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Interagency Task Force on Prevention of Lead Poisoning

August 1995

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State of New Jersey

DEPARTMENT OF HUMAN SERVICES

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WILLIAM WALDMAN
Commissioner

August 18, 1995

The Honorable Christine Todd Whitman
Governor of the State of New Jersey
New Jersey State House
Trenton, New Jersey 08625-0001

Dear Governor Whitman:

It has been well established that exposure to lead results in adverse health effects. Children, in particular, are at high risk of sustaining permanent neurological damage if they ingest or breathe in lead. During the past decade, New Jersey has enacted legislation and has implemented programs aimed at protecting our children and their families by reducing the chances for exposure.

I am pleased to submit to you the recommendations of the New Jersey Interagency Lead Poisoning Prevention Task Force which are aimed at continuing our efforts to reduce the amount of this toxin in our environment. The Task Force, a committee of the Governor's Council on the Prevention of Mental Retardation and Developmental Disabilities, has served to build cooperation and coordination between the departments which assume responsibility to prevent lead poisoning. The recommendations were prepared and approved by the Departments of Human Services, Community Affairs, Education, Environmental Protection, Health and Insurance as well as community agencies, and county and municipal entities.

I am also pleased to inform you that funds are available to begin implementation of the recommendations. The Interagency Lead Poisoning Prevention Task Force will be focusing upon implementing educational programs to increase awareness about the dangers of lead and ways in which exposure can be minimized.

Governor Whitman
August 18, 1995
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It is in the interest of protecting our children from the dangers of lead poisoning and on behalf of my colleagues in the Departments of Health, Community Affairs, Education, Environmental Protection and Insurance that I respectfully submit these recommendations to you.

Sincerely,



William Waldman
Commissioner

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INTERAGENCY TASK FORCE ON PREVENTION OF LEAD POISONING

RECOMMENDATIONS

Human activities that have caused contamination of the environment with lead started in pre-history, with mining and metal-working probably more than 8,000 years ago. We now know that exposure to lead causes severe harm to development of the nervous system as well as other health problems. Such exposure may occur before birth since lead can cross the placenta to affect the fetus. Toddlers and young children remain especially at risk if they continue to be exposed to lead.

Primary prevention requires the identification of exposure pathways and removal of lead from situations where exposure can occur.

REMOVING LEAD FROM THE ENVIRONMENT

I. AS A LONG TERM GOAL, EVERYTHING POSSIBLE SHOULD BE DONE TO REMOVE LEAD FROM THE IMMEDIATE ENVIRONMENT OF CHILDREN AND ADULTS.

Primary prevention is the strategy of removing lead from all areas where children or adults can be exposed. The successes of lead removal from gasoline, bans on solder use in food cans and for use in plumbing, show the value of primary prevention strategies. These policies have brought about a substantial decline, as measured in national surveys, in average blood lead levels in adults and children in this country.

There still remains a legacy, however, of high soil values of lead from industrial facilities and from past atmospheric deposition of lead from gasoline, of lead in plumbing predating the solder ban, plus lead content in the brass fixtures and copper pipe itself, and especially of lead in paint which contributes directly to exposure and indirectly through contributions of lead to dust and soil.

Paint containing lead applied inside and externally in residential buildings, schools, and child care facilities is the most likely source of poisoning of children. Although lead began to be replaced by titanium dioxide and other pigments after World War II and was finally banned for residential use in 1978, New Jersey has a very large number of structures predating the phaseout of lead in paint.

◆ **REMOVE LEAD PAINT FROM HOMES, SCHOOLS, DAY-CARE FACILITIES, AND OTHER BUILDINGS WHERE IT CONTRIBUTES TO LEAD EXPOSURE.**

While this is a costly, long-term goal, we must develop strategies to accomplish this with priorities for those buildings in which our most sensitive populations reside.

