State of Illinois
Illinois Department of Public Health

Illinois Lead Program

Case Management Manual

IDPH
Illinois Department of Public Health

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Introduction

Many children throughout the United States are exposed to lead, which is a poison. Researchers have not yet found any level of lead in the body to be safe. Childhood lead exposure is a preventable pediatric health problem. Children are particularly susceptible to lead's toxic effects.

This revised document was developed by the Illinois Department of Public Health (IDPH) for the Illinois Lead Program. The revised guidelines provide the following information:

- Current U.S. Centers for Disease Control and Prevention (CDC) recommendations.
- State laws on testing and reporting.
- Case management and follow-up of children and pregnant persons with elevated blood lead levels (EBLLs).
- Medical management of children and pregnant persons with EBLLs.
- Health education and outreach.

Statutory History of Lead Exposure Prevention in Illinois

The Illinois Lead Poisoning Prevention Act was enacted Sept. 6, 1973. It made lead poisoning and EBLLs reportable, prohibited the use of lead-based paint in dwellings, gave IDPH the authority to inspect dwellings for lead-bearing substances, and required owners of such dwellings to eliminate any hazards.

By Jan. 1, 1993, the act was amended to require:

- Every physician licensed to practice medicine in all its branches or health care providers to perform an annual testing of children from 6 months of age through 6 years of age determined to be at high risk for lead exposure.
- Every physician licensed to practice medicine in all its branches or health care providers to perform an annual assessment of children from 6 months of age through 6 years of age determined to be residing in areas defined as low risk for lead exposure by the IDPH using the IDPH's Lead Risk Assessment Questionnaire.
- Child care facilities to require a parent or guardian of a child 6 months through 6 years of age to provide a statement from a physician or health care provider as proof that a BLL assessment or blood lead test occurred prior to admission. Child care facilities include day care centers, day care homes, preschools, nursery schools, kindergartens, and other child care facilities, licensed or approved by the state, including such programs operated by all public-school districts.
- Allowed physician's assistants, in addition to physicians, to make discretionary judgments regarding the testing of children 7 years of age or older.
- Children 7-15 years of age with a history suggestive of past or present lead exposure (developmental delays, excessive oral sensory seeking behaviors, learning disabilities, or other learning problems) may be considered for evaluation and potential blood lead testing.

- Effective Jan. 1, 1997, the act was again amended to require reports of blood lead tests as follows:
  - Every physician who diagnoses, or a nurse, hospital administrator or public health officer who has verified information of the existence of any person found or suspected to have a level of lead in the blood in excess of the permissible limits set forth in regulations adopted by the IDPH, within 48 hours of receipt of verification, shall report to the IDPH the name, address, laboratory results, date of birth, and any other information about the person deemed essential.
  - Directors of clinical laboratories must report to the IDPH, within 48 hours of receipt of verification, results of all elevated blood lead analyses performed in their facility. The information included in the clinical laboratories report shall include, but not be limited to, the child's name, address, date of birth, name of physician ordering analysis, and specimen type.
  - All tests not considered elevated must be reported to the IDPH in accordance with rules adopted by the IDPH. These rules shall not require reporting in less than 30 days after the end of the month in which these results are obtained.
  - Reporting includes all venous and finger stick (capillary) testing, and diagnostic and follow-up tests.
- In 2006, the act was amended to initiate environmental investigations of homes of lead exposed children younger than 3 years of age at the blood lead levels ≥10 micrograms per deciliter (µg/dL).
- A federal law mandates that children receiving Medicaid, or All Kids equivalent assistance, must be tested prior to 12 months and 24 months of age. If a child receiving Medicaid or All Kids assistance is 3 years of age through 6 years of age and has not been tested, a blood lead test is required.
- The act was again amended effective Jan. 1, 2015, and reaffirmed the intervention level for any child determined to have a venous blood lead level of ≥10 µg/dL. Additionally, reporting and case management activities were required for any pregnant person determined to have a venous blood level ≥10 µg/dL.
- The amendment also allowed for fines to be levied on physicians, laboratories, landlords, and licensed lead abatement professionals for non-compliance of any applicable requirements under the law.
- Beginning July 1, 2018, the Illinois Lead Program began implementing the CDC reference value for case management. On Jan. 15, 2019, an amendment to the Lead Poisoning Prevention Code was approved to adopt the CDC reference value of ≥5 µg/dL.
- Effective June 5, 2019, Senate Bill 155 SA 1, which provides automatic eligibility to early intervention services for children who have been exposed to a toxic substance, including lead (resulting in a confirmed blood lead level ≥ 5 µg/dL), was adopted into the enrolled budget implementation bill and signed into law as part of Public Act 101-0010.
- Starting July 1, 2019, environmental investigations also began at ≥5 µg/dL.

CDC updated its blood lead reference value from 5 µg/dL to 3.5 µg/dL in October 2021 in response to the federal Lead Exposure Prevention and Advisory Committee.

CDC Recommendations Determining Blood Lead Action

Lead exposure, with its negative impact on young children, continues to be a public health problem. As an understanding of the harmful effects of lead evolves, public health advocates have pushed for crucial legislation to reduce lead exposure. Because evidence shows adverse effects at low blood lead levels (BLL), CDC has determined there is no known safe level of lead in humans. The CDC recently updated its blood lead reference value (BLRV) from 5 µg/dL to 3.5 µg/dL in response to the federal Lead Exposure Prevention and Advisory Committee recommendation made May 14, 2021. The BLRV is intended to identify children with higher levels of lead in their blood compared to most children, based on the 97.5th percentile of the blood lead level (BLL) distribution in U.S. children 1–5 years of age from the 2015-2016 and 2017-2018 National Health and Nutrition Examination Survey cycles.

Legislation has decreased the amount of lead in gasoline, new paint, metal solder, and plumbing components. As a result, fewer children suffer from lead exposure. However, a great deal of lead-based paint still exists in older housing. Each year thousands of children are exposed to low doses of lead, which can result in subtle but serious health problems. Homes built in the U.S. before 1978 are likely to have some lead-based paint. Approximately 24 million housing units across the U.S. have significant lead-based paint hazards, including deteriorated paint and lead-contaminated house dust. About 4 million of these are home to young children. In Illinois, approximately 300,000 blood lead tests are conducted annually by local health departments (LHDs), private physicians, and other health service providers.

Research has determined that lead exposure is not equally distributed among children in the United States. People residing in older homes, children in low-income families, minorities, and immigrants are at greater risk for lead exposure. Additional sources of lead exposure for children have emerged (e.g., children's jewelry, imported herbal substances, and food products), and these are not limited to high-risk populations. Community services, such as health fairs and back-to-school screenings, can be used by cities and towns with high-risk populations to identify children with EBLLs. Individuals serving areas not considered high risk are also encouraged to plan activities to increase public awareness of lead exposure.

Delegate Agency Responsibilities

The delegate agency (DA) will implement the provisions of the Lead Poisoning Prevention Act [410 ILCS 45/1] and the Lead Poisoning Prevention Code (77 Ill. Adm. Code, Part 845), in compliance with all state and federal statutes and administrative rules applicable to the provision of services pursuant to the grant agreement, and provide the following services:

- Case management for children (0 thru 15 years of age) and pregnant persons identified with a confirmed blood lead level at or greater than 5 µg/dL using the appropriate, available case management services and IDPH guidelines.
- Coordination with your local health department's licensed lead risk assessor or, if your agency does not have a licensed lead risk assessor, referral should be made to the IDPH's regional office lead risk assessor to ensure environmental investigations are provided, as required, for children and pregnant persons.
- Provision of public awareness and education campaigns regarding the problem of lead exposure by providing information to local media, community organizations, and other agencies.

- Coordination of testing and analysis of blood specimens of Illinois Department of Healthcare and Family Services (HFS) eligible children. Whenever possible, the grantee will use the IDPH Division of Laboratories services for private pay clients.

In addition, the delegate agency is required to:

- Ensure staff assigned to the Lead Poisoning Prevention Case Management Program have received appropriate training, including, but not limited to, the Case Management Training Presentations provided by IDPH.
- Use the Healthy Homes and Lead Poisoning Surveillance System (HHLPSS) provided by IDPH to collect and submit follow-up data, including medical management, environmental inspections and mitigation, or abatement data, to IDPH for monitoring the delivery of services.

Case management services shall be overseen by a licensed practical nurse (LPN) or registered nurse (RN) who is responsible for reviewing all lead cases. If an LPN or RN is not part of the delegate agency lead staff, other qualified professionals may fulfill the case manager's role with approval by the IDPH Lead Program.

Training for lead case management, early intervention, and HHLPSS are offered by IDPH for personnel in LHDs. The lead case management training includes segments on blood lead testing and analysis, nursing case follow-up, environmental investigations, and medical management.

IDPH Division of Laboratories

The Division of Laboratories serves Illinois' public health system and environmental protection network with high quality diagnostic and analytical laboratory testing. As enormous strides continue to take place in medical and scientific disciplines, division personnel located in Chicago, Springfield, and Carbondale strive to maintain advanced laboratory capabilities to improve public health and environmental quality throughout the state. The division participates in numerous certification programs to ensure the accuracy of its testing data. The following is a list of those certification programs:

- Clinical Laboratory Improvement Amendments (CLIA) - Each lab in the division has a CLIA certificate. The objective of the CLIA program is to ensure quality clinical laboratory testing.
- American Industrial Hygiene Association Laboratory Accreditation Programs - The Chicago Lab is accredited to test paint, soil, dust wipes, and air filters to determine the level of lead in these samples.
- Certified water microbiology and dairy labs - The Division's Carbondale and Chicago laboratories are certified by IDPH certification/evaluation officers to perform water and dairy testing.
- Illinois Environmental Protection Agency (IEPA) – IDPH has an intergovernmental agreement to have the IEPA perform water sampling for lead at the Springfield laboratory.

Laboratory Services

Delegate agencies that use the IDPH's or IEPA's laboratory are provided with:

- Supplies for the collection and mailing of blood lead samples.
- Direct reporting of results to the program, thus relieving providers of this responsibility.
- Analysis of paint, dust, and water samples.

Instructions for Blood Lead Specimen Submission to the State Lab

Blood lead testing will be conducted in the Chicago laboratory. Ensure specimens are appropriately shipped to the IDPH Chicago laboratory to avoid any delayed results. The quality of the laboratory's work depends directly on the quality of samples submitted. CDC has designed a video on preventing sample contamination when collecting a capillary lead sample, which you can watch at https://www.youtube.com/watch?v=g2p2qREch9g

Shipping of clinical materials and isolates must be in compliance with the rules and regulations for transport of infectious substances set forth by the U. S. Department of Transportation, U. S. Postal Service, and the International Air Transport Association Dangerous Goods Regulations.

- For capillary specimens, the micro-tube must be filled at least above the first marked line on the tube. Remove the cap on the capillary tube and replace it with new cap on the bottom of the tube to seal the specimen. For venous specimens, fill the vacutainer tube provided with a minimum of 1.0mL of blood. Mix both capillary and venous specimens by gentle inversion 5 to 10 times.
- The specimen must be labeled with the patient's full name and date of birth on each tube. Use black permanent marker.
- Complete all information on the IDPH test request for blood lead analysis form using black ink in all capital letters. Be sure to keep all writing within the boxes. (Appendix A) https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/bloodlead-v1-rev006-041416.pdf
- Place each specimen into an individual small plastic bag (provided with supplies by the state lab).
- Place individually bagged specimen(s) in a biohazard labeled bag with absorbent material and seal securely. Place the test requisition form on the outside of the biohazard labeled bag. Place the sealed biohazard bag and test requisition forms on the inside of the shipping container. The shipping container must be rigid, such as a cooler. Be sure it is closed securely.
- If the specimen(s) cannot be shipped immediately, store at 2 C to 8 C (refrigerator). DO NOT ship specimen(s) on a Friday or holiday weekend.
- Blood lead specimens MUST REACH the Chicago laboratory within 15 days of collection.

Ship to: Illinois Department of Public Health
Division of Laboratories
2121 W. Taylor St.
Chicago, IL 60612
Contact : 312-793-3050

Supply orders: Electronic Test Ordering and Reporting System (ETOR). The ETOR online ordering platform has replaced IDPH Clinical Supply Requisition Form effective June 27, 2023. If your facility is not registered, please register to submit a request. The lab will need your Blood Lead Provider Code when ordering via ETOR.

To register, visit https://prod.labwebportal.com/il/#/auth/login. If you have any questions, please reach out to dph.labs.dmg@illinois.gov. Allow time for approval before attempting to submit request.

Illinois Blood Lead Testing Guidelines

According to the Illinois Lead Poisoning Prevention Code, section 845.55, medical providers are required to test all children 6 years of age or younger if they reside in or frequently visit a high-risk area, and they are required to use the Childhood Lead Risk Questionnaire (CLRQ) to evaluate children that reside in a low-risk area. Childhood Lead Risk Questionnaire (dph.illinois.gov)

The CLRQ Algorithm provides guidance on screening and when should be performed. (Appendix B) Childhood Algorithm (dph.illinois.gov)

Providers should:

Evaluate all children using the CLRQ at ages 12 and 24 months, and 3, 4, 5, and 6 years of age to determine if the child is at risk for lead exposure. If the child is determined to be at risk, a blood lead test is required. Refer to the Illinois Blood Lead Evaluation and Testing Recommendation document (Appendix C) Childhood Lead Evaluation & Testing Recommendations (dph.illinois.gov).

- **Test infant at birth via venous or cord blood sample if:**
  - Mother had a confirmed BLL of ≥ 5 µg/dL during the pregnancy.
    Infant testing algorithm (Appendix D)
    Infant Testing Algorithm (dph.illinois.gov)
- **Test children less than 12 months of age if:**
  - Mother ever had a confirmed BLL of ≥ 5 µg/dL.
  - Anyone in the family uses home remedies or folk medicines, or Ayurvedic medicines or creams.
  - Someone residing in or frequently visiting the home has a job or hobby that may involve lead.
- **Test all children 12 and 24 months if:**
  - Enrolled in Medicaid, HFS, or All Kids program.
  - Live in a high-risk ZIP code area (available on the CLQR).
  - Answer “yes” or “don’t know” to any question on the CLRQ.
- **Test children 3, 4, 5, or 6 years of age:**
  - If the CLRQ determines the child to be at high risk and previous blood lead testing was not done at 12 and 24 months of age.
- **A child *no longer* needs tested if:**
  - Previous blood lead testing was done at 12 and 24 months of age with a result of 4.9µg/dL or less.
  - The CLRQ determines the child to be at low risk and
    - There has been no change in address of the child’s residence, child care facility, school, or other frequently visited location.
    - The risks of exposure to lead have not changed.

Special Testing Considerations and Recommendations

Children or pregnant person

- Cohabitation with another individual who has a confirmed BLL of 5 or higher is an indication for lead testing.

City of Chicago

- All children 1, 2, and 3 years of age require blood lead testing (www.cityofchicago.org/health).

Pregnant Persons

- Complete a Prenatal Lead Risk Questionnaire (PLRQ) (Appendix E and F).
  Prenatal Lead Risk Evaluation Questionaire (dph.illinois.gov)
  Prenatal Risk Algorithm (dph.illinois.gov)
- If the pregnant person has any answers to the PLRQ of:
  - **"Yes"** they are considered at risk for lead exposure and testing is recommended.
  - **"Don't know"** they are considered at possible risk for lead exposure and testing is recommended.
  - **"No"** they are considered not at risk and testing is not recommended.

** Lead testing for pregnant persons is not mandatory. If a pregnant person refuses lead testing, provide educational material about lead exposure. **

Refugees

- Children 6 months to 15 years of age - Initial blood lead testing within 90 days of arrival into the United States.
- Repeat blood lead testing for all refugee children ≤ 6 years of age, within 3-6 months, regardless of initial screening results.
- Adolescents (≥16 years), pregnant persons, or lactating persons - Testing is recommended if there is a high index of suspicion, or clinical sign/symptoms of lead exposure, which include pica behaviors, occupational exposure, use of traditional remedies or supplements, cosmetics manufactured overseas, use of traditional lead-glazed pottery, and nutritional status.

