

## CHAPTER 51

CHILDHOOD LEAD POISONING STATE  
SANITARY CODE CHAPTER XIII

## Authority

N.J.S.A. 26:1A-7, 24:14A-1 et seq., specifically 24:14A-11,  
26:2-130 et seq., and 26:2-137.

## Source and Effective Date

R.1995 d.538, effective September 13, 1995.  
See: N.J.R. 2660(a), 27 N.J.R. 3934(a).

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

Chapter 51, Childhood Lead Poisoning State Sanitary Code Chapter  
XIII, expires on September 13, 2000.

## Chapter Historical Note

Chapter 51, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, became effective prior to September 1, 1969. Revisions to the original rules were filed on July 20, 1976 as R.1976 d.226 to become effective April 1, 1978. See: 8 N.J.R. 64(b), 8 N.J.R. 382(a). Subchapter 7 child lead poisoning became effective October 25, 1977 as R.1977 d.402. See: 9 N.J.R. 364(b), 9 N.J.R. 519(c). Further amendments became effective October 1, 1978 as R.1978 d.339. See: 10 N.J.R. 331(b), 10 N.J.R. 430(d). Further amendments were filed on July 17, 1980 to become effective September 1, 1980 as R.1980 d.321. See: 12 N.J.R. 316(a), 12 N.J.R. 467(f). Subchapter 2 through 6 were readopted pursuant to Executive Order No. 66(1978) effective August 21, 1985 as R.1985 d.447. See: 17 N.J.R. 1633(a), 17 N.J.R. 2270(a). Subchapter 1 expired and a new subchapter was adopted effective September 16, 1985 as R.1985 d.447. See: 17 N.J.R. 1633(a), 17 N.J.R. 2270(a). Subchapter 1 through 6 were repealed effective December 15, 1986 (operative January 1, 1987) as R.1986 d.476. See: 18 N.J.R. 1690(a), 18 N.J.R. 2448(a). This chapter was formerly titled Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey. The title became Childhood Lead Poisoning with R.1986 d.476. Childhood Lead Poisoning codified as N.J.A.C. 8:51-7, was repealed and was replaced with new rules at N.J.A.C. 8:51 by R.1990 d.472, effective September 17, 1990. See: 22 N.J.R. 1502(a), 22 N.J.R. 3014(b). Pursuant to Executive Order No. 66(1978), Chapter 51 was readopted as R.1995 d.538. See: Source and Effective Date.

See section annotations for specific rulemaking activity.

## Cross References

Children's shelter physical facility requirements, see N.J.A.C.  
10:124-5.1 et seq.

## Law Review and Journal Commentaries

Getting the Lead Out: An Overview of the New Federal Lead-Based  
Paint Disclosure Requirements. Vincent P. Maltese, Joseph J. Jankowski,  
182 N.J. Law. 7 (Mag.)(Jan./Feb. 1997).

Lead Based Paint: Abate or Wait? Your Insurance Policy May Hold  
the Answer. Eugene R. Anderson, Joan L. Lewis, 182 N.J. Law. 10  
(Mag.)(Jan./Feb. 1997).

## CHAPTER TABLE OF CONTENTS

## SUBCHAPTER 1. GENERAL PROVISIONS

8:51-1.1 Scope  
8:51-1.2 Purpose  
8:51-1.3 Definitions

## SUBCHAPTER 2. SCREENING

8:51-2.1 Target population and screening schedule  
8:51-2.2 Screening methods  
8:51-2.3 Medical intervention  
8:51-2.4 Notification and counseling

## SUBCHAPTER 3. ENVIRONMENTAL INTERVENTION

8:51-3.1 Investigation of elevated lead or lead toxicity cases  
8:51-3.2 Investigation of high risk of lead intoxication cases

SUBCHAPTER 4. DETERMINATION OF LEAD IN  
DWELLING UNITS

8:51-4.1 Methods of determination of lead in surface coverings  
8:51-4.2 Sampling and/or X-ray fluorescence analyzer

SUBCHAPTER 5. STANDARDS FOR REPAIR ON  
PREMISES CONTAINING LEAD PAINT

8:51-5.1 Exterior surfaces  
8:51-5.2 Interior surfaces  
8:51-5.3 Removal of tight lead paint  
8:51-5.4 Removal not required  
8:51-5.5 Covering  
8:51-5.6 Other repairs  
8:51-5.7 Access to areas being corrected  
8:51-5.8 Reinspection  
8:51-5.9 Safety standard for owner

## SUBCHAPTER 6. REPORTING

8:51-6.1 Laboratories  
8:51-6.2 Monthly status report  
8:51-6.3 Monthly statistical report  
8:51-6.4 Confidentiality of records

## SUBCHAPTER 7. REMOVAL OF LEAD PAINT

8:51-7.1 Methods permitted in the reduction of lead paint hazards  
8:51-7.2 Methods prohibited in the reduction of lead paint hazards  
8:51-7.3 Safety standards for the removal of lead paint  
8:51-7.4 Preparation for the removal of lead paint  
8:51-7.5 General safety precautions for the removal of lead paint  
8:51-7.6 Clean up after the removal of lead paint  
8:51-7.7 Disposal of waste products after the removal of lead paint

SUBCHAPTER 8. METHODOLOGY FOR  
DETERMINATION OF COMMUNITY  
PRIORITIZATION FOR LEAD POISONING

8:51-8.1 Screening criteria; Priority I  
8:51-8.2 Screening criteria; Priority II  
8:51-8.3 Screening criteria; Priority III

APPENDIX I  
APPENDIX II  
APPENDIX III  
APPENDIX IV

## SUBCHAPTER 1. GENERAL PROVISIONS

## 8:51-1.1 Scope

The rules in this chapter shall apply to children age one  
through five years, who are considered at high risk of lead

poisoning, screening agencies, laboratories and individuals responsible for property in which high risk children reside. Although not yet required by law, the Department of Health recommends that children between nine months and six years of age be screened in accordance with CDC recommendations.