◆ **DEVELOP AND ENFORCE LAWS AND REGULATIONS TO CLEAN UP INDUSTRIAL LEAD CONTAMINATION.**

New Jersey has comprehensive and aggressive environmental cleanup programs, including stringent regulations. We need to work creatively with responsible parties to ensure compliance and to facilitate cleanup quickly and economically. Lead deposited in soil from past industrial practices or improper disposal poses a serious exposure problem, particularly within New Jersey's older highly industrialized cities. Redevelopment of these areas is impeded by high soil and groundwater levels of hazardous contaminants, especially lead. Remediation is vital for the economic renewal of these urban areas as well as the health of our citizens.

◆ **ENFORCE THE BAN ON THE USE OF LEAD SOLDER.**

Although the use of lead solder for potable water piping is illegal in New Jersey, vigilant enforcement of the ban is needed. Officials should work through the Uniform Construction Code enforcement system and with the Board of Examiners of Master Plumbers to provide education on lead-safe plumbing components.

◆ **PROMOTE THE USE OF LEAD FREE PLUMBING FIXTURES, PUMPS AND OTHER EQUIPMENT FOR DRINKING WATER SUPPLIES.**

Lead-free brass, such as the Bismuth substitute which has been developed by AT&T, should be used for fixtures in potable water systems. Other equipment such as pumps containing lead parts should be replaced.

◆ **ENCOURAGE SOURCE REDUCTION AND POLLUTION PREVENTION STRATEGIES.**

Some advocates have proposed completely stopping any new uses of lead; counter arguments are advanced that lead is absolutely necessary for certain uses such as radiation shielding and in the electronics industry, and that its ready availability and relatively low cost make continued industrial use vital. Development of alternatives to any unnecessary uses of lead and techniques to minimize production of lead are needed. Requiring the substitution of other materials for lead where feasible, restricting lead to absolutely required uses, and considering additional bans, as was done with use in gasoline, for uses which contribute to undue exposure should be undertaken.

◆ **RECYCLE LEAD, REDUCING THE NEED FOR NEW MINING AND PRODUCTION.**

Strategies for reducing production and release of lead to the environment should include aggressive recycling programs.

◆ **CAREFULLY CONTROL DISPOSAL PROCEDURES.**

In situations where lead is a constituent of the waste stream, caution must be exercised in its disposal; further dispersion of lead into the environment or likelihood of additional exposure must be avoided. Incineration without very stringent emission control, and landfilling without very close attention to containment, need to be avoided.

◆ **PRICE DISPOSAL OF LEAD TO ENCOURAGE COMPLIANCE WITH THE BEST ATTAINABLE DISPOSAL PRACTICES.**

Because of the difficulty of monitoring compliance for disposal of construction debris, disposal regulations should be consistent with good financial practice and inspire compliance.

MINIMIZING EXPOSURE

II. UNTIL REMOVAL OF LEAD FROM OUR ENVIRONMENT CAN BE ACCOMPLISHED, WE MUST DO EVERYTHING POSSIBLE TO MINIMIZE EXPOSURE AND REDUCE UPTAKE OF LEAD BY PEOPLE, PARTICULARLY THOSE MOST SENSITIVE TO ITS ADVERSE EFFECTS.

We believe that a primary prevention strategy for lead poisoning requires the identification and removal of lead from the immediate environment of human beings where it is available for uptake now or in the future. We recognize, however, that the widespread use of this metal has so contaminated our surroundings that interim goals of reducing exposure to lead to the maximum extent possible must be pursued until the longer term goal of lead removal has been realized. Because of the complex nature of the problem, both the long term goal of lead removal and the interim goals of minimizing lead exposure require cooperative efforts from all of the various responsible government agencies as well as close coordination with interest groups and all those in the private sector who have a stake in solving the lead poisoning problem.

◆ DEVELOP MULTIMEDIA STANDARDS FOR MINIMIZING EXPOSURE.

