

**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 Subchapter 1 through 6 were repealed effective December 15, 1986 (operative January 1, 1987) as R.1986 d.476.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 Childhood Lead Poisoning codified as N.J.A.C. 8:51-7, was repealed and was replaced with new rules at N.J.A.C. 8:51 by R.1990 d.472, effective September 17, 1990.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.

**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.