TESH:
BACK TO SCHOOL UPDATE
August 21, 2012

Sara Morgan
Kathy Karsting
Carol Tucker
DHHS Division of Public Health

IMPORTANT INFORMATION

If you experience technical difficulties during our presentation, please call:
402-481-5674 (Carol Brandl)
402-416-7583 (Kathy Karsting)

Please keep your microphone on MUTE unless you wish to speak to our presenter.

Thank you for not interrupting our presentation with background noise or technical difficulties.

Back to School Update – Requirements for Credit

- To receive contact hours for attending today's event you must:
  - Sign in, completing all fields of the sign in sheet
  - Be present for the entire event
  - Complete and return an evaluation
  - Keep our program "Green!" Please give us your email address and we will issue your certificate electronically!

Back to School Update – Requirements for Credit

- Send evals and sign in sheets (by fax, email, snail mail, or scanned attachment) to the DHHS School Health Program. Certificates are issued by the school health program via email.
- Contact hour approval for the recording of this event expires August 2014.
- For more information about TESH, Telehealth Education for School Health, please contact: kathy.karsting@nebraska.gov.
- Program materials are available at:

http://dhhs.ne.gov/publichealth/Pages/schoolhealth_tesh.aspx

Back to School Update – Required Disclosures

- The members of the TESH planning committee and our presenter today disclose they have no real or perceived conflicts of interest, or financial or commercial influences, that might bias the content of our program.
- There will be no discussion of off-label or unapproved used of medication in this program.

Back to School Update – Disclaimer

- The opinions and viewpoints expressed in this program are the sole responsibility of the presenter, and do not necessarily reflect the views, policies, or positions of:
  - The Nebraska Department of Health and Human Services;
  - The Nebraska Statewide Telehealth Network or our participating member locations; or
  - The Georgia Nurses' Association, the accredited continuing education approver for our presentation today.

THE NEBRASKA BLOOD LEAD TESTING PLAN

Lead Poisoning in Nebraska

- Children are most vulnerable
  - All children under age 6 are at risk due to:
    - Hand-to-mouth activity
    - Rapidly growing bodies
- Children living in older housing at greatest risk
  - Nebraska has a high percentage of old homes
- Testing rates are low in many areas of Nebraska

Lead Poisoning in the Body

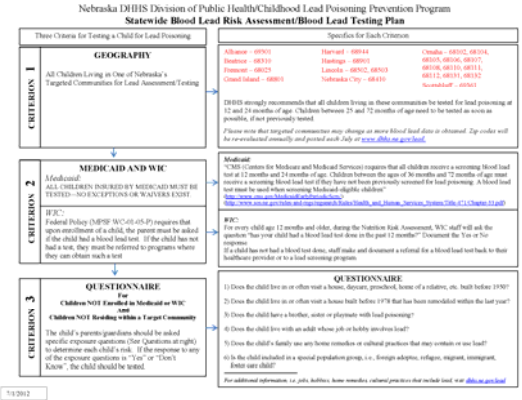
- No known threshold for effects of lead
- Lead poisoning causes adverse health effects
  - Damage to nervous system and brain
  - Delayed growth & development
  - Learning disabilities, decreased IQ and hearing damage
  - Increased risk of behavioral problems
  - In extreme cases, it can lead to coma and death
- In Pregnant Women
  - Increased risk of premature and low-birth weight newborns

Recent Legislative Activity

NEB. REV. STAT. §71-2518 (Effective July 19, 2012)

Directs DHHS Division of Public Health to establish a lead poisoning prevention program, including these components:

- Develop the Statewide Blood Lead Risk Assessment/Blood Lead Testing Plan
- Develop educational materials targeted to health care providers, child care providers, public school personnel, owners and tenants of residential dwellings, and parents of young children
- Initiate contact with the local public health department or the physician, when a child has an elevated blood lead level (EBLL) and offer technical assistance
- Report annually to the Legislature



Nebraska DHHS Division of Public Health/Childhood Lead Poisoning Prevention Program

Statewide Blood Lead Risk Assessment/Blood Lead Testing Plan

Three Criteria for Testing a Child for Lead Poisoning

Specifics for Each Criterion

CRITERION 1

GEOGRAPHY

All Children Living in One of Nebraska's Targeted Communities for Lead Assessment/Testing

Albion - 68620 | Harvard - 68944 | Omaha - 68502, 68104, 68105, 68106, 68107, 68108, 68110, 68111, 68112, 68131, 68132

Bentrice - 68310 | Hastings - 68901

Fremont - 68025 | Lincoln - 68502, 68503

Grand Island - 68803 | Nebraska City - 68410

Scottsbluff - 69361

DHHS strongly recommends that all children living in these communities be tested for lead poisoning at 12 and 24 months of age. Children between 25 and 72 months of age need to be tested as soon as possible, if not previously tested.