A comprehensive evaluation of exposure, rather than medium specific standards, needs to be conducted in order to evaluate a child's total potential for lead exposure. A model for this type of regulation is the EPA's *Integrated Exposure Uptake Biokinetic Model for Lead in Children*, completed in January, 1994. This model incorporates multiple sources of lead in setting acceptable soil levels at CERCLA and RCRA sites.

◆ SET STANDARDS FOR SCHOOLS AND DAY CARE FACILITIES.

Standards should be set to ensure that schools, day care centers and other buildings occupied by children are lead-safe. These facilities should be inspected for lead safety (water, playgrounds and rooms) and policies and protocols should be implemented to ensure that the facilities are hazard free. Caution should be exercised whenever intact lead-based paint is disturbed. These standards should also be applied to any buildings occupied by clients of the State's social service providers.

◆ DEVELOP METHODS OF COVER TO PREVENT OR LIMIT EXPOSURE.

Soil exposure to lead may be minimized by homeowners simply by planting grass on affected areas or shrubbery along the drip-line from roofs of houses where lead is particularly known to accumulate. Children are less apt to play in shrubbery or

to ingest soil which is covered.

◆ **CARRY OUT RESEARCH TO DETERMINE WHEN AND UNDER WHAT CONDITIONS REMOVAL OF SOIL IS EFFECTIVE, NECESSARY, AND FINANCIALLY FEASIBLE.**

The USEPA Three Cities study has shown removal of soil to be an expensive and not particularly effective method for reducing lead exposure to children when the lead in soil is not excessive. The USEPA recommends interim controls on soils containing more than 400 ppm but less than 5000 ppm. Other methods of reducing exposure should be considered and evaluated.

◆ **CAREFULLY MAINTAIN PAINT SURFACES IN BUILDINGS TO MINIMIZE FLAKING AND PRODUCTION OF DUST CONTAINING LEAD.**

Testing and abatement should be encouraged as part of every housing rehabilitation project and should be required as part of publicly-funded projects. All buildings owners should receive educational materials allowing them to make informed decisions about impending rehabilitation or renovation work.

◆ **UPDATE EXISTING STATE REGULATIONS ON LEAD ABATEMENT.**

Chapter XIII of the NJ State Sanitary Code (NJAC 8:51) should be revised and updated to incorporate the latest available federal and State standards. Regulations need to be promulgated under the Uniform Construction Code concerning work practices for lead abatement.

◆ **DEVELOP A "STANDARD OF CARE" FOR PROPERTY MAINTENANCE.**

A "standard of care" should be established for property maintenance with which owners should comply to keep dwellings lead-safe. This standard should be incorporated into New Jersey's Hotel and Multiple Dwelling Regulations.

◆ **ESTABLISH A DATABASE OF LEAD-SAFE HOUSING.**

A registry of lead-free facilities and housing should be established. This database should include information on which dwelling units have undergone lead abatement, which still have lead-based paint, but are considered lead-safe, results of dust-wipe tests and other inspection reports. Social service providers should have this information available to assist in the placement of families with young children.

◆ **CREATE "SAFE HOUSES" OR OTHERWISE PROVIDE TEMPORARY HOUSING.**

"Safe Houses" should be developed in each county and major city where families with children with lead poisoning can be placed temporarily while their homes undergo lead abatement. Funding for temporary relocation should be made available through existing social service programs if the family is eligible for assistance.

◆ **PROVIDE BETTER NUTRITION AND HEALTH CARE FOR CHILDREN AND PREGNANT WOMEN AT RISK OF LEAD EXPOSURE.**

Poor nutrition is a known risk factor for exacerbating the adverse impacts of lead poisoning.

