

**CHAPTER 51A**  
**SCREENING OF CHILDREN**  
**FOR LEAD POISONING**

**Authority**

N.J.S.A. 26:2-137.2 to 137.7.

**Source and Effective Date**

R.1997 d.504, effective December 1, 1997.  
See: 29 N.J.R. 990(a), 29 N.J.R. 5081(a).

**Executive Order No. 66(1978) Expiration Date**

Chapter 51A, Screening of Children for Lead Poisoning, expires on December 1, 2002.

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**SUBCHAPTER 1. GENERAL PROVISIONS**

**8:51A-1.1 Scope**

The rules in this chapter apply to physicians, registered professional nurses, as appropriate, and licensed health care facilities that provide services to children under six years of age, and to licensed clinical laboratories that perform blood lead testing.

**8:51A-1.2 Purpose**

The purpose of this chapter is to protect children under six years of age from the toxic effects of lead exposure by requiring lead screening pursuant to N.J.S.A. 26:2-137.2 et seq. (P.L. 1995, c.328).

**8:51A-1.3 Definitions**

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

“Anticipatory guidance” means the provision of information regarding the major cause of lead poisoning and the means of preventing lead exposure to parents or guardians of children under six years of age.

“Commissioner” means the Commissioner of the New Jersey Department of Health and Senior Services.

“Confirmed elevated blood lead” means a blood lead test result on a venous blood sample equal to or greater than 10 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) of whole blood.

“Currently accepted medical guidelines” means that version of guidelines for the medical treatment of children with lead poisoning, most recent to the time of evaluation, treatment and follow-up, published by a public health agency other than the Department, or recognized medical professional organization or agency, including the United States Centers for Disease Control and Prevention, the New Jersey Physicians’ Lead Advisory Committee, and the American Academy of Pediatrics.

“Department” means the New Jersey Department of Health and Senior Services.

“Elevated blood lead” means a blood lead test result, from either a venous or capillary sample, equal to or greater than 10 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) of whole blood.

“Environmental follow-up” means actions taken by a local health department to identify and remediate lead hazards in the environment of a child with elevated blood lead in accordance with Chapter XIII of the New Jersey State Sanitary Code (N.J.A.C. 8:51).

“Health care facility” means a facility licensed to perform health care services pursuant to N.J.S.A. 26:2H-1 et seq.

“Lead screening” means the taking of a blood sample from a person by either finger stick (capillary blood) or venipuncture (venous blood) and its analysis by a licensed clinical laboratory to determine the person’s blood lead level.

“Registered professional nurse, as appropriate,” means a registered nurse, licensed by the New Jersey Board of Nursing, who would be permitted to perform lead screening on his or her own authority as part of advanced practice activities authorized by the Board of Nursing.

Amended by R.1999 d.125, effective April 19, 1999.  
See: 30 N.J.R. 4341(a), 31 N.J.R. 1100(a).

In "Confirmed elevated blood lead" and "Elevated blood lead", substituted references to 10 micrograms for references to 20 micrograms; and inserted "Currently accepted medical guidelines".

## SUBCHAPTER 2. SCREENING

### 8:51A-2.1 Risk assessment and anticipatory guidance

(a) Every physician, registered professional nurse, as appropriate, or health care facility that provides health care services to a child who is at least six months of age, but under six years of age, shall:

1. Inquire if the child has been appropriately assessed and screened for elevated blood lead levels in accordance with this chapter;

2. If a risk assessment has not been performed within the 12 months prior to the provision of services, perform a risk assessment and place the written notes from such assessment in the child's medical record. The risk assessment shall include, at a minimum, questions to determine:

i. Whether the child resides in, or frequently visits, a house built before 1960 in which the paint is peeling, chipping, or otherwise deteriorated, or where renovation work has recently been performed that involved the removal or disturbance of paint; and

ii. Whether the child resides with an adult who is engaged in an occupation or hobby where lead or material containing lead is used; and

3. Provide the parent or guardian of each child with anticipatory guidance on lead poisoning prevention.

### 8:51A-2.2 Lead screening schedule

(a) Every physician, registered professional nurse, as appropriate, or health care facility, unless exempt pursuant to N.J.A.C. 8:51A-2.3, shall perform lead screening on each patient who is between six months and six years of age according to the following schedule:

1. Lead screening shall be performed on each child:

i. Between nine and 18 months of age, preferably at, or as close as possible to, 12 months of age; and

ii. Between 18 and 26 months of age, preferably at, or as close as possible to, 24 months of age. The second test shall be performed no sooner than six months following the first test.

2. For children found to be at high risk for lead exposure, as determined by the risk assessment performed pursuant to N.J.A.C. 8:51-2.1:

i. Each child between six and 24 months of age shall be screened, unless he or she has been screened within the previous six months; and

ii. Each child between six months and six years of age shall be screened when the risk assessment indicates exposure to a new high dose source of lead since the last time that he or she was screened. Examples of a new high dose source include, but are not limited to, a recent renovation of the child's residence (if built before 1960 or if lead-based paint is known to be present), deterioration of the paint in the child's residence, moving into a house built prior to 1960 that has peeling, chipping, or deteriorated paint, or an adult living in the household undertaking a new job or hobby that involves exposure to lead.

