YOU CAN PREVENT LEAD POISONING

Get Tested for Lead:

- If your child is between 6 months to 6 years old, ask your doctor about a lead test for your child
- Children on public insurance programs should be tested at age 1 and 2.

Eat Healthy Foods:

Help protect your child with healthy meals and snacks. Each day give your child:

- ***Iron-rich foods:*** beans, cereals fortified with iron, lean meat, fish, tofu
- ***Calcium-rich foods:*** milk, yogurt, cheese, dark-green vegetables, canned salmon
- ***Vitamin C:*** oranges, tomatoes, limes, bell peppers, broccoli, berries

Keep Your Home Clean and Dust-Free:

- Wet mop floors instead of dry sweeping to stop the spread of dust
- Wet wipe window sills and other surfaces often
- Use a vacuum that has a HEPA filter. If you do not have a HEPA vacuum, use an allergen filter bag

RESOURCES

Call (800) LA-4-LEAD:

- To get more information on lead, lead screenings, or lead testing
- To get more information on sources of lead, such as, imported spices, make-up, hobbies or jewelry
- To locate a licensed lead inspector
- To learn about lead safe work practices

Free & Low-Cost Health Services:

Children in low-income families may be eligible for free or low-cost medical check-ups, including a blood lead test. Call the numbers below for more information.

Medi-Cal	**(800) 578-6762**
Healthy Kids	**(888) 452-2273**
CHDP	**(800) 993-2437**
Access for Infants & Mothers (AIM)	**(800) 433-2611**
Ability-to-Pay Plan (ATP)	**(800) 378-9919**
Covered California	**(800) 300-1506**
LA County Info Line	**211**

County of Los Angeles
Public Health
Childhood Lead Poisoning Prevention Program
1-800-LA-4-LEAD
(1-800-524-5323)
http://publichealth.lacounty.gov/lead

Funded by California Department of Public Health (Rev. 09/15)

Make Your Home LEAD-SAFE and Healthy for Children

Preventing Lead Poisoning is in Your Hands

LEAD IS A POISON

- Lead can hurt the brain, kidneys, liver, and other organs
- Even small amounts of lead can cause learning problems
- Children under 6 years of age and pregnant women are at a higher risk for lead poisoning
- Children and adults with bullets or bullet pieces in their body are also at risk

HOW DOES LEAD POISONING OCCUR?

- Lead poisoning is caused by eating lead or breathing lead dust
- Since young children often put things in their mouths, they can also pick up lead-dust that can be dangerous
- **Most of the time, lead poisoning has no symptoms. The only way to know is with a blood lead test**
- Inside this brochure is information on how lead can get into our bodies

1. Dirt

Lead from paint chips/dust, or gasoline may be in bare dirt around your home.

- **Do not let children play with or eat dirt**
- **Cover bare dirt with grass, wood chips, or cement**
- Take off shoes or use a doormat

2. TRADITIONAL REMEDIES, COSMETICS AND POWDERS

Some traditional remedies, cosmetics and powders can have high levels of lead. Some Examples are: Greta, Azarcon, Pay-loo-ah, Surma, Kohl, Sindoor.

- **Talk to your doctor before using traditional remedies, cosmetics or powders**
- **Call (800) LA-4-LEAD** to receive a list of traditional remedies containing lead

3. CERAMICS

Some dishes and pots have lead in them. Dishes and pots more likely to have lead in them are older (pre-1970s), from a discount market or flea market, made of crystal, handmade, or made outside the USA. Lead may get into your food or drinks if you use these dishes or pots for cooking, serving, or storing food.

