Tennessee Childhood Lead Poisoning Prevention Program Screening, Testing, and Follow-up Guidelines

The Tennessee Childhood Lead Poisoning Prevention Program (CLPPP) screening, testing and follow-up guidelines are based on the latest recommendations of the Lead Exposure and Prevention Advisory Committee and the Centers for Disease Control and Prevention (CDC).

Who Should Be Screened?

A lead risk assessment should be performed according to Bright Futures guidelines for children starting at 6 months old.

Who Should Be Tested?

1. Children at 12 and 24 months old*
2. Children 36-72 months old without a documented blood lead level*
3. Children whose parent/guardian requests a blood lead level
4. Children prior to enrollment at HeadStart
5. Children whose parent/guardian answers “yes” or “don’t know” to any questions on the risk assessment questionnaire used at well-child checks between 6-72 months of age or when child’s risk status changes.

*Required for **all** TennCare recipients.

Testing Guidelines

1. Blood lead tests may be done as a capillary finger stick.

2. If the blood lead level (BLL) is 3.5 µg/dL or greater, the level must be confirmed by a venous BLL.

If the Capillary Blood Lead Level is ≥3.5 µg/dL Follow the Recommended Schedule for a Confirmatory Venous Sample

Screening test result (µg/dL)	Confirmation Testing
3.5-9	0-3 months
10-44	1 week - 1 month*
45-59	48 hours
60-69	24 hours
≥ 70	Urgently as emergency test

*The higher the BLL on the screening test, the more urgent the need for confirmatory testing.

If the Confirmatory Venous Sample is ≥ 3.5 µg/dL, follow the Recommended Schedule for Follow-Up Testing [a]

Venous Blood Lead Level (µg/dL)	Early Follow-Up (first 2-4 tests after identification)	Late Follow-Up (after BLL begins to decline)
3.5-9	3 months [a]	6-9 months
10-19	1-3 months [a]	3-6 months
20-24	1-3 months [a]	1-3 months
25-44	2 weeks-1 month	1 month
≥ 45	As soon as possible	As soon as possible

a Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in the summer months may necessitate more frequent follow up testing.

Summary of Recommended Actions
for Children Based on Blood Lead Level Value

< 3.5 µg/dL

- Report results to TN CLPPP.
- Provide lead education[1].
- Continue screening per TN CLPPP screening guidelines.
- Monitor development during well child visits.

19 µg/dL

- Report results to TN CLPPP.
- Perform a complete history and physical exam, assessing the child for signs and symptoms related to lead exposure.
- Obtain environmental exposure history to identify potential sources.
- Follow-up blood lead monitoring (see guidelines).
- Ensure the child does not have iron deficiency. Follow American Academy of Pediatrics (AAP)[2] testing and treatment guidelines.
- Provide nutritional education with focus on calcium and iron intake. Refer to WIC[3] as applicable.
- Monitor the child's development per AAP guidelines.
- Request Environmental investigation (Venous BLLs ≥ 15 or persistently elevated levels).
- Abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if applicable.
- Refer to Tennessee Early Intervention System[4] as applicable.

45 - 69 µg/dL

- Follow the recommendations for BLL 20-44 listed above, with addition of the following:
    - Perform a complete history and physical exam, including a detailed neurological exam.
    - Contact the TN Poison Control Center (800-222-1222) for guidance regarding management, including oral chelation therapy.
    - **Consider hospitalization if*:***

      Patient's home is not lead-safe.

      Source of lead exposure has not been identified.

≥70 µg/dL

- Follow the recommendations for BLL 20-44, with addition of the following: Hospitalize and commence chelation therapy (following confirmatory venous blood lead test) in conjunction with consultation from a medical toxicologist or a pediatric health specialty unit.

[1] CDC Lead Prevention Clinical Guidance
[2] AAP Diagnosis and Prevention of Iron Deficiency and Iron-Deficiency Anemia in Infants and Young Children (0–3 Years of Age)
[3] Tennessee Department of Health Tennessee Women, Infants & Children (WIC) Program
[4] Tennessee Early Intervention System (TEIS)

The following actions are NOT recommended at any blood lead level:

- Searching for gingival lead lines
- Testing of hair, teeth, or fingernails for lead
- Testing of neurophysiologic function
- Radiographic imaging of long bones
- Evaluation of renal function
- X-ray fluorescence of long bones (except during chelation with EDTA)

Additional Contact Information

Tennessee Department of Health:
Childhood Lead Poisoning Program: Tennessee Department of Health Childhood Lead Poisoning Prevention Program or Call (615) 532-8515
Healthy Homes: Tennessee Department of Health Healthy Homes
Tennessee Department of Environment and Conservation: Lead Certification or Call (615) 532-LEAD or the in-state-only hotline at 1-888-771-LEAD
Lead-based inspectors, Risk Assessors: Lead - Renovation, Repair and Painting (RRP)

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