



# Public Health Lead Investigation Program

Public Health Response to Childhood Lead Exposure



**Department of  
Health**

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# Public Health Response to Childhood Lead Exposure

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Public Health Lead Investigation Program  
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- EE) Healthy Housing and Lead Poisoning Surveillance System User Manual (HHL PSS)\*
- FF) Ohio Administrative Code Chapters\*

Applicable sections of the Ohio Administrative Code can be found at the following links:

Chapter 3701-30: <https://codes.ohio.gov/ohio-administrative-code/chapter-3701-30>

Chapter 3701-32: <https://codes.ohio.gov/ohio-administrative-code/chapter-3701-32>

- GG) Public Health Response to Childhood Lead Exposure Guidance Manual Web Page\*
- HH) Local Health Department Medicaid Lead Investigation Cost Report Instructions\*
- II) Childhood Lead Exposure Tool Kit\*
- JJ) Right of Entry Legal Letter - Parent/Guardian
- KK) Transfer of Ownership Letter-LHCO
- LL) Transfer of Ownership Letter-NONC/OV
- MM) Completing the Childhood Lead Exposure Interview and Questionnaire (Job Aid)

\*Appendix is not referenced in the manual but is made available as a resource.



# Chapter 1

## I Introduction

This document is a guideline for public health professionals when responding to children with elevated blood lead levels and conducting public health lead investigations for children with lead poisoning in the state of Ohio. Ohio Administrative Code (OAC) 3701-30 prescribes the minimum standards by which public health actions for children with lead exposure shall be conducted. Per OAC section 3701-30-01 an “elevated blood lead level” means a confirmed venous blood lead test level of 3.5 micrograms per deciliter (µg/dL) or greater, but less than 10 µg/dL. “Lead poisoning” means a confirmed venous blood test level of 10 µg/dL or greater.

### A) Delegation of Authority

The Director of Health may delegate to a local board of health the authority to conduct public health lead investigations, public health lead risk assessments of residential units, facilities, or schools, and interviews and education with parents/guardians of children with elevated blood lead levels (EBLL). It is the responsibility of Ohio Department of Health (ODH) and delegated local boards of health to administer and enforce OAC 3701-30. The local board of health must meet the following criteria to receive the delegation of authority from the Director of Health:

1. Employs or contracts with one or more individuals who meet the definition of public health lead investigator in OAC 3701-30-01; and
2. Utilizes equipment and supplies necessary to perform the duties of a public health lead investigator.

A local board of health that accepts the delegation of authority shall do all the following, unless otherwise stated in the delegation of authority contract within their assigned jurisdiction:

1. Conduct interviews and education for children with EBLLs, in accordance with OAC 3701-30.
2. Conduct public health lead investigations and public health lead risk assessments, in accordance with OAC 3701-30.
3. Issue and enforce lead hazard control orders.
4. Maintain and make available to the Director of Health all records relating to work performed under the delegation contract for a minimum of six years. If an audit, litigation, or other action related to the delegation of authority is initiated during this time period the board shall retain such records until the action is concluded and all issues resolved or the six years ended, whichever is later; and
5. Agree to be bound by the same standards of confidentiality that apply to employees of ODH and the state of Ohio.

Delegation of authority shall be limited to local boards of health and shall formalize such a relationship through contractual agreement on a biennial basis. In accordance with OAC Section 3701-30 and the procedures outlined in this document, only the Director of Health or authorized representatives may perform public health lead investigations and public health lead risk assessments in residential units, child care facilities, or schools for children with lead poisoning and conduct interviews and education for children with an EBLL.

## B) Performance Monitoring for Childhood Elevated Blood Lead Level Cases

When a local board of health accepts the delegation of authority, the agency is agreeing to accept referrals of children with EBLLs, and attempt contact with the parent/guardian to administer a comprehensive questionnaire and provide education and intervention services in accordance with the OAC, and the procedures outlined in this document within forty-five days of receiving the referral.

There are no qualifications for the staff who complete the work associated with these cases, however, name(s) of staff appointed to respond to EBLL cases shall be provided to ODH on an annual basis. ODH will monitor the number of EBLL cases received, the number of cases re-receiving follow-up in accordance with the algorithm, and the number of cases with no contact.