- **If you don't know whether your dishes or pots have lead, test them for lead before use. Test again if dishes become worn, chipped, or cracked**
- **Call (800) LA-4-LEAD** for more information on testing dishes and pottery

4. TOYS AND JEWELRY

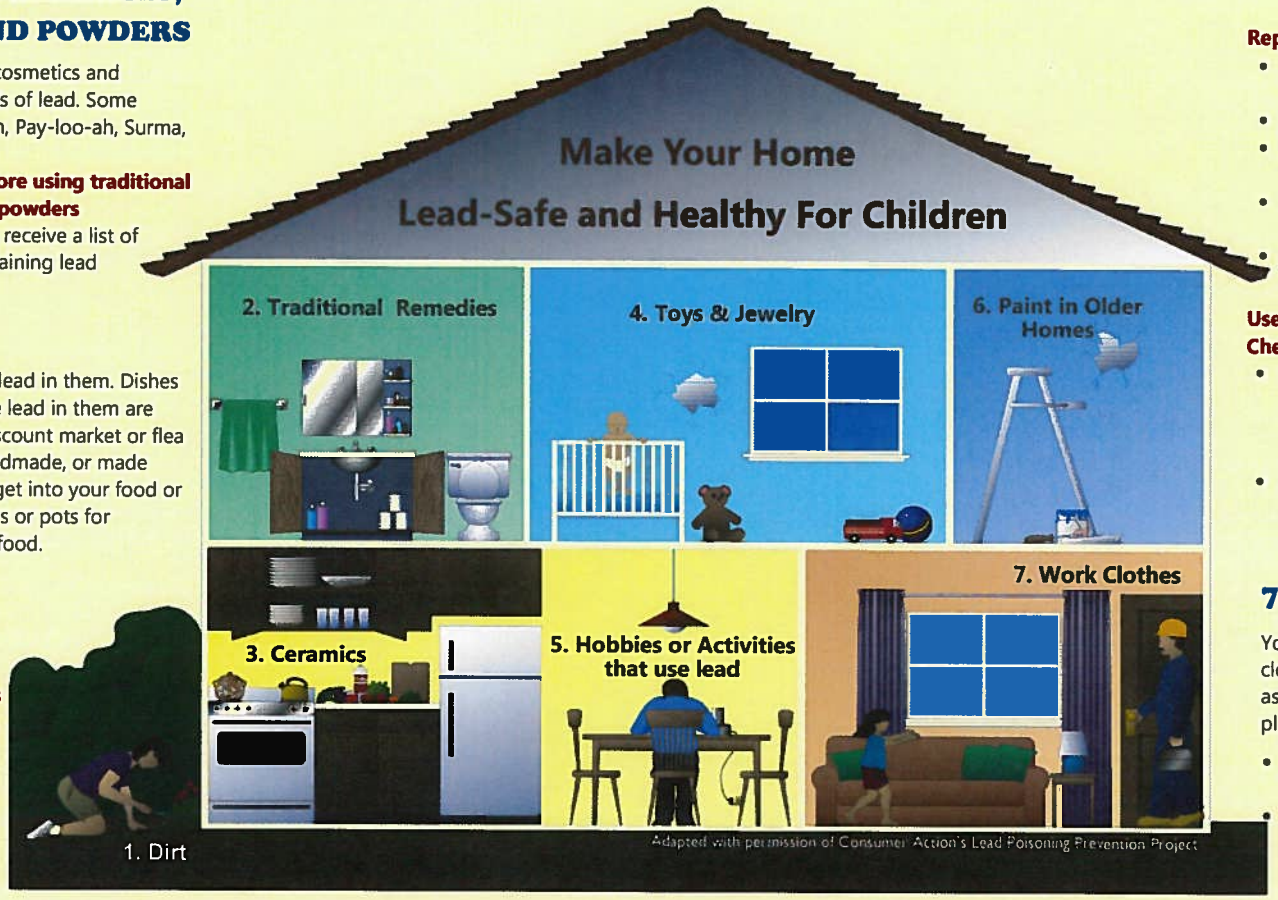
Some jewelry and toys have lead in them.

- **Don't let young children suck on or play with jewelry**
- **Keep children from putting toys in their mouth**
- Wash hands and toys often
- For young children, toys made of soft cloth or unpainted wood are best

5. HOBBIES OR ACTIVITIES THAT USE LEAD

Hobbies or activities such as stained glass making, jewelry making, hunting or fishing may use items containing lead.

- **Keep these items away from young children**



6. PAINT IN OLDER HOMES

Homes or apartments built before 1978 may have lead-based paint. The paint may be on the inside or outside of the building. Chipping or peeling paint is a danger.