Reporting Requirements

- Every physician who diagnoses, or health care provider, nurse, hospital administrator, public health officer, or director of a clinical laboratory who has verified information of the existence of a blood lead test result for any child or pregnant person, shall report the result to IDPH. (Section 7 of the Act)
- ALL blood lead test results MUST be submitted to the IDPH Lead Program. Submissions can be submitted via a data file or by faxing the completed IDPH Report of Blood Lead Test Result form (Appendix G) to the program.
- Any blood lead test results of 5 µg/dL or greater shall be reported to IDPH within 48 hours after analysis. All other verified blood lead test results shall be reported to IDPH as soon as possible, but no later than 30 days following the last day of the month in which the test results were analyzed.
- All blood lead test results must include:
  1. Whether the specimen was collected as a capillary or venous sample.
  2. The date the sample was collected.
  3. The results of the blood lead analysis.
  4. The date the sample was analyzed.
  5. The method of analysis used.
  6. The full name, address, phone number, birthdate, gender, race, and ethnicity of the person who received the blood lead test, and their guardian's name, if available,
  7. The lab ID, full name, address, and phone number of the laboratory performing the analysis.
  8. The provider ID and the full name, address, and phone number of the physician or facility requesting the analysis.
- If there is a concern about a missing blood lead test result or the blood lead testing result(s) have not been accurately reported, call the Illinois Lead Program at 866-909-3572 or 217-782-3517, or email dph.lead@illinois.gov

Case Management Services

Case management services begin when a child (15 years of age or younger) or a pregnant person is identified with a confirmed BLL of 5 µg/dL or higher. Case managers are responsible for coordinating and providing a cooperative approach that includes the physician, caregivers, certified lead risk assessors, and referral agencies, as well as for making sure the care team stays in communication and works together.

Assessment of a child with lead exposure withing their environment is a vital component of case management. The assessment provides the basis to plan interventions to reduce lead exposure and to make appropriate referrals. The case manager can identify possible lead hazards in the child's environment and assess the child's health, development, and family dynamics to better prepare a plan of action for the education process. The identification of affected children and exposure sources will have little impact unless lead hazards are eliminated in a timely manner.

Parental Consent Forms and Counseling

LHD staff should obtain a signed parental consent to release information according to their agency policies and protocol. HIPAA guidelines must be followed when making referrals or releasing information to other agencies or health care providers. Sample consent form (Appendix H).

Capillary Blood Lead Testing

Capillary testing is an acceptable screening method and is generally given as the initial blood lead test because it is less invasive than venous testing. Since capillary testing can often show a false elevated result, neither case management services nor environmental inspections can be initiated until the elevation has been confirmed by a venous blood lead test.

The case manager must inform the family and the child's medical provider by phone and/or mail of the EBLL results. The parent/guardian should be counseled on the need for confirmatory blood lead testing and given information on lead exposure and prevention. A letter explaining the need for confirmatory testing (Appendix I) along with educational material on "Why confirmatory testing is needed?" link: Why is confirmatory venous testing needed? (dph.illinois.gov) should be mailed to the parent/guardian.

Capillary Confirmatory Testing Schedule	
Capillary Blood Lead Level µg/dL	Confirm with Venous Blood Test Within
5 – 24	1 month
25-44	2 days
> 45	1 day

Before closing an elevated capillary case, one of the following must take place:

1. One venous blood lead test less than 5 µg/dL must be reported.
2. If a venous blood lead test has not been collected:
   - Must show documentation in HHLPSS that a phone attempt has been made along with mailing a need for confirmatory testing letter and educational material.
   - Must show documentation that the health care provider has also been notified of the need for confirmatory testing.

What if a child has a capillary blood lead test of 5 µg/dL or higher, then has a repeat capillary blood lead test of 4.9 µg/dL or less, can the case be closed?

The Illinois Lead Poisoning Prevention Code Section 845.55 Lead Testing states:

Children who have elevated capillary results of 5 µg/dL or greater shall be confirmed by a venous sample.

IDPH is aware that there is a high percentage of false positive capillary test results and that there will be situations where a family will refuse venous testing. It is best if the case manager can express to the family the importance of venous testing and share the educational sheet on *Why is Confirmatory Blood Lead Testing Needed?* Although IDPH does not promote repeating a capillary test, it is the next best thing to not having a child retested at all.

- If the child's second capillary comes back 5 µg/dL or higher, then the child will need a third blood lead test, which should be a venous as case management and home inspections cannot begin until there is a confirmatory venous test.
- If the repeat capillary blood lead is 4.9 µg/dL or less, then the case can be closed. When closing the case select "admin explain" and comment in the box why the case is being closed since the criteria is not a state defined closure criterium.
- If you see a continuous pattern of the same health care provider repeating capillary testing once a child has an elevated initial capillary test, the case manager should provide education to the health care provider regarding the Illinois Lead Poisoning Prevention Code Section 845.55 on lead testing.

Steps for Case Management

Case management begins when the designated LHD case manager receives a confirmed EBL ≥5 µg/dL from HHLPSS, a physician, or a faxed laboratory report. The table below provides a timeline for case management activities/inspection and follow-up blood lead testing. When coordinating multiple cases, children with the highest blood lead levels and those less than 2 years of age should receive priority.

Time Frames for Case Management/Environmental Investigation/ Follow-up Venous Testing			
Blood Lead Level	**Actions for children**	**Time frame for initial case management/inspection**	**Time frame for follow up venous BL testing**
0 – 4 µg/dL	1. Inform parent of blood lead result if collected at the LHD. 2. Follow IDPH evaluation and testing recommendations if further testing is needed.	N/A	Assessment for repeat BL testing at next well-child health visit.
5 – 14 µg/dL	1. Case management services are initiated. 2. Notify Environmental Inspector of open case (refer to page 15 for guidelines). 3. Conduct a home visit (complete PHN form). 4. Provide education on lead exposure. 5. Provide education on ways to prevent lead exposure. 6. Developmental assessment. 7. Provide nutritional counseling. 8. Make appropriate referrals if necessary. 9. Notify physician of case (complete CM Action Plan). 10. Document case in HHLPSS.	Within 1 month	Within 3 months
15 – 19 µg/dL	Above actions (1-10)	Within 2 weeks	Within 2 months
20 – 29 µg/dL	1. Above actions (1-10) 2. Lab work- hemoglobin/hematocrit, iron status	Within 1-2 weeks	Within 1 month
30 – 39 µg/dL	1. Above actions (1-10) 2. Abdominal X-ray (if particulate lead ingestion is suspected) 3. Lab work- hemoglobin/hematocrit, iron status	Within 48 hours	Within 2 weeks
≥ 40 µg/dL	1. Above actions (1-10) 2. Abdominal X-ray is needed 3. Lab work- hemoglobin/hematocrit, iron status 4. Child should be evaluated emergently, and chelation therapy should be considered (at 45µg/dL or above)	Within 24 hours	Within 1 week

Notify the Parent/Guardian of EBLL and Arrange Case Management Services

Upon notification of an EBLL, a parent/guardian should be contacted by phone to arrange a home visit. If the case manager does not get a response after reasonable attempts have been made by phone, a letter should be mailed requesting arrangements for a home visit (Example letter - Appendix J). Educational material should also be included in the mailed letter. Lead Poisoning Prevention (dph.illinois.gov)

Initiate Referral for Environmental Investigation

Section 845.85 of the Code requires that after notification that a child who is an occupant or frequent inhabitant of a regulated facility has an EBLL, a representative of IDPH or delegate agency (DA) is required to inspect the facility to determine the source(s) of lead exposure. Delegate agencies that do not have a licensed lead risk assessor need to refer cases to their IDPH regional office lead risk assessor.

Prompt and effective identification and control of lead hazards should be the highest priority during case management. A licensed lead risk assessor employed by IDPH or the LHD must be notified of any confirmed EBLL of 5 µg/dL or higher for a child (15 years of age or younger) or a pregnant person. The risk assessor enforces lead hazard remediation orders; however, the case manager should make the referral in accordance with the following:

a) If the confirmed blood lead level (BLL) of a child is ≥20 µg/dL, the case shall be referred to the IDPH region or DA by telephone and/or HIPPA-compliant secure email immediately following a case alert from HHLPSS. When an EBL falls into this category and IDPH or the DA risk assessor cannot be immediately reached by either phone or email (within one hour of initial call/email), the case manager shall attempt to contact the IDPH Division of Environmental Health regional supervisor or DA environmental health administrator to ensure timely follow up.

b) If the confirmed BLL of a child is ≥5 but <20 µg/dL, the case shall be referred to the region or DA by telephone and/or HIPPA-compliant secure email within 48 hours of receiving a case alert from the HHLPSS. If the IDPH or DA risk assessor is unresponsive within 48 hours of the referral, the case manager shall attempt to contact the IDPH Division of Environmental Health regional supervisor or DA environmental health administrator to ensure timely follow up.

Referral for the EBL inspection should be documented in the Case Initiation and Case Information (events) sections of HHLPSS. Any documentation received from the lead risk assessor should be included in the child's case management file.

Conduct a Home Visit and Provide Lead Education to Parent/Guardian

During the home visit, the case manager should collect information regarding the child by completing the Public Health Nurse (PHN) Form (Appendix K). Public Health Nurse Form for Lead Assessment (dph.illinois.gov)

Information collected on the child's health, development (physical, cognitive, and behavioral), family dynamics, and environmental history allows the case manager to better identify the potential lead hazards in the child's environment and prepare a treatment and prevention plan.

Educational interventions with the parent/guardian are vital to prevent or limit the child's exposure to lead hazards. Many parents/guardians have little understanding about lead exposure, the sources of lead, the impact of lead exposure, and what steps are needed to prevent further lead exposure.

The parent/guardian needs to understand what lead exposure means and the risks posed to their child. It is important to not overwhelm the caregiver and provide understandable information in the family's preferred language.

Educational topics to be discussed:

Sources of lead

Knowing the sources of lead is critical to preventing further exposure. Lead Source Guide (dph.illinois.gov)

Who is at risk?

Children, pregnant persons, and adults.

Pathways to lead exposure

Ingestion, inhalation, skin contact (lead contaminated hands that the child puts in their mouth), mucous membranes, embedded or retained leaded foreign body, placental exposure, and breastmilk.

Medical consequences and symptoms of lead exposure

Caregivers should know the potential acute and chronic physical and neurodevelopmental effects on children and that often children with EBLL are asymptomatic.

Testing of persons in household

Other persons living in the same environment may also be exposed to lead hazards and testing should be considered for children 6 years of age and younger, any person exhibiting pica behavior and/or any pregnant person.

Lead Hazard Reduction Strategies

It is important for the case manager to develop strategies to decrease both lead exposure and prevent further elevation of the child's blood lead level and to provide understandable information and manageable interventions. Repeating educational interventions may be necessary to ensure the caregiver understands the information provided. Discuss with the caregiver active roles in reducing lead hazards using the cleanup checklist (dph.illinois.gov).

The Lead Program's website has sources of educational materials for use relating to children/families, physicians, and the community. Some materials are available in English, Spanish, and French. Topics include prevention, intervention, and renovation that can assist the LHD's during home visits. Additionally, other lead-related booklets are available for landlords, renters, and prospective homeowners. Information can be printed from the IDPH website at Lead Poisoning Prevention (dph.illinois.gov) or submit an order request at https://app.smartsheet.com/b/form/fa0763083ffd4946aed26abed7368432

Developmental Screening/ASQ Assessment/Physician Assessment

Lead can interfere with growth and brain development, which could lead to learning difficulties, decreased reading ability, attention deficit, and behavioral problems. A child's physician is in the best position to assess their long-term development. However, initial assessment can be conducted by a trained nurse case manager using a developmental screening tool such as the ASQ.

Nutritional Assessment

Nutrition is an important factor in managing lead exposure and reducing blood lead levels. Certain nutrients, such as iron, Vitamin C, and calcium, may help reduce the child's absorption of lead in their body. Children with elevated blood lead levels are often at risk for malnutrition and their parent/guardian should receive nutritional information to help the child obtain a well-balanced diet.

Referrals

Referrals for medical management, EBL inspection, and developmental referral to programs, such as early intervention (EI), speech or hearing screening, nutritional counseling, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program should be made if deemed necessary.

Who is Eligible for Early Intervention?

A child under 36 months of age who has one of the following:

1. A medically diagnosed physical or mental condition that typically results in a high probability of developmental delay (e.g., Down syndrome, cerebral palsy). This now also includes "exposure to a toxic substance" (LEAD EXPOSURE) for a confirmed BLL of ≥ 5 µg/dL.
2. An identifiable developmental delay of 30% or more in one or more areas of development.
3. Risk factors that put higher risk for substantial developmental delay because of certain risk factors.

Steps for making a referral

1. Complete the Child and Family Connections (CFC) standardized EI Referral Form (Appendix L) https://www.illinois.gov/hfs/sitecollectiondocuments/hfs650.pdf using ICD code: ICD-10-CM R78.71. Obtaining a parent's signature allows CFC to communicate with you about the case. EI is voluntary and it is up to the family to decide whether they want to participate in the program.
2. Fax the referral form and venous blood lead test results to CFC, along with any developmental screening you may have conducted (Appendix M).
3. EI CFC office will send the Fax Back Form (https://www.illinois.gov/hfs/SiteCollectionDocuments/hfs652.pdf) to the provider upon contacting the family and assessing the child.

Physician Notification

It is important to make sure the physician is aware of the child's EBLL and proper assessment and follow-up testing is performed. The physician should be involved with any educational and behavioral interventions for the child. Case managers do not necessarily provide direct follow-up care, but they are responsible for seeing that needed care is provided, including medical follow-up and repeat blood lead testing. Completing a Case Management Action Plan (Appendix N) and providing a copy to the provider will assist in the child's care needs.

Documentation in HHLPSS

- HHLPSS is the official surveillance data system for the Illinois Lead Program. Each EBL case requires detailed documentation by delegate agency staff. Refer to the HHLPSS manual for detailed instructions.
- All documentation must be completed in HHLPSS under the following submenus:
  1. Case initiation (fill in all dates for this section).
  2. Case information (assign the case manager then list case event codes as they occur). All interventions should be documented in the Events section with a similarly titled, corresponding entry in the Notes submenu.
  3. Case exposure. Answer all questions in this section identifying what possible lead hazards were noted when completing the PHN form.
  4. Notes. Clear documentation regarding the home visit should be charted. Details of the findings of a home visit and the interventions provided, including, but not limited to, education and referrals, should be documented under the Notes. Documentation of phone calls and letters should include the purpose of the communication and the response to it or lack thereof.
  5. Case Disposition. This area is completed once case closure criteria is met. Use the proper reason code when closing a case (Refer to section on criteria for closing an open case).
- The Case Initiation and Events sections are used for surveillance, making it imperative that all documentation be timely, accurate, and complete.

Ongoing Educational and Follow-up Testing Efforts

The case manager should discuss the importance of regular blood lead testing and continue to monitor the child's follow-up BLL's until closure criteria is met. Case managers may also need to make a follow up phone call or home visit to assess new lead sources and to ensure that the parent/guardian understands and is carrying out the recommended interventions. If a child's BLL is not decreasing, discuss the case with the primary care provider (PCP) and, if appropriate, the environmental inspector, to determine whether lead sources are being overlooked.

The follow up testing schedule is a recommendation based on the CDC guideline and the physician may decide to alter the follow up schedule once the lead source has been identified, the lead sources are gone, and the child's iron status is stable.

Time Frame for Providing Case Management Services and Follow Up Blood Lead Testing		
Venous Blood Lead Level µg/dL	**Time Frame for Case Manager to Complete Initial Home Visit**	**Time Frame for Follow-up Venous Blood Lead Test**
5 – 14	Within 1 month	Within 3 months
15 – 19	Within 2 weeks	Within 2 months
20 – 29	Within 1 - 2 weeks	Within 1 month
30 – 39	Within 48 hours	Within 2 weeks
≥ 40	Within 24 hours	Within 1 week

Case Management Action Plan

The Illinois Lead Program has created a Case Management Action Plan (Appendix N) that can be used as a communication and educational tool for both parents and providers. It outlines each step of the case management process and provides a space for documenting when each step is completed. In addition, it includes reminders for parents regarding steps to mitigate lead exposure and when follow up blood lead testing should be completed. The Time Frames for Follow up Blood Lead Testing are also included, in order to educate and inform both the parent and provider.

Suggested use of the Action Plan includes completing the steps as they are done and providing a copy to parents and providers, so that each is aware of what has been done, such as referral to Early Interventions, and what the next steps are.