#### Case Notes

Board of Health without statutory authority to outside contract for services to be rendered by health officer; health officer must be full time public employee. *State v. Board of Health of Morris Twp.*, 208 N.J.Super. 415, 506 A.2d 52 (App.Div.1986) concurring opinion, granted \_\_\_ N.J. \_\_\_, 118 N.J.L.J. 826 (1986).

No legal authority for board to designate and compensate its members as special representatives to the board; circumvention of statutory requirement that board act through duly licensed professionals not permitted. *Deptford Twp. Bd. of Health v. Deptford Twp. Mayor & Council*, 200 N.J.Super. 476, 491 A.2d 812 (Law Div.1985).

Local Health Services Act does not provide municipalities with concurrent jurisdiction, along with the Department of Environmental Protection and the Public Utility Commission, in field of solid waste disposal; field preempted by legislation. *Little Falls Twp. v. Bardin*, 173 N.J.Super. 397, 414 A.2d 559 (App.Div.1979).

#### 8:51-1.2 Purpose

The purpose of this chapter is to protect at risk children from the toxic effect of lead exposure.

#### Case Notes

Health officer must be full time public employee; services cannot be outside contracted. *State v. Board of Health of Morris Twp.*, 208 N.J.Super. 415, 506 A.2d 52 (App.Div.1986) and concurring opinion, granted \_\_\_ N.J. \_\_\_, 118 N.J.L.J. 826 (1986).

#### 8:51-1.3 Definitions

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

“Child” means a person one through five years of age.

“Commissioner” means the Commissioner of the New Jersey Department of Health.

“Department” means the New Jersey Department of Health.

“Diagnosis” means the categorization of a child who has an elevated blood lead level or has another medically accepted indicator of lead toxicity.

“Elevated blood lead level” means an abnormal level of lead in the bloodstream at the level as defined in the latest revision of the Centers for Disease Control Statement, “Preventing Lead Poisoning in Young Children”, available from the Centers for Disease Control, Atlanta, Georgia 30333.

“Elevated erythrocyte protoporphyrin (EP)” means an abnormal level of hemoglobin precursors at a level defined in the latest revision of the Centers for Disease Control Statement, “Preventing Lead Poisoning in Young Children”.

“EPA” means the U.S. Environmental Protection Agency.

“HEPA” means a high efficient filter which is able to filter out fine particles.

“High risk of lead intoxication” means in a child a blood lead level equal to or greater than 40 micrograms per 100 milliliters whole blood and an erythrocyte protoporphyrin determination equal to or greater than 110 micrograms per 100 milliliters whole blood, or a confirmed concentration of lead in whole blood equal to or greater than 40 micrograms per 100 milliliters if no erythrocyte protoporphyrin determination is available.

“High risk neighborhood” means those areas whose high degree of risk has been identified by the local board of health, using methodology pursuant to N.J.A.C. 8:51-8.

“Lead toxicity” means a significantly elevated blood lead level, as defined in the latest revision of the Centers for Disease Control Statement, “Preventing Lead Poisoning in Young Children”.

“NHANES II” means the second National Health and Nutrition Examination Survey, CDC National Center for Health Statistics.

“NIOSH” means the National Institute for Occupational Safety and Health.

“OSHA” means the Occupational Safety and Health Administration.

“Priority I” means any municipality designated pursuant to N.J.A.C. 8:51-8 at the highest risk for lead poisoning among its children.

“Priority II” means any municipality designated pursuant to N.J.A.C. 8:51-8 at a moderate risk for lead poisoning among its children.

“Priority III” means any municipality designated pursuant to N.J.A.C. 8:51-8.3 at a low risk for lead poisoning among its children.

“Screening” means applying detection technique to large numbers of presumably asymptomatic children to determine if they have been exposed to lead and, if so, what the risks of continued exposure are.

“Suspect room or area” means those locations which are accessible to a child which may be a source of lead exposure.

“Tight lead paint” means leaded paint which is firmly affixed to the surface upon which it is applied.

“WIC” means the Special Supplemental Food Program for Women, Infants and Children.



## SUBCHAPTER 2. SCREENING

**8:51-2.1 Target population and screening schedule**

(a) Children who live in communities designated "Priority I" as determined by the Department of Health and set out in Appendix I of this chapter, incorporated herein by reference, are at high risk for lead poisoning.

(b) Children who live in communities designated "Priority II" as determined by the Department of Health and set out in Appendix II of this chapter, incorporated herein by reference, and who are in the following categories, are at high risk for lead poisoning:

1. The child is a Medicaid recipient;
2. The child's family income qualifies them for the WIC Program; and
3. The child is living in an identified high risk neighborhood.

(c) Each community designated Priority I or Priority II in accordance with this chapter, shall develop a screening schedule. It is recommended that any program screening high risk or other children for lead poisoning comply with the latest revision of "Preventing Lead Poisoning in Young Children", (Centers for Disease Control, Atlanta, Georgia 30333) which is incorporated herein by reference, in establishing screening schedules and intervals.

**8:51-2.2 Screening methods**

Venous or capillary blood shall be used for screening tests. Sampling methods used in the field shall be compatible with laboratory capabilities. It is recommended that agencies comply with the recommendations found in the latest revision of "Preventing Lead Poisoning in Young Children" (Centers for Disease Control, Atlanta, Georgia 30333), which is incorporated herein by reference, in selecting a screening method.

**8:51-2.3 Medical intervention**

Local boards of health shall insure that any institution, agency or program providing lead screening services shall arrange for a diagnostic evaluation of any child who is found at screening to have lead toxicity. If the screening test was done on capillary blood, a venous blood lead level should be determined. Medical intervention, including follow up testing, shall be tailored individually for each child. Other children living in the same dwelling shall be referred for testing, diagnosis and treatment, if necessary.

**8:51-2.4 Notification and counseling**

The institution, agency or program which conducts a screening program shall notify, in writing, parents or guardians of children who have been tested of the results of testing, accompanied by an explanation in plain language of the significance of lead toxicity, the importance of treating

the toxicity at an early age and the public services available for treatment. The family of the child shall also be notified that a hazard may exist in the dwelling and counseled on preventive measures.