Protect Children Before Repairs

- Move beds, cribs, and play-pens away from chipped or peeling paint or painted windows
- Cover damaged paint with cloth tape or plastic sheets until repairs can be made

Repair Peeling Paint

- Wipe off small areas of loose paint with a damp sponge and paint over
- Never dry scrape, dry sand, or burn off old paint
- Fix any moisture problems to prevent peeling paint
- Consider hiring professionals to deal with large areas of peeling paint
- Keep children and pregnant women away from the work area

Use Lead Safe Work Practices or Consider Checking Your Home for Lead

- When doing repairs, assume your home contains lead paint and follow lead safe work practices **Call (800) LA-4-LEAD** for more information on lead safe work practices
- You may also consider testing your home for lead. **Call (800) LA-4-LEAD** to get a list of Certified Lead Inspectors

7. WORK CLOTHES

You can bring lead home on your hands, face, work clothes, shoes, and in a car if you work in jobs such as battery manufacturing, melting lead, painting, plumbing, or radiator repair.

- **Change out of our work clothes and shoes at work before getting into a car or going home**
- **If you can't shower at work, wash your hands, arms, face and neck thoroughly before leaving**

Program Contact Information

Administration Unit
(323) 869-7171 Fax: (323) 887-5178

Nursing Case Management Unit
(323) 869-7195 Fax: (323) 890-8739

Environmental Health Inspection Unit
(323) 869-7068 Fax: (323) 890-8737

Surveillance Unit
(323) 869-7189 Fax: (323) 887-5178

Health Education and Outreach Unit
(323) 869-7089 Fax: (323) 890-8736
1-800-LA-4-LEAD (1-800-524-5323)

Health Care Provider Education and Training
(323) 869-7195 Fax (323) 887-8739

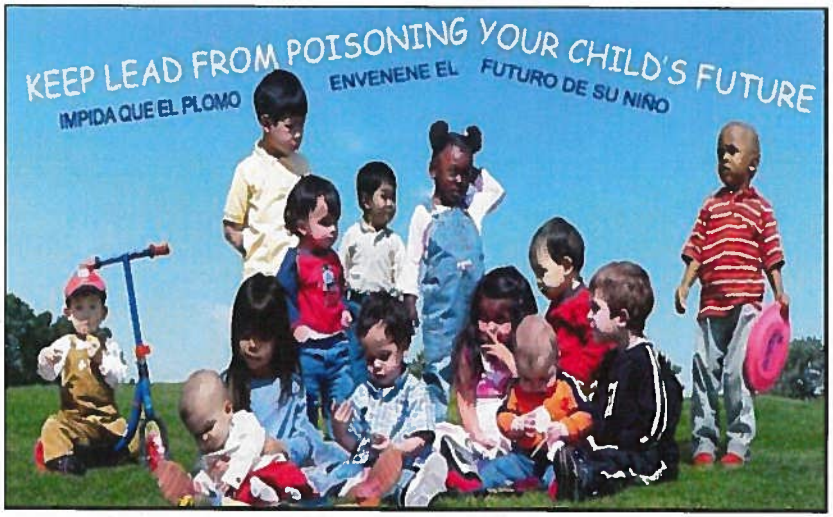
Website Resources

- County of Los Angeles Childhood Lead Poisoning Prevention Program: www.lapublichealth.gov/lead
- California Childhood Lead Poisoning Prevention Branch www.cdph.ca.gov/childlead
- Centers for Disease Control and Prevention. *Managing Elevated Blood Lead Levels Among Young Children:* Atlanta: GA: US Dept. of Health and Human Services March 2002. www.cdc.gov/nceh/lead/CaseManagement.
- For booklets and pamphlets on lead poisoning prevention: www.epa.gov/lead/pubs/leadinfo.htm
- Housing & Urban Development:www.hud.gov/offices/lead
- U.S. Consumer Product Safety Commission Hotline & recall information: www.cpsc.gov. Go to lead recalls.
- For lead-exposed workers: www.cdph.ca.gov/program/olppp.