Please note that targeted communities may change as more blood lead data is obtained. Zip codes will be re-evaluated annually and posted each July at www.dhhs.ne.gov/lead.

CRITERION 2

MEDICAID AND WIC

Medicaid:

ALL CHILDREN INSURED BY MEDICAID MUST BE TESTED—NO EXCEPTIONS OR WAIVERS EXIST

Medicaid:

"CMS (Centers for Medicare and Medicaid Services) requires that all children receive a screening blood lead test at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning. A blood lead test must be used when screening Medicaid-eligible children"

(http://www.cms.gov/Medicaid/Info/PediatricBenes.html)

(http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5;node=42%3A1.0.1.1.18.1.1.1;sid=ed0ed0ed0ed0ed0ed0ed0ed0ed0ed0;c=ecfr#42:1.0.1.1.18.1.1.1#p-1.0.1.1.18.1.1.1.p0)

WIC:

IFIC:

Federal Policy (MPSF WIC-01-05-P) requires that upon enrollment of a child, the parent must be asked if the child had a blood lead test. If the child has not had a test, they must be referred to programs where they can obtain such a test

For every child age 12 months and older, during the Nutrition Risk Assessment, WIC staff will ask the question "has your child had a blood lead test done in the past 12 months?" Document the Yes or No response.

If a child has not had a blood test done, staff make and document a referral for a blood lead test back to their healthcare provider or to a lead screening program.

CRITERION 3

QUESTIONNAIRE

For

Children NOT Enrolled in Medicaid or WIC

and

Children NOT Residing within a Target Community

The child's parents/guardians should be asked specific exposure questions (See Questions at right) to determine each child's risk. If the response to any of the exposure questions is "Yes" or "Don't Know", the child should be tested.

QUESTIONNAIRE

1) Does the child live in or often visit a house, daycare, preschool, home of a relative, etc. built before 1950?

2) Does the child live in or often visit a house built before 1978 that has been remodeled within the last year?

3) Does the child have a brother, sister or playmate with lead poisoning?

4) Does the child live with an adult whose job or hobby involves lead?

5) Does the child's family use any home remedies or cultural practices that may contain or use lead?

6) Is the child included in a special population group, i.e., foreign adoptee, refugee, migrant, immigrant, foster care child?

For additional information, i.e. jobs, hobbies, home remedies, cultural practices that include lead, visit dhhs.ne.gov/lead

7/1/2012

About the Blood Lead Testing Plan Criterion 1 - Geography

Zip Codes in Criterion 1 include:

- 10 zip codes within the Nebraska Lead Superfund Site which have an identified risk (Baseline Human Health Risk Assessment, Omaha Lead Superfund Site, DHHS, 2004)
- Those with at least 5 lead poisoning cases between 2009 and 2011 and more than 27% of the housing stock built before 1950

Targeted communities may change as more blood lead data is obtained. Zip codes will be re-evaluated annually and posted each July at www.dhhs.ne.gov/lead

About the Blood Lead Testing Plan Criterion 2 – Medicaid and WIC

Requirements for testing a child's blood lead level when participating in these programs remain the same:

- Medicaid: all children should receive a blood lead test at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must receive a blood lead test if they have not been previously screened for lead poisoning. A blood lead test must be used when screening Medicaid-eligible children
- WIC: For every child age 12 months and older, during the Nutrition Risk Assessment, WIC staff will ask the question "has your child had a blood lead test done in the past 12 months?"
  - Children who have not had a blood lead test are referred for one