### Case Documentation

- An EBLL questionnaire shall be completed in Healthy Housing and Lead Poisoning Surveillance System (HHPSS) and case events recorded in the clinical module. Events for each case shall be recorded to accurately reflect the complete history of the EBLL case. EBLL documentation includes:
  - Appendix B - Childhood Lead Exposure Questionnaire (Must also be completed electronically in HHPSS).
  - Appendix C1 - EBLL Parent/Guardian Initial Contact Letter.
  - Appendix C 3 - EBLL Parent/Guardian 2nd Contact Letter.
  - Appendix D - EBLL Summary Report and Cover Letter.
- All required case documentation for EBLL cases shall be uploaded in HHPSS, The Childhood Lead Exposure Questionnaire should also be completed in HHPSS.
- All case records must be maintained, made available for review, with ODH performing routine desk audits.
- The records shall be maintained for a period of at least six years in accordance with OAC 3701-30-06 (B)(4).
- All required documents for Medicaid reimbursement shall be submitted in the timeframes prescribed in contract.

## C) Performance Metrics and Monitoring for Childhood Lead Poisoning Cases

Performance metrics have been established to determine compliance with OAC and ensure minimum standards are maintained. The overall goal is to ensure each child with a blood lead level of 10 µg/dL or higher receives a lead investigation to determine the source of the child's exposure.

### Investigator Qualifications

All delegated authority public health lead investigators must comply with qualifications outlined in OAC 3701-30-01. If at any point in time an investigator fails to meet the qualifications as required, the investigator shall notify ODH and cease the performance of public health lead investigations until he/she can come into compliance. The public health lead investigator shall comply with the OAC rules, and the procedures outlined in this document.

At the start of the contract period and as changes are needed, a delegated authority shall notify ODH in writing of the name(s) and contact information of each public health lead investigator who is qualified to perform lead investigations on their behalf. ODH will confirm these individuals meet the qualifications and then will establish a user account in HHPSS, if needed. All lead investigators are required to do at least one Public Health Lead Investigation (PHLI) and risk assessment (RA) annually.

## Contact Attempts

A contact attempt includes one the following actions that will enable the investigator to establish jurisdiction and/or schedule the lead investigation:

- Speaking with parent/guardian in person or on the phone.
- Texting a valid number with delivery confirmation.
- Leaving a voicemail for the parent/guardian of the child or a message with an adult who is associated with the child.
- Placing a door tag or other written notice on the entrance of the property address on the referral.
- Communication via mail to the parent/guardian.
- Communication via mail to the property owner after jurisdiction is established.

Contacting a disconnected or invalid phone number or outreach to an entity that may have valid contact information does not constitute a contact attempt.

The following timeframes shall be followed when attempting to contact the parent/guardian of a child under six years of age with a blood lead level (BLL) greater than or equal to 10 µg/dL to schedule a lead investigation:

**Table 1**

BBL (µg/dL)	Initial Contact from Referral Date
≥70	2 business days
45-69	2 business days
20-44	5 business days
10-19	10 business days

Once contact with the parent/guardian occurs and jurisdiction is established, the scheduling of public health lead investigation shall follow the timeframes on the following page.

**Table 2**

BBL (µg/dL)	Investigation Time Frame from Contact
≥70	2 business days
45-69	5 business days
20-44	10 business days
10-19	20 business days

Contact attempts shall follow the *Contact and Monitoring Algorithms* (Appendix A) with all documentation and associated events entered in HHL PSS. Monitoring of lead hazard control orders must also follow Appendix A with all documentation and events entered in HHL PSS.

All contact attempts must be entered in HHL PSS within 1 business day of the attempt. No more than 45 business days shall pass between the first contact attempt and the last contact attempt. If so, the contact attempt process as outlined in Appendix A shall be repeated.



If evidence of contact with the parent/guardian is recorded in either the clinical or environmental modules of HHL PSS, the case shall not be submitted or approved for closure for no contact. Contact means that an employee or contractor of the delegated authority's lead program has spoken with the parent/guardian via phone or in person.

