

## Tennessee Childhood Lead Poisoning Prevention Program Frequently Asked Questions (FAQs)

**Q: Why are lead screenings important?**

A: At least 25 percent of American homes were built before 1978 and may contain lead-based paint (LBP). LBP degrades into fine, virtually invisible lead dust that children can ingest and/or inhale. Because most children do not exhibit discernible physical symptoms of lead poisoning, routine screenings at an early age (12 and 24 months) are essential to healthy brain development.

**Q: At what blood lead level is a child considered lead poisoned?**

A: While the CDC stresses that there is no safe blood lead level for children, the *lead reference level* is **5 µg/dL**. An initial lead screening that reveals a BLL of 5 or greater should trigger a second, confirmatory *venous* test. If the second test also registers a BLL of 5 or higher, the child will receive nurse case management. Nurse case management works directly with the provider.

**Q: What does *reference level* mean?**

A: To stress, the CDC is emphatic in that there is **no** safe lead level. The 5 µg/dL reflects the 97.5<sup>th</sup> percentile of children screened for lead levels whose BLL is below that number (5). Based on NHANES, the reference level may drop as the nation's lead programs succeed in protecting children from lead exposure. CDC YouTube video addresses this issue at: ["Mission unleaded: How to test children for lead with maximum accuracy"](#).

**Q: Do Tennessee schools require blood lead testing before a child enters kindergarten?**

A: No, however . . . **Head Start** does have such a mandate for its pre-school aged students.

**Q: Why must I report lead screenings?**

A: In the state of Tennessee, lead poisoning, for both children and adults, is a *reportable condition*, mandated by the Department of Health. The Reportable Disease Matrix outlines lead reporting requirements on page Five (5).

<https://www.tn.gov/health/cedep/reportable-diseases.html>

**Q: When is it necessary to screen three- to six-year olds?**

A: If there is no documented record of a blood lead level, the child should undergo a capillary screening. Any time a parent/guardian answers “Yes” or “I don’t know” to any of the questions on the Risk Assessment Questionnaire, the child should be screened. Foreign-born children should be screened within 90 days of their arrival in the United States and again three to six months after their arrival.

**Q: Why is it that some pediatric practices do not report their blood lead levels?**

A: If a provider tests onsite using a LeadCare II device, that practice is responsible for reporting its results to University of Tennessee Extension via their online LeadInput system. Those pediatric offices that draw capillary blood samples and send them to a laboratory for analysis do not report; rather, the laboratory is responsible for sending those results. In either case, *all* test results must be submitted.

**Q: If a two-year old is confirmed with an elevated blood lead level and he/she has an older sibling, should that child also be tested?**

A: Yes! Most children are exposed to lead in their own home or that of a close relative, meaning that all children in a given family may have elevated blood lead levels.

**Q: Parents with lead poisoned children often ask if *they* are at risk for lead poisoning, as well. Is this likely?**

A: Yes – and no. Statistically, 95 percent of adults with lead poisoning are exposed in an occupational setting. Of the remaining number, most are exposed during home renovations. However, children are typically poisoned in their home, which they share with their parents. The hand-to-mouth behavior of children renders them vastly more susceptible to lead poisoning.

**Q: What jobs pose a risk of occupational lead poisoning?**

A: This CDC link (<https://www.cdc.gov/niosh/topics/lead/jobs.html>) lists those at-risk positions. If workers exposed to lead do not follow the

OSHA guidelines for workplace-to-home hygiene, they can bring lead home on their clothing or shoes, poisoning their children or other household members.

**Q: I have heard that animals can become lead poisoned. Is this true?**

A: Yes, household pets can become poisoned in much the same manner as children. Cows are also at high risk for lead poisoning, usually from contact with aging farm equipment left in their pastures. When old batteries deteriorate and leak, cows may lick them and ingest lead.

**Q: If we make an error in inputting our lead data, we are not able to make any changes once we submit. What should we do?**

A: Send an email to [leadtrk@utk.edu](mailto:leadtrk@utk.edu), explaining the change you need made, or call UT Extension at 865-974-8178.

**Q: Our practice sees children for a well-child check at the age of nine months. Can we perform the 12-month lead screening then?**

A: Yes! Several Tennessee practices operate on this screening schedule; however, a *heel stick* is the recommended capillary procedure for children under 12 months of age.

**Q: Does the Childhood Lead Poisoning Prevention Program perform lead testing in homes?**

A: No, beyond an environmental investigation for qualifying patients with confirmed EBLLs, the program does not include testing services.

**Q: Is there any funding source for lead abatement in the home of a poisoned child?**

A: Chattanooga, Knoxville, and Memphis may have some very limited HUD funding for eligible residences, but, sadly, the general response is “No.”

**Q: If we have specific case management questions, who can we contact?**

A: The Department of Health’s Director of Pediatric Case Management, Amanda Ingram ([Amanda.D.Ingram@tn.gov](mailto:Amanda.D.Ingram@tn.gov)).

**Q: How many children are confirmed with a BLL of 5 or greater each year?**

A: *Of the aged birth to six year-old children screened* in 2018, there were **432** confirmed cases across the state. 2017’s total was **387**, with 2016’s total amounting to **470**.

**Q: Is lead poisoning education/training available for my staff?**

**A:** Absolutely, and it's free! Contact Bonnie Hinds ([bhinds@utk.edu](mailto:bhinds@utk.edu)/865-974-8178). She will schedule a staff in-service at your convenience. UT Extension also provides printed materials free of charge.