## SUBCHAPTER 3. ENVIRONMENTAL INTERVENTION

**8:51-3.1 Investigation of elevated lead or lead toxicity cases**

Whenever a child is determined to have an elevated blood lead level or lead toxicity, the local board of health shall conduct an epidemiologic investigation to identify lead sources in the child's environment. If the results of the epidemiologic investigation reveal any loose paint, including cracked, chipped, blistered, peeling or flaking paint, a determination of lead content of the painted surface in the suspect areas shall be made. If the paint is found to be leaded, the procedures found in N.J.A.C. 8:51-5, Standards for Repair on Premises Containing Lead Paint, shall be implemented. Other children in the suspect dwelling should be referred for screening and follow up in accordance with N.J.A.C. 8:51-2.

**8:51-3.2 Investigation of high risk of lead intoxication cases**

When a child is determined to have a high risk of lead intoxication as defined in N.J.A.C. 8:51-1.3, the local board of health shall conduct an epidemiologic investigation. Dwelling units shall be inspected and tested to determine whether the presence of lead paint is in excess of 1.0 percent by dry weight or one milligram or higher per square centimeter. If levels of lead paint in excess of one milligram or higher per square centimeter are found, N.J.A.C. 8:51-5, Standards for Repair on Premises Containing Lead Paint, shall be implemented. Other children in the suspect dwelling should be referred for screening and follow up in accordance with N.J.A.C. 8:51-2.

## SUBCHAPTER 4. DETERMINATION OF LEAD IN DWELLING UNITS

**8:51-4.1 Methods of determination of lead in surface coverings**

(a) The methods of determination of lead in surface coverings shall be as specified in (b) or (c) below.

(b) The chemical determination of the lead content in paint shall be made by laboratory analysis, using quantitative measurements of samples of surface coverings. Lead con-

tent in paint in excess of 1.0 percent by dry weight shall be prohibited.

(c) The physical determination of the lead content in paint may be made by non-destructive measurements using X-ray fluorescence analyzers (X-R-F) or other instruments approved by the New Jersey State Department of Health, Accident Prevention and Poison Control Program. A lead content in paint of one milligram or higher per square centimeter of paint surface, when tested by this method, shall be prohibited.

#### 8:51-4.2 Sampling and/or X-ray fluorescence analyzer

(a) Paint samples shall be collected and/or X-ray fluorescence analyzer readings shall be obtained from each suspect room and shall include both interior and exterior surfaces of a windowsill, door and door frame. In addition, paint samples and/or analyzer readings should be obtained from such other highly suspect areas as crib railings, play pen railings, toys, stairs or banisters and surfaces with loose paint. The preferred sampling locations shall include surfaces which have been or are accessible to being chewed or areas which are peeling or flaking.

(b) All paint samples should generally be limited to that part of the surface which may eventually be required to be removed.

### SUBCHAPTER 5. STANDARDS FOR REPAIR ON PREMISES CONTAINING LEAD PAINT

#### 8:51-5.1 Exterior surfaces

Lead paint on any exterior surface that is readily accessible to children and is determined by the local board of health to be causing a hazard to the occupants or anyone coming in contact with such surfaces shall be removed to the base surface or covered with a durable material approved by the Department pursuant to N.J.A.C. 8:51-5.5.

#### 8:51-5.2 Interior surfaces

Loose lead paint on any interior surface, including cracked, chipped, blistered, peeling or flaking paint, shall be removed to the base surface wherever found.

#### 8:51-5.3 Removal of tight lead paint

(a) Tight lead paint shall be removed to the base surface in the following areas, as indicated:

1. Windowsills: complete removal;
2. Windows and frames below the four-foot level: complete removal on exposed surfaces;
3. Doors below four-foot level: removal four inches back on hinge and latch edges and other sharp edges;

4. Door frames below four-foot level: complete removal;

5. Handrails: complete removal;

6. Spindles ("balusters"): removal on surfaces adjacent to walking areas;

7. Stair treads: removal four inches back from lip on top of tread and from lip to riser on bottom side; and

8. Any other chewable surface below the four foot level: removal four inches back from edge.

#### 8:51-5.4 Removal not required

(a) Removal may be performed, but is not required, on the following surfaces:

1. Walls in good condition without broken areas;
2. Baseboards;
3. Skirtboards on staircases;
4. Step risers; or
5. Any surface below the four-foot level which does not present a chewable surface.

#### 8:51-5.5 Covering

If paint is not removed as required in this subchapter, surfaces shall be covered with plasterboard, wallboard, wood paneling or similar durable material approved by the New Jersey State Department of Health, Accident Prevention and Poison Control Program, to a height of at least four feet above the floor. Any construction permit required pursuant to the Uniform Construction Code Act (N.J.S.A. 52:23-119 et seq.) and the Uniform Construction Code, N.J.A.C. 5:23 shall be obtained from the agency having jurisdiction.

#### 8:51-5.6 Other repairs

Any condition, such as moisture or water damage, which causes peeling of paint, loosening of plaster or other structural deterioration shall be repaired prior to any repairs required by this subchapter.

#### 8:51-5.7 Access to areas being corrected

(a) No pregnant women or children under 12 years of age shall be allowed in the dwelling unit while paint removal is in progress.

(b) Areas being corrected shall be completely cleaned, vacuumed and damp mopped at the end of each work day so that children and/or pregnant women may return to the dwelling unit in safety.

#### 8:51-5.8 Reinspection

(a) Upon completion of repair and prior to repainting, an inspection shall be made by the local board of health to determine if the hazard has been satisfactorily eliminated.

(b) All repairs may be finished with a suitable non-lead paint or other hard non-lead surface.

#### 8:51-5.9 Safety standard for owner

When an owner has been notified to comply with this subchapter, the local board of health shall provide the owner of such dwelling units with a copy of N.J.A.C. 8:51-7 to be used when removing the lead paint.

## SUBCHAPTER 6. REPORTING

### 8:51-6.1 Laboratories

(a) All laboratories shall immediately and completely report, on forms provided by the State Department of Health, results of laboratory examinations which indicate blood lead levels in children equal to or greater than an elevated level as defined in the latest revision of the Centers for Disease Control Statement "Preventing Lead Poisoning in Young Children" to:

1. The State Department of Health;
2. The local board of health; and
3. The physician submitting the specimen.

### 8:51-6.2 Monthly status report

Local boards of health shall report monthly to the Department all violations of this chapter and the status of enforcement procedures against owners of properties designated as a public nuisance pursuant to N.J.S.A. 24:14A-8.