In following Appendix A, the delegated authority shall explore resources for contacting and locating the family to include, but not be limited to, the following for all cases greater than or equal to 10 µg/dL:

- Medical providers.
- Women, Infants and Children (WIC) providers.
- Bureau of Children with Medical Handicap (BCMH).
- Home Visiting programs.
- Healthchek providers.
- Immunization programs.
- Dental Clinics.
- Local Board of Education for school age children.
- Property owners (after jurisdiction is established).
- Apartment complex rental offices.

Outreach attempts and the outcome of each attempt shall be documented as events in HHL PSS.

At the start of the contract, ODH will provide each delegated authority with the baseline closure percentage rate for no contact. Each delegated authority must reduce this percentage for no contact by the percentage outlined in Table 3 for each year of the contract. For example, if the closure percentage rate for no contact is 62%, the reduction percentage rate shall be 15 percentage points each year of the contract. By the end of the first year of the contract, the percentage rate for no contact should be 47%. By the end of second year of the contract, the percentage rate for no contact should be 32%.

**Table 3**

Closure Rate	% Reduction
100% - 80%	20%
79% - 60%	15%
59% - 40%	10%
39% - 25%	5%
24% - 0%	0%

### Meetings and Trainings

- Participation in all ODH scheduled conference calls, trainings and meetings is required when ODH provides two weeks' notice. The ODH contract manager may grant a waiver of attendance in emergency situations, i.e., vacation, illness, disability, or a department emergency.
- Participation will be monitored via attendance/sign-in records.
- When reviews and evaluations demonstrate a need for technical assistance, the delegated authority shall participate in recommended training.

## Case Documentation

- All required documentation for lead poisoning cases shall be uploaded in HHLPS. This includes the complete history of the case to accurately reflect the events of the case and reason for closure. This documentation will be monitored through the site visits and case closure review. Documentation includes:
- Appendix B - Childhood Lead Exposure Questionnaire (also completed electronically in HHLPS).
- Appendices C and C2 – 10+ Parent/Guardian Contact letters.
- Appendices E and F - Property Owner Access letters.
- Appendices J and JJ – Parent/Guardian and Property Owner Legal letters.
- Appendix L - 10+ Public Health Investigation Report.
- Appendix O - Lead Based Paint Inspection and Risk Assessment Report.
- Appendix P - Order to Control Lead Hazards.
- Appendix T – Notice of Extension.
- Appendix W - Notice of Noncompliance and Order to Vacate.
- Appendices BB and CC - Clearance Examination Report.
- Appendix DD - Notice of Compliance.
- (Appendix W), and any other relevant case documentation.

Case records must be maintained, made available for review at site visits and uploaded into HHLPS. The records shall be maintained for a period of at least six years in accordance with OAC 3701-30-06 (B)(4).

Required documents for Medicaid reimbursement shall be submitted in the timeframes prescribed in the contract.

## Non-Compliance and Orders to Vacate

- Monitoring and verification of placarded properties shall be conducted at a minimum of every six months throughout the contract period and upon request by ODH. The delegated authority may conduct more frequent monitoring and verification of placarded properties for enforcement.

## Site Visits

ODH will conduct one quarterly site visit or one quarterly desk review to determine compliance with the established metrics in Tables 1, 2, and 3. A random sample of lead poisoning cases will be subject to review and must include, at a minimum, the following:

- Lead Inspection/Risk Assessment Report.
- Public Health Investigation Report.
- Lead Hazard Control Orders Issued.
- Clearance Report.
- Documented contact attempt events with notes.
- Any other pertinent information that may be necessary to support case closure.

This quarterly site visit, conducted at the delegated authority's office, or quarterly desk review will be conducted using cases referred the previous quarter.

A minimum of one field on-site visit per delegated authority will be conducted annually to evaluate the public health lead investigation method to verify lead investigations are conducted per the procedures provided in this document.

No more than one performance metric shall have deficiencies with the above criteria. If so, the delegated authority may be placed on monthly monitoring.