June 2008 rev 6/09
rev 2/7/12

County of Los Angeles
Department of Public Health
Maternal, Child & Adolescent Health Programs
Childhood Lead Poisoning Prevention Program

5555 Ferguson Drive Suite 210-02
Commerce, California 90022
(323) 869-7171
Fax: (323) 887-5178



Vision:

Healthy, Lead-Free Environments for Children

Population Served

- Children from birth to 21 years of age with elevated blood lead levels and newly arrived refugees under age 7
- Pregnant and lactating women at risk of lead exposure

The Public Health Team

The Childhood Lead Poisoning Prevention Team is comprised of thirty-five (35) employees including the following units:

Case Management Unit: Public Health Nurse

- Coordinates and provides case management services
- Conducts home visits with families to assess risk factors, identify sources of lead, and provide lead education
- Makes referrals to support the entire family
- Provides case information to the child's health care provider

Environmental Health Unit: Environmental Health Inspector

- Conducts on-site lead testing at primary residences, childcare facilities and schools
- Identifies lead hazards and informs property owners and tenants on ways to minimize exposure
- Orders property abatement and collaborates with owners and tenants on plans for abatement

Surveillance Unit:

- Collects, maintains and reviews surveillance database that supports program planning and case management interventions

Health Education Unit:

- Provides primary prevention information to the general public, schools, childcare providers, parent-teacher organizations and housing advocates

Health Care Provider Education and Training Coordinator

- Provides outreach and education to health care providers regarding their legal responsibilities with respect to screening, care management guidelines and counseling
- Informs health care providers of the available case management services and provides technical support

Public Health Interventions

Partnerships with Community-Based Organizations, Public and Private Agencies

- DPH - Environmental Health
  - Apartment Owner's Association
  - Los Angeles City Housing Inspector Training Program
- DPH-EH Healthy Homes Inspection Program
- LAC-DHS Comprehensive Health Center Lead Screening
- Women, Infants & Children (WIC) Food & Nutrition Program Lead Screening Project

Health Teaching, Outreach Education and Health Care Provider Training

- Wet-Mop Education Program
- Parent Presentations
- Pregnant and Parenting Team Presentations
- Student Nurse Orientation Presentations
- Student Nurse - Clinical Rotations
- Annual School Outreach and Art Contest (Los Angeles Unified School District, Archdiocese, and private schools)
- Medical and Nursing Grand Rounds
- Lead Awareness and "Lead In Brief"
- Newly enrolled CHDP Provider Office Visits
- 1-800-LA-4-LEAD Information Line

Coalition Building

- Los Angeles County Office of Education (LACOE) Early Start and Head Start Advisory Council
- DPH-Community Health Services (CHS)
- California Children's Services (CCS)
- Child Health & Disability Prevention (CHDP) Program
- Southern California Health & Housing Council
- Healthy Homes Collaborative
- Asthma Coalition of Los Angeles

- Please Turn Over For More Information -

Sources of Lead Poisoning

Paint in homes Built Before 1978

Lead Dust

Take Home Lead

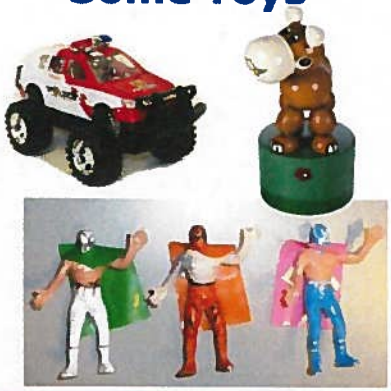
(Jobs or Hobbies)

Traditional Remedies, Make-up & Powders

Dirt

Some Pottery

Some Toys



Some Jewelry

Some Candy

County of Los Angeles
Public Health

Childhood Lead Poisoning
Prevention Program
1-800-524-5323

For more information please call 1-800-LA-4-LEAD (1-800-524-5323)

2/2015

To learn more about how to prevent lead poisoning call
Los Angeles County
Childhood Lead Poisoning Prevention Program
1-800-LA-4-LEAD (1-800-524-5323) or visit our website www.ph.lacounty.gov/lead

Paint in older homes

Homes or apartments built before 1978 may have lead paint. Chipping or peeling paint is a hazard. All painting and remodeling should follow lead safe work practices. For more information, **call 1-800-LA-4-LEAD.**

Lead Dust

Lead dust is created in homes built before 1978 when paint chips, peels, or is sanded. Lead dust may also be tracked into a home on shoes. Using brooms, dusters, and regular vacuums may spread lead dust. Use a HEPA vacuum, wet mop, and wet paper towels for cleaning.

