

CHAPTER 512. CHILDHOOD LEAD POISONING PREVENTION RULES

[Authority:63 O.S.1991, § 1-114.1]

[Source: Codified 7-27-95]

SUBCHAPTER 1. GENERAL PROVISIONS

310:512-1-1. Purpose

The rules in this Chapter establish procedures and standards for childhood lead screening, assessment, poison prevention, and reporting as authorized under the provisions of Title 63 O.S. Section 1-114.1.

[Source: Added at 12 Ok Reg 3055, eff 7-27-95; Amended at 34 Ok Reg 1281, eff 10-1-17]

310:512-1-2. Criteria

(a) The Infant and Children's Health Advisory Council advises the Oklahoma State Board of Health on the establishment of rules for the prevention of childhood lead poisoning which include risk assessment, blood lead screening, laboratory assays, sample collection, reporting, lead hazard control, and rules related to the role of the provider such as: follow-up, diagnosis and treatment, developmental screening, referral for environmental assessments and lead hazard control, and parent education.

(b) All health care providers shall comply with the following procedures for blood lead screening.

(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; Amended at 34 Ok Reg 1281, eff 10-1-17; Amended at 38 Ok Reg 2029, eff 9-11-21]

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

(a) The Department maintains a lead poisoning prevention program. This program is responsible for establishing and coordinating activities to prevent lead poisoning and to minimize risk of exposure to lead.

(b) The Department enforces 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 maintains a statewide surveillance system of all Oklahoma resident's blood lead levels provided such information is monitored as confidential except for disclosure for medical treatment purposes or disclosure of non-identifying epidemiological data.

(e) The Department develops and implements public education and community outreach programs on lead exposure, detection and risk reduction.

[Source: Added at 12 Ok Reg 3055, eff 7-27-95; Amended at 34 Ok Reg 1281, eff 10-1-17; Amended at 38 Ok Reg 2029, eff 9-11-21; Amended at 40 Ok Reg 1563, eff 9-11-23]

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 Infant and Children's Health Advisory Council.

"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 is to be pertinent to the environment of the child.

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

"Case Management" refers to providing a collaborative process to assess, educate, coordinate, monitor, or evaluate options and services required to meet the child's environmental health and human service needs.

"CLIA" means the Clinical Laboratory Improvement Amendments. These amendments apply 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.

"Clinical Management Guidelines" means voluntary guidelines produced by the Department for clinical management and treatment decisions based on the initial or confirmed blood lead level.

"Confirmatory testing" refers to the collection of a venous blood sample to confirm an initial elevated capillary blood lead screening result. The collection of a capillary sample within 12 weeks to confirm an initial elevated capillary blood lead screening test result may be used if the initial capillary level is less than 10 µg/dL.

"Confirmed elevated blood lead level" refers to a concentration of lead in the blood taken from a venous sample which is above the reference level. It may also refer to a second capillary test as described in "confirmatory testing".

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

"Dwelling" refers to a building or structure, 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 without limiting the foregoing, includes child care facilities for children under six years of age, schools and nursery schools.

"Elevated blood lead level" means a concentration of lead in blood at or above the current reference level as defined by the Centers for Disease Control.

"Environmental investigation" means an on-site dwelling investigation to determine the existence, nature, severity, and location of lead or lead-based paint hazards, completed by a person licensed as a certified risk assessor by the Oklahoma Department of Environmental Quality.

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

"Follow-up testing" refers to repeat blood lead testing by venous blood draw for any child with a previously confirmed elevated blood lead level.

"Health care provider" means any health professional or facility authorized to conduct blood lead screening. Health care provider includes, but is not limited to, physicians, physician assistants, advance practice registered nurses, city-county health departments, county health departments, medical clinics, medical offices, hospitals, and Head Start programs.

"High risk lead exposure" refers to any positive response on the LERAQ or other suitable risk assessment questionnaire.

"Laboratory" refers to any in-state CLIA approved laboratory or out-of-state CLIA approved laboratory providing blood lead testing for residents of Oklahoma. Laboratory may also refer to any entity using a point of care instrument for the purpose of blood lead testing of Oklahoma residents.

"LERAQ" refers to the Lead Exposure Risk Assessment Questionnaire which consists of a model set of questions developed by the Department to assess a child's risk of exposure to lead and includes information regarding areas of the state with higher-than-average risks for lead exposure.

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

"Person" means any natural person.

"Point-of-Care Instrument" refers to a blood lead testing device designed for the quantitative measurement of lead in fresh whole blood.

"Primary Health Care Provider" refers to any person or government entity that provides well child health care services, such as annual examinations and immunizations, to children under six years of age. Primary health care provider includes, but is not limited to, physicians, physician assistants, advance

practice registered nurse, local health departments, medical clinics, medical offices, and hospital outpatient clinics.

"Program" refers to the Oklahoma Childhood Lead Poisoning Prevention Program (OCLPPP) of the Department.

