

TESTING CHILDREN FOR ELEVATED BLOOD-LEAD LEVELS

CHAPTER 120.

TESTING CHILDREN FOR ELEVATED BLOOD-LEAD LEVELS

Article 1.

Definitions and General Information.

12 VAC 5-120-10. Definitions.

The following words and terms, when used in this regulation, shall have the following meaning unless the context clearly indicates otherwise:

“Board” means the State Board of Health.

“Commissioner” means the Commissioner of Health.

“Elevated blood-lead level” for children means 10 or more micrograms of lead per deciliter of whole blood in a child up to and including 72 months of age.

“Health care provider” means a physician or his/her designee or an official of a local health department.

“High-risk ZIP Code area” means a ZIP Code area listed in guidelines issued by the Virginia Department of Health, in which 27% or more of the housing was built before 1950 or 12% or more of the children have elevated blood-lead levels based on current available data.

“Physician” means a person licensed to practice medicine in any of the 50 states or the District of Columbia.

“Qualified laboratory” means a laboratory that is certified by the Health Care Financing Administration in accordance with the Clinical Laboratory Improvement Act and is

TESTING CHILDREN FOR ELEVATED BLOOD-LEAD LEVELS

participating in the Centers for Disease Control and Prevention's Blood Lead Laboratory Proficiency Program.

"µg/dL" means micrograms of lead per deciliter of whole blood.

12 VAC 5-120-20. Authority for regulations.

Section 32.1-46.1 of the Code of Virginia directs the Board of Health to promulgate regulations establishing a protocol for the identification of children at risk for elevated blood-level levels which shall provide (i) for blood-lead level testing at appropriate ages and frequencies, when indicated, and (ii) for criteria for determining low risk for elevated blood-lead levels and when such blood-lead level testing is not indicated. The protocol may also address follow-up testing for children with elevated blood-lead levels, dissemination of the protocol and other information to relevant health care professions, appropriate information for parents, and other means of preventing lead poisoning among children.

12 VAC 5-120-30. Statement of general policy.

The Commonwealth of Virginia has recognized the need for early identification of children with elevated blood-lead levels to alert parents and guardians to the need for intervention to prevent physical, developmental, behavioral, and/or learning problems associated with elevated blood lead levels in children, and to prevent exposure of other children.

12 VAC 5-120-40. Purpose of chapter.

The purpose of this chapter is to provide a protocol for identifying children with elevated blood-lead levels.

TESTING CHILDREN FOR ELEVATED BLOOD-LEAD LEVELS

12 VAC 5-120-50. Application of chapter.

This chapter has general application throughout the Commonwealth.

Article 2.

Protocol for Identification of Children with Elevated Blood-lead Levels.

12 VAC 5-120-60. Schedule for testing.

Virginia health care providers should test all children up to and including 72 months of age for elevated blood-lead levels according to the following schedule unless they are determined under 12 VAC 5-120-90 to be at low risk for elevated blood-lead levels. All blood-lead samples shall be analyzed by a qualified laboratory.

1. Children should be tested at ages 1 and 2 years.
2. Children from 36 through 72 months of age should be tested if they have never been tested.
3. Additional testing may be ordered by the health care provider.

12 VAC 5-120-70. Confirmation of blood-lead levels.

Testing may be performed on venous or capillary blood collected in tubes or on filter paper. If a test of capillary blood reveals an elevated blood-lead level, the results shall be confirmed by a repeat blood test (preferably venous):

1. Within three months if the result of the capillary test is 10 µg/dL to 19 µg/dL.
2. Within one week to one month if the result of the capillary test is 20 µg/dL to 44 µg/dL. (The higher this test result, the more urgent the need for a confirmation test).
3. Within 48 hours if the result of the capillary test is 45 µg/dL to 59 µg/dL.

TESTING CHILDREN FOR ELEVATED BLOOD-LEAD LEVELS

4. Within 24 hours if the result of the capillary test is 60 µg/dL to 69 µg/dL.
5. Immediately as an emergency laboratory test if the result of the capillary test is 70 µg/dL or higher.

Elevated blood lead results from venous blood testing shall be deemed a confirmed test.

12 VAC 5-120-80. Risk factors requiring testing.

A health care provider should test a child for elevated blood-lead level, or have a child tested, if the provider determines, in the exercise of medical discretion, that such testing is warranted, and that the child meets one or more of the following criteria:

1. Eligible for or receiving benefits from Medicaid; or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); or
2. Living in a high risk ZIP Code area; or
3. Living in or regularly visiting a house or child care facility built before 1950; or
4. Living in or regularly visiting a house, apartment, dwelling or other structure, or a child care facility built before 1978 with peeling or chipping paint or with recent (within the last six months), ongoing, or planned renovations; or
5. Living in or regularly visiting a house, apartment, dwelling or other structure in which one or more persons have elevated blood-lead levels; or
6. Living with an adult whose job or hobby involves exposure to lead as described in *Preventing Lead Poisoning in Young Children* (CDC, 1991); or
7. Living near an active lead smelter, battery recycling plant, or other industry likely to release lead; or

TESTING CHILDREN FOR ELEVATED BLOOD-LEAD LEVELS

8. The child's parent or guardian requests the child's blood be tested due to any suspected exposure; or
9. A health care provider recommends the child's blood be tested due to any suspected exposure.

The Department of Health will maintain a list of high-risk ZIP Code areas in Virginia.

12 VAC 5-120-90. Determination of low risk for elevated blood-lead levels.

Blood-lead testing is not indicated for children determined by a health care provider to be at low risk for elevated blood-lead levels. A health care provider may determine a child to be at low risk for elevated blood-lead level if the child meets none of the criteria listed in 12 VAC 5-120-80 above.

12 VAC 5-120-100. Samples submitted to a qualified laboratory.

1. All blood samples submitted to a qualified laboratory for analysis shall be accompanied by a completed laboratory requisition with all of the required data as determined by the Department of Health.
2. All qualified laboratories accepting blood samples for lead analysis under this regulation shall submit all required data to the Board within 10 business days of analysis. The data shall be sent by a secure electronic means that has been approved by the Department of Health.
3. Any laboratory reporting under this section shall be deemed in compliance with the stipulations of Section 32.1-36 of the Code of Virginia and the Board of Health *Regulations for Disease Reporting and Control* regulation 12 VAC 5 90-90.

TESTING CHILDREN FOR ELEVATED BLOOD-LEAD LEVELS

12 VAC 5-120-110. Follow-up testing and information.

The Department of Health will establish guidelines for follow-up testing for children with confirmed elevated blood-lead levels, provide or recommend appropriate information for parents, and disseminate the protocol and other information to relevant health care professionals.

12 VAC 5-120-120. Exclusion from Testing when Risk is Low and on Religious Grounds.

In accordance with Section 32.1-46.2 of the Code, every child in the Commonwealth should be tested for elevated blood-lead levels unless the parent, guardian or other person standing in loco parentis obtains a determination that the child is at low risk for elevated blood-lead levels or unless the parent, guardian or other person having control or charge of such child objects to such testing on the basis that the procedure conflicts with his or her religious tenets or practices.