Take Home Lead

You might take lead dust home if you work in certain jobs. Examples of these jobs are battery manufacturing, melting lead, painting, plumbing, radiator repair, and remodeling homes. Before going home, change out of your work clothes and shoes and wash up or shower.

Some Toys

Toys may be made with lead or lead-based paint. Keep children from putting toys in their mouth. Check toys for peeling paint and wash them often. For toy recalls, go to the US Consumer Product Safety Commission website at www.cpsc.gov.

Traditional Remedies, Make-up & Powders

Some traditional remedies, make-up, or powders can have high levels of lead. Some examples are Greta, Azarcon, pay-loo-ah, Ayurvedic remedies, Traditional Chinese remedies, Surma, and Kohl. Talk to your doctor before using traditional remedies, make-up, or powders.

Some Pottery

Lead is in some dishes, pots, and glasses. More lead can get into your body if these items are worn, chipped, or cracked. Dishes, pots and glasses are more likely to have lead if they are old (pre-1970's), from a discount market or flea market, handmade or made outside of the USA. Only use these glasses, dishes, and pots if they have been tested and do not have lead. Dishes and glasses labeled "leaded crystal" do have lead.

Dirt

Lead from paint chips, paint dust, or gasoline may be in the bare dirt around your home. Don't let children play with or eat dirt. Cover bare dirt outside where your child plays.

Some Jewelry

Jewelry may be made with lead or decorated with lead paint. Keep young children from sucking on or playing with jewelry.

Some Candy

Some candies may have lead. Eating these candies can increase your child's risk for lead poisoning. Limit the amount of candy your child eats. **Call 1-800-LA-4-LEAD** for a list of candies found to have lead.

For the latest toy and jewelry recalls please visit the U.S. Consumer Product Safety Commission website at www.cpsc.gov or call 1-800-LA-4-LEAD

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH

Maternal, Child and Adolescent Health Programs
Childhood Lead Poisoning Prevention Program (CLPPP)
Matrix: Management Guidelines for Children by Blood Lead Level (BLL)

Screening Guidelines:
- Screen children at 12 and 24 months of age who are receiving services from publicly supported programs for low-income children, such as Medi-Cal, CHDP, Women, Infants and Children (WIC), and Healthy Families. [2]
- Screen children at 12 and 24 months of age, who are not in a supported program but found to be at-risk when a parent/guardian answers "yes" or "don't know" to the risk assessment question.[2]
- Screen children between 24 and 72 months who were not previously tested or who missed the 24 month test or when circumstances change that put the child at risk. [2]
- Screen all newly arrived refugees under the age of 7 within two to three weeks of arrival in U.S.A, if no test was done screen within the first 90 days of arrival to Local County.

Reporting Guidelines: The analyzing lab [6] shall report to the Branch within three (3) days of analysis, all blood lead levels ≥10µg/dL. If the blood lead level is <10µg/dL, it shall be reported within 30 calendar days [6]
Note: No level of lead in the body is known to be safe.

Sampling Methods: If the initial BLL is a capillary sample[1], a confirmatory sample (venous) is required [9]

Case Definition: For the purpose of initiating case management, a child from birth up to 21 years of age with:
- One venous BLL ≥ 20 µg/dL (A) [9] OR
- Two BLLs ≥ 15 µg/dL drawn at least 30 days and no more than 600 days apart. The first specimen may be a capillary specimen. (B)(9) Second specimen must be venous.