## **I Referral of Childhood Lead Exposure Cases**

### **A) Receiving a Case Referral**

Clinical laboratories performing analysis of human blood from a child under 16 years of age and residing in Ohio are required to report blood lead levels to ODH. When it is determined that a child has a blood lead level greater than or equal to 3.5 micrograms/deciliter ( $\mu\text{g}/\text{dL}$ ), ODH is required to respond or refer the case to a delegated authority, as applicable. Clinical laboratories are required by OAC 3701-30-05 to report the following information in a format prescribed by the Director of Health:

1. Child's name and parent's or guardian's name.
2. Child's street and mailing address, including the city, state, county, and zip code.
3. Child's social security number, date of birth, gender, race, and ethnicity.
4. Telephone number, with area code, where the parents or guardians can be reached.
5. Specimen matrix (blood).
6. Analyte (lead).
7. Procedure used to obtain the specimen and the date it was obtained.
8. Physician's or healthcare provider's first name, last name, address, telephone number and national provider identifier, if applicable.
9. Child's Medicaid number, if applicable.
10. Clinical laboratory improvement amendments of 1998 (CLIA) number of the laboratory performing the analysis; and
11. The accession number, the date the sample was analyzed, and the test result in micrograms per deciliter.

A subset of the required information above is provided in the referral to the assigned delegated authority representative. This information was provided by the child's parent/guardian at the time of the blood draw or the medical appointment. As necessary, the investigator shall consult with other agencies as referenced in Chapter 1 to verify the information in the referral.

### **B) Merging Case Referrals**

A delegated authority shall be aware that more than one record may exist for the same child at the same address and is required to notify ODH of duplicate records. If these records are not merged, more than one referral may remain open. ODH will make every effort to identify records that appear to be duplicates, a referral for the same child at the same address with the same blood lead level. In addition, ODH will work to identify records that may need to be merged.

### C) Cases Opened in Error

A lead poisoning case that was opened in error can be requested for closure, in accordance with Chapter 8 of this manual, if one of the following applies and is true:

1. There is more than one investigation referral with variations on the correct address (i.e. missing or incorrect apartment numbers, misspellings, etc.).
2. Inaccurate laboratory result levels are reported (i.e., 21 instead of 2.1).
3. Incorrect sample types are reported (i.e., venous instead of capillary).

Please notify ODH staff of these errors through a closure request. These investigations will then be reviewed for “Opened in Error.” If approved for closure, the referral will also be deleted as the case is not a true investigation referral.

### D) Cases With Other Address as Probable Source

As the investigation progresses and more information is gathered by completing the questionnaire, the investigator may conclude that the probable source of the child’s lead poisoning is a property or properties that are not included on the referral. The investigator shall investigate ALL addresses suspected as contributing to the child’s exposure, including, but not limited to the grandparent’s residence, a child care provider’s residence, or another pre-1978 property where the child spends six hours per week or more. If another address needs to be investigated and it is not listed on an investigation referral, the delegated authority shall contact ODH to ensure an investigation referral is generated for the additional address or addresses.

### E) Transfer of Cases to Another Jurisdiction

If contact has been made with the parent/guardian and it is determined that the child resided in a property that the investigator has determined to be a probable source of lead poisoning, but the property is outside the delegated authority’s jurisdiction, ODH shall be contacted so that the transfer of the referral can occur.





# Chapter 3

## Responding to a Childhood Elevated Blood Level (EBLL) Case

Referrals for children under six years of age whose blood lead levels are greater than or equal to 3.5 µg/dL and less than 10 µg/dL are assigned as an electronic alert to a delegated authority's representative through HHLPS. The response outlined in this Chapter does not apply to children who formerly had a blood lead level of > 10 µg/dL.

### A) Contact Attempts

It is important that the following steps be taken as the health department responds to each case. The *Contact and Monitoring Algorithms* in Appendix A shall also be referenced. Failure to complete each step in HHLPS may cause the referral to remain open.

