CDPH Nursing Case Management Roles & Responsibilities

1. **Tracking the case** through the Healthy Homes and Lead Poisoning Surveillance System (HHLPSS). Follow-up blood lead test for existing cases are reported in HHLPSS.
2. **Counseling, educating, and informing** the pregnant person, parent, or guardian about lead exposure sources & prevention, nutrition, meaning of the BLL, & steps to lower BLL's such as housekeeping tips and hand hygiene, and the importance of follow-up testing. Appropriate educational information & brochures about lead are mailed or given to parent/guardian or pregnant person during home visit.
3. **Home visits** are required for complete assessment of child, pregnant person, & the environment. Developmental screening (Ages & Stages) is provided for children up to age 6. Home visits are conducted in the preferred language of the family.
4. The pregnant person, parent or guardian of the case may be **referred** for medical treatment, early intervention services, or early childhood special education, when appropriate. Referrals may also be made for other services needed by the family i.e. housing , WIC, etc.

5. **Communication/Collaboration** with:
   a. **Lead inspectors** to identify & locate lead sources and hazards to stop further lead exposure.
   b. **Health care providers** to promote optimal health outcomes for the child or pregnant person with an EBLL. Health care providers may request summary of case management activities or results of a home environmental inspection from the Lead Program. Case Managers generally contact providers (by letter, telephone, or fax) to notify them of the inability to locate a child, need to validate a client's address or telephone number, child needing re-testing, child needing venous confirmatory testing, request for results of child's hemoglobin/ hematocrit or ferritin levels, to inform provider of abnormal developmental screen, to verify medication dosages (for those on Chelation Therapy) and to notify the Provider when it is necessary to report a family to DCFS for medical neglect.

6. **Community Outreach:** Provided through social media campaigns, CDPH Web & HAN site information, health fairs, presentations, and special events (Early Childhood Centers)) to provide Lead Care II lead testing.

Time Frame for Providing Case Management Services and Follow Up Blood Lead Testing

Venous Blood Lead Level (BLL)	Actions for Children	Time Frame for initial case management and inspection	Time Frame for follow-up Venous BL	Later Follow-up Testing after BLL Declining
0-3.4 µg/dL	1. Inform parent of blood lead result if collected at local HD 2. Follow IDPH evaluation and testing recommendations if further testing is needed	N/A	Assessment for repeat BL testing at next well-child health visits	Assessment for repeat BL testing at next well-child health visits

3.5-9.9 µg/dL	1. Case management services are initiated
	2. Conduct a home visit
	  1. **For 3.5-4.9 range only** – a virtual visit may take place
	  2. If next follow-up test is unchanged or increasing, conduct in-person visit
	3. Provide education on lead exposure
	4. Provide education on ways to prevent lead exposure
	5. Developmental Assessment
	6. Provide nutritional counseling
	7. Make appropriate referrals if necessary
	8. Notify physician of case
	9. Ensure the parent/guardian and physician are aware of recommendation to test for iron deficiency
	10. Document case in HHLPSS
		Within 1 month	Within 3 months	6-9 months

10-19.9 µg/dL	Above actions (1-10)	Within 1-2 weeks	Within 1-3 months	3-6 months
20-44.9 µg/dL	1. Above actions (1-10) 2. Consider abdominal X-ray (If particulate lead ingestion is suspected)	Within 48 hours	Within 2 weeks-1 month	1-3 months
≥ 45 µg/dL	1. Above actions (1-10) 2. Child should be evaluated by medical provider emergently. Abdominal x-ray is needed and the child should be evaluated for chelation therapy. Communicate with eh PCP and/or parent upon discharge to determine the plan for follow-up testing, the case management home visit and environmental inspection and to provide education as needed	Within 24 hours	As soon as possible, needs emergent medical evaluation	Per medical provider recommendation, ensure child has continued close medical follow up

LEAD ENVIRONMENTAL INSPECTION PROCESS