Tennessee Childhood Lead Poisoning Prevention Program
LEAD GLOSSARY

Term	Definition
Abatement	Process of eliminating lead-based paint from a structure, rendering it lead safe for residents or occupants for a period of 20 years.
Case management	Process of monitoring patients confirmed with a blood lead level (BLL) at or exceeding 3.5 µg/dL and ensuring that recommended actions are completed. Recommended actions based on the child's BLL: [See Lead Screening Guidelines]
Chelation therapy	Oral drug regimen often prescribed for children with a blood lead level at or in excess of 45 µg/dL.
Confirmation	Refers to a venous blood test in response to an initial capillary blood sample of 3.5 µg/dL or greater. A child with a venous confirmatory test of at least 3.5 µg/dL will receive case management for lead poisoning. Case management works directly with the provider. If a venous test is unable to be drawn, a second capillary test can be considered a confirmation if taken within 12 weeks of initial test.
EBLL	The abbreviation for elevated blood lead level, EBLL indicates a blood lead level at or higher than 3.5 µg/dL. (However, it must be noted that the CDC emphasizes that there is ***no safe lead level***.)
Environmental Investigation (EI)	Thorough testing of a child's home and/or other frequent habitation sites to determine lead exposure source(s). In Tennessee, a blood lead level of 15 µg/dL or greater or a series of three escalating blood lead levels comprise eligibility for a state-funded investigation. Investigations are performed by the Tennessee Department of Environment and Conservation on behalf of the Tennessee Department of Health.
Exposure source	Manner in which a child encounters lead via inhalation or ingestion. Exposure sources might be lead-based paint dust, water, lead-laden soil, imported spices, cosmetics, consumer products, etc. [See Common Lead Sources]
Hygiene	Preventive measures to eliminate or reduce exposure to lead. Includes human hygiene (handwashing, etc.) and household hygiene (thorough, damp cleaning of doors, windowsills, floors, etc.) For prevention tips: https://ag.tennessee.edu/fcs/Documents/PoisoningPrevention.pdf

Lead Care II	Point-of-care lead testing device commonly used by medical providers for capillary blood screenings. Analyzes blood samples on site, with the capability of capturing blood lead levels of 3.3 to 65 µg/dL. Providers/practices using a Lead Care II are responsible for reporting their screenings via Lead Input.
Lead Input	https://leadinput.tennessee.edu is the online portal for submitting blood lead screening results. Reporting is mandated by the Tennessee Department of Health at least monthly for non-elevated results and at least weekly for EBLLs. [See Lead Screening Submission Instructions]
Pica	The act of consuming non-foodstuffs, such as clay, dirt, and other substances. Harmful in itself, pica can also be a discernible symptom of lead poisoning.
Plumbism	A lesser-known name for lead poisoning.
(Lead) Reference Level	3.5 µg/dL: A reflection of the 97.5th percentile of lead-screened children whose blood lead level registers lower than that number (3.5). A lead screening at the lead reference level should prompt a venous confirmatory test.
Screening	A capillary blood test via finger or heel prick to determine a child's blood lead level. Should be routinely conducted at the ages of 12 and 24 months and as warranted through the age of 72 months (6 years).
(Lead) Surveillance	System of data collection, maintenance, and utilization for monitoring and improving health outcomes. The lead surveillance system includes mandatory reporting of all lead screening/testing results (child and adult, elevated and non-elevated), per the Tennessee Department of Health.