1. The parents/guardians of EBLL referrals will initially be sent the *EBLL Parent/Guardian Initial Contact Letter* (Appendix C1) by ODH or a delegated board of health. The letter will request the parent/guardian contact ODH or a delegated board of health by phone for follow-up services. An event will be recorded in HHLPS as the initial contact letter is generated. An event shall be recorded in HHLPS in the following manner: Event Type = Letter: Letter Type = 3.5-<10 Initial Contact.
2. Simultaneously, ODH or a delegated board of health shall attempt to contact the parent/guardian. Examples of contact attempts include speaking with the parent/guardian in person or by phone, sending a text message, or visiting the property with placement of contact information. Each non-letter contact attempt shall be recorded as a "contact attempt" in HHLPS in the following manner: Event Type = Contact Attempt; Contact Attempt Type = 3.5-<10 Initial Non-letter contact.

If contact attempts are unsuccessful, the interviewer is encouraged to contact the primary healthcare provider, Healthchek coordinator, local case manager, or other sources to obtain viable contact information.

- 3a. If the non-letter contact is unsuccessful, the parent/guardian shall be sent the *EBLL Parent/Guardian 2nd Contact Letter* (Appendix C3).
- 3b. If contact with the parent/guardian is successful, the questionnaire may be administered on-site or over the phone. Questionnaire information shall be populated in the "Questionnaire" section of the clinical module in HHLPS. All tabs in the questionnaire shall be completed, if applicable. A copy of the completed report must be uploaded into the Clinical module of HHLPS.

At the completion of the questionnaire, ODH or a delegated board shall ensure the following:

1. Completion of an Elevated Blood Lead Level report using the template Appendix D.
2. Send a copy of the completed EBLL report and questionnaire to the child's parent/guardian with ODH prescribed educational materials.
3. Upload a copy of the completed EBLL report into the clinical module of HHLPS.

## B) Completing an EBLL Case

EBLL cases will be considered complete if 1) ODH or a delegated board of health completes the steps in section A above; or 2) If there is subsequent confirmatory blood lead test for the same child below 3.5 µg/dL.

If reimbursement of the direct service is requested, the questionnaire must be completed in HHLPSS, along with the completion of the EBLL report and provision of recommended educational materials uploaded into HHLPSS.



## ■ Responding to a Childhood Lead Poisoning Case

A lead poisoning case in which a child under six years of age has a confirmed blood lead level greater than or equal to 10 µg/dL will be referred to ODH or the delegated authority's representative. The information listed in the alert referral reflects information provided by the laboratory conducting the analysis of the blood lead sample. The Director of Health or the delegated authority shall conduct an on-site public health lead investigation by following the protocol listed below in accordance with OAC 3701-30-07.

### A) Contact Attempts and Uncommon Cases

A representative from ODH or the delegated authority shall attempt to contact the parent/guardian of a lead-poisoned child in accordance with the definition in Chapter 1. Contact shall be established by the timeframes listed in Table 1.

Contact attempts shall follow the *Contact and Monitoring Algorithms* (Appendix A). If contact information contained in the referral provided by the laboratory is invalid or inaccurate, the investigator shall contact at least three of the following resources: the primary healthcare provider, Healthchek Coordinator, Women's Infant and Children (WIC) project clinic, Home Visiting, Bureau of Children with Medical Handicap (BCMh) program, immunization program, dental clinics, local board of education, property owner (after jurisdiction is established), apartment complex rental offices and any other sources necessary to obtain contact information. **Evidence of this outreach and response to the outreach shall be recorded in HHLPS.**

The date of each contact attempt shall be recorded within one business day in the Environmental module of HHLPS under the "Investigation Summary" tab. The specific contact type shall be indicated with detailed notes, whenever possible. No more than 45 business days shall pass between the first contact attempt and the last contact attempt. If more than 45 business days pass, the entire contact process shall start over.

If after the required attempts, contact and jurisdiction are not established in accordance with the applicable algorithm found in *Contact and Monitoring Algorithms* (Appendix A), the final contact attempt shall be a certified letter, *10+ Parent/Guardian 2nd Contact Letter* (Appendix C2), to the parent/guardian indicating the need to complete an investigation.

### Owner Access

If the investigator has established jurisdiction but the child has moved, the investigator shall contact the property owner to request access. If the parent/guardian or the new tenant has refused, entry the investigator shall contact the property owner to request access. The templates for *Property Owner Access Letter* (Appendix E) and *Property Owner Access Letter 2nd Notice* (Appendix F), which are also located in HHLPS, shall be sent by certified mail, and shall be uploaded into HHLPS. The director of health or local board of health may petition and obtain an order to enter the property from a court of competent jurisdiction in the county in which the property is located.