### 8:51-6.3 Monthly statistical report

Local boards of health not using the laboratory services provided by the State Department of Health for blood lead, erythrocyte protoporphyrin or paint analysis shall provide the State Department of Health with a monthly statistical tabulation of analytic results.

### 8:51-6.4 Confidentiality of records

All records collected by the State Department of Health which identify individual patients, address information and laboratory tests results shall be confidential, and shall not be released without parental consent.

## SUBCHAPTER 7. REMOVAL OF LEAD PAINT

### Cross References

Children's group home physical facility requirements, see N.J.A.C. 10:128-4.1 et seq.

### 8:51-7.1 Methods permitted in the reduction of lead paint hazards

(a) The following methods shall be permitted in the reduction of lead paint hazards:

1. Replacement;
2. Covering (least costly) including, but not limited to:
  - i. Plastic or metal "L"-shaped moldings;
  - ii. Plasterboard;
  - iii. Wallboard;
  - iv. Wood paneling; or
  - v. Similar durable material;
3. Scraping;
4. Use of heat (infrared lamps or electric heat guns); and
5. Chemical paint removers except chemical paint removers containing methylene chloride, which may be used only for localized touch-up work.

(b) The Uniform Construction Code (N.J.S.A. 52:23-119 et seq.) and the State Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et seq.) should be reviewed for restrictions on the use of materials.

### 8:51-7.2 Methods prohibited in the reduction of lead paint hazards

(a) The following methods are prohibited in the reduction of lead paint hazards:

1. Sanding;
2. Gas fired torch; and
3. Abrasive or sand blasting.

(b) A waiver for the use of abrasive or sand blasting may be obtained on a determination of the local board of health for individual work sites.

### 8:51-7.3 Safety standards for the removal of lead paint

(a) The methods used in the removal of lead paint shall not present a hazard to health from fumes, dust, vapors or liquids by inhalation or absorption through the skin or the mucous membranes, either from removal materials or from the lead paint being removed.

(b) Scraping presents a danger of lead dust and/or particles in the eyes. To protect the eyes from dust, chips and flakes of paint, safety goggles should be worn. Scraping also presents a danger of inhalation or swallowing of lead dust and/or particles. To protect against such inhalation or swallowing, a NIOSH approved respirator for toxic dusts, equipped with a HEPA filter cartridge (color coded purple) should be used.

(c) The use of chemical paint removers presents a health hazard from the inhalation of vapors. To protect against such inhalation when working with solvents which evaporate readily, a NIOSH approved respirator for organic solvents in combination with a HEPA filter cartridge should be used. Adequate ventilation should be provided by open windows or fans when using chemical paint removers. The use of chemical paint removers also presents a health hazard from the absorption of solvents and paint removers through the skin. To protect against such absorption impervious gloves should be worn.

(d) The use of heat presents a health hazard from the inhalation of toxic lead fumes in concentrated amounts or in small concentrations over a period of time. To protect against such inhalation a NIOSH approved respirator for toxic dusts equipped with a HEPA filter cartridge (color coded purple) should be used.

(e) **WARNING:** Respirators are a poor substitution for controlling or preventing exposures with abatement methods which have lower lead exposure. Using an inappropriate respirator or one not properly fitted can be extremely hazardous. The paper dust mask available at hardware stores may not be adequate. Not only is protection inadequate, but the user may have a false sense of security.

#### 8:51-7.4 Preparation for the removal of lead paint

(a) Workers and occupants of buildings where removal of lead paint is being undertaken shall be notified of the health hazards, using the following, or similar, statement:

"Lead is a heavy metal which is toxic to humans. Lead poisoning affects every cell of the body, but especially the blood, kidneys and nervous system. The effects on the nervous system are serious, with the severity depending on the amount and the length of time of exposure. Adults and children are at high-risk of lead poisoning when lead dust or fumes are present and are most often poisoned by inhaling the lead dust or fumes.

The effects on adults include: persistent headaches, nausea, vomiting, visual disturbances, dizziness, poor appetite, loss of weight, cramps or constipation. If you have any or all of these symptoms, consult your physician at once.

Children are more susceptible to lead poisoning than adults. Children do not usually have easily identifiable symptoms, even when they have high blood lead levels. If symptoms do develop, brain damage has already occurred. Symptoms include: pallor or paleness, fatigue or tiredness, irritability, malaise, behavior changes and regression to a younger ability level. More serious symptoms include: weakness, clumsiness, abdominal pain, constipation, persistent vomiting and changes in consciousness. If your child has been exposed to lead, take the child to your physician or local health department for a blood sample which will be tested to show whether or not there is reason to be concerned."

(b) The worker shall select a deleading method that will produce the least amount of lead dust and/or fumes.

(c) The worker shall delead interior surfaces one room at a time, to minimize dispersion of lead.

(d) When deleading exterior surfaces, drop cloths shall be used to catch all wastes. Shrubs and trees shall be covered and dust and chips shall be removed from the ground promptly.

(e) Plastic sheets or impervious drop cloths shall be used to cover all floors, carpets, furniture, heat and/or air conditioning ducts, vents, grates and equipment in the work area.

(f) The work area shall be sealed off from the remainder of the dwelling by taping doors and/or using plastic sheets until both work and clean up activities are complete. All plastic used shall be at least six mil thick and all tape shall be waterproof.

#### 8:51-7.5 General safety precautions for the removal of lead paint

(a) In accordance with N.J.A.C. 8:51-5.7, children and pregnant women shall not be permitted to remain in the dwelling unit while deleading is in process.

(b) All electrical connections shall be checked for proper grounding.

(c) All workers shall wear coveralls, gloves, shoe covers or separate work shoes, hat and goggles. All street clothes shall be kept in a clean area, separate from work clothes. All work clothes shall be removed before eating and after cleaning up the work area.