"Reference Level" means a level of lead in the blood measured in micrograms per deciliter used to identify children with lead levels that are much higher than most children's lead levels. This level is based on the U.S. population of children ages 1-5 years who are in the highest 2.5% of children when tested for lead in their blood based on the 97.5 percentile of the National Health and Nutrition Examination Survey (NHANES) for the two most recent surveys. The reference level currently in use is 3.5 micrograms per deciliter.

"Risk Assessment Questionnaire" means a set of questions designed to determine an individual's risk for lead exposure and lead poisoning, as approved by the Department and based on recommendations from the CDC.

"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.

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

"Unsatisfactory specimen" means 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; Amended at 34 Ok Reg 1281, eff 10-1-17; Amended at 38 Ok Reg 2029, eff 9-11-21; Amended at 40 Ok Reg 1563, eff 9-11-23]

SUBCHAPTER 3. RISK ASSESSMENT, SCREENING AND MANAGEMENT

310:512-3-1. Risk assessment and screening criteria

(a) All children in Oklahoma, 6 months to 72 months of age shall be assessed for blood lead exposure utilizing the risk assessment questionnaire as defined in paragraph (c) as part of each periodic health care visit occurring at age 6, 12, and 24 months and age 3 years, 4 years and 5 years.

(b) All children in Oklahoma shall have a blood lead screening test as part of each periodic health care visit occurring at age 12 and 24 months of age or at any age after age 24 months up to age 72 months, if not previously tested for blood lead.

(c) A risk assessment questionnaire based on recommendations from the CDC and approved by the Department before implementation should include questions related to the following:

(1) Does the child live in or frequently visit a home built before 1978?

(2) Does the child have a sibling or playmate with an elevated blood lead level?

(3) Is the child eligible for Medicaid, WIC, or Head Start?

(4) Does the child live with someone who has a job or hobby that may involve lead (example: jewelry making, building renovation or repair, working with automobile batteries, lead solder, or battery recycling)?

(5) Does the child eat or mouth trinkets or items that contain lead?

(6) Does the child live in an area identified as a high-risk target area by the Program?

(d) A "Yes" or "Don't know" answer to the questions in paragraph (c) is considered a positive answer and requires the child to have a blood lead test.

(e) The Department publishes available information regarding current high-risk target areas on its website located at: <https://oklahoma.gov/health/leadprevention>.

(f) The Department publishes the LERAQ as an approved risk assessment questionnaire on its website.

[Source: Added at 12 Ok Reg 3055, eff 7-27-95; Amended at 34 Ok Reg 1281, eff 10-1-17; Amended at 38 Ok Reg 2029, eff 9-11-21; Amended at 40 Ok Reg 1563, eff 9-11-23]

310:512-3-2. Screening criteria [REVOKED]

[Source: Added at 12 Ok Reg 3055, eff 7-27-95; Revoked at 34 Ok Reg 1281, eff 10-1-17]

310:512-3-2.1. Primary health care provider responsibilities for risk assessment and screening

- (a) Every primary health care provider who provides a periodic health care visit to a child at age 6, 12, and 24 months and age 3, age 4 and 5 years shall assess the child for risk of lead exposure using the LERAQ, or suitable risk assessment questionnaire approved by the Department.
- (b) For children at high risk for lead exposure according to the LERAQ, or suitable risk assessment questionnaire, the primary health care provider shall perform a blood lead test beginning at 6 months of age, or when initially assessed, if older.
- (c) Every primary health care provider who provides a periodic health care visit to a child shall order an initial capillary or venous blood lead screening test at age 12 and 24 months, or at any age after age 24 months up to age 72 months if never tested.
- (d) Every primary health care provider who provides a periodic health care visit to a child at age 6, 12, and 24 months and age 3, age 4, and 5 years shall:
 - (1) Give oral or written anticipatory guidance to a parent or guardian on prevention of childhood lead poisoning, including, at minimum, the information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age; and
 - (2) Discuss the child's blood lead test results with the child's family and any necessary follow up.
- (e) Any health care provider who performs blood lead screening of a child who is six months of age to six years of age and who is not the child's ongoing primary health care provider shall forward the blood lead test result, if elevated at or above the reference level, to the child's primary health care provider.
- (f) If a parent or guardian refuses blood lead testing screening of their child, the health care provider shall have the parent or guardian indicate in writing this refusal in the child's medical record and provide a copy via mail or by fax to the Oklahoma Childhood Lead Poisoning Prevention Program.
- (g) Any health care provider working with a special population such as a recent refugee or immigrant from a country known to have a higher incidence or risk of lead exposure may consider blood lead screening up to age 16.

[Source: Added at 34 Ok Reg 1281, eff 10-1-17; Amended at 40 Ok Reg 1563, eff 9-11-23]

310:512-3-3. Blood lead screening tests

- (a) Capillary sample for blood lead testing. Capillary blood specimens are acceptable for initial blood lead screening if appropriate collection procedures are followed to minimize the risk of environmental lead contamination. A capillary blood lead sample may be obtained for confirmation of an elevated blood lead level less than 10 µg/dL when a venous sample is not obtainable.
- (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 equal to or greater than 10 µg/dL and preferred for confirmation of an elevated blood lead level less than 10 µg/dL.
- (c) Point-of-Care instruments. Point-of-Care instruments shall not be used to confirm elevated blood lead levels even if the sample is collected by venipuncture.