IDENTIFYING LEAD SOURCES FOR PRIORITY INITIATIVES

III. IDENTIFY ALL SOURCES OF LEAD EXPOSURE IN ORDER THAT INFORMED PRIORITIES MAY BE SET IN LEAD POISONING PREVENTION.

We already know a lot about sources of lead in the environment; substantial data on soil lead (i.e. Dr. Motto at Rutgers; DEP's data including samples at industrial, disposal, and hazardous waste sites; Industrial Survey, Right to Know, and Toxic Release Inventory data bases; data from testing of drinking water, etc.) Some data is profiled in the Task Force report on Sources.

Atmospheric transport of lead has been documented on a global and national scale. The phase down of lead in gasoline has been a tremendous success in reducing overall exposure to lead in this country. National surveys of trends in blood lead concentrations bear out the efficacy of this primary prevention strategy. New Jersey's data on lead in air corroborates the substantial decrease in airborne lead over the last two decades. However, we have a substantial legacy of lead in soil, particularly near heavily traveled roadways, from the atmospheric deposition of gasoline derived lead. Moreover, because of New Jersey's intense industrial history, other sources of atmospheric deposition of lead need to be detailed.

The Taskforce recommends that DEP's Geographic Information System be used to collate, analyze, and represent all available data on lead in New Jersey. A pilot study in Essex County has already demonstrated the usefulness of this tool.

◆ **LEAD SHOULD BE MEASURED AND MONITORED IN AIR, SOIL, AND AQUATIC SYSTEMS.**

We need in New Jersey a comprehensive data base on lead concentrations in air, soil, water, and sediments as well as historical data. This includes data on past agricultural use (i.e., lead arsenate pesticides), former sites of industries that historically used lead. Atmospheric inputs of lead have contributed to soil burdens; ambient air-borne imported lead into New Jersey in addition to that added by incineration, energy facilities, and from remaining gasoline lead is likely to be found in aquatic sediments from past industrial use, roadway runoff, use of lead shot in hunting, etc.

◆ **SCHOOLS AND DAY-CARE FACILITIES NEED TO HAVE THEIR WATER TESTED FOR LEAD.**

Buildings with extensive plumbing systems may represent a special hazard for water-borne lead exposure. All day-care facilities and schools should be tested.

◆ **MONITOR DRINKING WATER TO ENSURE THAT LEAD LEVELS DO NOT EXCEED 15 PPB.**

The current USEPA standard for drinking water is 15 ppb. Water purveyors need to monitor their water for lead levels and institute corrosion control, if appropriate. Citizens with individual private wells require a program for testing and treatment. Education, outreach, and perhaps loan programs may be required to assist purveyors with wells (see housing for homeowner responsibility). Aquifers with aggressive water may need to be targeted.

◆ **CARRY OUT FURTHER RESEARCH AND MONITORING TO DETERMINE THE CONTRIBUTION OF LEAD IN THE DIET.**

In addition to documenting decreases in dietary uptake of lead resulting from changes in solder use, less atmospheric deposition on edible plants, etc., there is a need to determine if there are any dietary practices in NJ subpopulations or ethnic groups which might increase lead risk. For example, distillation of "moonshine" through lead soldered stills was historically a substantial contributor to lead poisoning in adults who drank this liquor.

◆ **HOBBIES, HABITS, ETHNIC PRACTICES SUCH AS FOLK MEDICINES NEED TO BE ASSESSED FOR CONTRIBUTIONS TO LEAD EXPOSURE.**

New Jersey has only a few documented poisoning cases from ingesting folk medicines, using cosmetics containing lead, or from participating in hobbies using lead. Because New Jersey has a large immigrant population with widely diverse ethnic backgrounds bringing together many cultural practices originating in other parts of the world, there is a potential for poisonings. Research should be carried out to assess the risk of poisonings from cultural practices and hobbies.

◆ **CONTINUE TO TEST FOR LEAD IN HOUSING, SCHOOLS AND CHILD CARE FACILITIES.**

Surveys of age and condition of homes and facilities are needed along with actual testing for lead in dust and paint. The assessment of housing for lead hazards must include dust-wipe testing. Testing dwelling units with an XRF or similar instrument will determine the presence or absence of lead-based paint, but it will not measure the potential hazard of the paint.

