

# Old Business

## Texas Childhood Lead Poisoning Prevention Program

**Presented by:**

**Cristina Baker, Program Coordinator**

Date: March 27, 2013 Phone: 1-800-588-1248

# Webinar Demonstration

Date: March 27, 2013 Phone: 1-800-588-1248

# CenturyLink Web Meeting



MEETING

▶ WEBCAM

▼ PARTICIPANTS (2)

Speaking:

Patrick Blooming...

. ABLES Program (H)

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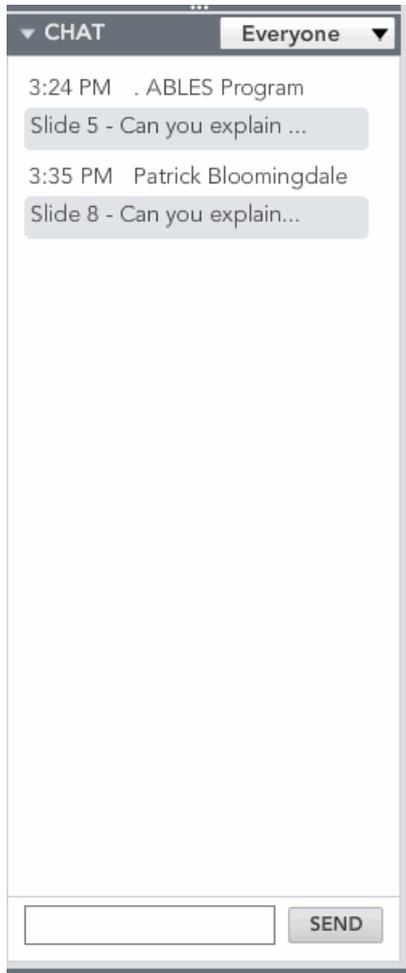
▼ CHAT Everyone

3:24 PM . ABLES Program

Slide 5 - Can you explain ...



# Chat Feature



- Use the **CHAT** feature to submit your questions
- *Example: Slide 8 – Can you explain...*

# Objectives

- Approve February 27, 2013 Meeting Minutes
- Review progress on actions items assigned at the February 27, 2013 SPC Meeting
  - Vote on Pb-109 Revisions
- Assign follow-up actions as necessary

# Action Item #1

- Your approved changes to the Texas Administrative Code Chapter 37 (TAC 37)
  - Revised line 61 of the TAC 37, Rule §37.337 to read the following:
    - (1) obtaining a diagnostic venous blood lead test result;  
and**
  - Revised line 17 of the TAC 37, Rule §37.335 to read “**facility**” instead of “facilities”

# Action Item #2

- Clarification on Texas Health Steps' process for presenting proposed changes to Texas Health Steps Advisory Panel.
  - **Response:** –There was nothing **sent** to the THSteps Advisory Panel. Texas Health Steps supported the reference level 5 as a trigger for providing follow-up testing and is changing the **10** language to **5**.

# Action Item #3

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**Review January 30, 2013 Revisions  
& Pb-109 Options 1, 2, 3, 4**

