Subject: Determine Nutrition Risk – Blood Lead Test

Effective Date: September 19, 2016 Revised from: April 28, 2015

Policy: Local Agencies shall ask if the applicant has received a blood lead test within the past 12 months.

Reference: PL 106-387

Procedure:

1. Ask if the applicant has received a blood lead test within the past 12 months.

2. If no, refer to their health care provider/appropriate local resource.
    a. If the WIC clinic is located at the infant/child's medical home, it is strongly recommended that the appropriate staff complete the blood lead test while the infant/child is in the clinic.
    b. Document the referral on the referral tab in KWIC.

3. If yes, ask the applicant / caregiver when the test was completed and by whom.
    a. Document verbal confirmation of the test in KWIC.
    b. Assess level.
        i. If the caregiver does not know what the blood lead level (BLL) was, refer to the appropriate local resource to be assessed.
        ii. If the BLL was $\geq$ 5 μg/deciliter:
            - Refer to the appropriate local resource using the Blood Lead Referral Criteria chart on the next page. Document the referral on the referral tab in KWIC;

            - Emphasize the importance of diet in the treatment of lead.
                - Increased lead absorption has been associated with a calcium-deficient diet and with low iron stores. Emphasize the WIC supplemental foods that are high in iron and calcium.
                - Encourage breakfast, regular meals, and nutritious snacks since more lead is absorbed on an empty stomach.
                - Since lead is absorbed to a greater extent from water and beverages, instruct to offer drinks along with food.

            - Provide information on how to reduce exposure to lead. Several resources are available from the Kansas Healthy Homes and Lead Hazard Prevention Program. http://www.kshealthyhomes.org/Publications.htm

            - If the BLL was greater than or equal to (≥) 5 μg/deciliter the CPA should assign the risk factor Elevated Blood Lead Level.

4. Referral for testing should also be provided and documented if the:
    a. Infant/child had an elevated blood lead level 12 months prior and has had no interim follow-up screening.

b. Infant/child is suspected by a parent or a health care provider to be at risk for lead exposure.
c. Infant/child has a sibling or frequent playmate with an elevated BLL.
d. Client is a recent immigrant, refugee, or foreign adoptee.
e. Breastfeeding or lactating woman, parent, or child's principal caregiver works professionally or recreationally with lead.
f. Family has a household member who uses traditional, folk or ethnic remedies; cosmetics; or who routinely eats unregulated/uninspected food imported from abroad.
g. Family has been identified at increased risk for lead exposure by the health department because the family has local risk factors for lead exposure.

Blood Lead Referral Criteria

1. Blood lead level < 5 µg/dl - No additional action necessary unless exposure sources change.

2. Blood lead level 5-14 µg/dl - Refer for retesting within three months from date of original blood lead test.

3. Blood lead level 15-19 µg/dl -
   a. Refer for venous blood lead confirmation test within 1 month from date of original blood lead test.
   b. Two or more venous blood lead levels in this range warrant referral for medical and environmental evaluation.

4. Blood lead level 20-24 µg/dl.
   a. Refer for venous blood lead confirmation test within 2 weeks from date of original blood lead test.
   b. Refer for medical and environmental evaluation within one month from date of original blood lead test.

5. Blood lead level 25-44 µg/dl.
   a. Refer for venous blood lead confirmation test within 1 week from date of original blood lead test.
   b. Refer for immediate medical and environmental evaluation.

6. Blood lead levels 45-69 µg/dl.
   a. Refer for immediate venous blood lead confirmation test.
   b. Refer for immediate medical and environmental evaluation.

7. Blood lead levels $\geq$ 70 µg/dl.
   a. Levels in this range constitute a medical emergency and should receive immediate medical evaluation and care including hospitalization.
   b. Lead hazard control is essential before the child is returned to the environment.