EDUCATION AND AWARENESS

IV. EDUCATION IS THE KEY TO SUCCESS IN LEAD POISONING PREVENTION WHEN PEOPLE ARE ABLE TO AND DO TAKE ACTION TO REDUCE THEIR EXPOSURE TO LEAD.

Many people can take action to protect themselves and their families once they know of potential danger. They need to know ways to minimize exposure. They also need to be able to distinguish when lead is NOT a danger and when it is.

Education, has a wide variety of meanings often ranging from routine information giving, to counseling parents, to public awareness, to training. Private and public agencies all contribute to informing their employees and their constituencies. The goal is to routinely share current information appropriate for the audience.

◆ **EXPAND PUBLIC AWARENESS OF LEAD POISONING.**

At-risk populations and people with responsibility to reducing exposure of at-risk populations should periodically receive information about the dangers of lead. Among these are families with young children, workers whose jobs expose them to lead (e.g., plumbers, painters, foundry workers, etc.) pregnant women, home owners, Realtors, product manufacturers, teachers, and owners of rental property.

◆ **COORDINATE INFORMATION ABOUT LEAD ISSUES FOR PUBLIC DISSEMINATION FROM ALL DEPARTMENTS AND LEVELS OF GOVERNMENT AND PRIVATE SECTOR.**

The Interagency Task Force will provide a clearinghouse for public awareness information. This will help to streamline the efforts to provide information and promote sharing of campaign information and materials.

◆ **PROVIDE INFORMATION TO THE PUBLIC ABOUT TOPICS THAT RESEARCH INDICATES ARE IMPORTANT TO REDUCE EXPOSURE. AMONG THESE ARE:**

lead-safe housing,
testing homes and consumer products for lead,
recycling of lead-acid batteries and all rechargeable batteries,
importance of screening children with a blood-lead test,
proper disposal of waste containing lead,
take-home lead from workers exposed to lead on the job,
sources of funding of lead hazard reductions,
lead-safe products, and
ways to reduce lead in their environment.

◆ **USE THE LANGUAGE AND ACCEPTED MODE OF DISSEMINATING PUBLIC INFORMATION BY THE "TARGET" POPULATION.**

People in New Jersey speak many languages, are from many cultures and socio-economic groups. Dissemination of public information should use the mode of information giving which is most accepted in the community. This would include video, audio or radio, outreach, printed materials, or small group meetings.

◆ **PROVIDE REFERRAL INFORMATION TO THE PUBLIC.**

Agencies should obtain and provide referral information. This should include information about available services.

◆ **TRAIN AGENCY STAFF ON LEAD ISSUES.**

Agencies with a responsibility to help solve lead poisoning problems should train employees about identifying creating and maintaining lead-safe environments, and about screening issues. The workers should be trained about how to make referrals or intercede in issues relating to lead poisoning prevention. Staff must be updated on lead issues on a periodic basis.

Foster care parents, DYFS intake workers, health care providers, cooperative education teachers, housing inspectors, should be trained on lead issues.

◆ **EDUCATE YOUNG PEOPLE ABOUT LEAD AS A PART OF THE SCHOOL CURRICULUM.**

Education ranges from awareness level units to projects to full courses in such courses as health and science. Courses in art and vocational training which use lead should review procedures to insure that exposure in the classroom or on the job is within acceptable exposure levels.

Among courses that can address lead include vocational-technical, home economics and industrial arts courses (i.e., plumbing, carpentry, child development, autobody and automechanics, family life education, science classes, crafts, and cooperative education.)

◆ **SUPPORT THE EXPANSION OF TRAINING COURSES FOR INSPECTORS, WORKERS, AND SUPERVISORS ON LEAD PAINT ABATEMENT.**

Regulations mandating certification and training for groups associated with lead abatement have gone into effect, but promoting high quality training courses that comply with the regulations and current federal guidelines will be necessary.

