	74301	74556	74866
73036	73130	73550	73569	73719	73834	74026	74333	74560	74867
73040	73135	73551	73570	73720	73835	74027	74335	74561	74868
73041	73139	73552	73571	73722	73838	74029	74339	74576	74869
73043	73141	73553	73572	73724	73840	74030	74340	74577	74875
73044	73149	73554	73573	73726	73841	74031	74354	74601	74880
73048	73401	73555	73601	73727	73842	74034	74358	74630	74883
73053	73425	73556	73622	73728	73843	74035	74360	74631	74884
73056	73435	73557	73625	73730	73844	74042	74367	74632	74930
73057	73436	73559	73626	73731	73847	74045	74369	74633	74932
73059	73437	73560	73627	73733	73848	74046	74401	74636	74935
73062	73441	73561	73628	73734	73849	74048	74403	74637	74937
73063	73444	73562	73632	73735	73851	74050	74422	74640	74943
73066	73446	73564	73638	73736	73852	74052	74431	74643	74946
73069	73448	73565	73639	73737	73853	74056	74437	74644	74947
73073	73456	73566	73641	73738	73855	74058	74438	74646	74949
73075	73458	73567	73642	73739	73857	74068	74440	74647	
73077	73461	73568	73644	73741	73858	74072	74444	74650	
73079	73463	73569	73645	73742	73859	74079	74447	74652	
73080	73487	73570	73646	73743	73860	74082	74456	74653	
73082	73488	73571	73647	73744	73901	74084	74460	74721	
73084	73501	73572	73650	73746	73931	74085	74463	74727	
73092	73503	73573	73651	73747	73932	74103	74468	74738	
73097	73505	73549	73654	73749	73933	74104	74501	74752	

Purpose: The LERAQ is to be used to screen for lead poisoning at annual well child visits for children 6 - 72 months old.

Use: This assessment should be administered by medical staff verbally with the primary care-taker of the child. Any "Yes" or "don't know" answer is considered a positive answer thus requires the child to have a blood lead test. If a child has a blood lead test $\leq 9\mu\text{g/dL}$ and there are no changes in risk factors, a repeat blood lead test is not required. **Routing and Filing:** Retain this record in the client's record to review annually.