TITLE 310: OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 512. CHILDHOOD LEAD POISONING PREVENTION RULES

"Unofficial Version"

Authority: 63 O.S. 1991, § 1-115.1]

[**Source:** Codified 7-27-95]

SUBCHAPTER 1. GENERAL PROVISIONS

310:512-1-1. Purpose

Under 63 O.S. 1991, Sections 1-114.1 the following rules are established concerning the screening of all Oklahoma children, ages 6 months to 72 months of age, for lead poisoning, designated by the Oklahoma State Board of Health.

[**Source:** Added at 12 Ok Reg 3055, eff 7-27-95]

310:512-1-2. Criteria

(a) The Oklahoma State Board of Health shall establish procedures for blood lead screening which shall include risk assessment, laboratory assays, sample collection, reporting, follow-up, and parent education.
(b) All health care providers shall comply with procedures for blood lead screening established by the Oklahoma State Board of Health.
(c) After sufficient statewide data collection and documented incidence of low lead exposure, the Commissioner of Health may exempt a community or county from universal lead screening.

[**Source:** Added at 12 Ok Reg 3055, eff 7-27-95]

310:512-1-3. Lead poisoning prevention program

(a) The Department shall establish a lead poisoning prevention program. This program shall be responsible for establishing and coordinating activities to prevent lead poisoning and to minimize risk of exposure to lead.
(b) The Department shall promulgate and enforce rules for screening children for lead poisoning, and for follow up of children who have elevated blood lead levels.
(c) The Department may enter into interagency agreements to coordinate lead poisoning prevention, exposure reduction, identification and treatment activities and lead reduction activities with other federal, state and local agencies and programs.
(d) The Department shall establish a statewide registry of children with elevated lead levels provided such information is monitored as confidential except for disclosure for medical treatment purposes and disclosure of non-identifying epidemiological data.
(e) The Department shall develop and implement public education

and community outreach programs on lead exposure, detection and risk reduction.

[**Source:** Added at 12 Ok Reg 3055, eff 7-27-95]

310:512-1-4. Definitions

The following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Advisory Council" means the advisory council on lead poisoning prevention.

"Anticipatory guidance" means providing parents or guardians of children under the age of six with information regarding the major causes of lead poisoning and means of preventing lead exposure. Such guidance shall be pertinent to the environment of the child.

"Blood lead screening" refers to measuring lead concentration by capillary or venous collection to identify elevated blood lead levels.

"CLIA '88" means the Clinical Laboratory Improvement Amendments of 1988, public law 100-578. This amendment applies to the Federal Law that governs laboratories who examine human specimens for the diagnosis, prevention, or treatment of any disease or impairment, or the assessment of the health of human beings.

"Confirmatory testing" refers to a blood lead concentration measured on venous blood.

"Department" refers to the Oklahoma State Department of Health.

"Dwelling" refers to a building or structure thereof, including the property occupied by and appurtenant to such dwelling, which is occupied in whole or in part as the home, residence or sleeping place of one or more human beings and shall without limiting the foregoing, include child care facilities for children under six years of age, schools and nursery schools.

"Elevated blood lead level" means a confirmed concentration of lead of 10 micrograms (µg) per deciliter (dL) or greater.

"Environmental management" refers to on-site dwelling environmental investigation and exposure assessment, sampling for lead, environmental testing and reporting, notice of conditions conducive to lead poisoning, environmental intervention.

"Follow-up" refers to actions by local health departments and health care providers which, depending on the blood lead level and exposure history of the child shall include as appropriate: risk reduction education, follow-up testing, confirmatory testing, medical evaluation, medical management, environmental management and case management, in accordance with generally accepted medical standards and public health guidelines.

"Health care provider" means any health professional or facility authorized to conduct blood lead screening.

"High risk lead exposure" refers to any positive response on the risk assessment questionnaire.

"Laboratory" refers to the Oklahoma State Department of Health Laboratory or a laboratory approved by the Oklahoma State Department of Health to conduct blood lead measurement.

"Low risk lead exposure" refers to negative responses to all questions on the risk assessment questionnaire.

"Person" means any natural person.

"Program" refers to the lead poisoning prevention program in the Department.

"Satisfactory specimen" means a specimen collected using an appropriate procedure which is suitable in both blood quantity and quality to perform screening for Blood Lead measurement. Federal CLIA '88 regulations require that the laboratory requisitions contain sufficient patient data that must include patient's name, date of birth, date of collection, test(s) to be performed, and name and address of person requesting the test.