◆ **INCLUDE TRAINING FOR LEAD INTERVENTIONS IN COURSES IN HIGH SCHOOL AND COLLEGE.**

These courses include vocational-technical, home economics, and industrial arts courses (i.e., carpentry, child development, autobody and automechanics, family life education, science classes, crafts, and cooperative education).

◆ **PROVIDE STUDENTS IN VOCATIONAL, HIGH SCHOOL AND ADULT EDUCATION PROGRAMS WITH EDUCATION ABOUT LEAD POISONING PREVENTION.**

Teachers of the arts (crafts and painting) and of vocational programs in auto mechanics, auto body, electronics, carpentry, plumbing and home economics (nutrition and child development) should address new techniques and skills to avoid or minimize lead exposure in the classroom and in job training.

◆ **TRAIN PUBLIC EMPLOYEES AND THOSE WITH RESPONSIBILITY FOR AT-RISK POPULATIONS ABOUT IDENTIFYING, CREATING AND MAINTAINING LEAD-SAFE ENVIRONMENTS AND SCREENING.**

Foster care parents, DYFS intake workers, health care providers, cooperative education teachers, housing inspectors, should have a unit on lead included in their training.

WORKER PROTECTION

V. OCCUPATIONAL EXPOSURE TO LEAD ADVERSELY AFFECTS EMPLOYEES AND CAN ENDANGER FAMILY HEALTH IF LEAD IS BROUGHT HOME ON CLOTHES.

◆ **ENSURE THAT EMPLOYERS ARE IN COMPLIANCE WITH REGULATIONS MANDATING LEAD SAFETY.**

The federal Occupational Safety and Health Administration's (OSHA) lead standards for general industry and construction and the Public Employee Occupational Safety and Health (PEOSH) lead standard must be enforced. State agencies should work with OSHA to ensure that employers and employees have taken appropriate actions to prevent occupational lead toxicity. Sharing of information among agencies, and expansion of consultative services, training and education programs are essential.

The effectiveness of prevention efforts should be monitored by collection and analysis of blood lead reports of workers.

◆ **ENSURE THAT MEDICAL SERVICES, INCLUDING PRIMARY, SECONDARY AND TERTIARY PREVENTION SERVICES FOR EMPLOYERS AND EMPLOYEES ARE AVAILABLE AND APPROPRIATE.**

An inventory of available occupational medicine services in New Jersey should be distributed to industry groups with potentially lead-exposed employees. The quality of these services should be evaluated through a certification program.

◆ **ENSURE THAT FAMILIES OF WORKERS ARE PROTECTED FROM THE HAZARDS OF LEAD TAKEN HOME ON WORKERS' CLOTHING.**

Studies suggest that family members are at risk of lead toxicity from exposure to lead dust brought home on workers' clothing. All lead exposed workers and employers should be informed of appropriate actions that should be taken to prevent "take-home" lead toxicity.

◆ **USE SURVEILLANCE DATA TO TARGET NEW AND/OR HIGH RISK OCCUPATIONS AND INDUSTRIES FOR PUBLIC HEALTH INTERVENTIONS.**

Elevated blood lead data from workers should be analyzed to look for trends and clusters in occupational lead toxicity. Data on industrial lead use are also available and should be analyzed to identify new potential sources of occupational lead exposure. Results of data analysis should be used to target education and training programs and enforcement activities.

LEAD SCREENING AND SURVEILLANCE

VI. LEAD SCREENING OF YOUNG CHILDREN AND OF ADULTS WITH POTENTIAL EXPOSURE (PRIMARILY AT WORK) IS ESSENTIAL FOR TRIGGERING PREVENTION ACTIVITIES.

Individuals with elevated blood lead levels are a signal that conditions in their homes, communities or workplaces are not safe and that others may be at risk. Screening and medical treatment of poisoned children and adults will remain critically important until the environmental sources of lead are adequately controlled or eliminated.