Chelation

Chelation therapy is a method for removing heavy metals, such as mercury and lead, from the blood. Chelation therapy uses special drugs, which come in pill form, are injected into the muscle, or applied through intravenous (IV) methods, that bind to metals in the blood. Once the medication gets into the bloodstream, it circulates through the blood and binds to metal. In this way, chelators (the chemicals used in chelation medicines) collect all the heavy metals into a compound that's filtered through the kidneys and released in urine.

While chelation therapy is considered a mainstay in the medical management of children with BLLs > 45 µg/dL, it should be used with caution. Primary care providers should consult with an expert in the management of

lead chemotherapy prior to using chelation agents. If unaware of a center with such expertise, primary care physicians should contact their local or state lead poisoning prevention program.

Risks of Chelation Therapy

Chelators not only remove toxic metals, but also remove essential minerals that are important for health. This may be particularly important for children who need these nutrients for growth and development. It is not clear that taking nutritional supplements will replace all necessary minerals and nutrients that chelators have removed.

Common side effects of chelation therapy

- burning sensation near the injection site
- fever
- headache
- nausea and vomiting

Severe potential side effects

- low blood pressure
- anemia
- cardiac arrhythmias
- seizures
- brain damage
- vitamin and minderal deficiencies
- permanent kidney and liver damage
- hypocalcemia
- severe allergic reactions, including anaphylactic shock

Due to these dangers, chelation therapy is only recommended for use in treating metal poisoning where the benefits greatly outweigh the risks.

Criteria for Closing a Capillary or Venous Open Case

Once closure criteria have been met, the case manager should properly close out the case. Cases that meet case closure criteria must be manually closed by the case manager, HHLPSS will not close the case for you. It can often take an extended period of time to complete all the elements when managing an EBL open case. Proper reason codes should be selected before closing a case along with complete documentation in HHLPSS.

- **Met closure criteria**
  1. This code is used to close an open case when the child has had one venous lead level of 4.9 µg/dL or less. All case management tasks (i.e., home visit and referral for an environmental inspection) ***must be completed*** prior to closing the case, even if closure criteria are met.
  2. An additional scenario where this code should be used is when the child has reached the 7 years of age or older, has shown a declining lead level (5-9 µg/dL range), has not changed residence, and all mitigation work has been completed.
- **Unable to locate parent/guardian:** Must show documentation of three attempts (which include mail, phone, and contact to physician). If all three attempts fail and the address is confirmed correct by the provider office or I-care, the final attempt will be a certified letter along with educational material. If the certified letter returns “undeliverable or no forwarding address” the case can be closed as unable to locate parent/guardian. If proof of delivery of the certified letter is received, refer to case closure option refusal.

- **Refusal of parent/guardian:** Must show documentation that attempts were made (which includes phone, mail, and refer case back to physician). Referral still must be made to an environmental inspector regardless of refusal. Educational material should also be mailed. Refer open venous cases to DCFS if environmental inspection is declined and/or the guardian fails to follow-up with the physician.
- **Moved:** Child has moved out of Illinois. Whenever possible, notify the new health department in that state. (Do not close the case if child is moving to another jurisdiction within Illinois. The case will be transferred by changing the address.)
- **False Positive:** When a child has an elevated capillary blood lead test, and the confirmatory venous test is 4.9 µg/dL or less.

Documentation regarding case closure, including the certified letter, should be kept in the medical record and documented in HHLPSS as the agency's proof of attempt to provide service.

Transferring Cases

When a LHD has an open case that has moved to another jurisdiction within Illinois, it is the responsibility of the LHD to notify the agency responsible for case management in the new jurisdiction that the case has been transferred.

Transfer check list

- Phone contact to receiving agency to discuss transferring case.
- A detailed note in HHLPSS pertaining to the home visit.
- Complete all documentation in HHLPSS before updating the address.
- Add the new address in HHLPSS (this will transfer the child to the new jurisdiction).

When an EBL child or a pregnant person moves out of state, refer to the CDC state and local program link State and Local Programs | Lead | CDC for contact information.

Retention of Records

The LHD grantee will maintain closed case records for a period of two years following the close of a successful audit. Medical records shall be maintained for the life of the client. All blood lead test results will be available in HHLPSS.

A recordkeeping system is necessary to facilitate communication among health department case management, environmental management, and medical management components.

Illinois Department of Public Health Monitoring

Quarterly Narrative

Each delegate agency is required to submit both a Narrative Report and Reimbursement form for each quarter. Templates for these reports can be found in EGrAMS. These reports must be submitted in EGrAMS within one month after the end of the quarter. The narrative report must be submitted before the reimbursement form and include a detailed description of the work done by the Lead Program.

Delegate Site Review/Visit

- **Site Review** - A review will be conducted at least every 2 to 3 years by the regional nurse consultant for delegate agencies that provide case management services.
- **Site Visit** - A visit will be conducted yearly. If the regional nurse consultant determines the LHD's lead program is compliant with the delegate agency grant agreement and case management services and documentation in HHLPSS are adequate, the regional nurse consultant may conduct a question and answers session via phone with the LHD.

Refugee Considerations

Around the world, including many countries where refugees originate or seek asylum, environmental lead hazards are common and may include leaded gasoline, industrial emissions, lead-based paint, and burning of waste containing lead. Other environmental and occupational exposures include living near or working in mines, ammunition factories, smelters, or battery recycling facilities. Furthermore, household and personal use items have been associated with increased blood lead levels, both before and after arrival in the United States. These include such items as car batteries used for household electricity, lead-glazed pottery, pewter, brass utensils, cooking pots, pressure cookers, leaded crystal, and chipped or cracked dishes. Additionally, refugees may use or consume products contaminated with lead, such as traditional remedies, ceremonial powders, herbal supplements, spices, candies, cosmetics, and jewelry or amulets.

Refugee Children with EBLLs

1. Blood lead testing of all refugee children 6 months to 16 years old at entry to the U.S.
    - Federal standards stipulate a refugee medical evaluation take place within 90 days after a refugee's arrival in the United States. The content of the evaluations varies from state to state. Childhood lead poisoning prevention programs report most states do not have BLL evaluation protocol for refugee children and lead program surveillance data cannot identify which children are refugees.
    - Studies indicate that age is not a significant risk factor for EBLLs among refugee children. Although the risk for lead exposure among children older than 6 years of age may be the result of exposure in their country of origin, many of the prevailing health, social, and economic burdens accompany the children to the U.S., thus suggesting the value of evaluating ALL refugee children at time of arrival.

2. Repeat BLL testing of all refugee children 6 months through 6 years of age, 3 to 6 months after refugee children are placed in permanent residences, is recommended, and for older children, if warranted, regardless of initial test results.
   - Children who have hand-to-mouth behaviors or eat non-food items, especially soil, which is common among certain refugee populations, are at risk for lead exposure, regardless of the age of their housing.
   - The refugee status for most of the children entitles them to Medicaid, WIC, and other social services for at least eight months after their resettlement, regardless of family financial status.

Early Post-Arrival Evaluation and Therapy

1. Upon U.S. arrival, all refugee children should have nutritional evaluations performed, and should be provided with appropriate nutritional and vitamin supplements as indicated.
   - Pre-existing health burdens, such as chronic malnutrition, along with cultural, language, and economic barriers compound refugee children's risk for lead exposure. For example, iron deficiency, prevalent among refugee children, increases lead absorption through the gastrointestinal (GI) tract.
   - At a minimum, the nutritional evaluation should include an assessment of the iron status, including a hemoglobin/hematocrit and one or more of the following: an evaluation of the mean corpuscular volume (MCV) combined with red cell distribution width (RDW); ferritin; transferring saturation; or reticulocyte hemoglobin content.
2. Evaluate the value of iron supplementation among refugee children.
   - Study of iron supplementation in refugee children will provide needed data on its efficacy to reduce nutritional deficiencies and, thus, reduce lead absorption through the GI tract.

Health Education/Outreach for Refugee Populations

The CDC and its state and local partners should develop health education and outreach activities that are culturally appropriate and sensitive to the target population. In addition, CDC and its state and local partners should develop training and education modules for health care providers, refugee and resettlement case workers, and partner agencies (e.g., WIC) on the following:

- Effects of lead exposure among children.
- Lead sources in children's environments and ways to reduce the risk of exposure.
- Nutritional and developmental interventions that can mitigate the effects of lead exposure.
- Ways to provide comprehensive services to children with EBLLs.

International Adoptee

International Childhood Lead Exposure

Children immigrating to the United States through intercountry adoptions have health issues as diverse as the cultures into which they were born. Although recent research is sparse, evidence suggests that a significant proportion of immigrant children and children who have been adopted from other countries have elevated blood lead levels. Risk for elevated blood lead levels varies by country of origin.

Medical Testing before Immigration to United States

Before arrival in the United States, all immigrants are required to have a medical examination in their country of origin by a physician approved by the local U.S. embassy or consulate. This medical examination focuses primarily on detecting serious disabilities and contagious diseases but does not include blood lead testing.

Recommendations for Testing and Medical Management of Children with Elevated Blood Lead Levels

Testing for blood lead level is recommended upon arrival to the United States and at 12 and 24 months of age. Physicians should follow the IDPH testing recommendations on health screening of children living in conditions that place them at a high risk for lead exposure. Children who have been adopted from other countries are considered high risk for elevated blood lead levels.

Pregnancy and Lead

Exposure to lead not only poses a risk to a pregnant person's health but also to their developing fetus and nursing infant. Past and present lead exposure to a pregnant or lactating person is a concern because bone lead stores are released into the blood and breast milk and can affect the fetus and newborn infant.

The IDPH's Evaluation and Testing Recommendations for Pre-conceptual Counseling, Pregnancy, and Breastfeeding can be used as a good tool for providers and case managers of pregnant person's wishing to become pregnant, currently pregnant, or breastfeeding. (Appendix O) Lead Testing Recommendations for Pregnancy and Breastfeeding (dph.illinois.gov)

Blood Lead Testing for Pregnant Persons

- Providers and local health departments should identify populations at increased risk for lead exposure by using the PLRQ to screen the pregnant person. Testing is only recommended for those considered at risk.
- Although blood lead levels can be measured from both capillary and venous samples, the preferred method is a venous blood lead sample. A capillary BLL ≥5 µg/dL will require confirmation with a venous blood lead test.
- Blood lead testing is not mandatory. If a lead test is declined and the person has given answers of "yes" or "don't know" in questionnaire responses, the person should be given education regarding the effects of lead exposure.

Prenatal Lead Risk Questionnaire (PLRQ) (Appendix E and F)
Prenatal Lead Risk Evaluation Questionnaire (dph.illinois.gov)
Prenatal Risk Algorithm (dph.illinois.gov)

Case Management of Pregnant Person with an EBLL

A confirmed venous BLL ≥5 µg/dL indicates a pregnant person has been exposed to lead and case management and environmental services should be started (refer to case management steps for a child).

Reducing lead exposure in this population can be a complex challenge, which does not always lend itself to straightforward interventions. Lead exposure can occur in the home, community, or workplace, so identifying specific sources of lead and exposure pathway(s) for an individual is essential to reducing exposure. Risk factors for lead exposure in pregnant persons differ from those described in young children. Important risk factors for lead exposure in pregnant persons include recent immigration; pica practices; occupational exposure; nutritional status; culturally specific practices, such as the use of traditional spices, home remedies, or imported cosmetics; and the use of traditional lead-glazed pottery for cooking and storing food. Lead-based paint is less likely to be an important exposure source for pregnant persons than it is for children, except during renovation or remodeling in older homes.

Breastfeeding Persons with an EBLL

- Breastfeeding should continue for all infants with BLLs < 5 µg/dL or trending downward.
- Initiation of breastfeeding should be encouraged for persons with BLLs of < 40 µg/dL.
- A person with a venous BLL ≥40 µg/dL should not initiate breastfeeding. They should be advised to pump and discard their breast milk until their blood lead has declined to < 40 µg/dL.
- When a breastfeeding person's BLL ≥20 ug/dL with infant BLL ≥5 ug/dL, and an environmental investigation has been conducted with no external source of lead identified and the infant's BLL is rising, check with the Poison Control Center, or other lead expert to discuss consideration of temporarily interrupting breastfeeding until the breastfeeding person's blood lead level declines.
- If a breastfeeding person's blood lead level is between 20-39 µg/dL, breastfeeding should be initiated accompanied by sequential infant blood lead levels to monitor trends.

Follow up testing for a pregnant person	
Venous Blood Lead Level µg/dL	**Perform Follow-up Testing**
5 – 14	• Within 1 month.
15 – 24	• Within 1 month, then every 2-3 months.
25 – 44	• Within 1-4 weeks, then every month.
≥ 45 or more	• Within 24 hours, then frequent intervals depending on clinical intervention and blood lead level trends. • Consult a clinician experienced in managing blood lead levels in pregnancy.

Breastfeeding Algorithm (Appendix P) Breastfeeding Algorithm (dph.illinois.gov)

Nutritional Recommendations for Pregnant and Lactating Persons

- Avoidance of lead exposure remains the primary preventive strategy for reducing adverse health effects. However, the existence of nutrient-lead interactions suggests that optimizing nutritional status during pregnancy and lactation may assist in preventing the adverse consequences of lead exposure.

All pregnant and lactating persons:

- Should eat a balanced diet to maintain adequate intake of minerals, such as calcium, iron, selenium, zinc, and vitamins C, D, and E.
- Should be evaluated for iron status and be provided with supplementation in order to correct iron deficiency.
- Should be evaluated for the adequacy of their diets and be provided with appropriate nutritional advice and prenatal vitamins.
- If the pregnant person needs assistance, they should be referred to programs such as WIC or the Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps).

Frequency of Birthing Parent Blood Lead Follow-up Testing to Assess Risk for Infant Lead Exposure from Birthing Parent	
Venous Blood Lead Level µg/dL	**Follow-up Testing Schedule**
5 – 19	• Every 3 months, unless infant blood lead levels are rising or fail to decline.
20 – 39	• 2 weeks postpartum and then at 1-to-3-month intervals depending on direction/ magnitude of trend in infant BLLs.
≥ 40	• Within 24 hours postpartum and then at frequent intervals depending on clinical interventions and trend in BBLs. • Consultation with a clinician experienced in the management of lead poisoning is advised.

Follow-up Testing for Neonates (<1 month of age) and Infants (<6 months of age)	
Venous Blood Lead Level µg/dL	**Perform Follow up Testing**
5 – 24	• Within 1 month.
25 – 39	• Within 1 month, then every 2-3 months.
≥ 40	• Within 24 hours, then frequent intervals depending on clinical intervention and trend blood lead levels. • Prompt consultation with a clinician experienced in management of children with BBLs in this range is strongly advised.

Frequency of Maternal Blood Lead Follow-up Testing During Pregnancy and Actions for Lead Management Care of Pregnant Persons		
Blood Lead Level µg/dL	**Actions for Care of Pregnant Persons**	**Time Frame for Follow-up Blood Lead Tests**
<5 µg/dL	• Provide anticipatory guidance and health education materials.	• No follow-up testing needed.
5 –14 µg/dL	• Provide anticipatory guidance and health education materials. • Communicate with pregnant person to attempt to determine source of lead exposure. – If occupational exposure, review proper use of personal protective equipment and consider contacting employer. • Assess nutritional adequacy and provide nutritional management, as needed. • Provide case management. • Refer for environmental investigation and control current lead hazards. • Refer occupationally exposed person to occupational medicine specialists. • Recommend removal from occupational exposure.	• Within 1 month, obtain a maternal BLL or cord BLL at delivery.
15 – 24 µg/dL	• Above actions	• Within 1 month and then every 2 - 3 months, obtain an infant venous blood draw or cord BLL at delivery. • More frequent testing may be indicated based on risk factor history.
25 – 44 µg/dL	• Above actions	• Within 1 – 4 weeks and then every month, obtain an infant venous blood draw or cord BLL at delivery.
≥45 µg/dL	• Above actions • Medical emergency • Treat as high-risk pregnancy • Consider chelation therapy: Consult with an expert in lead poisoning	• Within 24 hours and then at frequent intervals depending on clinical interventions and trend in BLLs. • Consultation with a clinician experienced in the management of pregnant person with BLLs in this range is strongly advised. Obtain a maternal BLL or cord BLL at delivery.