(d) Eating, drinking, smoking and chewing tobacco or gum shall be prohibited in areas where deleading is taking place. Storage of food and drink shall be prohibited in areas where deleading is taking place. Prior to eating, all persons shall wash their hands, arms and face with soap and warm water and shall rinse their mouths thoroughly.

(e) All persons entering the work area shall wear a properly functioning NIOSH approved respirator which is appropriate for the lead removal method to be used. The respirator face piece shall be washed at the end of each day and stored in a clean area.

(f) Any construction permit required pursuant to the Uniform Construction Code Act (N.J.S.A. 52:23-119 et seq.) and the Uniform Construction Code, N.J.A.C. 5:23 shall be obtained from the agency having jurisdiction.

#### 8:51-7.6 Clean up after the removal of lead paint

(a) The clean up process is a critical element of the deleading process. Workers shall begin the daily clean up process by vacuuming all paint chips and dust, using an industrial vacuum cleaner equipped with HEPA filters which meet or exceed OSHA and EPA safety standards for the control of lead and other toxic dusts.

(b) Workers shall damp mop or sponge all surfaces within the work area daily, after the removal of lead paint.

(c) All waste products shall be placed in plastic bags and sealed at the end of each work day.

(d) After the completion of the deleading process, non-pregnant adult occupants shall wash down all surfaces within the delead area daily until no further dust is visible.

**8:51-7.7 Disposal of waste products after the removal of lead paint**

All combined waste containing lead concentrations averaging 5.0 milligrams/liter or higher shall be disposed of in an Environmental Protection Agency hazardous waste landfill or lead smelter pursuant to N.J.A.C. 7:26-8.12.

**SUBCHAPTER 8. METHODOLOGY FOR DETERMINATION OF COMMUNITY PRIORITIZATION FOR LEAD POISONING**

**8:51-8.1 Screening criteria; Priority I**

(a) Any municipality which has children at risk, as classified by NHANES II data, and whose sum of the standard scores is greater than one Standard Deviation (5.3841) above the State mean (0.000), shall be considered Priority I (see Appendix I, incorporated herein by reference).

(b) Every child who lives in the communities listed in Appendix I shall be tested for lead poisoning at least once per year within the limits of funds appropriated. Screening should be conducted in accordance with census tract ranking. Communities shall prioritize their census tracts from the highest to the lowest, based on the potential hazard score derived from the factors enumerated in Appendix IV, which is incorporated herein by reference.

(c) Case finding efforts by annual blood test should be conducted in settings which include, but are not limited to, the following:

1. Child health conferences;
2. WIC clinics;
3. Day care centers;
4. Nursery schools; and
5. Door to door in high risk neighborhoods.

(d) A community shall be reclassified as Priority II if all children have been tested during the year and no child has an elevated blood lead level as defined in the latest revision of the Centers for Disease Control Statement "Preventing Lead Poisoning in Young Children", available from the

Priority I Municipalities

Centers for Disease Control, Atlanta, Georgia 30333 and the New Jersey State Department of Health, Accident Prevention and Poison Control Program, 363 West State Street, Trenton, New Jersey 08625-0364.

**8:51-8.2 Screening criteria; Priority II**

(a) Any municipality which has children at risk, as classified by NHANES II data and census data, and whose sum of the standard scores is less than one Standard Deviation above the State mean shall be considered Priority II (see Appendix II, incorporated herein by reference).

(b) Every child who lives in the communities listed in Appendix II shall be tested for lead poisoning at least once per year within the limits of the funds appropriated, if any of the following conditions are met:

1. The child is a Medicaid recipient;
2. The child's family income qualifies them for the WIC Program; and
3. The child is living in an identified high risk neighborhood.

(c) Screening should be conducted in accordance with census tract ranking. Communities shall prioritize their census tracts from the highest to the lowest based on the potential hazard derived from the factors enumerated in Appendix IV, which is incorporated herein by reference.

(d) Case finding efforts by annual blood test should be conducted in settings which include, but are not limited to, the following:

1. Child health conference;
2. WIC clinics;
3. Day care centers;
4. Nursery schools; and
5. Door to door in high risk neighborhoods.

**8:51-8.3 Screening criteria; Priority III**

(a) Any municipality which has no children at risk, as classified by NHANES II data and census data, or which has no children under the age of five per the most recent census data, shall be considered Priority III (see Appendix III, incorporated herein by reference).

(b) Screening upon request should be made available through the local health department, although it is not required.

**APPENDIX I**

**Childhood Lead Poisoning Prevention**

County	Municipality	Total # Children at High Risk	Score	Rank
Atlantic		3483	1.5109	8