◆ ENSURE THAT ALL CHILDREN UNDER AGE 6 ARE SCREENED FOR LEAD POISONING.

Children in New Jersey between 6 months and 72 months should be screened for lead poisoning in accordance with the recommendations of the New Jersey Physicians Lead Advisory Committee. Children should be screened at one and again at two years of age; high risk children should be screened more often.

◆ PEDIATRICIANS AND OTHER PRIMARY CARE PHYSICIANS WHO CARE FOR CHILDREN SHOULD OFFER LEAD SCREENING AS PART OF ROUTINE PRIMARY PREVENTIVE SERVICES.

◆ USE EXISTING PUBLIC HEALTH PROGRAMS TO IDENTIFY AND SCREEN HIGH RISK CHILDREN.

Public health programs targeting children under six years of age for prevention services (e.g. immunization programs) should include risk assessment for lead poisoning and should provide screening on-site or by referral.

◆ USE SOCIAL SERVICE PROGRAMS TO IDENTIFY AND SCREEN HIGH RISK CHILDREN.

Children served by Aid for Families with Dependents Children (AFDC), the Women, Infant and Children (WIC) program and the Medicaid/EPSDT program (Early Periodic Screening, Diagnosis and Treatment) are at often high risk of lead toxicity and are accessible through these programs. These programs should make screening for lead available in conjunction with other programs on-site, or by referral to physicians, Family Resource Centers, public health clinics and others.

◆ INCREASE ENROLLMENT IN THE MEDICAID/EPSDT PROGRAM.

Outreach to increase enrollment in Medicaid/EPSDT, a voluntary program for Medicaid-eligible children, and provisions of increased staffing in Medicaid/EPSDT

would put more high-risk children into this program that provides lead screening.

◆ **USE SCHOOL-BASED PROGRAMS TO PROVIDE LEAD SCREENING.**

School nurses should work with local health departments to offer screening to children registering for pre-school or kindergarten.

◆ **ENSURE THAT EMPLOYERS PROVIDE LEAD SCREENING FOR OCCUPATIONALLY EXPOSED ADULTS.**

Occupationally exposed adults should be screened according to criteria specified in OSHA lead standards. Employers are responsible for providing screening and medical follow-up.

In order to decrease in-utero lead exposure of the fetus, pregnant women, and women contemplating pregnancy should be screened for lead exposure to determine if they should be removed from the potential source of lead during pregnancy or if the lead in the women's environment should be removed.

Individuals with developmental disabilities are often at risk because of pica behavior and/or residence in aging institutions. Current guidelines and rules for screening of these individuals should be adhered to, and screening services should be offered to families and caretakers.

◆ **MAINTAIN AND EXPAND ON CURRENT LEAD SURVEILLANCE AND CASE MANAGEMENT ACTIVITIES.**

Clinical Laboratories are required to report elevated blood lead levels to the NJDOH. The NJDOH processes and analyzes this data for disease surveillance purposes.

Electronic data transmission of laboratory reports to the NJDOH and to local health departments should be established to ensure completeness and timeliness of reporting.

In order to ensure comprehensive surveillance systems for at-risk adults and children, regulations should be developed that require reporting of all laboratory results (currently only blood lead levels in children ≥ 20 ug/dl and in adults ≥ 25 ug/dl are required to be reported).

Programs concerned with identification of and follow-up to lead poisoned children should improve inter-agency coordination activities to track these children.

Employers who utilize out-of-state laboratories for testing of lead exposed workers should be required to report workers' blood lead levels to the NJDOH.

◆ **ENSURE AVAILABILITY OF SERVICES AND PROGRAMS TO LEAD POISONED CHILDREN THAT WILL PREVENT FURTHER MEDICAL AND DEVELOPMENTAL DISABILITY.**

Developmental interventions and developmental screening should be offered to all lead poisoned children. Immediate pre-school enrollment should be available, along with structured lead-safe environments and nutritious meals.