"Submitter" any health care provider (primary and non-primary), hospital, physician, laboratory, or other facility that submits blood specimens for blood lead measurements.

"Target population" refers to any infant or child, 6 months to 72 months of age.

"Unsatisfactory specimen" a blood specimen which is not suitable in quality or quantity to perform blood lead measurements.

[**Source:** Added at 12 Ok Reg 3055, eff 7-27-95]

SUBCHAPTER 3. SPECIMEN

310:512-3-1. Screening Parameters

(a) All children in Oklahoma, 6 months to 72 months of age shall be assessed for blood lead exposure utilizing the risk assessment questionnaire and should have access to service which will assess the exposure to lead in their environment. An initial capillary or venous sample should be done at 12 months and 24 months of age, anytime the child has not had a baseline before the age of 72 months, or with any change in the child's assessment.
(b) A parent or guardian who refuses blood lead testing screening of their child shall also indicate in writing this refusal in the child's record.

[**Source:** Added at 12 Ok Reg 3055, eff 7-27-95]

310:512-3-2. Screening criteria

(a) For children at low risk for lead exposure, according to risk assessment questions, the health care provider should perform an initial blood lead test at 12 months of age, or when initially assessed if older.
(1) If the result is <10 µg/dL, the child should be retested at 24 months of age.
(2) If the result is between 10-19 µg/dL, the child should be retested every 3-4 months until two consecutive measurements are <10 µg/dL or three consecutive measurements are <15 µg/dL. At this point, the child should be retested in one year.
(3) If the result is ≥20 µg/Dl, retest every 3-4 months and individual case management should be provided.
(b) For children at high risk for lead exposure, according to risk assessment questions, the health care provider should perform an initial blood lead test at 6 months of age, or when initially assessed if older.
(1) If the result is <10 µg/Dl, the child should be retested every 6 months until two consecutive measurements are <10 µg/Dl or three consecutive measurements are <15 µg/Dl. At this point, retested yearly, if the child remains at high risk for lead exposure.
(2) If the result is between 10-19 µg/Dl, the child shall should be retested every 3-4 months until two consecutive measurements are <10 µg/Dl or three consecutive measurements

are <15 µg/Dl. At this point, retested yearly, if the child remains at high risk for lead exposure.

(3) If the result is ≥20 µg/Dl, the child should be retested every 3-4 months and individual case management shall be provided.

[**Source:** Added at 12 Ok Reg 3055, eff 7-27-95]

310:512-3-3. Blood collection

(a) **Capillary sample for blood lead testing.** Capillary blood specimens are acceptable for lead screening if appropriate collection procedures are followed, to minimize the risk of environmental lead contamination.

(b) **Venous sample for blood lead testing.** Venous blood is the preferred specimen for blood lead analysis and should be used for lead measurement whenever practical. A venous sample is required for confirmation of blood lead concentration.

[**Source:** Added at 12 Ok Reg 3055, eff 7-27-95]

310:512-3-4. Providers screening and follow-up

(a) **Primary provider screening and follow-up.**

(1) At each routine well-child visit or at least annually if a child has not had routine well-child visits, primary health care providers should assess each child who is at least six months of age but under six years of age for high dose lead exposure using a risk assessment tool based on currently accepted public health guidelines. Each child at high risk for lead exposure should be tested.

(2) Primary health care providers should provide the parent or guardian of each child under six years of age anticipatory guidance on lead poisoning prevention as part of routine care.

(3) Primary health care providers should screen each child for lead exposure starting at 6 months of age, as part of routine well child care.

(4) Each primary health care provider who screens a child for an elevated blood lead level should explain the blood lead test results and any necessary follow-up.

(5) Primary health care providers should provide or make reasonable efforts to ensure the provision of follow-up testing for each child with an elevated blood lead level ≥10 µg/Dl.

(6) Primary health care providers should confirm blood lead levels ≥10 µg/Dl of blood obtained on a capillary fingerstick specimen from a child using a venous blood sample.

(7) For each child who has a confirmed blood lead level of ≥20 µg/Dl (micrograms per deciliter), the primary health care providers should provide or make reasonable efforts to ensure the provision of medical evaluation, or referral for medical evaluation; medical treatment if necessary; and referral to the appropriate local or state health department for environmental management. Medical evaluation should include at a minimum: a

detailed lead exposure assessment, a nutritional assessment, including iron status, and a developmental screening.