County	Municipality	Total # Children at High Risk	Score	Rank	County	Municipality	Total # Children at High Risk	Score	Rank
	Atlantic City	2166	15.35	16		Morristown	763	6.194	54
	Pleasantville	959	13.934	21					
	Egg Harbor City	358	6.175	55	Ocean		3835	-6.3586	18
Bergen		3321	-5.0894	17		Seaside Heights Boro	138	12.22	26
	Englewood	1357	8.642	38		Lakewood Twp.	3384	7.152	44
	Hackensack	1964	6.205	53		Lakehurst Boro	313	5.761	63
Burlington		8118	-2.5889	12	Passaic		16419	7.5152	3
	Wrightstown Boro	585	21.603	5		Paterson	12058	20.934	6
	Pemberton Boro	89	11.956	28		Passaic	4361	19.406	10
	New Hanover Twp.	677	10.591	32	Salem		1057	2.3090	7
	Mt. Holly Twp.	809	8.396	39		Salem City	564	16.908	14
	North Hanover Twp.	1200	7.65	40		Penns Grove	493	16.775	15
	Burlington City	621	7.115	45	Somerset			-6.4549	19
	Pemberton Twp.	2841	6.886	48	Sussex		199	-4.6907	16
	Burlington Twp.	793	6.653	49		Sussex Boro	199	6.3263	52
	Bordentown City	278	6.437	51	Union		13367	1.2475	9
	Beverly	225	5.613	66		Plainfield	3374	15.293	19
Camden		8868	3.4126	5		Elizabeth	7386	11.926	29
	Camden City	7038	26.332	2		Roselle	1213	6.048	56
	Lawnside Boro	159	15.335	17		Hillside	1297	5.785	62
	Chesilhurst Boro	128	12.9	24		Winfield	97	5.458	69
	Hi-Nella Boro	117	11.694	30	Warren			-3.8561	14
	Lindenwold	1426	5.889	61					
Cape May		493	-4.0909	15					
	Woodbine Boro	200	20.229	7					
	Wildwood City	293	8.84	37					
Cumberland		2665	4.8296	4					
	Bridgeton City	1682	15.319	18					
	Fairfield Twp.	409	11.595	31					
	Commercial	398	7.384	42					
	Deerfield	176	7.258	43					
Essex		40594	16.7716	1					
	Newark	28592	29.348	1					
	East Orange	5770	25.688	3					
	Orange	2192	19.961	8					
	Irvington	4040	13.4	23					
Gloucester		3816	-1.1002	10					
	Paulsboro Boro	545	12.884	25					
	Clayton	620	5.950	58					
	Glassboro	859	5.897	60					
	Swedesboro	778	5.713	64					
	Woodbury	696	5.54	67					
	National Park	318	5.522	68					
Hudson		27647	11.9130	2					
	Jersey City	17314	17.964	11					
	Hoboken	3215	16.967	13					
	Union City	3993	13.59	22					
	East Newark Boro	125	9.655	34					
	West New York Town	2250	9.432	35					
	Weehawken Twp.	750	6.4487	50					
Hunterdon			-6.6341	21					
Mercer		7056	3.2454	6					
	Trenton City	7056	19.45	9					
Middlesex		5611	-3.1897	13					
	New Brunswick	2366	14.951	20					
	Perth Amboy	2883	10.446	33					
	Jamesburg	362	5.676	65					
Monmouth		7659	-2.1328	11					
	Asbury Park	1308	23.631	4					
	Long Branch	2128	12.137	27					
	Shrewsbury Twp.	83	9.375	36					
	Bradley Beach	326	7.599	41					
	Red Bank	587	6.926	46					
	Kceansburg	858	6.746	47					
	Neptune Twp.	1639	5.987	57					
	Frechold Boro	730	5.94	59					
Morris		856	-6.5684	20					
	Victory Gardens Boro	93	16.971	12					

Total number of children under 5 years of age at high risk in Priority 1 Municipalities: 155,064

**APPENDIX II**

**Priority II**

Criteria: Any municipality which has children at risk per NHANES II data and census data whose sum of standardized score fell below ISD from State mean.

- Atlantic County
- Absecon City
- Brigantine City
- Buena Boro
- Buena Vista Twp.
- Egg Harbor Twp.
- Folsom Boro
- Galloway Twp.
- Hamilton Twp.
- Hammonton Town
- Linwood City
- Margate City
- Mullica Twp.
- Northfield City
- Somers Point City
- Ventnor City
- Weymouth Twp.
  
- Bergen County
- Allendale Boro
- Alpine Boro
- Bergenfield Boro
- Bogota Boro
- Carlstadt Boro
- Cliffside Park Boro
- Closter Boro
- Cresskill Boro
- Demarest Boro
- Dumont Boro
- Elmwood Pk. Boro

E. Rutherford Boro  
 Edgewater Boro  
 Emerson Boro  
 Englewood Cliffs  
 Fairlawn Boro  
 Fairview Boro  
 Fort Lee Boro  
 Franklin Lakes Boro  
 Garfield City  
 Glen Rock Boro  
 Harrington Park Boro  
 Hasbrouck Heights Boro  
 Haworth Boro  
 Hillsdale Boro  
 Ho-Ho-Kus Boro  
 Leonia Boro  
 Little Ferry Boro  
 Lodi Boro  
 Lyndhurst Twp.  
 Mahwah Twp.  
 Maywood Boro  
 Midland Park Boro  
 Montvale Boro  
 Moonachie Boro  
 New Milford Boro  
 No. Arlington Boro  
 Northvale Boro  
 Norwood Boro  
 Oakland Boro  
 Old Tappan Boro  
 Oradell Boro  
 Palisades Pk. Boro  
 Paramus Boro  
 Park Ridge Boro  
 Ramsey Boro  
 Ridgefield Boro  
 Ridgefield Pk. Twp.  
 Ridgewood Village  
 River Edge Boro  
 River Vale Twp.  
 Rochelle Park Twp.  
 Rutherford Boro  
 Saddle Brook Twp.  
 Saddle River Boro  
 So. Hackensack Twp.  
 Teaneck Twp.  
 Tenafly Boro  
 Upper Saddle River Boro  
 Waldwick Boro  
 Wallington Boro  
 Washington Twp.  
 Westwood Boro  
 Woodcliff Lake Boro  
 Wood Ridge Boro  
 Wyckoff Twp.

## Burlington County

Bass River Twp.  
 Bordentown Twp.  
 Chesterfield Twp.  
 Cinnaminson Twp.  
 Delanco Twp.  
 Delran Twp.  
 Easthampton Twp.  
 Edgewater Pk. Twp.  
 Evesham Twp.  
 Florence Twp.

Hainesport Twp.  
 Lumberton Twp.  
 Mansfield Twp.  
 Maple Shade Twp.  
 Medford Twp.  
 Medford Lakes Boro  
 Moorestown Twp.  
 Mt. Laurel Twp.  
 Palmyra Boro  
 Riverside Twp.  
 Riverton Boro  
 Shamong Twp.  
 Southampton Twp.  
 Springfield Twp.  
 Tabernacle Twp.  
 Westhampton Twp.  
 Willingboro Twp.  
 Woodland Twp.

