



George Latimer
County Executive

Department of Health
Sherlita Amler, M.D.
Commissioner

September 23, 2019

Dear Provider:

Please be advised that effective October 1, 2019, the New York State Public Health Law pertaining to the threshold that constitutes an elevated blood lead level will be decreased.

Under the new law, **a blood lead level equal to or greater than 5 micrograms per deciliter (ug/dL) will constitute an elevated lead level** and require action/follow-up by the Westchester County Department of Health. Any child with a lead level of 5 ug/dL or above in the last year should have a venous lead level redrawn as soon as possible.

The Westchester County Department of Health will share new guidelines and information with you about this change as they become available from New York State. If you should have any questions or concerns, staff from our Childhood Lead Poisoning Prevention Program are available to speak with you and can be reached at (914) 813-5240.

Sincerely,

A handwritten signature in blue ink that reads "Sherlita Amler MD".

Sherlita Amler, MD
Commissioner

Table 3. Management Protocols for Children According to Blood Lead Level

BLL (µg/dL)	Health Care Provider			LHD	
	Confirmation of Capillary Sample with Venous Sample*	Follow-up Venous Testing <u>AFTER</u> Confirmed Venous BLL ≥ 5 µg/dL	Management	Care Coordination	Environmental Management
< 5	Not needed	Not applicable. See <i>Management</i> column.	<ul style="list-style-type: none"> • Test all children at age 1 year and again at age 2 years • For children <6 years, perform a Lead Exposure Risk Assessment at every well child visit, and test again if lead risk is found • Provide anticipatory guidance to parent or guardian regarding major sources of lead exposure and ways to prevent exposure 	<ul style="list-style-type: none"> • Match in LeadWeb within two weeks • Educate HCPs on generating NYSIIS <i>Lead Test Due</i> reports to facilitate reminders for parents for 1 year and 2 year old blood lead testing 	No action
5 to < 10	Within 3 months	Every 3 months until BLL confirmed to be < 5 µg/dL**	<ul style="list-style-type: none"> • Generate NYSIIS blood lead follow-up reports for all children w/ EBLLs <p>AFTER CONFIRMED VENOUS TEST - All activities above, and:</p> <ul style="list-style-type: none"> • Perform a Clinical Lead Exposure Assessment • Provide lead exposure risk reduction education. • Consider the child at risk for developmental delays and behavior concerns • Test all children who spend time in the home and refer pregnant women in the home for testing • Coordinate care with local or state health department including environmental education and management • Notify family of the need for follow-up venous testing on a periodic basis 	<ul style="list-style-type: none"> • Educate HCPs on how to generate these reports <p>Initiate follow-up activities within 30 working days to ensure the following activities are completed by the HCP.</p> <ul style="list-style-type: none"> • If HCPs are not providing the required actions, the LHD is responsible for seeing that these actions are provided • Ensure HCP performs confirmatory venous testing • Ensure all children or pregnant women who spend time in the home are tested • Ensure HCP performs a detailed clinical lead exposure assessment¹ • Provide risk reduction education to the parent/guardian • Refer for environmental management (initiate referral) • Monitor venous BLLs in accordance with the follow-up testing schedule • Communication among HCP and LHD/DO to monitor progress and ensure appropriate follow-up actions have occurred (see HCP columns for follow-up testing timeframes) • Document in LeadWeb all appropriate follow-up services until child is discharged from services 	Schedule environmental investigation within 30 working days of the referral

BLL (µg/dL)	Health Care Provider			LHD	
	Confirmation of Capillary Sample with Venous Sample*	Follow-up Venous Testing <u>AFTER</u> Confirmed Venous BLL ≥ 5 µg/dL	Management	Care Coordination	Environmental Management
10 to < 15	Within 3 months	Every 3 months until BLL confirmed to be < 5 µg/dL**	All activities above	All actions above, and: <ul style="list-style-type: none"> • Initiate follow-up activities within 20 working days 	Schedule environmental investigation within 20 working days of the referral
15 to < 25	Within 1 week	Every month until BLL is < 15 µg/dL, then proceed as above	All activities above, and: <ul style="list-style-type: none"> • Consider consulting with a Regional Lead Resource Center 	All actions above, and: <ul style="list-style-type: none"> • Initiate follow-up activities within 10 working days 	Schedule environmental investigation within 10 working days of the referral
25 to < 45	48 hours	Consult with a Regional Lead Resource Center for guidance on a follow-up venous testing schedule.	All activities above, and: <ul style="list-style-type: none"> • Consult with a Regional Lead Resource Center 	All actions above, and: <ul style="list-style-type: none"> • Initiate follow-up activities within 5 working days 	Schedule environmental investigation within 5 working days of the referral

BLL (µg/dL)	Health Care Provider			LHD	
	Confirmation of Capillary Sample with Venous Sample*	Follow-up Venous Testing <u>AFTER</u> Confirmed Venous BLL ≥ 5 µg/dL	Management	Care Coordination	Environmental Management
45 to < 70	24 hours	Consult with a Regional Lead Resource Center.	<p>All activities above, and:</p> <ul style="list-style-type: none"> • Notify local or state health department within 24 hours for environmental investigation and follow-up services. • Consult with Regional Lead Resource Center within 24 hours to discuss hospitalization and chelation. • Hospital discharge only to housing determined to be lead-safe in consultation with the local or state health department. 	<p>All actions above, and:</p> <ul style="list-style-type: none"> • Refer immediately for environmental investigation • Initiate care coordination follow-up within 48 hours • Communication with HCP and family to assure treatment is planned. Ensure HCP is consulting with a Regional Lead Resource Center. • If admitted to the hospital for chelation, hospital discharge must not occur until a lead-safe environment is located for the child. If the child is not hospitalized, a lead-safe environment is required during chelation therapy. • Communication with the HCP and Regional Lead Resource Center to ensure appropriate follow-up. • Post-chelation follow-up including blood lead level monitoring in accordance with discharge instructions (usually within 7-21 days after treatment) 	Environmental investigation initiated within 48 hours
> 70	THIS IS A MEDICAL EMERGENCY. CONFIRM IMMEDIATELY WITH A VENOUS TEST.		<p>All activities above AND:</p> <ul style="list-style-type: none"> • Consult immediately with Regional Lead Resource Center. • Admit immediately to a hospital for chelation. 	<p>All actions above, and:</p> <ul style="list-style-type: none"> • Refer immediately for environmental investigation • Initiate follow-up activities within 24 hours 	Environmental investigation initiated within 24 hours

* Whenever possible, follow-up actions should be based on confirmatory venous blood lead test results. When a confirmatory venous test cannot be attained, two consecutive elevated capillary samples may be considered a confirmed elevation if they are collected more than seven days apart and less than 84 days apart.

**Medical discharge can be considered when two venous blood lead results, taken at least three months apart, are < 5 µg/dL and all environmental follow-up actions have been completed.