Source: Centers for Disease Control and Prevention, Guidelines for the Identification and Management of Lead Exposure in Pregnant and Lactating Women

Health Education and Outreach

Public health agency education and outreach activities are not part of case management, but are necessary to achieve optimum results. Delegate agencies are required per the grant agreement to carry out lead exposure prevention activities in their community. They should collaborate with physicians, educators, and social service and housing agencies that have a role in community-wide primary prevention efforts. Lead exposure prevention strategies work best as part of an integrated program that creates safe and affordable housing and provides people with the full range of needed social services. Local, state, and federal agencies dealing with health, housing, environmental, and children's issues should be identified and contacted. Optimally, regular communication should be established among agencies to adopt and to carry out joint prevention strategies.

The most important targets for outreach and educational programs are:

- Parents/families/caregivers
- Health care providers
- General public
- Property owners/realtors
- Landlords
- Day care providers
- Schools

Family Education

Education is required for the families of children identified with EBLLs. This can be provided in the home setting during the public health nurse home visit. The education should include information regarding basic prevention activities of lead exposure. Hygiene, housekeeping, and nutrition are key components of education.

Professional Education

Outreach and education for health care providers can be accomplished through pamphlets, grand rounds, continuing education programs, and physician awareness activities targeted to pediatricians, family practitioners, pediatric and community health nurses, obstetricians, and midwives. These efforts are focused on the need for evaluation and testing and case follow-up procedures.

The LHD lead nurse should introduce himself or herself by phone, letter, or personal contact to the area physicians. He or she should explain their role in the case management of children with EBLLs. The LHD lead nurse may follow-up with a visit to provide educational materials for the physicians, staff, and clients. The nurse can also provide education to the physicians by presenting to physician groups during such instances as grand rounds and other such opportunities.

Public Education

Outreach programs are one way to educate the public. Participation in health fairs and presenting at church functions, businesses, and civic organizations are a few examples on ways to educate the public. On a local level, the agency can coordinate efforts with local news media, school programs, and community social media service organizations.

Door-to-door campaigns have proven to be helpful in some neighborhoods. Mobile testing programs located at grocery stores or shopping centers may be successful. Off-site clinics, freestanding clinics, and emergency care centers are other options for distributing information and encouraging testing.

Property Owners/Realtors

Property owners, realtors, and other real estate professionals must maintain the property in a safe condition. Banks, mortgage companies, and insurance companies can play an important role in conveying this information at critical times, such as when an individual is buying a property or seeking financing for major renovations. In addition, prospective buyers should be given written material that explains safe lead removal. A prospective buyer can arrange for a lead risk assessment or inspection (at their own expense).

Landlords

Federal law requires landlords to disclose known information on lead-based paint and lead-based paint hazards before a lease can take effect and to distribute the U.S. Environmental Protection Agency (EPA) brochure and Protect Your Family from Lead in Your Home about lead to the renter. Leases must include a disclosure form about lead-based paint. Renters can ask for information at any time to learn if there is lead in the home they plan to lease or rent. Before signing a lease, they should ask the landlord about any lead hazards in the home.

Day Care Providers

By Illinois law, day care providers must distribute information annually about lead exposure and its effects. Parents can help by informing teachers about their children's history, so teachers can be aware of potential educational needs.

Educational visits and evaluations in preschools, day care facilities, and Head Start programs are successful and recommended. This includes church and school-based day care facilities. Schedule the educational visit to occur when parents are delivering or picking up their children.

School Districts

School nurses, school health staff, and other school personnel collaborate frequently. These individuals may be the initial contact for parents about the need for lead evaluation and testing. It is important to develop and to maintain open lines of communication with school health personnel. The school nurse should check that the Lead Risk Questionnaire section (see below) of the Certificate of Child Health Examination form (illinois.gov) has been completed. If not completed, the nurse should either refer the parent to a health care provider or LHD for evaluation or testing OR administer the Childhood Lead Risk Questionnaire (CLRQ) form (illinois.gov) herself to determine if testing is required. However, if the school nurse decides to provide the questionnaire please know if the form is marked "no" and this is in Chicago or a high risk zip code area or if the questionnaire indicates a test is needed, the school nurse will need to inform the parents and also the healthcare provider that a test is needed. This is an opportune time to educate parents about the importance of lead testing. LHDs in some counties send clinic staff to schools to assist with registration.

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes ☐ No ☐ **Blood Test Indicated?** Yes ☐ No ☐ **Blood Test Date** **Result**

Illinois Department of Children and Family Services (DCFS)

Lead program staff may interact with DCFS for day care licensing or reporting of suspected medical neglect.

Day Care Licensing

The following requirements must be met for a group day care home to maintain a license from the Illinois Department of Children and Family Service Under **Title 89**: Social Services, **Chapter III**: DCFS:

1. **Section 408.70 (pg. 44)** "Health, Medical Care, and Safety"

   Medical report, on forms prescribed by IDPH, shall be on file for each child, on the first day of care, and shall be dated no earlier than six months prior to enrollment. The initial examination shall show that children 6 years of age or younger have been tested for lead poisoning for children residing in an area defined as high risk by the Illinois Department of Public Health in its Code (77 lll. Adm. Code 845) or that a lead risk evaluation has been completed for children residing in an area defined as low risk by the Illinois Department of Public Health. Medicaid enrolled children shall receive a blood test as required in the Healthy Kids' Early and Periodic Screening, Diagnosis, and Treatment Program.

2. **Section 408.60 (pg. 38)** "Enrollment and Discharge Procedures"

   No child under 6 years of age may be admitted to the group day care home unless the health examination, complete with lead risk assessment if the child resides in an area defined as low risk by the Department of Public Health, or a screening for lead poisoning if the child resides in an area defined as high risk by DPH see 77 Ill. Adm. Code 845 (Lead Poisoning Prevention Code), has been completed as required by DPH rules at 77 Ill. Adm. Code 665 (Child Health Examination Code).

3. **Section 408.30 (pg. 21, 24)** "General Requirements for Group Day Care Homes"
   - All walls and surfaces shall be maintained free from lead paint and chipped or peeling paint.
   - Any group day care home serving children under 6 years of age housed in a building constructed on or before January 1, 2000, shall be subject to lead in water testing by an IEPA laboratory or an IEPA certified laboratory."

DCFS Reporting Requirements

LHDs are encouraged to work with DCFS personnel to clarify legal concerns and to promote assessment and testing. Outreach activities in the form of education programs for DCFS personnel, day care providers, and parents can enhance communication.

When there is suspected medical neglect, LHD personnel, physicians or other health care providers may initiate contact with the DCFS. Few situations related to lead exposure result in the child being removed from the home. However, for some children, a report may be necessary to gain parental compliance. Consequently, adequate care and follow-up services are provided for the child.

Reporting Child Abuse and Neglect

If abuse or neglect is suspected, you have a social responsibility to report it to the hotline. In addition, state law requires most professionals in education, health care, law enforcement, and social work to report suspected neglect or abuse.

Mandated reporters are **required** to report suspected child abuse or neglect immediately when they have **"reasonable cause to believe"** that a child known to them in their professional or official capacity may be an abused or neglected child." (325 ILCS 5/4) Reports are made by calling the DCFS Hotline at **1-800-252-2873** or **1-800-25ABUSE**.

Resources

American Academy of Pediatrics: Screening for Elevated Blood Lead Levels, Pediatrics, Vol. 101 No. 6 June 1998, pp. 1072-1078. Online version: https://pediatrics.aappublications.org/content/101/6/1072

American College of Obstetricians and Gynecologists. ACOG Committee Opinion on Lead Screening During Pregnancy and Lactation. Bethesda, MD: The National Center for Biotechnology Information; 2012.

American College of Obstetricians and Gynecologists Women's Health Care Physicians. Lead Screening During Pregnancy and Lactation. Committee Opinion No 533Published August 2012. Accessed May 9, 2019.

Centers for Disease Control and Prevention (CDC). Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. Atlanta: CDC; 2002.

CDC, Screening for lead during the domestic medical examination for newly arrived

CDC, Lead, sources of lead. Folk medicine. 2013. Available from: http://www.cdc.gov/nceh/lead/tips/folkmedicine.htm

CDC website - https://www.cdc.gov/nceh/lead/default.htm

CDC Recommendations for Lead Poisoning Prevention in Newly Arrived Refugee Children - https://www.cdc.gov/nceh/lead/publications/refugeetoolkit/pdfs/cdcrecommendations.pdf

CDC Guidelines for the identification and management of lead exposure in pregnant and lactating women - https://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf

Identification and Management of Lead Exposure in Pregnant and Lactating Women. Published November 2010. Updated 2012. Accessed May 9, 2019.

Illinois Department of Public Health. Lead Screening and Case Follow-up Guidelines for Local Health Departments. Springfield: IDPH, June 2015

Illinois Department of Public Health Division of Laboratories Manual of Services May 2018

World Health Organization (WHO) Childhood lead poisoning, 2010.
Available from: https://www.who.int/publications/i/item/9789241500333

https://www.webmd.com/balance/guide/what-is-chelation-therapy#1

https://www.healthline.com/health/chelation-therapy#unproven-benefits

https://www.mayoclinic.org/diseases-conditions/lead-poisoning/diagnosis-treatment/drc-20354723 (CDC pg49-50)

Pediatric Environmental Health Specialty Units - www.pehsu.net

https://www.cdc.gov/nceh/lead/programs/default.htm

https://www.cdc.gov/nceh/lead/prevention/sources.htm

https://dcfs.illinois.gov/content/dam/soi/en/web/dcfs/documents/about-us/policy-rules-and-forms/documents/rules/rules-408.pdf

https://dcfs.illinois.gov/content/dam/soi/en/web/dcfs/documents/safe-kids/reporting-child-abuse-and-neglect/documents/cfs_1050-21_mandated_reporter_manual.8.0.pdf

https://dcfs.illinois.gov/safe-kids/reporting.html

https://www.dhs.state.il.us/page.aspx?item=31899

ACCLPP recommendations of 2012 - https://www.cdc.gov/nceh/lead/advisory/acclpp.htm

Glossary of links

CDC, Managing Elevated Blood Lead Levels Among Young Children - https://www.cdc.gov/nceh/lead/casemanagement/managingEBLLs.pdf

Illinois Lead Program - www.dph.illinois.gov/illinoislead

National Lead Information Center - https://www.epa.gov/lead/forms/lead-hotline-national-lead-information-center

National Institute of Occupational Safety and Health https://www.cdc.gov/niosh/topics/lead/ables.html

The Coalition to End Childhood Lead Poisoning – http://www.leadsafe.org/

U.S. Census Bureau - https://data.census.gov

U.S. Centers for Disease Control and Prevention https://www.cdc.gov/nceh/lead/

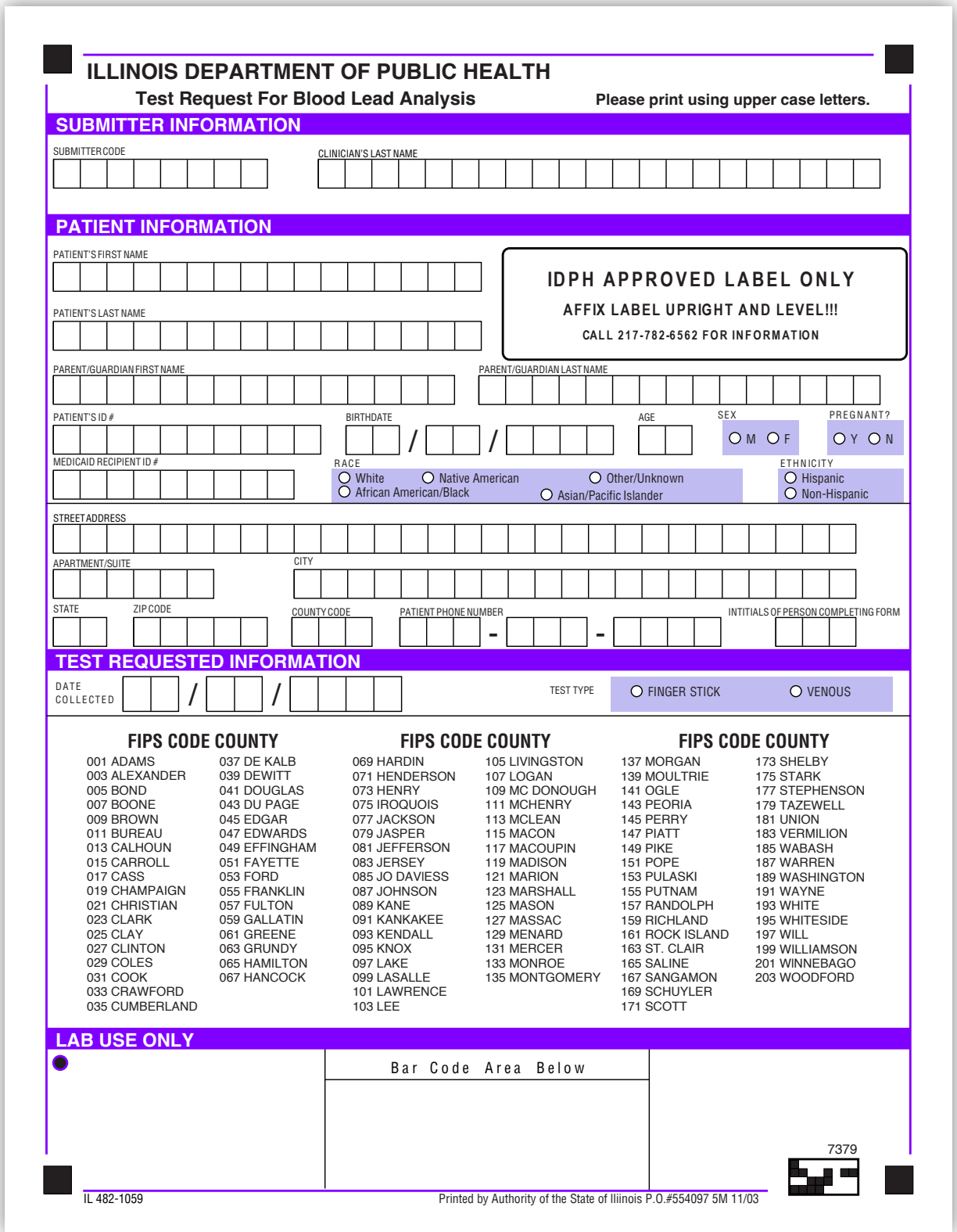
U.S. Consumer Products Safety Commission – http://www.cpsc.gov

U.S. Department of Housing and Urban Development – https://www.hud.gov

U.S. Environmental Protection Agency – http://www.epa.gov/lead

Appendices

Appendix A - [IDPH Test Request for Blood Lead Analysis (dph.illinois.gov)]



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Test Request For Blood Lead Analysis

Please print using upper case letters.