## Camden County

Audubon Boro  
 Barrington Boro  
 Bellmawr Boro  
 Berlin Boro  
 Berlin Twp.  
 Brooklawn Boro  
 Cherry Hill Twp.  
 Clementon Boro  
 Collingswood Boro  
 Gibbsboro Boro  
 Gloucester City  
 Gloucester Twp.  
 Haddon Twp.  
 Haddonfield Boro  
 Haddon Heights Boro  
 Laurel Springs Boro  
 Magnolia Boro  
 Merchantville Boro  
 Mt. Ephraim Boro  
 Oaklyn Boro  
 Pennsauken Twp.  
 Pine Hill Boro  
 Runnemede Boro  
 Somerdale Boro  
 Stratford Boro  
 Voorhees Twp.  
 Waterford Twp.  
 Winslow Twp.  
 Wood Lynne Boro

## Cape May County

Cape May City  
 Dennis Twp.  
 Lower Twp.  
 Middle Twp.  
 No. Wildwood City  
 Ocean City  
 Sea Isle City  
 Upper Twp.  
 W. Cape May Boro  
 Wildwood Crest Boro

## Cumberland County

Downe Twp.  
 Greenwich Twp.  
 Hopewell Twp.

Lawrence Twp.  
Maurice River Twp.  
Millville City  
Stow Creek Twp.  
Upper Deerfield Twp.  
Vineland City

Essex County  
Belleville Town  
Bloomfield Town  
Caldwell Boro  
Cedar Grove Twp.  
Essex Fells Boro  
Fairfield Boro  
Glen Ridge Boro  
Livingston Twp.  
Maplewood Twp.  
Millburn Twp.  
Montclair Town  
No. Caldwell Boro  
Nutley Town  
Roseland Boro  
So. Orange Village  
Verona Boro  
W. Caldwell Boro  
W. Orange Town

Gloucester County  
Deptford Twp.  
E. Greenwich Twp.  
Elk Twp.  
Franklin Twp.  
Greenwich Twp.  
Harrison Twp.  
Logan Twp.  
Mantua Twp.  
Monroe Twp.  
Newfield Boro  
Pitman Boro  
S. Harrison Twp.  
Washington Twp.  
Wenonah Boro  
W. Deptford Twp.  
Westville Boro  
Woodbury Heights Boro  
Woolwich Twp.

Hudson County  
Bayonne City  
Guttenberg Town  
Harrison Town  
Kearny Town  
No. Bergen Twp.  
Secaucus Town

Hunterdon County  
Alexandria Twp.  
Bethlehem Twp.  
Bloomsbury Boro  
Califon Boro  
Clinton Town  
Clinton Twp.  
Delaware Twp.  
E. Amwell Twp.  
Flemington Boro  
Franklin Twp.

Frenchtown Boro  
Glen Gardner Boro  
Hampton Boro  
High Bridge Boro  
Holland Twp.  
Kingwood Twp.  
Lambertville City  
Lebanon Boro  
Lebanon Twp.  
Milford Boro  
Raritan Twp.  
Readington Twp.  
Tewksbury Twp.  
Union Twp.  
W. Amwell Twp.

Mercer County  
E. Windsor Twp.  
Ewing Twp.  
Hamilton Twp.  
Hightstown Boro  
Hopewell Boro  
Hopewell Twp.  
Lawrence Twp.  
Pennington Boro  
Princeton Boro  
Princeton Twp.  
Washington Twp.  
W. Windsor Twp.

Middlesex County  
Carteret Boro  
Cranbury Twp.  
Dunellen Boro  
E. Brunswick Twp.  
Edison Twp.  
Helmetta Boro  
Highland Park Boro  
Metuchen Boro  
Middlesex Boro  
Milltown Boro  
Monroe Twp.  
No. Brunswick Twp.  
Old Bridge Twp.  
Piscataway Twp.  
Plainsboro Twp.  
Sayreville Boro  
So. Amboy City  
So. Brunswick Twp.  
So. Plainfield Boro  
So. River Boro  
Spotswood Boro  
Woodbridge Twp.

Monmouth County  
Aberdeen Twp.  
Allentown Boro  
Atlantic Highlands Boro  
Avon By The Sea Boro  
Belmar Boro  
Brielle Boro  
Colts Neck Twp.  
Deal Boro  
Eatontown Boro  
Englishtown Boro  
Fair Haven Boro

Farmingdale Boro  
 Freehold Twp.  
 Hazlet Twp.  
 Highlands Boro  
 Holmdel Twp.  
 Howell Twp.  
 Keyport Boro  
 Little Silver Boro  
 Manalapan Twp.  
 Manasquan Boro.  
 Marlboro Twp.  
 Matawan Boro  
 Middletown Twp.  
 Millstone Twp.  
 Monmouth Beach Boro  
 Neptune City Boro  
 Ocean Twp.  
 Oceanport Boro  
 Rumson Boro  
 Sea Girt Boro  
 Shrewsbury Boro  
 So. Belmar Boro  
 Spring Lake Boro  
 Spring Lake Heights Boro  
 Tinton Falls Boro  
 Union Beach Boro  
 Upper Freehold Twp.  
 Wall Twp.  
 W. Long Branch Boro

Morris County  
 Boonton Town  
 Boonton Twp.  
 Butler Boro  
 Chatham Boro  
 Chatham Twp.  
 Chester Boro  
 Chester Twp.  
 Denville Twp.  
 Dover Town  
 E. Hanover Twp.  
 Florham Park Boro  
 Hanover Twp.  
 Harding Twp.  
 Jefferson Twp.  
 Kinnelon Boro  
 Lincoln Park Boro  
 Madison Boro  
 Mendham Boro  
 Mendham Twp.  
 Mine Hill Twp.  
 Montville Twp.  
 Morris Twp.  
 Morris Plains Boro  
 Mountain Lakes Boro  
 Mt. Arlington Boro  
 Mt. Olive Twp.  
 Netcong Boro  
 Parsippany Troy Hills Twp.  
 Passaic Twp.  
 Pequannock Twp.  
 Randolph Twp.  
 Riverdale Boro  
 Rockaway Boro  
 Rockaway Twp.  
 Roxbury Twp.  
 Washington Twp.