RESOURCES, INFRASTRUCTURE AND COORDINATION

VII. FOCUS ATTENTION ON POLICY ISSUES SURROUNDING THE PREVENTION OF LEAD POISONING AND PROVIDE THE NEEDED INFRASTRUCTURE AND RESOURCES.

All recommendations will not require allocation of new resources. Some could be accomplished with changes in priorities, while others may require phase in of activities over a longer period of time. Resources may include funds, redirecting existing staff, or incorporating change within the day to day operations of agencies. Below are some suggested resources needed for the effort.

◆ **THE INTERAGENCY TASK FORCE ON THE PREVENTION OF LEAD POISONING MUST CONTINUE TO FOCUS THE ATTENTION OF POLICYMAKERS ON EMERGING ISSUES IN THE PREVENTION OF LEAD POISONING.**

The Task Force is a committee of the Governor's Council on the Prevention of Mental Retardation and Developmental Disabilities and receives staff support from the Office for the Prevention of Mental Retardation and Developmental Disabilities.

◆ **DEVELOP NETWORKS OF PUBLIC AGENCIES AND RESOURCES.**

The Task Force serves as an important forum for the exchange of information between various State agencies and community-based organizations with an interest in the prevention of lead poisoning. Linkages between agencies should be expanded and formalized for the sharing of information about available lead-safe housing, the provision of educational materials and training on preventing lead poisoning, etc.

◆ **IMPLEMENT LEAD INSPECTION AND ABATEMENT TRAINING AND CERTIFICATION.**

The State should move forward with the implementation of training and certification for all professionals involved in lead inspection or abatement. All of the agencies involved should work together to put this program in place. Additionally, vocational education programs, community organizations and correctional programs may provide training in lead abatement to foster the creation of a trained workforce.

◆ **PROVIDE FUNDING FOR PUBLIC INFORMATION CAMPAIGNS, TRAINING OF WORKERS SERVING AT-RISK POPULATIONS, AND THE DEVELOPMENT OF APPROPRIATE EDUCATIONAL CURRICULUM.**

The public should be periodically informed of the current state of knowledge about the dangers of lead and the ways to reduce exposure (e.g., as lead becomes less

an exposure problem over time, information should be revised). Information needs to be distributed or a public awareness campaign begun as new families are formed.

◆ **PROVIDE FOR THE COSTS OF MEDICAL MANAGEMENT AND ASSOCIATED ENVIRONMENTAL INVESTIGATIONS BY REIMBURSEMENT FROM MEDICAL INSURANCE, INCLUDING MEDICAID.**

Insurance, including Medicaid, should recognize local health departments as providers of case management and environmental investigation for children with lead poisoning, establish reimbursement categories and codes for these services, and develop reimbursement rates that reflect the full cost of providing such services.

◆ **SUPPORT FEDERAL INITIATIVES ON LEAD POISONING.**

The State should support federal initiatives, particularly federal funding, to address the issues surrounding lead poisoning prevention. The State should be active in commenting on federal legislation and regulatory proposals.

New Jersey should support the creation of a nationwide laboratory reporting system so that all laboratory reports will be available to the appropriate State.

◆ **PROVIDE PREVENTIVE MEASURES FOR NEW JERSEY'S CHILDREN AT RISK.**

Nutritional breakfasts and lunches high in iron and calcium should be available to preschool and grade school youngsters, particularly those who are impoverished.

◆ **SUPPORT RESEARCH AND DATA COLLECTION.**

Surveillance efforts on lead safe housing registry, laboratory reports on blood-lead levels will require support as will research targeted to answer specific questions on best ways to reduce lead in homes and the environment. With the lowering of the blood lead level of concern in children by the Centers for Disease Control and the recommendation for universal screening, resources will be needed to process reports.



**Governor's Council on the Prevention
of Mental Retardation and Development Disabilities**