(b) **Non-Primary provider screening and follow-up.**

(1) A health care provider who provides services to a child who is at least six months of age but under six years of age and who is not the child's ongoing primary care provider, (such as a hospital inpatient facility , an emergency service if the child's condition permits, or another facility or practitioner which provides services to the child on a one-time or walk-in basis), should inquire if the child has been appropriately screened for lead exposure.

(2) If the child, under 72 months of age, has not received such appropriate lead assessment and screening, the health care provider should screen the child for a blood lead level.

(3) If screening is performed, the blood lead test result should be sent to the child's primary care provider or, if not available, to the local health department for appropriate follow-up.

[**Source:** Added at 12 Ok Reg 3055, eff 7-27-95]

310:512-3-5. Reporting requirements

(a) **Laboratory.**

(1) Laboratories shall report the results of all blood lead tests performed on children 6 months to 72 months of age that are residents of Oklahoma to the Childhood Lead Poisoning Prevention Program. These reports shall be confidential and may be utilized only for the purpose of assuring service delivery, program administration, data analysis, and evaluation.

(2) Laboratories shall report the following information to the Childhood Lead Poisoning Prevention Program by mail, telephone, facsimile, or electronic data transmission: name, date of birth, address, county of residence, type of sample (venous or capillary), blood lead level, health provider ordering the test, laboratory identifiers, date the sample was collected and the date of analysis. The laboratory receiving the sample from the health care provider taking the sample shall assure that the laboratory requisition slip is fully completed and includes the information required pursuant to the Subsection.

(3) Time limits for reporting to the Childhood Lead Poisoning Prevention Program shall be as follows:

(A) Results of all blood lead levels <10 µg/dL at a minimum of a monthly basis.

(B) Results of all blood lead levels equal to or >10 µg/dL at a minimum of a weekly basis and if possible daily.

(4) All clinical laboratories shall notify the provider ordering the blood lead test by telephone or fax, the results of any analysis in a child up to 72 months of age which is ≥20 µg/dL within 24 hours of the date of the analysis.

(5) Nothing in this Subsection shall be construed to relieve any laboratory from reporting results of any blood lead

analysis to the physician, or other health care provider that ordered the test or to any other entity as required by State, Federal or local statutes or regulations or in accordance with accepted standard of practice.

(b) **Health care providers.**

(1) All health care providers should ensure that all of the information specified is completed for all blood lead analyses ordered by health care providers and that this information accompanies the sample to the testing laboratory.

(2) On written or verbal notification of an elevated capillary lead level, ≥10 mg/dL, the child's health care provider will obtain a confirmatory test by venous sample.

(3) All health care providers shall notify the Childhood Lead Poisoning and Prevention Program of any blood lead level in a child up to 72 months of age equal to or >10 µg/dL within 1 week and equal to or >20 µg/dL within 24 hours of having been notified of this result by the testing laboratory; the following information shall be provided when reporting: name, date of birth, address, county of residence, type of sample (venous or capillary), blood lead level, health provider ordering the test, laboratory identifiers, date the sample was collected and the date of analysis.

(4) Upon notification of a blood lead level ≥20 µg/dL, an environmental investigation and public health followup will be carried out by the Oklahoma State Department of Health.

(5) On written notification of unsatisfactory specimens, the child's health care provider will obtain a repeat specimen.

(6) These reports shall be confidential and may be utilized only for the purpose of assuring service delivery, program administration, data analysis, and evaluation.

[**Source:** Added at 12 Ok Reg 3055, eff 7-27-95]

310:512-3-6. Fees

The county health department may collect a fee for a blood lead laboratory sample analysis, a fee for collection of a blood lead sample, or a fee for an environmental investigation, as may be indicated. Any fee collected shall not exceed the reasonable cost of providing the service or the Medicaid reimbursement rate allowed for the service, whichever is lower. Any individual consenting to a blood lead test shall be informed of the specific fee prior to the collection of the laboratory specimen.

[**Source:** Added at 27 Ok Reg 2521, eff 7-25-2010]

310:512-3-7. Inability to pay

Persons requesting blood lead level testing will not be denied a blood lead sample analysis or, if indicated, an environmental investigation because of the inability to pay.

[**Source:** Added at 27 Ok Reg 2521, eff 7-25-2010]