Note: Blood lead test results should be rounded to the nearest whole number, with numbers with decimals equal to and above 0.5 rounded up and numbers with decimals below 0.5 rounded down (e.g. treat 4.5 mcg/dL as 5 mcg/dL, 4.3 mcg/dL as 4 mcg/dL and 14.5 mcg/dL as 15 mcg/dL). [2]

Closure Criterion: One venous blood lead level 5 µg/dL or less.(BLLs must steadily trend downwards prior to the closure BLL[9]

Note: When the source of lead is known, always consult with the assigned Program PHN prior to closing a case. [10]

Initial Test Results by Blood Lead Level (BLL)	Primary Care Provider (PCP) Evaluation and Management Activities	CLPPP Case Management Activities	Child Health & Disability Prevention (CHDP) Program Activities	California Children's Services (CCS) Activities
5 to 9 µg/dL	Consider an initial retest within 6 months [2]. Blood lead levels may be capillary or venous. **Newly Arrived Refugee**: Retest in 3 months [2]. If retest BLL is <10µg/dL, retest per "Screening Guidelines." In addition to reporting above, the local Refugee Health Assessment Program (RHAP) shall report all BLLs to CLPPP. **Pediatric Evaluation:** A. Standard history, physical examination and frequent or more extensive developmental evaluations. B. Evaluate nutrition and consider iron deficiency; Evaluate lead exposure; Retest as for routine screening guidelines. **Medical Case Management**:: A. Evaluate risk to, and consider testing for, other children in the home. Consider medical referral for, other household members (especially pregnant women). Discuss hand to mouth activity, hand washing & sources of lead exposure. B. Encourage good nutrition (iron, calcium and vitamin C). Consider referral to WIC. C. Encourage participation in early enrichment programs (Early Start). PM160 (09/01) Billing Instructions: For additional follow-up screening use code 3 or 5 in column "C" or "D". The BLL is entered in the "comments/problems" section [7].	Mail provider informational letter and Matrix to primary care provider (PCP) to evaluate risk to and consider testing for, other household members such as children under six (6) years and pregnant or breastfeeding women. **Additional Efforts:** Contact the family to provide lead poisoning prevention education. **For Refugee children:** Fax the provider letter and Refugee Screening Algorithm to the PCP.	Maintain PCP policy and reference manual that includes (1) approval process (2) blood lead test and screening policy (3) standards for health assessment guidelines (4) criteria for appropriate referrals for diagnosis and treatment and (5) medical management guidelines for childhood lead poisoning. Conduct periodic provider audits to ensure compliance.	No Action
10 to14 µg/dL	Initially retest within 3 months [2]. If retest is in this range, monitor with BLLs every 3 months [2] until trend is downward or stable and then less often as trend indicates. If retest is another range, follow-up as for that range. **Newly Arrived Refugee:** Retest as above. If retest is another range, follow-up as for that range. If retest BLL is ≥ 10µg/dL, consider referral to CLPPP for education and materials [3] **Pediatric Evaluation/Medical Case Management:** Evaluate and manage as above **and** consider referral to CLPPP. PM160 (09/01) Billing Instructions: same as above [7]	**Additional Efforts:** Mail providers redraw letter and Matrix to PCP. When time permits, consider initiating family contact to provide information and testing advice based on risk factors. Remind family that BLL should be in child's medical history. **For Refugee children:** Same as above.	Same as above **and** (1) Conduct periodic provider audits to ensure compliance.	No Action
15 to 19 µg/dL	Confirm within 3 months [2,9]. To determine eligibility for public health case management and environmental health investigation, retest after an interval of 30 days or more [2]. If retest is another range, follow-up as for that range **Pediatric Evaluation** Evaluate as above **and** A. Perform Hemoglobin (Hgb) and Hematocrit (Hct) [2 9]. **Medical Case Management:** Manage as above **and** A. Monitor BLLs every 1-3 months until trend is downward or stable [2]. B. Initiate referral to local CLPPP for public health nurse case management, environmental investigation, recommendation for remediation of lead sources, educational materials and other health care needs or treatment. Provide nutritional education using USDA "My Pyramid". For children with iron-deficiency (Hgb is <11 mcg/dL) recommend a diet high in vitamin C, calcium, and iron, and limit high fat intake. Refer to WIC. C. Give anticipatory guidance about lead hazards and lead poisoning, which includes: source and hazard, effects of exposure, and how to minimize lead exposures and lead hazards.[5] PM160 (09/01) Billing Instructions: same as above [7]	Case Management services are facilitated by the Program public health nurse (PHN) who makes a referral to Environmental Health (EH) and Community Health Services' (CHS), district PHN (DPHN). The DPHN will: [10] - Coordinate care between the PCP, patient & parent - Initiate a home visit within 10 working days of report - Provide lead awareness education - Complete and fax pgs. 1-10 of the lead poisoning follow-up form (LPFF) & the Provider Summary and route forms to the CLPPP-EH within 30 calendar days of initial home visit; Conduct case finding; Complete the PHN Assessment form & CDC US Growth Chart - Provide updates to CLPPP-PHN every 3 months; Route LPFF & PHN Assessment form to a Program PHN within 30 calendar days of the home visit - Create a Medical Record (MR) - Monitor case until closure criteria is achieved.	Same as above **and** 1) Ensure that the PCP understands his/her role in the provision of services and the need to coordinate care for public health case management, environmental health investigation and remediation. (2) Review the PM 160 for health care needs and treatment.	No Action