SUBMITTER INFORMATION

SUBMITTER CODE

CLINICIAN'S LAST NAME

PATIENT INFORMATION

PATIENT'S FIRST NAME

PATIENT'S LAST NAME

IDPH APPROVED LABEL ONLY
AFFIX LABEL UPRIGHT AND LEVEL!!!
CALL 217-782-6562 FOR INFORMATION

PARENT/GUARDIAN FIRST NAME

PARENT/GUARDIAN LAST NAME

PATIENT'S ID #

BIRTHDATE / /

AGE

SEX ○ M ○ F

PREGNANT? ○ Y ○ N

MEDICAID RECIPIENT ID #

RACE
○ White ○ Native American ○ Other/Unknown
○ African American/Black ○ Asian/Pacific Islander

ETHNICITY
○ Hispanic
○ Non-Hispanic

STREET ADDRESS

APARTMENT/SUITE

CITY

STATE

ZIP CODE

COUNTY CODE

PATIENT PHONE NUMBER - -

INTITIALS OF PERSON COMPLETING FORM

TEST REQUESTED INFORMATION

DATE COLLECTED / /

TEST TYPE ○ FINGER STICK ○ VENOUS

FIPS CODE	COUNTY	FIPS CODE	COUNTY	FIPS CODE	COUNTY
001	ADAMS	037	DE KALB	069	HARDIN
003	ALEXANDER	039	DEWITT	071	HENDERSON
005	BOND	041	DOUGLAS	073	HENRY
007	BOONE	043	DU PAGE	075	IROQUOIS
009	BROWN	045	EDGAR	077	JACKSON
011	BUREAU	047	EDWARDS	079	JASPER
013	CALHOUN	049	EFFINGHAM	081	JEFFERSON
015	CARROLL	051	FAYETTE	083	JERSEY
017	CASS	053	FORD	085	JO DAVIESS
019	CHAMPAIGN	055	FRANKLIN	087	JOHNSON
021	CHRISTIAN	057	FULTON	089	KANE
023	CLARK	059	GALLATIN	091	KANKAKEE
025	CLAY	061	GREENE	093	KENDALL
027	CLINTON	063	GRUNDY	095	KNOX
029	COLES	065	HAMILTON	097	LAKE
031	COOK	067	HANCOCK	099	LASALLE
033	CRAWFORD			101	LAWRENCE
035	CUMBERLAND			103	LEE
105	LIVINGSTON			137	MORGAN
107	LOGAN			139	MOULTRIE
109	MC DONOUGH			141	OGLE
111	MCHENRY			143	PEORIA
113	MCLEAN			145	PERRY
115	MACON			147	PIATT
117	MACOUPIN			149	PIKE
119	MADISON			151	POPE
121	MARION			153	PULASKI
123	MARSHALL			155	PUTNAM
125	MASON			157	RANDOLPH
127	MASSAC			159	RICHLAND
129	MENARD			161	ROCK ISLAND
131	MERCER			163	ST. CLAIR
133	MONROE			165	SALINE
135	MONTGOMERY			167	SANGAMON
				169	SCHUYLER
				171	SCOTT
173	SHELBY				
175	STARK				
177	STEPHENSON				
179	TAZEWELL				
181	UNION				
183	VERMILION				
185	WABASH				
187	WARREN				
189	WASHINGTON				
191	WAYNE				
193	WHITE				
195	WHITESIDE				
197	WILL				
199	WILLIAMSON				
201	WINNEBAGO				
203	WOODFORD				

LAB USE ONLY

Bar Code Area Below

7379

IL 482-1059

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Appendix B - Childhood Lead Risk Questionnaire (dph.illinois.gov)

State of Illinois
Illinois Department of Public Health

Childhood Lead Risk Questionnaire

STATE LAW REQUIRES:
All children 6 years of age or younger must be evaluated for lead exposure.
All children must be assessed for risk of lead exposure and tested if necessary for enrollment into daycare, preschool, and kindergarten.

Complete the Childhood Lead Risk Questionnaire during a well-child or health care visit for children ages 12 and 24 months of age (at minimum) and once a year at annual well-child-visits at ages 3, 4, 5, and 6 years.

- If responses to all the questions are "NO," re-evaluate at next age referenced above or more often if deemed necessary.
- If any response is "YES" or "DON'T KNOW," a blood lead test must be obtained.
- If there are any "YES" or "DON"T KNOW" answers ***and***
  - ✓ previous blood lead testing was done at 12 and 24 months of age with a result of 4.9 µg/dL or less OR if not performed at 12 and 24 months, a blood lead test was performed at 3, 4, 5, or 6 years of age with a result of 4.9 µg/dL or less, and
  - ✓ there has been no change in address of the child's home/residential building, child care facility, school, or other frequently visited facilities and
  - ✓ risks of exposure to lead have not changed, further blood lead tests are not necessary.

Child's name: _____ Today's date: _____

Age: _____ Birthdate: _____ ZIP Code: _____

Respond to the following questions by circling the appropriate answer.	**RESPONSE**
1. Does this child reside or regularly visit a home/residential building, child-care setting, school or other facility built before 1978 or in a high risk ZIP code area? (see reverse side of page for high risk ZIP code area list)	❑ Yes ❑ No ❑ Don't Know
2. Is this child eligible for or enrolled in Medicaid, All Kids, Head Start, WIC, or any HFS medical program? ***All Medicaid-eligible children and children enrolled in HFS medical programs shall have a blood lead test at 12 and at 24 months of age. If a Medicaid-eligible child or HFS medical program enrolled child between 36 months and 72 months of age has not been previously tested, a blood lead test shall be performed.	❑ Yes ❑ No ❑ Don't Know
3. Does this child have a sibling with a confirmed blood lead level of 5 µg/dL or higher?	❑ Yes ❑ No ❑ Don't Know
4. In the past year, has this child been exposed to repairs, repainting, or renovation of a building/ home built before 1978?	❑ Yes ❑ No ❑ Don't Know
5. Is this child a refugee, adoptee, or recent visitor of any foreign country?	❑ Yes ❑ No ❑ Don't Know
6. Is this child frequently exposed to imported items (such as, ayurvedic medicine, folk medicines, cosmetics, toys, glazed pottery, spices or other food items, sindoor, or kumkum)?	❑ Yes ❑ No ❑ Don't Know
7. Does this child live with someone who has a job or a hobby that may involve lead (for example; jewelry making, building renovation, bridge construction, plumbing, furniture refinishing, work with automobile batteries or radiators, lead solder, leaded glass, bullets, lead fishing sinkers, or recycling facility work)?	❑ Yes ❑ No ❑ Don't Know
8. If the child is younger than 12 months of age, did the child's mother have a past confirmed blood lead level of 5 µg/dL or higher?	❑ Yes ❑ No ❑ Don't Know
9. Has the water in your home/residential building, child-care setting, school, or other regularly visited facility been tested and had a confirmed level of lead (5 ppb or higher)?	❑ Yes ❑ No ❑ Don't Know
10. Does your child live near an active lead smelter, battery recycling plant, or another industry likely to release lead, or does your child live near a heavily-traveled road where soil and dust may be contaminated with lead?	❑ Yes ❑ No ❑ Don't Know

*****ALL blood lead test results MUST be submitted to the Illinois Lead Program.**
Fax: 217-557-1188 Phone: 866-909-3572

_____ _____
Signature of Doctor/Nurse *Date*

Illinois Lead Program 866-909-3572 or 217-782-3517 email: dph.lead@illinois.gov
TTY (hearing impaired use only) 800-547-0466

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Appendix B - Childhood Lead Risk Questionnaire (continued)

State of Illinois
Illinois Department of Public Health

Pediatric Lead Poisoning High-Risk ZIP Code Areas

The ** indicate that any ZIP code **within a county** with the preceding numbers are considered high risk

Adams
62301
62320
62324
62338
62339
62346
62347
62348
62349
62351
62360
62365
62376

Alexander
62914
62957
62988
62990

Bond
62086
62246
62262
62273
62284

Boone
61012
61038

Brown
623**

Bureau
613**

Calhoun
62006
62013
62036
62045
62053
62070

Carroll
61014
61046
61051
61053
61074
61078

Cass
626**

Champaign
60949
61815
61816
61821
61845
61849
61851
61852
61862
61863
61866
61872

Christian
62083
625**

Clark
62420
62441
62442
62474
62477
62478

Clay
62434
628**

Clinton
62219
62250
62253
62266

Coles
61912
61920
61931
61938
61943
62469

Cook
606**
60018
60022
60043
60053
60076
60077
60091
60093
60104
60130
60131
60153
60154
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60160
60162
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60195
602**
603**
60402
60406
60409
60411
60419
60422
60426
60428
60429
60430
60438
60456
60459
60466
60469
60472
60473
60475
60476
60501
60513
60526
60534
60546
60701
60706
60707
60712
60714
60803
60804
60805
60827

Crawford
62427
62433
62449
62451
62454
62478

Cumberland
62428
62447
62468

DeKalb
60111
60129
60146
60520
60550
60552

DeWitt
617**
618**

Douglas
61913
61930
61941
61942
61956

DuPage
60181
60519

Edgar
619**

Edwards
62476
62806
62815
62818

Effingham
62414
62426
62445
62461
62467

Fayette
62011
62418
62458
62471
62838
62880
62885

Ford
609**
61773

Franklin
62812
62819
62822
62825
62874
62884
62891
62896
629**

Fulton
614**
615**

Gallatin
62934
62979

Greene
620**

Grundy
60416
60424
60437
60444
60450
60474
60479

Hamilton
62817
62828
62829
62859

Hancock
61450
623**

Hardin
62919
62982

Henderson
614**

Henry
61234
61233
61235
61238
61254
61258
61262
61273
61274
614**

Iroquois
609**

Jackson
62916
62927
62932
62940
62942
62950

Jasper
62432
62434
62448
62459
62475
62480
62481

Jefferson
62814
62864
62883
62898

Jersey
62028
62030
62031
62052
62063

Jo Daviess
61001
61028
61036
61041
61075
61085
61087

Johnson
62908
62912
62923
62939
62972
62985
62995

Kane
60109
60120
60121
60144
60505
60506
60507

Kankakee
60901
60910
60914
60915
60917
60935
60940
60941
60954
60958
60961
60964
60969

Kendall
60536
60541
60650

Knox
61401
61402
61410
61414
61430
61436
61439
61448
61458
61467
61472
61474
61485
61488
61489
61572

Lake
60040
60041
60064
60085
60099

LaSalle
60470
60518
60531
60549
60557
61301
61316
61321
61325
61332
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61370
61372

Lawrence
624**

Lee
605**
610**
61310
61318
61324
61331
61353
61378

Livingston
604**
609**
613**
617**

Logan
617**
625**
626**

Macon
61756
62501
62513
62514
6252*
62532
62537
62544
62551
62573

Macoupin
62009
62023
62033
62069
62085
62088
62093
62626
62630
62640
62649
62667
62672
62674
62685
62686
62690

Madison
62001
62002
62018
62024
62040
62048
62058
62060
62084
62087
62090
62095
62281

Marion
62801
62807
62849
62854
62870
62875
62882
62893

Marshall
61369
61377
61424
615**

Mason
615**
626**

Massac
62908
62953

McDonough
614**
623**

McHenry
60034
60180

McLean
61701
61720
61722
61724
61725
61726
61728
61730
61731
61732
61737
61744
61754
61770
61772
61774

Menard
62642
62673
62675
62688

Mercer
612**
614**

Monroe
62279
62295
62298

Montgomery
62015
62019
62032
62049
62051
62056
62075
62076
62077
62089
62091
62094
62533
62538
62560

Morgan
62601
62628
62631
62638
62650
62651
62665
62692
62695

Moultrie
619**

Ogle
61007
61030
61043
61047
61049
61054
61061
61064
61091

Peoria
61451
61517
61523
61526
61529
61533
61536
61539
61552
61559
61569
6160*
61614
61615
61616

Perry
622**
62832
62997

Piatt
61813
61818
61830
61839
61855
61929
61936

Pike
623**

Pope
62938

Pulaski
62956
62963
62964
62970
62976
62992
62996

Putnam
61326
61336
61340
61363

Randolph
62217
62233
62242
62261
62272
62286
62288
62292

Richland
62419
62425
62450
62868

Rock Island
61201
61236
61237
61239
61244
61257
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61265
61266
61278
61279

St. Clair
62059
62201
62202
62203
62204
62205
62206
62207
62220
62223
62232
62240
62243
62255
62257
62258
62264
62289

Saline
62917
62930
62946
62965

Sangamon
62515
62520
62530
62539
62615
62625
62661
62670
62689
62701
62702
62703
62704
62707

Schuyler
61452
623**
626**

Scott
626**

Shelby
61957
62422
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62438
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62534
62553
62565

Stark
614**

Stephenson
610**

Tazewell
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Union
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62906
62920
62926

Vermilion
609**
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61870
61876
61883

Wabash
62410
628**

Warren
614**

Washington
62214
62263
62271
62803
62808
62848

Wayne
62446
62823
62837
62842
62843
62850
62878
62886
62895

White
62820
62821
62827
62835
62844
62861
62869
62887

Whiteside
610**
61230
61243
61251
61261
61270
61277
61283

Will
60408
60410
60421
60432
60433
60434
60435
60436
60468
60481

Williamson
62841
62921
62922
62933
62948
62949
62951
62959
62974

Winnebago
61024
61077
61079
61101
61102
61103
61104
61107

Woodford
61516
61545
61561
61570
61738
61760
61771

IDPH - Revised April 2023

1. Former high-risk ZIP Codes remained high risk (666); 2. Low to high-risk ZIP codes based on model Risk Index Score ≥15 (228); 3. Low to high-risk ZIP codes based on lead prevalence ≥7.5 at Risk Index Score <15 for ≥5 children tested with lead level ≥3.5 µg/dL% (118); 4. P.O. Box in the middle of high-risk areas (19)

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Appendix B - Childhood Lead Risk Questionnaire (continued)

State of Illinois
Illinois Department of Public Health

Guidelines for Lead Risk Evaluation and Blood Lead Testing

- Lead risk evaluation is the use of the Childhood Lead Risk Questionnaire to determine the risk of potential for lead exposures.
- Blood lead testing is defined as obtaining a blood lead test either by capillary or venous methodology. Only a venous test can serve as a confirmatory blood test.
- A child is considered to have an elevated blood lead level once a venous test is conducted, confirming the blood lead level is ≥5 µg/dL. All capillary (finger/heel stick) test results of ≥5 µg/dL must be confirmed by venous draw. Point of care instruments such as the LeadCare® II cannot be used to confirm an elevated blood lead level, even if the sample is collected by venipuncture.
- It is always appropriate to obtain a diagnostic blood lead test when a child is symptomatic or a potential exposure to lead has been identified, regardless of child's age.
- Federal mandates and the Illinois Department of Healthcare and Family Services' (HFS) policy require that all children enrolled in HFS medical programs be considered at risk for lead poisoning and receive a blood lead test at ages 12 months and 24 months. Children older than the age of 24 months, up to 72 months of age, for whom no record of a previous blood lead test exists, also must receive a blood lead test. All children enrolled in HFS medical programs (such as Medicaid, All Kids, Head Start, and WIC) are expected to receive a blood lead test regardless of where they live. (Consult Handbook for Providers of Healthy Kids Services, Chapter HK-203.3.1, for more blood lead testing and reporting information.)
- Illinois has defined ZIP code areas at high risk for lead exposure based on a variety of considerations, including housing age and poverty rates. Review the list of ZIP codes and determine status of ZIP codes in your area.

Childhood Lead Risk Questionnaire

- ✓ Complete the Childhood Lead Risk Questionnaire during a well-child or health care visit for children ages 12 and 24 months of age (at minimum) and once a year at annual well-child-visits at ages 3, 4, 5, and 6 years.
- ✓ If responses to all the questions are "NO," re-evaluate at next age referenced above or more often if deemed necessary.
- ✓ If any response is "YES" or "DON'T KNOW," obtain a blood lead test.
  - If there are any "YES" or "DON"T KNOW" answers and
    - ✓ previous blood lead testing was done at 12 and 24 months of age with a result of 4.9 µg/dL or less OR if not performed at 12 and 24 months, a blood lead test was performed at 3, 4, 5, or 6 years of age with a result of 4.9 µg/dL or less and
    - ✓ there has been no change in address of the child's home/residential building, child care facility, school, or other frequently visited facilities and
    - ✓ risks of exposure to lead have not changed, further blood lead tests are not necessary.

Illinois Lead Program
email: dph.lead@illinois.gov
866-909-3572 or 217-782-3517
TTY (hearing impaired use only) 800-547-0466

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Appendix C - [Childhood Algorithm (dph.illinois.gov)]

State of Illinois
Illinois Department of Public Health

Childhood Lead Risk Questionnaire (CLRQ) Algorithm

All confirmed venous blood lead levels of ≥5 µg/dL will receive case management services from IDPH.

Report **ALL** venous blood lead level results to IDPH.
Fax: 217-557-1188

Child presents for annual well-child visit at 12 and 24 months, and 3,4,5, and 6 years of age.

ALL children should be given CLRQ at above ages—or automatically tested based on high-risk zip code or enrollment into an HFS medical program.
***Reminder: All children residing in a high-risk zip code, Medicaid-eligible, or enrolled in HFS medical programs must have a blood lead test at 12 and 24 months of age.

Response to CLRQ

All answers of "NO" → No testing, reassess at next well child visit

Any answers of "YES" or "DON'T KNOW" → Did the child have a blood lead test at both 12 and 24 months of age?

NO → Blood Lead Test Required

YES → Were both lead test results 4.9 µg/dL or less?

If BLL is ≥ 5 µg/dL

Capillary Blood Lead Level (µg\dL)	Confirm with Venous Blood Test Within:	Venous Blood Lead Level (µg\dL)	Perform Follow-up Testing within:
5 – 24	1 month	5 – 14	3 months
25 – 44	2 days	15 – 19	2 month
≥ 45	1 day	20 – 29	1 month
		30 – 39	2 weeks
		≥ 40	1 week

If BLL is < 5 µg/dL → No further testing, reassess at next wellness check-up

NO → Blood Lead Test Required

YES → Has there been a change in address of the child's home/residential building, child care facility, school, or other frequently visited facilities? OR Has there been a change in any risks of exposure?