[Source: Added at 12 Ok Reg 3055, eff 7-27-95; Amended at 34 Ok Reg 1281, eff 10-1-17]

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

[Source: Added at 12 Ok Reg 3055, eff 7-27-95; Revoked at 34 Ok Reg 1281, eff 10-1-17]

310:512-3-4.1. Health care provider responsibilities for follow-up after screening

- (a) Health care providers shall provide or make reasonable efforts to ensure the provision of confirmation and follow-up testing for each child with an elevated blood lead level above the reference level.
- (b) If the initial blood lead test result is below the reference level on either a venous or capillary sample, the health care provider shall retest the child annually if answers on the LERAQ or suitable risk assessment questionnaire indicate continuing high risk for lead exposure.

(c) For each child who has an elevated blood lead level at or above the reference level, the health care provider shall take those actions that are reasonably and medically necessary and appropriate based upon the child's blood lead level to reduce, to the extent possible, the child's blood lead level below the reference level. Such actions may include the following:

- (1) Education of a parent or guardian on lead hazards and lead poisoning;
- (2) Clinical evaluation for complication of lead poisoning;
- (3) Follow-up blood lead analyses as indicated based on level of elevation and period of time;
- (4) Developmental screening;
- (5) Referral to the Department for an environmental investigation for a single venous blood lead test result equal to or greater than 10 µg/dL; and
- (6) Chelation therapy should be considered and, when possible, a medical toxicologist, provider experienced in chelation therapy, or pediatric environmental health specialist should be consulted for a child with a blood lead test greater than 45 µg/dL.

(d) If the initial capillary blood lead test result is elevated, the health care provider shall obtain a venous confirmation test in accordance with the Clinical Management Guidelines as established by the Department.

(e) If the initial venous blood lead test result or the confirmation test is elevated, the health care provider shall obtain venous follow-up testing in accordance with the Clinical Management Guidelines as set forth by the Department.

[Source: Added at 34 Ok Reg 1281, eff 10-1-17; Amended at 40 Ok Reg 1563, eff 9-11-23]

310:512-3-5. Reporting requirements

(a) Laboratory.

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

(2) Federal CLIA regulations at Title 42, of the Code of Federal Regulations, Section 493.1241 (relating to standards for test requests), require that laboratory requisitions contain sufficient patient data that must include patient's name, sex, date of birth, date of collection, test(s) to be performed, the source of the specimen, name and address of person requesting the test, as well as "Any additional information relevant and necessary for a specific test to ensure accurate and timely testing and reporting of results, including interpretation, if applicable." Laboratories shall report the following information to the Childhood Lead Poisoning Prevention Program by electronic data transmission: name, date of birth, sex, address, county of residence, type of sample (venous or capillary), blood lead level, health care provider ordering the test, laboratory identifiers, date the sample was collected, the date of analysis, and additional information already available such as race, ethnicity, Medicaid status and/or Medicaid Number. 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. In the event electronic submission is not available, lab reports must be submitted by a method and format approved by the Oklahoma Childhood Lead Poisoning Prevention Program.

(3) Test results that are reported to the Childhood Lead Poisoning Prevention Program have the following time limits:

(A) Results of all blood lead levels less than the reference level at a minimum of a monthly basis.

(B) Results of all blood lead levels equal to or greater than the reference level at a minimum of a weekly basis and if possible daily.

(4) All clinical laboratories shall notify the health care provider ordering the blood lead test when the results of any analysis in a child up to 72 months of age is equal to or greater than 10 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 who 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 shall ensure that all of the information as specified in 310:512-3-5(b) (relating to standards for test requests), is completed for all blood lead analyses ordered and that this information accompanies the sample to the testing laboratory.

(2) On written or verbal notification of an elevated capillary lead level, equal to or greater than the reference level, the child's health care provider will obtain confirmatory testing.

(3) All health care providers shall notify the Childhood Lead Poisoning Prevention Program of any blood lead level in a child up to 72 months of age equal to or greater than the reference level within 1 week and equal to or greater than 10 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, sex, address, county of residence, type of sample (venous or capillary), blood lead level, health care provider ordering the test, laboratory identifiers, date the sample was collected and the date of analysis.

(4) Any health care provider utilizing a point-of-care instrument to test blood lead samples is required to report all such results, regardless of the level, to the Childhood Lead Poisoning Prevention Program, and follow the guidelines for reporting as stated in 310:512-3-5(a) (relating to laboratory reporting).

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

(6) These reports are 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; Amended at 34 Ok Reg 1281, eff 10-1-17; Amended at 38 Ok Reg 2029, eff 9-11-21; Amended at 40 Ok Reg 1563, eff 9-11-23]

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 7-25-10]

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 7-25-10]