

CHAPTER 51A

SCREENING OF CHILDREN FOR LEAD POISONING

Authority

N.J.S.A. 26:2-137.2 et seq., particularly 26:2-137.7.

Source and Effective Date

R.2005 d.433, effective December 19, 2005.
See: 36 N.J.R. 5068(a), 37 N.J.R. 4963(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 51A, Screening of Children for Lead Poisoning, expires on June 17, 2013. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Chapter 51A, Screening of Children for Lead Poisoning, was adopted as R.1997 d.504, effective December 1, 1997. See: 29 N.J.R. 990(a), 29 N.J.R. 5081(a). Chapter 51A, Screening of Children for Lead Poisoning, expired on May 30, 2003.

Chapter 51A, Screening of Children for Lead Poisoning, was adopted as new rules by R.2005 d.433, effective December 19, 2005. See: Source and Effective Date.

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 51A, Screening of Children for Lead Poisoning, was scheduled to expire on June 17, 2011. See: 43 N.J.R. 118(a).

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SUBCHAPTER 1. GENERAL PROVISIONS

8:51A-1.1 Scope and applicability

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 causes 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 (µg/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 (µg/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, as amended and supplemented.

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

“Lead screening” means the taking of a blood sample from a person by either fingerstick (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 authorized by the Board of Nursing.

SUBCHAPTER 2. SCREENING

8:51A-2.1 Periodic Environmental 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 Periodic Environmental Assessment (PEA) has not been performed within the 12 months prior to the provision of services, perform a PEA and place the written notes from such assessment in the medical record. The PEA 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. 8:51A-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.

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 section 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.