

Elevated Lead Care Coordination Protocol

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Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Presenters

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OBJECTIVES

- **Testing methods for elevated blood levels.**
- **Reporting requirements to the Central Office.**
- **New protocol requirements for Care Coordination services**
- **Care Coordination services to families to alleviate and prevent elevated lead.**

TRAINING REQUIREMENTS

All Care Coordinators providing services to children with elevated lead levels must watch this video and complete the test available in the registration materials.

TESTING FOR ELEVATED LEAD



Testing Methods

- **Capillary**
 - **Commonly used for annual screening**
 - **Can be confirmatory if completed within 12 weeks of initial elevated result**
 - **Should not be used as follow-up for confirmed elevated blood lead results**
 - **Can be easily contaminated by unclean skin surface and other environmental contaminants**
- **Venous**

Testing Methods

- Capillary
- Venous
 - Should be encouraged for more reliable confirmatory testing
 - Should be used for any follow-up of elevated blood lead results

Testing Methods

- Capillary
- Venous
 - Must be analyzed by a reference laboratory
 - Can be collected in office
 - Can send order for reference laboratory to collect
 - More likely not to be completed

LeadCare I & II: Point-of-care Testing

- Should never be used for venous testing
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6341988/>
- Can report capillary results of 3.3 to 65 micrograms per deciliter
 - Low = <3.3, but cannot determine the absence of lead
 - High = >65, possible medical emergency
 - immediate venous follow-up

LeadCare I & II: Point-of care Testing

- Should not be used as follow-up for confirmed elevated blood lead results

Report to Provider

Alabama Childhood Lead Poisoning Prevention Program (ACLPPP) needs to know

- Each new blood lead result
 - Collection date
 - Blood source
 - Blood lead result
 - Numeric result
 - May be reported as Not Detected or None Detected

Report to Provider

ACLPPP needs to know

- Date of follow-up appointment, if applicable
- Information regarding contact with caregiver
 - Unsuccessful contact efforts
 - Caregiver refusal
 - For testing
 - For care coordination services
 - Education provided

Report to Provider

- Any other information that is pertinent to blood lead follow-up

Care Coordination Protocol



Unconfirmed Blood Lead Levels

- When a child has had a capillary blood test indicating elevated lead level of ≥ 5 , the CC contacts the PMP and family advising that a repeat specimen is required and venous specimens are recommended.

Unconfirmed Blood Lead Levels

- No psychosocial assessments, case plans, or education regarding lead are required.
- The goal is to get a repeat specimen within one month of original screen and preferably a venous specimen.

Unconfirmed Blood Lead Levels

- If a specimen is not collected within one month, the CC will contact the family and PMP to remind them that a repeat specimen is required. If the family does not have a phone, a letter will be mailed to the family.

Unconfirmed Blood Lead Levels

- A report to referring provider will be sent to advise that the PMP and family have been informed of the need for repeat specimen.
- Another report will be sent once the specimen is collected, including the specimen source and test results.

Unconfirmed Blood Lead Levels

- If a specimen is not collected after 60 days, the CC will send a report to the referring provider indicating that the PMP and family have been notified of need for a repeat specimen and reason it was not collected.
- Case will be closed and referring provider notified of closure after 60 days of unsuccessful attempts to collect repeat specimen.

Confirmed Blood Lead Levels

- Time frame for initial home visits:

5-19	Within 2 weeks of referral
20-44	Within 1 week of referral
45-70	Within 48 hours of referral
>70	Within 24 hours of referral

Confirmed Blood Lead Levels

- Tracking Timeline

EBLL 5 – 9	Repeat venous specimen is collected within 3 months.
EBLL 10 - 24	Repeat venous specimen is collected within 1 – 3 months.
EBLL 25 - 44	Repeat venous specimen is collected within 2 weeks – 1 month.
EBLL > 45	Repeat venous specimen is collected as soon as possible.

Environmental Survey

- Environmental inspections are referred to Environmentalist on all confirmed elevated lead of 15 or greater.
- Prior to a referral to the Environmentalist, the CC should complete a home visit and complete the “Service Standards Environmental Investigation for Lead Hazards form”. The completed form will be sent to the Environmentalist.

Environmental Survey

- The Environmentalist will provide the CC, ACLPPP, and the family a letter explaining the results of the inspection.
- The CC should educate the family regarding the source of lead and assist in eliminating the lead hazards, as appropriate.

Environmental Survey

- A physician wanting an environmental inspection after a venous of less than 15 must write a physician’s order on a prescription pad.

Environmental Survey

- A CC may also request an environmental inspection after a home visit is completed and the source of lead is undetermined.
 - With supervisory approval, the CC will request a written order from the PMP.
 - The ACLPPP will be notified of the Physician's order by completion of the "Elevated Blood Lead Environmental Surveillance Form" FHS-135 and a faxed copy of the written order.
 - CC contacts the Environmentalist to arrange the inspection.

Case Management

- Children with elevated lead levels can receive care coordination through:
 - Patient 1st Program (Patient 1st Children, Service Area Code 31)
 - Lead In-Kind (Child Health, Service Area Code 30)

Case Management

- Referrals are received from:
 - ACLPPP – the District Social Work Directors or Managers forward referrals to county CCs.
 - Doctors, labs, or clinics – Notify ACLPPP.

Case Management

- When a referral is received from a private provider:
 - Mark referral form as Central Office Referral in order for the Report to Referring Provider to be transmitted to ACLPPP staff. The Report to Referring Provider can be printed and faxed to the private provider.

Case Management

- Mark "Referred from a Private Provider" on the Reason tab in addition to all other relevant reasons on the referral form

Case Management

- Education to Parent/ Caregiver
 - Possible sources of lead
 - Immediate need to reduce lead exposure
 - Ways to reduce exposure
 - Importance of continued testing
 - When child should be retested
 - Monitoring developmental conditions

Case Assessment

- **Assess sources of child's exposure to lead with caregiver:**
 - Household lead dust
 - Deteriorating lead paint dust
 - Lead in soil
 - Lead in water supply
 - Occupations, hobbies
 - Use of foods, medicine, cosmetics produced abroad
 - Household products, cooking utensils, pottery, toys, mini blinds

Case Assessment

- **Assess family needs for ongoing education**
 - Dangers of lead
 - Ways to eliminate lead in child's environment
 - Need for follow-up testing

Case Assessment

- **Care Plan Development**
 - Follow protocol and assist family in developing plan
 - Interventions to address needs identified in assessment

Closing of Case

- **Case may be closed when a patient has two consecutive tests < 5. For any unresolved issues, refer to the Patient 1st Care Coordination Program for continued care coordination, or the most appropriate agency.**

Closing of Case

- **After one year with no significant decrease in the lead level, case review is required. Review can be with the Social Work Manager/ Director, or FHS Social Work Director.**
- **Notify ACLPPP of case closure.**

Closing of Case

- **Administrative Case Closures may include:**
 - Inability to contact child/caregiver after exhaustive attempts
 - Attempts to assist are unsuccessful

Closing of Case

- A "Notice to Family" letter found in Document Library is sent to the family when case is closed due to non-compliance.
- A DHR report for medical neglect may be sent after consultation with supervisor and FHS Social Work Director/Social Work staff at Central Office.

Reminder

Complete the test included in the materials to satisfy training requirements.

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