Initial BLL	PCP Evaluation and Management Activities	CLPPP Case Management Activities	CHDP Activities	CCS Activities
20 to 44 µg/dL	If initial BLL is a capillary sample, perform a confirmatory (venous) test, based on the initial BLL below: -- 20-24 µg/dL, Confirm within one month [2] -- 25-44 µg/dL, Confirm within 1 week – 1 month [2] If retest is another range, follow-up as for that range. When BLL(s) meet "case definition" (A), or (B) provide "medical case management" described below: **Pediatric Evaluation** Evaluate as above **and** A. Take history and conduct physical exam with attention to neurodevelopment. [2] B. Evaluate lead exposure, nutrition, & iron deficiency: Hgb/Hct, ferritin, and fe/TIBC are good measures). C. Consider abdominal x-ray and/or bowel decontamination (if particulate lead ingestion is suspected).[2] **Medical Case Management:** Manage as above **and** A. Monitor BLLs every 2 weeks to 1 month [2] until trend is downward or stable and then less often as trend indicates. Initial a referral to local health department for public health nurse case management, environmental investigation, and recommendation for remediation of lead source [3]. B. Provide nutritional education using USDA "My Pyramid". For children with iron-deficiency (hemoglobin is <11 mcg/dL. Recommend a diet high in vitamin C, calcium, and iron, and limit high fat intake. C. Refer to California Children's Services (CCS) [4] and WIC. PM160 (09/01) Billing Instructions: same as above) [7].	Case Management (CM) services are provided by the Program PHN. The Program PHN will: [9] • Coordinate care between the PCP, patient & parent • Initiate a PHN home visit/ EH investigation (EI) within **five (5) working days** [9] • Initiate and fax a DHCS 4488, application DHCS 4480 and the laboratory report to CCS within two(2) working days of the initial home visit • Contact CCS within seven (7) working days to document receipt of the referral forms and determine care management needs; Refer to Early Intervention/Stimulation Programs • Complete pages 1-10 of LPFF, Provider Summary, & Visual PHN Survey Report.; Provide lead awareness education; Conduct nutritional assessment and counseling; Complete the Medi-Cal Questionnaire • Maintain a medical record (MR) & a nursing care plan • Mail a Provider Summary to the PCP • Discuss results with the patient/family • Complete CDC US Growth Chart • Complete PHN Assessment form • Contact PCP office via office visit within 30 days of date defined to discuss PHN case management and care management guidelines • Complete 2nd home visit within 90 days of date defined; Make additional visits as needed • Monitor case until closure criteria is achieved.	Same as above	Process Service Authorization Request (SAR) (DHCS 4488) and CCS application (DHCS 4480). Screen for eligibility and if indicated, issue authorization for treatment to a CCS paneled physician. Contact caregiver and Program PHN within five (5) working days of receipt of the referral to coordinate and determine care management needs.
≥ 45 µg/dL	Perform a confirmatory (venous) test, based on the initial BLL below: - Within 48 hour, if BLL is 45-59 µg/dL [2, 9] - Within 24 hours, if BLL is 60-69 µg/dL **[Urgent Situation]** [2, 9] - Immediately, if BLL is ≥ 70 µg/dL **[Emergency]** [9]. **Pediatric Evaluation** If the confirmatory BLL is ≥45 µg/dL: [2, 9] Evaluate as above **and** A. Complete and fax service authorization referral DHCS 4488 (SAR) to CCS for a CCS Hem/Onc Special Care Center to facilitate consultation and potential hospitalization for chelation therapy. Initiate a referral for public health case management, environmental investigation and recommendation for remediation of lead source. B. Test renal function before and during chelation