3. Each child older than 26 months of age but less than six years of age shall be screened if the child has never previously been screened for lead poisoning.

Amended by R.1999 d.125, effective April 19, 1999.

See: 30 N.J.R. 4341(a), 31 N.J.R. 1100(a).

In (a)2ii, inserted "moving into a house built prior to 1960 that has peeling, chipping, or deteriorating paint," in the second sentence.

### 8:51A-2.3 Exemptions

(a) A physician, registered professional nurse, as appropriate, or health care facility shall be exempt from the requirements of N.J.A.C. 8:51A-2.2 under the following circumstances:

1. If the physician, registered professional nurse, as appropriate, or health care facility does not have the capability to inform the parents or guardians of the blood lead test result and to ensure follow-up treatment in accordance with N.J.A.C. 8:51A-4.1 and 4.2. Any physician, registered professional nurse, as appropriate, or health care facility that is exempt under this paragraph shall make a referral for screening, in writing, to the child's primary health care provider. If the child has no primary health care provider, a referral shall be made, in writing, to another health care provider, or to the local health department which has jurisdiction over the municipality in which the child lives for lead screening in accordance with these rules;

2. If a parent or legal guardian of a child refuses, for any reason, to have a lead screening test performed on their child. Such refusal shall be documented in writing on a form or document signed by the parent or legal guardian, and kept with the medical record of the child; or

3. If a child is brought to a physician, registered professional nurse, as appropriate, or health care facility for treatment of an emergency and, in the judgment of the provider, performing lead screening would interfere with the prompt treatment of the emergency.

### SUBCHAPTER 3. SPECIMEN COLLECTION AND LABORATORY TESTING

#### 8:51A-3.1 Specimen collection

(a) Screening for lead poisoning shall be by blood lead test.

(b) Venous blood is the preferred specimen for blood lead analysis and should be used for lead measurement whenever practicable.

(c) A capillary blood specimen collected by finger stick shall be acceptable for lead screening, if appropriate collection procedures are followed to minimize the risk of environmental lead contamination.

#### 8:51A-3.2 Laboratory testing

(a) All blood lead samples collected for lead screening in accordance with this chapter shall be sent for testing to a clinical laboratory licensed by the Department in accordance with N.J.A.C. 8:44-2.

(b) Laboratories shall report the results of blood lead testing to the Department in accordance with N.J.A.C. 8:44-2.11.

### SUBCHAPTER 4. FOLLOW-UP OF LEAD SCREENING RESULTS

#### 8:51A-4.1 Reporting of lead screening results

(a) Each physician, registered professional nurse, as appropriate, or health care facility that screens a child for lead poisoning shall provide the parent or legal guardian with the results of the blood lead test and an explanation of the significance of the results.

(b) For each child who has a blood lead test, on a venous blood sample, greater than or equal to 15 micrograms per deciliter, the physician, registered professional nurse, as appropriate, or health care facility shall notify, in writing, the child's parent or guardian of the test results and provide the parent or guardian with an explanation in plain language of the significance of the results.

Amended by R.1999 d.125, effective April 19, 1999.  
See: 30 N.J.R. 4341(a), 31 N.J.R. 1100(a).

In (b), substituted "blood lead test, on a venous blood sample, greater than or equal to 15 micrograms per deciliter," for "confirmed elevated blood lead test,".

#### 8:51A-4.2 Medical follow-up of lead screening results

(a) Each physician, registered professional nurse, as appropriate, or health care facility that screens a child for lead poisoning shall provide or make reasonable efforts to ensure the provision of risk reduction education and nutritional counseling for each child with a blood lead level equal to or greater than 10 micrograms per deciliter of whole blood.

(b) The physician, registered professional nurse, as appropriate, or health care facility shall obtain, or make reasonable efforts to obtain, a venous confirmatory blood lead test whenever a capillary blood lead screening sample produces a result greater than or equal to 10 micrograms per deciliter.

(c) For each child who has a blood lead level of 10 micrograms per deciliter or greater on a test performed with a venous blood sample, the physician, registered professional nurse, as appropriate, or health care facility shall provide, or make reasonable efforts to ensure, the provision of diagnostic evaluation, medical treatment, and follow-up blood lead testing in accordance with currently accepted medical guidelines.

(d) To the extent permitted by New Jersey law regarding patient confidentiality, the physician, registered professional nurse, as appropriate, or health care facility shall cooperate with local health departments by providing information needed to ensure case management and environmental follow-up as specified in Chapter XIII of the New Jersey State Sanitary Code (N.J.A.C. 8:51).

(e) When a physician, registered professional nurse, as appropriate, or health care facility performs lead screening on a child and receives a result of 10 micrograms per deciliter or greater on a test performed with a venous blood sample, the physician, registered professional nurse, as appropriate, or health care facility shall perform lead screening of all siblings or other members of the same household who are between six months and six years of age, if these children have not been screened previously, or are at high risk for lead exposure, as determined by a risk assessment, performed in accordance with N.J.A.C. 8:51A-2.2.

Amended by R.1999 d.125, effective April 19, 1999.  
See: 30 N.J.R. 4341(a), 31 N.J.R. 1100(a).

In (b), substituted "a result greater than or equal to 10 micrograms per deciliter" for "an elevated blood lead result" at the end; and rewrote (c) and (d).