YES → Blood Lead Test Required

NO → No testing, reassess at next well child visit

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
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P.O. #552012 6M 1/20 IOCI 20-511

Appendix D - Illinois Blood Lead Evaluation and Testing Recommendation Char (dph.illinois.gov)

State of Illinois
Illinois Department of Public Health

Illinois Department of Public Health, Lead Program

Childhood Blood Lead Evaluation and Testing Recommendations

		Age Group Instructions		
Zip Code Risk	**Medicaid – insured status and HFS medical program enrolled**	**Less than 12 months**	**12 and 24 months**	**3,4,5, and 6 years**
Low	**No**	*** **For all children less than 12 months:** • **Test if:** Mother ever had a confirmed blood lead level of 5 µg/dL or higher. Test umbilical cord or infant venous blood sample at birth if mother had elevated blood lead level of 5 µg /dL or higher during pregnancy. • **Test if:** Anyone in the family uses home remedies, folk medicines, or Ayurvedic medicines or creams. Especially if the mother used any during her pregnancy. • **Test if:** Someone residing in or frequently visiting the home has a job or hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers).	Use **Childhood Lead Risk Assessment Questionnaire** to determine if test is needed. • **If child is determined to be at risk** – test at both 12 and 24 months.	Use **Childhood Lead Risk Assessment Questionnaire (CLRQ)** to determine if test is needed. • If CLRQ determines child to be at risk, **and** child has received blood lead tests at ages 12 and 24 months with results 4.9 µg/dL or less, subsequent testing at visits are only required if child has a change in location to new home or daycare in a high risk zip code or other change to the CLRQ. • **If CLRQ determines child to be at risk and blood lead testing was not done at 12 and 24 months**, one blood lead test at an annual well-child visits with a result of 4.9 µg/dL or less must be obtained.
Low	**Yes**		**Test at 12 and 24 months**	**Test if not previously tested**
High	**No**		**Test at 12 and 24 months**	• If child has had blood lead tests at ages 12 and 24 months with results of 4.9 µg/dL **and** there has been no change to a new home or daycare in a high risk zip code or other change to the CLRQ; subsequent testing is not required. • **If blood lead testing was not done at 12 and 24 months**, one blood lead test at an annual well-child visits with result of 4.9 µg/dL or less must be obtained. • **Test at 3 years if child resides in Chicago**
High	**Yes**		**Test at 12 and 24 months**	• **Test if not previously tested** • **Test at 3 years if child resides in Chicago**

All blood lead test results, regardless of indicated lead level, must be reported to the IDPH Lead Program.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

A child is considered to have an elevated blood lead level once a venous test is conducted, confirming the blood lead level is ≥5µg/dL. All capillary (finger/heel stick) test results of ≥5µg/dL must be confirmed by venous draw. Point of care instruments such as the LeadCare® II cannot be used to confirm an elevated blood lead level, even if the sample is collected by venipuncture.

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P.O.#5519680 6M 3/19

IOCI 19-598

Appendix E - [Infant Testing Algorithm (dph.illinois.gov)]

State of Illinois
Illinois Department of Public Health

Infant and Neonate Evaluation & Testing Algorithm

Did birthing parent have an elevated blood lead level of 5 µg/dL or higher during pregnancy?

YES

Test at birth via umbilical cord or infant venous blood sample.

If BLL is < 5 µg/dL

No further testing, reassess at next wellness check-up

If BLL is ≥ 5 µg/dL

NO

- Did birthing parent ever have a venous blood lead level of 5 µg/dL or higher?
- Does anyone in the family use home remedies, folk medicines, or Ayurvedic medicines or creams? Were any of these used during pregnancy?
- Does someone residing in or frequently visiting the home have a job or hobby that may involve lead?

YES

Administer Blood Lead Test

If BLL is ≥ 5 µg/dL

If BLL is < 5 µg/dL

No further testing, reassess at next well child visit

NO

No testing, reassess at next well child visit

Report **ALL** venous blood lead level results to IDPH.
Fax: 217-557-1188

Follow-up Testing for Neonates (<1 month of age) and Infants (<6 months of age)

Venous Blood Lead Level (µg\dL)	Perform Follow-up Testing
5 – 24	• Within 1 month (at first newborn visit)
25 – 39	• Within 2 weeks. • Consultation with a clinician experienced in the management of children with BLLs in this range is strongly advised.
≥ 40	• Within 24 hours, then frequent intervals depending on clinical intervention and trend blood lead levels • Prompt consultation with a clinician experienced in management of children with BLLs in this range is strongly advised.

All confirmed venous blood lead levels of ≥5 µg/dL will receive case management services from IDPH.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

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P.O. #5520012 6M 1/20 IOCI 20-511

Appendix F - Prenatal Lead Risk Questionnaire (PLQR)

State of Illinois
Illinois Department of Public Health

Prenatal Lead Risk Questionnaire

Please Print

Are you eligible for or enrolled in Medicaid? ❑ Yes ❑ No ❑ Don't Know Medicaid Number _____ *(if applicable)*

Are you eligible for or enrolled in the Women's, Infants and Children (WIC) Nutrition Program? ❑ Yes ❑ No ❑ Don't Know

Name *(Last, First)* _____ Date of Birth _____

Address _____ Phone Number _____

City _____ County of Residence _____

Testing is only recommended for those considered at risk. If the answer is "yes" to any of these questions, the person is at risk for lead exposure and should have a blood lead test. If the answer is "don't know" the person has a possible lead risk and should be advised of this and given the opportunity to have a lead test. If a lead test is declined and the person has given answers of "yes" or "don't know", the person should be given education regarding effects of lead exposure.

Respond to the following questions by circling the appropriate answer.	**RESPONSE**		
1. Do you live in a house built before 1978 with recent or ongoing renovations that generate dust from sanding and scraping, or have chipping, peeling, or deteriorating paint?	Yes	No	Don't Know
2. Have you ever had a blood lead level ≥ 5µg/dL?	Yes	No	Don't Know
3. Do you live with someone who has an elevated blood lead level?	Yes	No	Don't Know
4. Do you crave or have you eaten non-food items during this pregnancy (Pica)? (Such as clay, soil, pottery, plaster or paint chips.)	Yes	No	
5. Do you have or have you had any oral piercings? (Oral piercing jewelry may contain lead)	Yes	No	
6. Do you use any products made outside of the United States such as cosmetics, herbal remedies, ceremonial powders, or food products? (Sindoor, kumkum, Ayurvedic products, tumeric)	Yes	No	Don't Know
7. Do you use glazed or painted pottery, china, or leaded crystal made outside of the United States to store food or drink?	Yes	No	Don't Know
8. Do you or others in your household have an occupation, hobby or activity which may result in lead exposure? Such as, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shot, bullets, or lead fishing sinkers.	Yes	No	Don't Know
9. Were you born in a country outside of the United States or have you spent any time outside of the United States during the past 12 months?	Yes	No	
10. Has the water in your home/residential building been tested and had a confirmed level of lead (5ppb or higher)?	Yes	No	Don't Know

_____ _____
Signature of Doctor/Nurse *Date of Evaluation*

Provider's full address _____ Provider # _____

City _____ State_____ Phone Number _____

Blood Lead Test Results _____ ❑ Capillary ❑ Venous

Date of Test _____ Date Reported _____

ALL blood lead test results, regardless of level, are required to be reported to the IDPH Lead Program. Please fax or email completed form with blood lead test results to:

Illinois Lead Program
525 W. Jefferson Street, Third Floor
Springfield, Illinois 62761-0001
Phone: 217-782-3517 · Fax: 217-557-1188
TTY (hearing impaired use only) 800-547-0466
dph.HHLPPSS@illinois.gov

1 of 2

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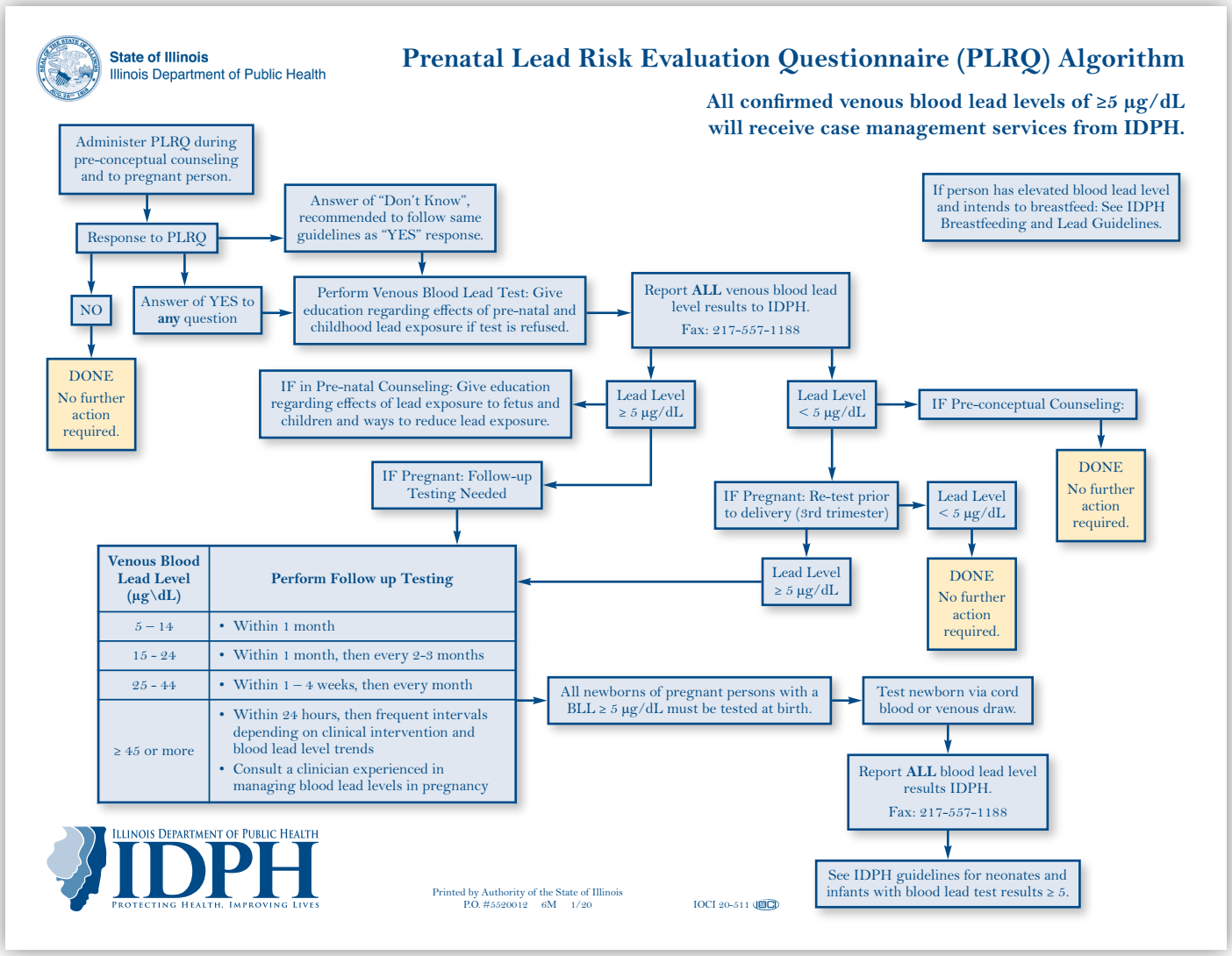
Appendix G - [Prenatal Lead Risk Evaluation Questionnaire (PLRQ) Algorithm (dph.illinois.gov)]



Appendix H - IDPH Report of Blood Lead Test Result Form for Lead Care Users

State of Illinois
Illinois Department of Public Health

Report of Blood Lead Test Result

For pregnant patients please use: Prenatal Form

Patient's Name _____ (Last) _____ (First) _____ (Middle Initial)

Sex (check appropriate box) ☐ Male ☐ Female Date of Birth _____

Parent/Guardian's Name _____ (Last) _____ (First) Phone _____

Patient's Address _____ Apt # _____ County _____

City _____ State _____ ZIP Code _____

Medicaid Number (if applicable) _____

Race (check all that apply) ***(The selection of at least one option is required)***

☐ White ☐ American Indian/Native Alaskan ☐ Asian
☐ Black/African American ☐ Native Hawaiian or other Pacific Islander ☐ Unknown

Hispanic or Latino
☐ Yes ☐ No

Date of Test _____ Type ☐ Venous ☐ Capillary Test Result ☐ Low <3.3 ☐ _____ mcg/dL ☐ High >65

Institution _____ Phone _____

Address _____

City _____ State _____ ZIP Code _____

Provider Name _____ (Last) _____ (First) _____ (Credentials) Phone _____

Testing Facility / Lab _____ Lab ID # _____ Phone _____

Printed Name (Person Completing Form) _____ Date Reported _____

Return to: Illinois Lead Program via
Secured Email: DPH.Lead@illinois.gov
Fax: 217-557-1188
525 West Jefferson Street, Third Floor
Springfield, Illinois 62761-0001
Phone: 217-782-3517
TTY (hearing impaired use only) 800-547-0466

Timeframe for Reporting All Lead Results	
Blood Lead Result	**Report Within**
35.1 µg/dL or higher	24 hours
5 - 35 µg/dL	48 hours
0 - 4.9 µg/dL	30 days

Submit Completed Form to IDPH

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IOCI 23-1475

Appendix I - Consent for Release of Information form (sample copy)

Illinois Department of Public Health
Division of Environmental Health
Illinois Lead Program

Consent for Release of Information

I,_____ , parent or guardian of _____ ,

a minor child whose **DATE OF BIRTH** is _____, **PHONE #** is _____

and **ADDRESS** is: _____

Hereby authorize:

NAME _____ **PHONE #** _____

ADDRESS _____

CITY/STATE/ZIP _____

(MARK ANY THAT APPLY)

____ TO PROVIDE TO

____ TO RECEIVE FROM

- The Illinois Department of Public Health's Illinois Lead Program
- The _____ County Health Department.

Diagnostic and treatment information related to lead poisoning for the above-named child, as well as any related educational, developmental, nutritional and environmental information.

I understand that this consent is for a one year period of time, ending on _____, and may be revoked at any time. I further agree that a photocopy or facsimile of this consent is as valid as the original, even though such copy does not bear my original signature.

_____ _____
Consenting Adult or Parent/Guardian Signature Date

_____ _____
Witness Signature Date

Appendix J - Confirmatory Testing Sample Letter

Date

To the parent or guardian of

Your child was tested for lead exposure on date of test, with a capillary blood lead test (blood taken from a finger or heel-stick), the result was BLL µg/dL.

This level means that your child may have been exposed to lead. Lead is a poison and children exposed to lead may have medical, behavioral, and learning problems, that can affect a child for life.

Capillary blood testing is a good evaluation tool but cannot be used to base a medical decision for treatment. Sometimes the blood from a capillary test may give a false high result due to lead on the skin or in the environment (contamination).

The Illinois Department of Public Health Lead Program requires your child have a confirmatory venous blood lead test (blood taken from a vein) for any capillary test result of 5.0 or above. This venous test should be performed as soon as possible to determine the true blood lead level.

Remember there is no safe level of lead in the body. Contact your child's doctor to make an appointment as soon as possible so that a venous blood lead test may be performed. Show this letter to your child's doctor as a record of the previous test level, if necessary.

Enclosed is a handout on lead exposure and why confirmatory testing is necessary. Should you have any questions, please feel free to contact me at contact number.

Signature

Appendix K - New Case Sample

Family Notification Letter for a new EBLL

Our office has been notified of your child's elevated blood lead level of _____, drawn on _____. Lead is a poison and even a small amount of lead exposure to a child is serious and can cause medical, behavioral, and learning problems. There is no safe blood lead level. According to the U.S. Centers of Disease Control and Prevention (CDC) and the Illinois Department of Public Health, an elevated blood lead level equal to or greater than 5µg/dL or above is considered elevated.

The (county) provides services available at no cost to you and your family when a child has been identified with an elevated blood lead level. These services allow a nurse case manager and a certified lead inspector to assist you in understanding lead exposure, help identify lead hazards in your child's environment, and provide you with instructions on preventing further exposure to lead.