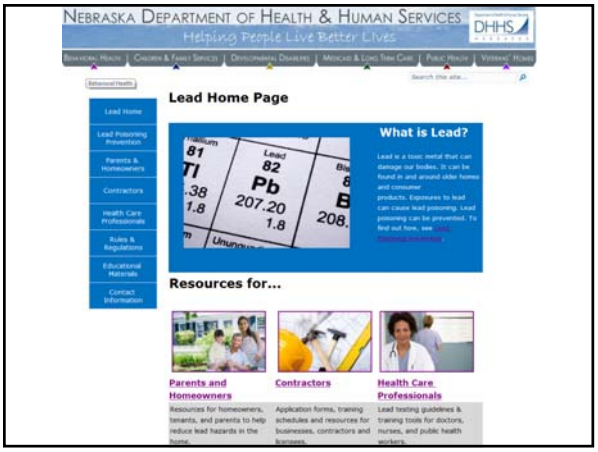
About the Blood Lead Testing Plan Criterion 3 - Questionnaire

Series of questions designed to discover what else might place a child at risk, including:

- Age of house, daycare, preschool, etc
- Sibling who is lead poisoned
- Parental jobs or hobbies
- Certain population groups, cultural practices or home remedies

Educational Materials

- Printed Materials
  - Update existing brochures
  - Create additional materials for Parents, Pregnant Mothers, Physicians & Adult Workers
- New Lead Web Site
  - Resources for Parents/Homeowners, Contractors, & Health Care Professionals
  - Online Later this Month



Sources of Exposure in the Home

- Lead-based paint in poor condition
- Lead dust from deteriorated lead paint
- Children playing in contaminated soil around home from paint or pollution
- Imported candy or food grown in contaminated soil
- Some Toys and toy jewelry
- Folk Medicines
- Taking lead home from work or hobbies

Occupations Involving Lead

- Contractors who renovate/repair homes built before 1978
- Workers who sand, scrape or blast lead-based paint
- Recyclers of metal, electronics, and batteries
- Manufacturers of bullets, ceramics, electronics, and jewelry
- Firing range workers, gunsmiths, or police officers
- Construction and demolition workers
- Foundries and scrap metal operations
- Lead smelters
- Bridge construction and repair
- Steel workers
- Automobile repair

Hobbies Involving Lead

- Stained glass
- Fishing sinkers
- Computer electronics
- Automotive repair
- Reloading bullets
- Artistic painting and pottery glazing
- Soldering

Cultural Practices

Lead has been found in some traditional and folk medicines, such as those used for arthritis, infertility, upset stomach, menstrual cramps, colic and other illnesses:

- Ayurvedic medicines
- Daw Tway
- Bhasma
- Smrti
- Ba-baw-san
- Ghasard
- Greta
- Azarcon

Follow-up Testing

CDC Recommended Schedule for Obtaining a Confirmatory Venous Sample	
Screening test result (µg/dL)	Perform a confirmation test within:
10-19	3 months
20-44	1 week-1 month
45-59	48 hours
60-69	24 hours
> 70	Immediately as an emergency lab test

- CDC recently adopted a lead reference value of 5 µg/dL
  - Medical follow-up recommendations to change and be posted in MMWR
- View CDC medical recommendations and publications at:
  - http://www.cdc.gov/nceh/lead/

Case Management

CDC Recommendations for Children with Confirmed (Venous) Elevated Blood Lead Levels

BLL (µg/dL)	Action
10-14	• Family lead education (dietary & environmental) • Follow-up blood lead monitoring
15-19	• Family lead education (dietary & environmental) • Follow-up blood lead monitoring • If BLLs persist or worsen, proceed according to actions for BLLs 20-44
20-44	• Provide family lead education & follow-up blood lead monitoring • Physical exam & complete medical/environmental/nutritional history • Lab work: hemoglobin or hemocrit, iron status • Neurodevelopmental monitoring • Environmental investigation & lead-hazard reduction
45-69	• Provide family lead education & follow-up blood lead monitoring • Physical exam & complete medical/environmental/nutritional history • Lab work: hemoglobin or hemocrit, iron status, FEP or ZEP • Environmental investigation & lead-hazard reduction • Neurodevelopmental monitoring • Abdominal X-ray with bowel decontamination if indicated • Chelation therapy
70 or higher	• Hospitalize child and commence chelation therapy • Proceed according to actions for 45-69 µg/dL

- * Adopted from CDC's "Managing Elevated Blood Lead Levels Among Young Children" http://www.cdc.gov/nceh/lead/CaseManagement/caseManage_main.htm
- * Table does not reflect CDC's new reference value of 5 µg/dL

Reporting Requirements

- Blood lead tests are required to be reported within 7 days of detection
  - Includes all venous and capillary tests regardless of result
- The physician is required to report lead results to DHHS unless the laboratory that performs the lead analysis reports the test
  - 173 NAC 1-003.01B
- Reports must include the following demographic information:
  - The date of sample collection and analysis
  - Whether the sample is a capillary or venous blood sample
  - The date of birth, address, and sex of the patient
  - The name and address of the physician
  - The race and ethnicity of the patient, if known.