Wharton Boro  
 Ocean County  
 Barnegat Twp.  
 Bay Head Boro  
 Beachwood Boro  
 Berkeley Twp.  
 Brick Twp.  
 Dover Twp.  
 Island Heights Boro  
 Jackson Twp.  
 Lacey Twp.  
 Lavallette Boro  
 Little Egg Harbor Twp.  
 Long Beach Twp.  
 Manchester Twp.  
 Ocean Twp.  
 Ocean Gate Boro  
 Pine Beach Boro  
 Plumsted Twp.  
 Point Pleasant Boro  
 Point Pleasant Beach Boro  
 Seaside Park Boro  
 So. Toms River Boro  
 Stafford Twp.  
 Tuckerton Boro

Passaic County  
 Bloomingdale Boro  
 Clifton City  
 Haledon Boro  
 Hawthorne Boro  
 Little Falls Twp.  
 No. Haledon Boro  
 Pompton Lakes Boro  
 Prospect Park Boro  
 Ringwood Boro  
 Totowa Boro  
 Wanaque Boro  
 Wayne Twp.  
 W. Milford Twp.  
 W. Paterson Boro

Salem County  
 Alloway Twp.  
 Carneys Point Twp.  
 Elmer Boro  
 Elsinboro Twp.  
 Lower Alloway Creek Twp.  
 Mannington Twp.  
 Oldsmans Twp.  
 Pennsville Twp.  
 Pilesgrove Twp.  
 Pittsgrove Twp.  
 Quinton Twp.  
 Upper Pittsgrove Twp.  
 Woodstown Boro

Somerset County  
 Bedminster Twp.  
 Bernards Twp.  
 Bernardsville Boro  
 Bound Brook Boro  
 Branchburg Twp.  
 Bridgewater Twp.  
 Franklin Twp.

Green Brook Twp.  
 Hillsborough Twp.  
 Manville Boro  
 Montgomery Twp.  
 No. Plainfield Boro  
 Peapack Gladstone Boro  
 Raritan Boro  
 Somerville Boro  
 So. Bound Brook Boro  
 Warren Twp.  
 Watchung Boro

## Sussex County

Andover Twp.  
 Byram Twp.  
 Frankford Twp.  
 Franklin Boro  
 Fredon Twp.  
 Green Twp.  
 Hamburg Boro  
 Hampton Twp.  
 Hardyston Twp.  
 Hopatcong Boro  
 Lafayette Twp.  
 Montague Twp.  
 Newton Town  
 Ogdensburg Boro  
 Sandyston Twp.  
 Sparta Twp.  
 Stanhope Boro  
 Stillwater Twp.  
 Vernon Twp.  
 Wantage Twp.

## Union County

Berkeley Heights Twp.  
 Clark Twp.  
 Cranford Twp.  
 Fanwood Boro  
 Garwood Boro  
 Kenilworth Boro  
 Linden City  
 Mountainside Boro  
 New Providence Boro  
 Rahway City  
 Roselle Park Boro  
 Scotch Plains Twp.  
 Springfield Twp.  
 Summit City  
 Union Twp.  
 Westfield Town

## Warren County

Allamuchy Twp.  
 Alpha Boro  
 Belvidere Town  
 Blairstown Twp.  
 Franklin Twp.  
 Frelinghuysen Twp.  
 Greenwich Twp.  
 Hackettstown Town  
 Harmony Twp.  
 Hope Twp.  
 Independence Twp.  
 Knowlton Twp.  
 Liberty Twp.

Lopatcong Twp.  
 Mansfield Twp.  
 Oxford Twp.  
 Phillipsburg Town  
 Pohatcong Twp.  
 Washington Boro  
 Washington Twp.  
 White Twp.

## APPENDIX III

## Priority III

Criteria: Municipalities with no children under 5 years of age per 1980 census data and/or with less than 1 child at risk per NHANES II data.

Atlantic County  
 Corbin City  
 Estelle Manor  
 Longport  
 Port Republic City

Bergen County  
 Rockleigh Boro  
 Teterboro Boro

Burlington County  
 Fieldsboro Boro  
 Washington Twp.

Camden County  
 Audubon Park Boro  
 Pine Valley Boro  
 Travistock Boro

Cumberland County  
 Shiloh Boro

Cape May County  
 Avalon Boro  
 Cape May Point Boro  
 Stone Harbor Boro  
 West Wildwood Boro

Essex County  
 None

Gloucester County  
 None

Hudson County  
 None

Hunterdon County  
 Stockton Boro

Mercer County  
 None

Middlesex County  
 None

Monmouth County

Allenhurst Boro	Year Structure Built	
Interlaken Boro	1950-1959	_____
Loch Arbour Village	1940-1949	_____
Roosevelt Boro	1939 or Earlier	_____
Sea Bright Boro	% Built prior to 1960	_____
Morris County	Occupancy Status	Total
None	Owner occupied	_____
Ocean County	Renter occupied	_____
Barnegat Light Boro	Renter occupied White	_____
Beach Haven Boro	Renter occupied Black	_____
Eagleswood Twp.	All year round occupied units	_____
Harvey Cedars Boro	% Renter occupied	_____
Mantoloking Boro	% Renter occupied by Blacks	_____
Ship Bottom Boro	Population at Risk	Total
Surf City Boro	Population	_____
Passaic County	All children under 5 years of age	_____
None	% children under 5 years of age	_____
Salem County	Total Black children under 5 years of age	_____
None	age	_____
Somerset County	% children under 5 years of age who are black	_____
Far Hills Boro	Overcrowding	Total
Millstone Boro	Persons per room 1.01-1.50	_____
Rocky Hill Boro	Persons per room 1.50 or more	_____
Sussex County	Total more than 1 person per room	_____
Andover Boro	Occupied Housing Units	_____
Branchville Boro	% with more than 1 person per room	_____
Walpack Twp.	Poverty Status	Total
Union County	Number of families	_____
None	Total with income below poverty level with related children under 6 only	_____
Warren County	% with children below the poverty level	_____
Hardwick Twp.	Total with female household only, no husband present—income below poverty level with related children under 6 only	_____
Pahaquarry Twp.	% families with female household only, no husband present—income below poverty level with related children under 6 only	_____
	Community Potential Hazard Score	_____

APPENDIX IV

Community Potential Hazard Score—Lead Poisoning

Name of Community \_\_\_\_\_  
 Population \_\_\_\_\_