Contact (case manager), at (county) County Health Department to discuss this matter.

Telephone: _____

Enclosed you will find an educational flyer about lead exposure. Please contact me so that I may further help you and your family.

Signature

Appendix L - Public Health Nurse (PHN) Form for Lead Assessment (dph.illinois.gov)

State of Illinois
Illinois Department of Public Health

Public Health Nurse Form for Lead Assessment

Date: _____

Child's Name:

Last: _____

First: _____

Date of Birth: _____ ☐ Male ☐ Female

Ethnicity: _____

Medicaid Number: _____

Parent's/Guardian's Name:

Last: _____

First: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Apt.: _____ City: _____

ZIP Code: _____ County: _____

How long at this address?

Years: _____ Months: _____ ☐ Rent ☐ Own

Landlord's Address: _____

Landlord's Phone: _____

Previous Address: _____

☐ Rent ☐ Own

Has your child lived/traveled outside of the US in the last year?

☐ Yes ☐ No

If yes, length of time/location: _____

Does the Child spend time at:

☐ Home ☐ Daycare/babysitter ☐ Preschool

☐ School ☐ Relative/friend/neighbor

List address where time is spent if other than home:

_____

Physician's Name:

Last: _____

First: _____

Nurse Contact: _____

Address: _____

Phone: _____

Blood Lead Test Date: _____

Venous Test Result: ____ µg/dL Next Test Date: _____

A. FAMILY ASSESSMENT

1. Number of children in household: _____

Name	DOB	Relationship	Lead Test

2. Parent's Occupation/Hobbies:

Mother: _____

Father: _____

3. Are there any pregnant women in the household? ☐ Yes ☐ No

   a. Have the pregnant women been tested for lead? ☐ Yes ☐ No

   Result of lead test _____

   Reason for testing _____

   b. Has educational material been given to the pregnant women? ☐ Yes ☐ No

   c. Occupation: _____

   Hobby: _____

4. What does the parent/guardian think may be the source of the lead exposure?

_____

B. CHILD'S HEALTH STATUS AND HISTORY

C. REVIEW OF SYMPTOMS

1. Abdominal Pain?	☐ Yes	☐ No	Duration: _____
2. Constipation?	☐ Yes	☐ No	Duration: _____
3. Vomiting?	☐ Yes	☐ No	Duration: _____
4. Extreme activity?	☐ Yes	☐ No	Duration: _____
5. Sleeps Frequently?	☐ Yes	☐ No	Duration: _____
6. Irritability?	☐ Yes	☐ No	Duration: _____

Other: _____

D. DEVELOPMENTAL DELAYS

Gross Motor? _____

Fine Motor? _____

Social Skills? _____

Speech? _____

Previous testing/evaluation? _____

Developmental Screening performed? ☐ Yes ☐ No

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Appendix L - Public Health Nurse (PHN) Form (continued)

State of Illinois
Illinois Department of Public Health

Public Health Nurse Form for Lead Assessment

E. ORAL TENDENCIES

1. Has the child been observed mouthing or eating non-food substances? ☐ Yes ☐ No
2. What does the child put in his/her mouth?
   ☐ Hands ☐ Windowsills ☐ Magazines
   ☐ Toys ☐ Newspapers ☐ Furniture
   ☐ Dirt ☐ Railings/Moldings ☐ Doors
   Other: _____
3. How often does the child put his/her hands or other objects in his/her mouth?
   ☐ Never/Rarely ☐ Sometimes ☐ Often/Frequently
4. Is the child a thumb/finger sucker? ☐ Yes ☐ No
   Bite Nails? ☐ Yes ☐ No
5. Does the child use a pacifier? ☐ Yes ☐ No

F. SLEEPING AREA

1. Is there loose paint on nearby walls or the ceiling that could fall into the child's crib/bed? ☐ Yes ☐ No
2. Does the crib, bed, furniture, or windowsills show any teeth marks? ☐ Yes ☐ No
3. Is the child's crib/bed near a window exposed to inside/outside sources of lead? ☐ Yes ☐ No

G. FOOD PREPARATION AND EATING AREA

1. Is any paint peeling from ceilings or walls in the food preparation or eating area? ☐ Yes ☐ No
2. Are there any windows or doors in the food preparation area that could create lead dust? ☐ Yes ☐ No
3. Do you use hot tap water when preparing food or bottles? ☐ Yes ☐ No
4. Do you prepare or store food in or eat food from cans or pottery? ☐ Yes ☐ No
5. Do you use glazed dishes or dishes made outside the United States? ☐ Yes ☐ No

H. EATING HABITS

1. Is your child enrolled in the Women, Infant, Children (WIC program)? ☐ Yes ☐ No
2. How many meals and snacks per day does your child eat?
   _____
3. Does your child eat daily sources of fruits and vegetables? ☐ Yes ☐ No
4. Does your child eat daily sources of meat/eggs/dried beans? ☐ Yes ☐ No

H. EATING HABITS (cont.)

5. Does your child sources of calcium such as milk/yogurt/cheese? ☐ Yes ☐ No
   How many ounces consumed: _____
6. Does your child use a bottle? ☐ Yes ☐ No
7. Does your child breastfeed? ☐ Yes ☐ No
8. Do you use bottled water to prepare formula or other drinks for you child? ☐ Yes ☐ No
9. Does your child take a vitamin with iron or other supplements every day? ☐ Yes ☐ No
10. Do you have any food, candy, spices, supplements, or home remedies that have been bought or packaged in another country? ☐ Yes ☐ No

I. PLAY HABITS AND ENVIRONMENTAL SAFETY

1. Does your child hide or play quietly? ☐ Yes ☐ No
   If yes, where? _____
2. Where else inside the house does your child play?
   _____
3. Where does your child play outside?
   _____
4. Does your child play in the basement? ☐ Yes ☐ No
5. Does your child play on the porch? ☐ Yes ☐ No
6. Do you have pets? ☐ Yes ☐ No
   If yes, do they come inside the home? ☐ Yes ☐ No
7. Is there a garage/outbuilding on the property? ☐ Yes ☐ No
8. Are there mini-blinds in the sleep or play area? ☐ Yes ☐ No
9. Does your child play at the window? ☐ Yes ☐ No
10. Does your child play with any painted or metal toys, antique toys, or toy jewelry? ☐ Yes ☐ No
11. Has your child been seen chewing or sucking on key chains, necklaces, or metal jewelry? ☐ Yes ☐ No
12. What is your child's favorite toy or item they are seen playing with often?
    _____

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Appendix L - Public Health Nurse (PHN) Form (continued)

State of Illinois
Illinois Department of Public Health

Public Health Nurse Form for Lead Assessment

I. PLAY HABITS AND ENVIRONMENTAL SAFETY (cont.)

13. Do you use any cosmetics/make-up on your child? ☐ Yes ☐ No

If yes, What do you use and was it bought from outside the United States?

_____

J. OBSERVATION OF DWELLING UNIT

1. Exterior construction:
☐ Painted ☐ Brick ☐ Siding Other: _____

2. Is paint peeling or chipping from walls or ceiling? ☐ Yes ☐ No
If yes, where? _____

3. Is the house in a high traffic area or near an industry (i.e. foundry, lead smelter, battery recycling facility)? ☐ Yes ☐ No

4. Are renovations occurring? ☐ Yes ☐ No
If yes, location in home:

_____

5. Have you removed any wall paper or carpet from your home? ☐ Yes ☐ No

6. Housekeeping practices: ☐ Good ☐ Moderate ☐ Poor

7. Overall condition of the house: ☐ Good ☐ Moderate ☐ Poor

8. Age of windows: _____

COMMENTS

_____
Staff conducting home visit

_____
Nurse signature

_____
Today's Date

_____
Date of environmental inspection referral

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Appendix M - Standardized Illinois Early Intervention Referral Form

State of Illinois
Department of Healthcare and Family Services

Standardized Illinois Early Intervention Referral Form

Please complete Sections 1 through 6 of this form to refer a child to Early Intervention (EI) for eligibility determination.

Section 1. Child Contact Information

Child Name: _____ If the child is known by another name enter it here: _____

Date of Birth: _____ Child Age: _____ Gender: Male ☐ Female ☐ Race: _____

Address: _____

City: _____ State _____ Zip Code _____ County _____

Type of Insurance Coverage: Medicaid ☐ Private Insurance ☐ None ☐

Parent/Guardian Name: _____ Relationship to Child: _____

Primary Language: _____ Home Phone _____ Other Phone _____

Alternate or Emergency Contact Person: _____ Phone Number _____

Section 2. Reason(s) for Referral

Reason(s) for referral to EI (Please check all that apply): Date referral made: _____

☐ Identified physical or mental condition (List of Medical Diagnoses or type URL http://www.dhs.state.il.us/page.aspx?item=96962).

If yes, please describe: _____

☐ Suspected developmental delay based on objective screening (please name tool(s)): _____

Check area[s] of concern: ☐ Motor/Physical ☐ Social/Emotional ☐ Cognitive ☐ Speech ☐ Behavior ☐ Vision/Hearing ☐ Language/Communication ☐ Adaptive/Self-help Skills

Comments: _____

☐ At risk conditions (e.g., diagnosed caregiver condition, other risk factors to child) (List of At Risk Conditions or type URL http://www.dhs.state.il.us/page.aspx?item=96963), please describe: _____

☐ Other, (Please describe): _____

☐ Family is aware of reason for referral

Section 3. Referral Source Contact Information

If the child's Health Care Provider is making the referral, skip Section 3 and complete Section 4. If an Early Childhood Program is making the referral, check here. NOTE: Any agency may use this referral form. ☐

Name of Agency Making Referral: _____

Address: _____

City _____ State _____ Zip Code _____

Office Phone _____ Office Fax _____

E-mail _____ Contact Person at Referral Site: _____

Section 4. Health Care Provider Contact Information

Agencies listed in Sec. 3, please complete Sec. 4 (with parental consent) to assure child's Health Care Provider is informed of referral.

Name of Child's Health Care Provider: _____

Street Address: _____

City _____ State _____ Zip Code _____

HFS 650 (R-3-18) Page 1 of 2

Appendix M - Standardized Illinois Early Intervention Referral Form (continued)

Office Phone _____ Office Fax _____

E-mail _____ Contact Person at Health Care Provider Office: _____

Section 5. Early Intervention CFC Office Referral Location

FAX form to the CFC where the child is being referred: CFC #: _____

If CFC is unknown, use child's county/ZIP code, locate CFC office using the DHS Office Locator at: http://www.dhs.state.il.us/page.aspx?module=12

Section 6. Authorization to Release Information

1. Consent for **Referral to Early Intervention** and for Release of Health Information to Early Intervention Program

The purpose of this disclosure is to refer (print child's name) _____ to the Illinois Early Intervention program.

I, (print name of parent or guardian), _____

give my permission for my child's health care provider, (listed in Section 4 above) to share pertinent information about my child,

(print child's name) _____

regarding suspected developmental delay or related medical conditions with the Early Intervention program. I understand that I may withdraw this consent by written request to my child's health care provider, except to the extent it has already been acted upon.

2. Consent to **Release Early Intervention Reports and Results to Healthcare Provider and/or Other Referring Agency.** Your consent allows the Early Intervention program to share reports and results, as listed in the EI Fax Back Form, with your child's health care provider listed in Section 4, or the referral entity. The CFC will send the HFS 652 Illinois Early Intervention Program Referral Fax Back form with the appropriate information: https://www.illinois.gov/hfs/SiteCollectionDocuments/hfs652.pdf

3. Consent to **Release Early Intervention Eligibility Determination and Service Information to Illinois Department of Healthcare and Family Services.** For children enrolled in All Kids, your consent allows the release of information from Department of Human Services (DHS) to the Department of Healthcare and Family Services (HFS) about your child, including name, AllKids recipient identification number, date of birth, and information about your child's referral to and eligibility for Early Intervention, including services received and other referrals made by Early Intervention. Your consent allows HFS to share information with your child's health care provider (listed in Section 4 above, if any) and treating doctors within the group, and managed care organization (MCO), if applicable, for care coordination. Care coordination allows your child's health care provider to be notified with results of your child's Early Intervention evaluation and/or assessment, eligibility for services and services received. Your consent allows HFS to use the information for analysis purposes and to measure the quality of the care coordination process between the health care provider and Early Intervention. Information and reports resulting from data analysis will not be released with any individually identifying information about your child.

I understand that I may withdraw this consent by written request to Early Intervention, except to the extent it already has been acted upon. I certify that this Authorization to Release Information has been given freely and voluntarily. Information collected hereunder may not be re-disclosed unless the person who consented to this disclosure specifically consents to such re-disclosure and or the re-disclosure is allowed by law. I understand I have a right to inspect and copy the information to be disclosed.

Parent/Legal Guardian Signature* _____ Date _____

*Consent is effective for a period of 12 months from the date of your signature on this release.

Section 7. For CFC Office Use Only

Date Referral Received: _____ Name of person receiving referral: _____

HFS 650 (R-3-18) Page 2 of 2

Appendix N - Illinois Early Intervention Program Referral Fax Back Form (appendix R)

State of Illinois
Department of Healthcare and Family Services

Illinois Early Intervention Program
Referral Fax Back Form

PART 1 of 2

Complete Part 1 upon contacting the family, or when a family cannot be contacted in a timely manner. If the parent/guardian consented to the release of information in Section 6 of the Standardized Illinois Early Intervention Referral Form to the health care provider listed in Section 4 and/or the referral source listed in Section 3, send Part 1 of the Referral Fax Back Form to the health care provider and/or the referral source for which consent was provided. If the parent/guardian did not consent to the release of information to either the healthcare provider or the referral source, then information cannot be sent to the entity for which consent was not given.

Date: _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Date Referral Received: _____

This child was referred to our Child and Family Connections office. The following is the status of that referral:

☐ **The family was contacted on** (date): _____

☐ **A Service Coordinator has been assigned to the family:**

Name: _____

CFC# / Location: _____ / _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

☐ Repeated attempts have been made to contact this family - we were unable to establish contact.

Date final contact attempt made: _____

Please let us know if the family is still interested in having an evaluation for their child.

☐ The family has been contacted and requests that you contact them directly for results.

Date request made by family: _____

☐ The family has declined services at this time.

Date service declined: _____

Additional comments:

HFS 652 (R-3-18) Page 1 of 2

Appendix N - Illinois Early Intervention Program Referral Fax Back Form (appendix R) (continued)

PART 2 of 2

To be completed after eligibility is determined and the Individual Family Service Plan (IFSP) is completed to inform the health care provider and/or referral source about Early Intervention eligibility, other referrals provided and other Early Intervention service(s) recommended, if eligible.

Note: if the parent/guardian consented to the release of information in Section 6 of the Standardized Illinois Early Intervention Referral Form to the health care provider listed in Section 4 and/or the referral source listed in Section 3, send Part 2 of the Referral Fax Back form to the health care provider and/or the referral source for which consent was provided. If the parent/guardian did not consent to the release of information to either the health care provider or the referral source, then information cannot be sent to the entity for which consent was not given.

Date: _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

1. ☐ The family has been contacted and the following has occurred:
   - ☐ The child has been evaluated and found to be **not eligible** for services at this time (Skip to #4)
   - ☐ The child has been evaluated and found to be **eligible** for services based on the following:
     - ☐ 30% or greater developmental delay
     - ☐ Qualifying Diagnosis of: _____
     - ☐ Other: _____

2. ☐ The child and family have been recommended to receive the following Early Intervention services:
   - ☐ Developmental Therapy
   - ☐ Occupational Therapy
   - ☐ Physical Therapy
   - ☐ Speech Therapy
   - ☐ Social Work/Counseling
   - ☐ Other: _____
   - ☐ Notes: _____

3. ☐ An IFSP was/will be developed for the child and family. The IFSP Summary Report will be released to the health care provider identified in Section 6, Authorization to Release Information, in the Standardized Illinois Early Intervention Referral Form (a full copy of the plan may be obtained through the contact listed in Part 1).