Follow up Actions

- State or local health department contact physician and parents of child with a Blood Lead Level of 5µg/dL or higher.
  - Detail recommendations for follow-up testing and medical management
  - Provide information on what can be done at home, including hand-washing, cleaning, etc.

For More Information

- Office: Nebraska Department of Health & Human Services
  Childhood Lead Poisoning Prevention Program
  PO Box 95026
  Lincoln, NE 68509
  Phone: 402-471-0386 or 1-888-242-1100 menu 3
  Fax: 402-471-8833
- Online: www.dhhs.ne.gov/lead
- Additional Resources: www.cdc.gov/lead

Developments in Nebraska School Health Screening

Kathy Karsting, RN, MPH

Developments in Nebraska School Health Screening

- Rules and Regulations for School Health Screening
- School Health Data Project
- Resources for schools
  - Guidelines
  - Competencies

Developments in Nebraska School Health Screening

- Rules and Regulations – Key Points
  - Statutes apply only to public schools
  - Schedule for screening
  - Qualified personnel
  - Parent refusal
  - Children with special needs
  - Competencies and verification
  - Notification
  - Enforcement

Schedule for Screening

- PK – 4th annually
- 7th grade
- 10th grade
- Additional indications for screening
- Hearing, Vision, Dental, BMI
- Other screenings, other grades by local school policy as desired.

Qualified Personnel

- Any person can screen, if first deemed competent in the screening method by a licensed health care professional.
- An unlicensed person can also screen if under the direct supervision of a licensed health care professional.
- Licensed health care professionals may screen.
- MAY NOT SCREEN: an unlicensed person who has not been documented as competent in the screening method within the last three years and is not under direct supervision of a licensed health care professional.

Parent Refusal

- The parent must provide documentation to the school that the student has been screened by a qualified medical professional.
- If the parent provides no such documentation, the child will be screened at school.
- RECOMMENDATION: review student handbooks and important information for parents to include this information.

Children with Special Needs

- Children who cannot be screened by the usual method should not be overlooked in the screening method.
- Adapted screening methods at school can only be performed by licensed health care professionals.
- The school must show an effort to work with parent to obtain screening results by other means, likely from the child's personal health care provider with parent's assistance.

Competencies and Verification

- Competencies for screening are attached to the regulations.
- The competencies also are adapted for a verification checklist, to be signed and dated by the licensed health care professional verifying accurate and consistent screening method.
- Goals for Competency Framework: Standardize screening practice. Establish accurate and reliable measurement.
- It is the responsibility of the screener to obtain competency verification; responsibility of the school to show qualified screeners have screened.

Notification

- Parents are to be notified of results indicating need for further evaluation.
- Results of screening are NOT diagnostic or conclusive.
- Statutes do not require parent to act on screening results.
- If parent fails to act: is the child at risk for harm or injury? Are there accommodations school will make?

Enforcement

- Statutes identify the role of the local board of education in complying with state laws for screening.

Developments in Nebraska School Health Screening

- Regulatory Roadmap
  - Public hearing scheduled Nov. 1
  - Consideration of public and stakeholder input
  - Effective date July 2014
  - Guidelines drafts available now

School Health Data Project

- Year 1: BMI
- Year 2: Dental
- Year 3: Chronic Conditions
- Year 4: BMI + physical exam and visual eval compliance
- Year 5: Dental

Guidelines

- Draft guidelines available now
- Review comments and suggestions needed
- Additional Resources:
  - School Nurse screening methodology
  - Competency assessment methodology

Right Now: Your Active Participation in Policy Development is Needed

- Review draft rules and regulations
- Provide information to school administration on impact for your school
- Make comments and recommendations via the public input process
- Prepare for planned change as indicated in your school's screening program and practices
- Differentiate nursing practice from screening.