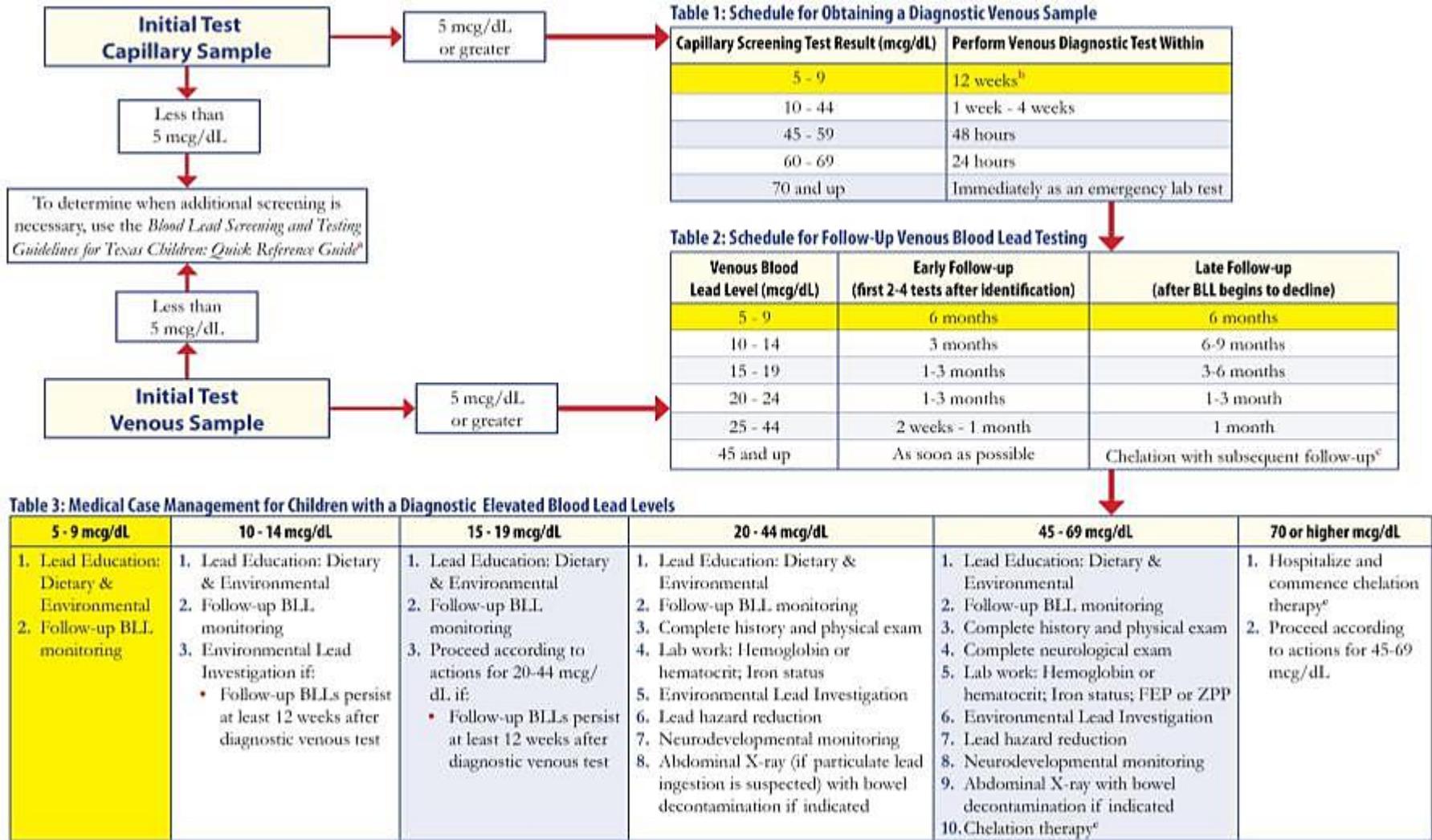
# Action Item #3

- Review revisions made to the Pb-109
  - January 30, 2013 Version – Majority voted “Yes” to accept revisions
  - Option 1 –
  - Option 2 –
  - Option 3 –

**Response:** There wasn't a majority consensus on which version to accept. TXCLPPP is asking for a recall.

# January 30, 2013 Revision

## Revisions highlighted in yellow



# February 27, 2013 Options

Revisions in red

## Option 1

Table 1: Schedule for Obtaining a Diagnostic Venous Sample

Capillary Screening Test Result (mcg/dL)	Perform Venous Diagnostic Test Within
5 - 9	12 weeks
10 - 44	1 week - 4 weeks
45 - 59	48 hours
60 - 69	24 hours
70 and up	Immediately as an emergency lab test

Table 2: Schedule for Follow-Up Venous Blood Lead Testing

Venous Blood Lead Level (mcg/dL)	Early Follow-up (first 2-4 tests after identification)	Late Follow-up (after BLL begins to decline)
5 - 9	3 months - 6 months	6 months - 9 months
10 - 14	3 months	6 months - 9 months
15 - 19	1 month - 3 months	3 months - 6 months
20 - 24	1 month - 3 months	1 month - 3 months
25 - 44	2 weeks - 1 month	1 month
45 and up	As soon as possible	Chelation with subsequent follow-up

## Option 2

Table 1: Schedule for Obtaining a Diagnostic Venous Sample

Capillary Screening Test Result (mcg/dL)	Perform Venous Diagnostic Test Within
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# March 27, 2013 Option

# March 27, 2013 Option

## Revisions highlighted in yellow

**Table 1: Schedule for Obtaining a Diagnostic Venous Sample**

Capillary Screening Test Result (mcg/dL)	Perform Venous Diagnostic Test Within
5 - 9	<ul style="list-style-type: none"> <li>• 12 weeks – 24 weeks</li> <li>• Lead Risk Questionnaire (Pb-110)</li> <li>• Lead Education</li> </ul>
10 - 44	1 week – 4 weeks
45 - 59	48 hours
60 - 69	24 hours
70 and up	Immediately as an emergency lab test

**Table 2: Schedule for Follow-Up Venous Blood Lead Testing**

Venous Blood Lead Level (mcg/dL)	Early Follow-up (first 2-4 tests after identification)	Late Follow-up (after BLL begins to decline)
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# Pb-104: Checklist

## **Environmental Interventions** (supply parent with educational materials #1-307, #1-308, #1-309)

- Potential sources of lead
  - Lead paint
  - Lead contaminated dust and soil
  - Lead contaminated water from lead pipes or lead solder
  - Imported mini-blinds
  - Home remedies (Azarcon or Greta)
  - Lead contaminated food from storage in ceramic pottery, leaded crystal, and lead soldered cans
  - Occupations and hobbies
- Certified professionals should conduct lead abatement
- Methods to reduce their child's lead exposure
  - Create barriers between living/play areas and lead sources (i.e. tape over lead painted windowsills or doorframes, plant grass in bare soil areas)
  - Wash child's hands and face before meals and at bedtime
  - Wash child's toys, pacifiers, and bottles often
  - Wet mop floors regularly and wet wipe window components
  - Vacuum carpeted areas before wet mopping floors
  - Keep child from eating nonfood items
  - Keep child away from peeling, chipping, or flaking paint
  - Prevent child from playing in bare soil areas
  - Keep child away from areas where lead is being used (i.e. hobbies, occupations)
  - Relocate if lead contamination is extensive and not easily remediable
- Potential water hazards
  - Do not cook with or allow children to drink hot tap water
  - Run cold tap water for 1-2 minutes in the morning and fill a pitcher with the water. Use this water for drinking, cooking, and formula preparation
  - Use bottled water if drinking water is contaminated

## **Nutritional Interventions** (supply parent with educational material #13-32)

- Feed child foods rich in absorbable iron, vitamin C, and calcium
- Feed child three healthy meals and two nutritious snacks each day
- Use glass, plastic, or stainless steel containers for storing, preparing, or serving food

## **Medical Care** (supply parent with educational materials #1-310 and #1-311)

- The importance of recommended medical follow-up
  - After the blood lead level goes below 10 µg/dL, screen children for lead at least once a year up to the age of 6
- Risks associated with elevated blood lead levels

# **SPC Voting & Recommendations**

# **Does the SPC Approve the March 27, 2013 Option?**