4. ☐ The child and family received referrals to the following non-EI services:

   _____

5. ☐ The evaluation/assessment and service planning process have not been completed because:

   _____

Additional comments:

HFS 652 (R-3-18) Page 2 of 2

Appendix O - Case Management Action Plan

State of Illinois
Illinois Department of Public Health

Childhood Lead Program
Case Management Action Plan

Case Manager: _____ Phone: _____

The nurse will ...	Date completed	Notes
Refer to the Lead Risk Assessor for home inspection.		
Conduct a home visit to identify potential lead hazards.		
Discuss possible sources of lead exposure.		
Discuss the effects of elevated blood lead levels.		
Review behaviors that put the child at risk for lead exposure.		
Discuss nutrition (Vit C, iron, Calcium, 3 meals-3 snacks).		
Discuss lead hazard reduction strategies, including cleaning, remodeling, and hygiene.		
Provide educational materials and *Protecting Children and Pregnant Persons from Lead Exposure*.		
Explain the importance of/schedule for follow-up testing.		Next test:
Refer for developmental screening or Early Intervention services, as appropriate.		
Provide a copy of the Action Plan to the parent/ guardian and physician.		Physician name:
Follow up with the family, providing reminders and further education as needed.		
The primary care physician will ...		
Follow IDPH recommendations for follow-up testing.		
Work in conjunction with social, educational, and other medical providers to coordinate services.		

http://dph.illinois. gov/illinoislead

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The parent/guardian will...

- ✓ Wash the child's hands, pacifier, and toys frequently.
- ✓ "Wet Clean" areas where paint is cracked/peeling.
- ✓ Use interim controls until mitigation activities can be completed (see *Cleaning Checklist* and *Protecting Children and Pregnant Persons from Lead Exposure*).
- ✓ Provide a well-balanced diet and any supplements recommended by the physician.
- ✓ Use bottled/filtered water for bottles and cooking, if able. If unable, use COLD tap water and let it run prior to using.
- ✓ Stop using any food, candy, spices, supplements, home remedies, or cosmetics identified as potentially contaminated with lead until test results are known.
- ✓ Have any child or pregnant person living in the home tested for lead.
- ✓ Review the educational materials provided and address any questions with the nurse.

Time Frame for Follow-Up Blood Lead Testing

Venous Blood Lead Level µg/dL	Time Frame for Follow-up Venous Blood Lead Test
5-14	Within 3 months
15-19	Within 2 months
20-29	Within I month
30-39	Within 2 weeks
≥ 40	Within 1 week

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Appendix P - Evaluation and Testing Recommendations for Pre-conceptual counseling, Pregnancy, and Breastfeeding (dph.illinois.gov)

State of Illinois
Illinois Department of Public Health

IDPH Evaluation and Testing Recommendations for Pre-conceptual counseling, Pregnancy, and Breastfeeding

Pregnant people that are exposed to lead not only pose a risk to their health during pregnancy but to their developing fetus and nursing infant. Past and present lead exposure to a pregnant or lactating person is a concern as bone lead stores are released into the blood and breast milk affecting the fetus and newborn infant.

All Medical Care Providers should consider the possibility of lead exposure in individual persons during pre-conceptual counseling and during pregnancy by evaluating risk factors for exposure as part of a comprehensive health risk assessment using the Prenatal Lead Risk Questionnaire (PLRQ) .

Pre-conceptual Counseling

- Persons receiving pre-conceptual counseling should be evaluated with the PLRQ.
- A blood lead test (if indicated) should be given as early in the pre-natal counseling as possible.
- Education regarding effects of lead exposure should be given if a lead test is declined or test result is ≥5 µg/dL.

Pregnancy

- Persons presenting for a prenatal visit should be evaluated with the PLRQ.
- Use the PLRQ to determine if a blood lead test is needed. A blood lead test is needed if the response to any of the questions is "yes." A possible lead risk exists if any answer of "don't know" is given, so the opportunity to have a lead test should be offered.
- Education regarding effects of lead exposure and sources of lead exposure should be given if a lead test is declined or test result is ≥5 µg/dL.
- If the PLRQ indicates a blood lead test is needed, obtain a test as early as possible in the pregnancy. A second blood lead test should be obtained prior to delivery, even if the first test result was < 5 µg/dL.
- All blood lead testing of adults should be conducted using venous blood lead tests. If a capillary test is conducted and the result is ≥5 µg/dL, a confirmatory venous test is needed.
- All pregnant persons with a venous blood lead level (BLL) ≥5 µg/dL should receive follow-up blood lead testing. See IDPH pregnancy testing follow-up guidelines.
- Newborns of all birthing parents with a venous BLL ≥5 µg/dL should receive venous or cord blood testing for blood lead level at birth.
- Blood lead levels of both birthing parent and child must be submitted to IDPH Lead Program in accordance with the Illinois Poisoning Prevention Act, and should be entered into both the birthing parent's and infant's medical records.

Breastfeeding

- A person with a venous BLL ≥40 µg/dL should not initiate breastfeeding. They should be advised to pump and discard their breast milk until their blood lead has declined to < 40 µg/dL.
- Initiation of breastfeeding should be encouraged for persons with BLLs of < 40 µg/dL.
- At breastfeeding person's blood lead levels between 20-39 µg/dL, breastfeeding should be initiated accompanied by sequential infant blood lead levels to monitor trends.
- Breastfeeding should continue for all infants with BLLs < 5 µg/dL or trending downward.
- When a breastfeeding person's BLL ≥20 ug/dL with infant BLL ≥5 ug/dL, and an environmental investigation has been conducted with no external source of lead identified and the infant's BLL is rising, please check with the Poison Control Center, or other lead expert to discuss a consideration of temporary interruption of breastfeeding until breastfeeding person's blood lead level declines.

References

Centers for Disease Control and Prevention. Guidelines for the Identification and Management of Lead Exposure in Pregnant and Lactating Women. https://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf. Published November 2010. Updated 2012. Accessed May 9, 2019.

The American College of Obstetricians and Gynecologists Women's Health Care Physicians. Lead Screening During Pregnancy and Lactation. Committee Opinion No 533. https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Lead-Screening-During-Pregnancy-and-Lactation. Published August 2012. Accessed May 9, 2019.

ALL lead test results, regardless of level, are required to be reported to the IDPH Lead Program.

If a capillary test is conducted and the results are ≥5 µg/dL, a confirmatory venous test is needed.

dph.illinois.gov/illinoislead
Lead Program Hotline: 866-909-3572

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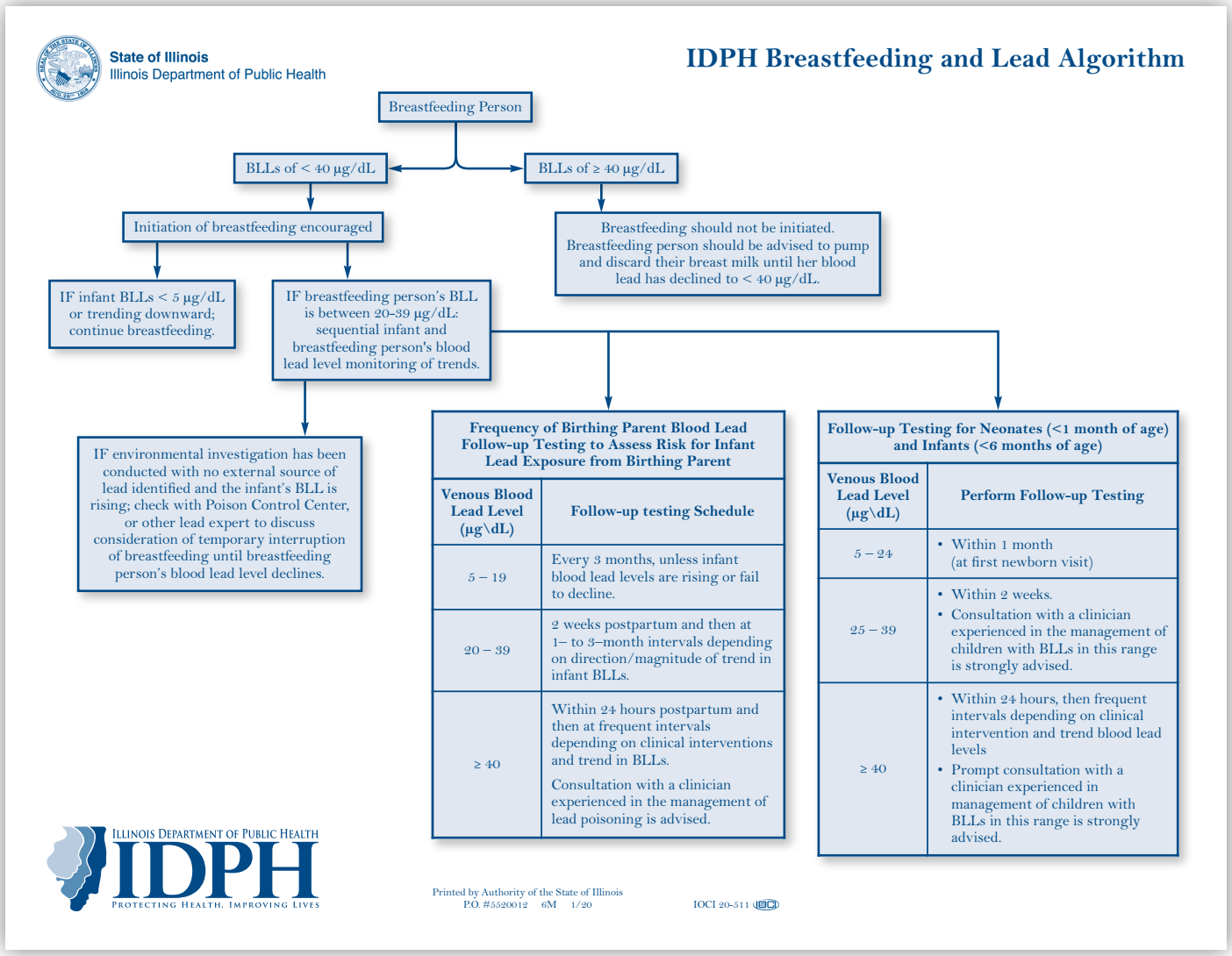
Appendix Q - [Breastfeeding Algorithm (dph.illinois.gov)]



State of Illinois
Illinois Department of Public Health

IDPH Breastfeeding and Lead Algorithm

Breastfeeding Person

BLLs of < 40 µg/dL

BLLs of ≥ 40 µg/dL

Initiation of breastfeeding encouraged

Breastfeeding should not be initiated. Breastfeeding person should be advised to pump and discard their breast milk until her blood lead has declined to < 40 µg/dL.

IF infant BLLs < 5 µg/dL or trending downward; continue breastfeeding.

IF breastfeeding person's BLL is between 20-39 µg/dL: sequential infant and breastfeeding person's blood lead level monitoring of trends.

IF environmental investigation has been conducted with no external source of lead identified and the infant's BLL is rising; check with Poison Control Center, or other lead expert to discuss consideration of temporary interruption of breastfeeding until breastfeeding person's blood lead level declines.

Frequency of Birthing Parent Blood Lead Follow-up Testing to Assess Risk for Infant Lead Exposure from Birthing Parent

Venous Blood Lead Level (µg\dL)	Follow-up testing Schedule
5 – 19	Every 3 months, unless infant blood lead levels are rising or fail to decline.
20 – 39	2 weeks postpartum and then at 1– to 3–month intervals depending on direction/magnitude of trend in infant BLLs.
≥ 40	Within 24 hours postpartum and then at frequent intervals depending on clinical interventions and trend in BLLs. Consultation with a clinician experienced in the management of lead poisoning is advised.

Follow-up Testing for Neonates (<1 month of age) and Infants (<6 months of age)

Venous Blood Lead Level (µg\dL)	Perform Follow-up Testing
5 – 24	• Within 1 month (at first newborn visit)
25 – 39	• Within 2 weeks. • Consultation with a clinician experienced in the management of children with BLLs in this range is strongly advised.
≥ 40	• Within 24 hours, then frequent intervals depending on clinical intervention and trend blood lead levels • Prompt consultation with a clinician experienced in management of children with BLLs in this range is strongly advised.

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Telephone Directory

Child and Family Connections (CFC): 800-843-6154

FDA:. 888-INFO-FDA

IDPH Lead and Asbestos Program: 217-782-3517

IDPH Lead Program, Fax: 217-557-1188

IDPH Northern Regional Nurse Consultant:. 309-693-5133

IDPH Southern Regional Nurse Consultant:. 217-785-3045

IDPH Environmental Health - Lead in water: 217-782-5830

IDPH Champaign Regional Office: 217-278-5900

IDPH Edwardsville Regional Office: 618-656-6680

IDPH Marion Regional Office: 618-993-7010

IDPH Peoria Regional Office:. 309-693-5360

IDPH Rockford Regional Office:. 815-987-7511

IDPH West Chicago Regional Office:. 630-293-6800

IDPH Lab - Chicago: 312-793-3050

IDPH Lab Supplies – Springfield:. 217-524-6222

National Lead Information Center:. 800-424-LEAD

U.S. Consumer Product Safety Commission: 800-638-2772

Glossary of Terms

In this document, the following terminology is used:

Abatement – Any approved work practices that will permanently eliminate lead exposure or remove the lead-bearing substances in a regulated facility.

Act – Illinois Lead Poisoning Prevention Act

BLL – Blood lead level

Blood lead reference value – 5 µg/dL (micrograms per deciliter) to identify children with blood lead levels that are much higher than most children's levels. This new level is based on the U.S. population of children ages 1-5 years who are in the highest 2.5% of children when tested for lead in their blood; formerly referred to as a "level of concern."

Blood lead test – Blood lead testing by venous or capillary methodology

Case Management/Case Follow-up – Involves coordinating, providing, and overseeing the services required to reduce BLLs below 5 µg/dL.

CDC – U.S. Centers for Disease Control and Prevention

CFC – Child and Family Connections

Chelation Therapy – The use of chelating agents (chemical compounds that bind to metals) to remove toxic metals, such as lead, from the body.

Child – A person under 16 years of age

Childhood Lead Risk Questionnaire (CLRQ) – The questionnaire was developed by the IDPH for use by physicians and other health care providers for children 6 years of age to assess for risk of lead exposure and if testing is necessary.

Code – Illinois Lead Poisoning Prevention Code

Confirmatory – Refers to a venous blood test. This is required to open a case in the Illinois Lead Program data system and subsequently to schedule all case management activities.

DCFS – Illinois Department of Children and Family Services

Delegate Agency – A unit of local government or health department approved by the IDPH in accordance with Section 845.50 of the code to carry out the provisions of the act.

IDPH – Illinois Department of Public Health

EBLL – Elevated blood lead level; a blood lead level equal to or greater than 5 micrograms per deciliter.

EBL Inspection – A lead inspection, lead risk assessment, and any necessary follow-up in a regulated facility to determine the sources of lead exposure. EBL inspections shall only be performed by IDPH or delegate agency personnel licensed as a lead risk assessor.

EI – Early intervention

Evaluation – Administration of the Childhood Lead Risk Questionnaire to the parent by a health care provider.

Hand to mouth behavior – The behavior of putting items, such as toys, in the mouth.

HFS – Illinois Department of Healthcare and Family Services

High-risk Area – Designated area of the state where children 6 years of age and younger are considered to be at high risk for lead exposure.

HHLPSS – Health Homes and Lead Poisoning Surveillance System

International Adoptee – A foreign born minor entering the United States under the provisions of the Immigration and Nationality Act (INA) under authorized international adoption procedures.

Lead hazard – A lead-bearing substance that poses an immediate health hazard to humans.

Lead investigation – A surface-by-surface investigation to determine the presence of lead-based paint.

Lead exposure – The condition of having an EBLL.

LHD – Local health department or health district, as recognized by the IDPH, that has jurisdiction over the geographical area in which the person lives.

Medical evaluation – An assessment of a patient for the purpose of forming a diagnosis and plan of treatment.

Medical management – A collaborative process that facilitates recommended treatment plans to assure the appropriate medical care is provided to children and pregnant women with EBLL.

Mitigation – The remediation of a lead hazard so that the lead-bearing substance does not pose an immediate health hazard to humans.

Prenatal Lead Risk Questionnaire (PLRQ) – The questionnaire was developed by the IDPH for use by physicians and other health care providers for pregnant persons to assess for risk of lead exposure and if testing is necessary.

Program – Illinois Lead Program

PCP – Primary care provider

PHN – Public health nurse

Pica – Eating non-food substances

Refugee – Any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

Remediation – Correction of a lead-bearing surface

Testing – A blood lead draw

WIC – Special Supplemental Nutrition Program for Women, Infants and Children

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