

Intervention Schedule

Effective Date: November 1, 2018

Program area:

This policy applies to all personnel within the Lead Poisoning Prevention Program.

Policy:

It is the policy of the City of Milwaukee Health Department (MHD) to provide interventions to children under 6 years old who have blood lead levels (BLL) greater than or equal to 5 µg/dL. The following table outlines the MHD's intervention schedule:

LEVEL	TEST TYPE	INTERVENTION
<5 µg/dL	All	No intervention.
5 to 9.9 µg/dL	Venous	Letter with test result and educational materials mailed to family.
	Capillary	Letter with test result and educational materials mailed to family. Letter includes recommendations for venous (confirmatory) testing.
10 to 14.9 µg/dL; or 15 to 19.9 µg/dL (unless two venous results that are drawn at least 90 days apart)	Venous	Letter with test result and educational materials mailed to family. Letter includes recommendations for repeat testing if 15-19 µg/dL.
	Capillary	Letter with test result and educational materials mailed to family. Letter includes recommendations for venous (confirmatory) testing.
Two results 15 to 19.9 µg/dL that are drawn at least 90 days apart*	Venous	Letter with test result and educational materials mailed to family. A Public Health Nurse provides case management services to the child. Services include education, home visit(s), growth and development assessments, and ongoing monitoring of the child until meets case closure criteria. A Lead Risk Assessor inspects the child's home for lead hazards.
20 to 39.9 µg/dL*	Venous	Letter with test result and educational materials mailed to family. A Public Health Nurse provides case management services to the child. Services include education, home visit(s), growth and development assessments, and ongoing monitoring of the child until meets case closure criteria. A Lead Risk Assessor inspects the child's home for lead hazards.
	Capillary	Public Health Nurse Coordinator or designee calls the family and encourages them to have a venous blood lead test complete. Letter with test result and need for venous (confirmatory) testing is mailed to family.
≥40 µg/dL	Venous	A Public Health Nurse provides case management services to the child. Services include education, home visit(s), growth and development assessments, and ongoing monitoring of the child until meets case closure criteria. A Lead Risk Assessor inspects the child's home for lead hazards.
	Capillary	Public Health Nurse Coordinator calls the family and encourages them to have a venous (confirmatory) blood lead test complete. A home visit is attempted if the family cannot be reached by phone.
*Wi Stat. 254.11 requires that an environmental risk assessment be provided to all children with an elevated blood lead level (EBLL). State Statute defines an EBLL as one venous BLL ≥20 µg/dL OR two venous BLLs ≥15 µg/dL that are drawn at least 90 days apart. The MHD's Consolidated Contract with the State of Wisconsin requires that the department provide nursing case management services at the State definition of EBLL.		

It is also the policy of the MHD to provide the above services, with the exception of sending a Lead Risk Assessor to inspect the home for lead hazards, to individuals between the ages of 6 and 15.99 years old. However, when caseloads are high, priority should be given to children under 6 years old.

Purpose:

In January 2012, the Centers for Disease Control and Prevention (CDC) established a new reference value for a child’s blood lead level of 5 µg/dL. The CDC also published recommendations for actions based on the new reference value, which recommends that all children with BLL ≥5 µg/dL should receive some level of intervention to reduce their exposure to lead hazards. This policy establishes the MHD’s intervention schedule, which is informed by the CDC and State of Wisconsin Department of Health Services recommendations. This policy does not include procedures on how the interventions are delivered.

Procedures:

This policy includes the following procedures:

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Updating the intervention schedule

This policy should be reviewed by the Home Environmental Health Program Manager every 24 months to ensure that the intervention schedule is still appropriate based on CDC guidelines, State of Wisconsin guidelines, City of Milwaukee resources, and the best evidence around childhood lead poisoning prevention. Changes to the intervention schedule need to be documented in the review/updated table (at the end of this policy) and the policy needs to be re-routed for signature.

Implementing the intervention schedule

This policy does not specify how each intervention should be administered to children with blood lead levels greater than 5 µg/dL. Each intervention outlined in the policy should have its own policy and procedure outlining the specific way, including timelines, of when an intervention should be initiated.

Posting the intervention schedule

The intervention should be publically available on the MHD’s website and updated when changes to the schedule are made. The Home Environmental Health Program Manager is responsible for ensuring that the most recent version of the intervention schedule is posted on the MHD’s website.

Definitions:

Intervention Schedule: The minimum level of interventions provided to children under the age of 6 who have a blood lead level ≥5 µg/dL.

Venous Test: Venous blood testing is the preferred specimen for blood lead analysis and should be used for lead measurement whenever practical. Venous is considered a confirmatory test for the purposes of the interventions.

Capillary Test: Capillary blood testing is an acceptable method for initial blood lead testing if appropriate methods are followed to minimize the risk of contamination. Capillary is considered a preliminary test, not a confirmatory test, for the purposes of the interventions.

Elevated Blood Lead Level (EBLL): For the purposes of this policy, Elevated Blood Lead Level (EBLL) means a level of lead in blood that is either (a) 20 µg/dL or higher, as confirmed by one venous blood test; or (b) 15-19.99 µg/dL, as confirmed by two venous blood tests performed at least 90 days apart.

Responsibilities:

Home Environmental Health Program Manager

- Review and update intervention schedule.
- Ensure that the most recent intervention schedule is posted on the MHD’s website.

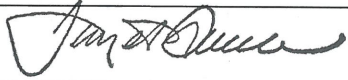
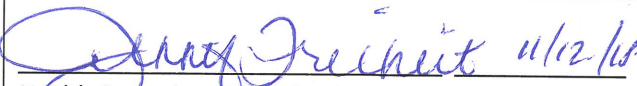
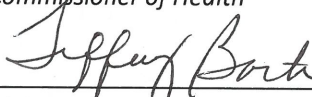
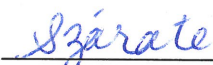

Legal Authority:

Wi Stat. Ch. 254

References:

NA

Approved by:

	11/12/18		11/12/18
Commissioner of Health	Date	Health Operations Administrator	Date
	11/2/18		11.2.18
Division of Nursing	Date	Division Director	Date
			
Home Environmental Health Manager	Date		
Original Effective Date: 11/1/2018		Review Periodicity: 24 months	

Reviewed/Updated:

Date	Changes Made	Reviewed By