therapy. Order bowel decontamination prior to chelation. C. Make referral to an Early Intervention Program (i.e. Early Start and Regional Center (if applicable). D. Blood work includes: hemoglobin, hematocrit, ferritin, and Fe/TIBC, complete blood count and renal function test. **Medical Case Management:** Manage as above **and** A. Monitor BLLs every 2 weeks to 1 month until trend is downward or stable and then less often as trend indicates. B. Immediately notify local Childhood Lead Poisoning Prevention Program. C. Assist caregiver in completing an "Application to Determine Eligibility" (DHCS 4480).[4] D. Complete a CCS 100 and forward a copy of CHDP billing form (PM160) to CCS. [2] E. Consider chelation therapy. Consult with a CCS paneled physician experienced in managing chelation therapy. Refer patient to CCS. F. If level remains ≥45 µg/dL, further chelation therapy and environmental health investigation may be indicated. Refer the family to WIC. [8] G. Provide the local health department with the results of follow-up BLL tests. PM160 (09/01) Billing Instructions: same as above.[7]	CM services and coordination is provided by the Program PHN. The Program PHN will: [9] • Initiate a PHN home visit and EI as follows: - 45-69 µg/dL, **within two (2) working days** of the report. - ≥70 µg/dL, **on day of report**. (Priority #1) • Initiate and fax a DHCS 4488, application DHCS 4480 and the laboratory report to CCS within two(2) working days of the initial home visit • Contact CCS within seven(7) working days to document receipt of the referral forms and determine care management needs • Maintain a MR and nursing care plan • Complete pages 1-10 of LPFF, PHN Assessment form, Visual PHN Survey report, & the Provider Summary; Provide lead awareness education • Conduct case finding • Mail a copy of Provider Summary to the PCP and discuss results with the parent/family • Complete CDC US Growth Chart, nutritional screening & Medi-Cal Questionnaire • Contact PCP office via office visit within 30 days of date defined to discuss PHN case management and care management guidelines • Complete 2nd home visit within 90 days of date defined • Refer to Early Intervention/Stimulation Programs. • Make additional visits as needed • Monitor case until closure criteria is achieved.	Same as above.	Process as above **and** Screen for eligibility and if indicated, issue authorization for treatment to a CCS Hem/Onc Special Care Center. Contact caregiver and Program PHN within five (5) working days of receipt of the referral to coordinate and determine care management needs Review case annually for update & closure.

References:

(1) Providers using a LeadCare II blood lead analyzer must have a certificate of waiver and be registered or licensed with state laboratory field services (LFS) for more information visit the website at www.dhs.ca.gov/lfs or contact the state Branch at (510)-620-5652.
(2) CHDP Provider Letter No.: 08-10 and CLPPB Program letter No.: 08-02, December 17, 2008.
(3) Childhood Lead Poisoning Prevention Program; 5555 Ferguson Dr., Ste. 210-02, Commerce, CA 90022 (323) 869-7171.
(4) To obtain a SAR or CCS application -HCS 4480 form) visit the website at: www.cdph.ca.gov/services/ccs/
(5) California Code of Regulations, Title 17, Section 37000-37100.
(6) For a list of laboratories proficient in blood lead analysis & reimbursed by CHDP, view: www.cdph.ca.gov/programs/BioChem/Pages/default.aspx
(7) CHDP Provider Information Notice: Number 02:02. February 6, 2002.
(8) CDC: Managing Elevated BLL Among Young Children. Medical Assessment and Interventions, March 2002.
(9) LACLPPP closure criteria-8/24/15
(10) County of Los Angeles Department of Public Health; Public Health Nursing Practice Manual, Section C: Lead Poisoning. 2007.