### **Unclaimed or Undelivered 2nd Notice Letters**

If final contact attempt letters sent by certified mail to the parent/guardian or property owner are unclaimed or not delivered, the letter shall be resent by standard USPS mail and assumed received within three calendar days of mailing.

Review chapter eight of this document for case closure reasons. A request for case closure can be submitted in HHPSS after 14 calendar days has passed from the date of receipt of the certified letter or the date of assumed receipt of the standard letter.

### **Referrals for Lead Poisoned Children in Foster Care**

On occasion a referral will be received for a child who currently resides in a foster home. Many times, the address listed on the referral will be the location of the county children's services agency or the address of the current foster home. In situations where this occurs, an attempt shall be made to contact children's services to identify where the child resided at the time of the blood lead test. If children's services is unable to identify the address or will not provide this information, an event shall be recorded in HHPSS and the case may be submitted for closure in HHPSS for no contact.

### **Referrals of Lead Poisoned Refugee and Newcomer Children Resettled to the United States**

If a referral is received for a child who has recently resettled in the United States, ODH or the delegated board of health shall complete the questionnaire with a parent/guardian. If a public health lead investigator determines that no properties in the United States are suspected of contributing to the child's lead poisoning, a public health lead-based paint inspection and risk assessment at the property or properties provided in the referral and/or questionnaire is not needed. Applicable case management services and education shall be provided to the parent/guardian based on information obtained from completion of the questionnaire (e.g. possible exposure from foods, cosmetics and medicines, residing or visiting properties constructed prior to 1978).

To close the case referral, complete the entire questionnaire and generate a *10+ Public Health Lead Investigation Report*, (Appendix L) for each lead poisoned child. Ensure completion of the questionnaire and upload the report into the appropriate module in HHPSS and request the case to be closed using either "declining blood lead level" or "other address probable source" case closure options, whichever is more applicable. See chapter eight of this document for descriptions of these closure reasons.

If subsequent referrals open for the child where the blood lead level increases or remains consistent over time, an on-site public health lead investigation of suspected sources may be required.

For more information on lead exposure in refugee and newcomer children visit: [https://www.cdc.gov/lead-prevention/risk-factors/refugees-immigrants.html?CDC\\_AAref\\_Val=https://www.cdc.gov/nceh/lead/prevention/refugees.htm](https://www.cdc.gov/lead-prevention/risk-factors/refugees-immigrants.html?CDC_AAref_Val=https://www.cdc.gov/nceh/lead/prevention/refugees.htm)

### **Lead Poisoning Cases Requiring Medical Treatment**

In instances where the delegated authority receives information about a child with a blood lead level  $>45$   $\mu\text{g}/\text{dL}$  prior to the referral alert being received, the delegated authority shall attempt to expedite the referral process by contacting ODH with the laboratory results confirming the child's blood lead level is  $>45$   $\mu\text{g}/\text{dL}$ . ODH will generate a referral and provide to the appropriate health department for immediate follow-up. It is the expectation that the delegated authority will contact the parent/guardian within the prescribed timeframes consistent with the blood lead levels in Table 1.



## B) Collaboration with Other entities to obtain contact information and to verify Medicaid eligibility

Contact information for the parent/guardian may be incorrect or invalid. It is necessary to identify all possible sources of contact. Each delegated authority shall, at a minimum, work to establish relationships with the following entities who have been identified as having current contact information. Evidence of communication with at least three of these entities must be demonstrated in HHLPS before a case will be considered for closure for no contact.

**Local WIC Program.** ODH has a data sharing agreement with WIC that extends to local health departments. The *WIC Program Directory* (Appendix G) will be shared and updated on the *Childhood Lead Exposure Guidance Manual Web Page* (Appendix GG).

**Healthcare Provider.** Information concerning the child's healthcare provider is provided in HHLPS. The provider shall be contacted to obtain current contact information. The medical provider may be a possible way to schedule the investigation with the parent / guardian.

**Medicaid.** Prior to scheduling an onsite investigation, it is important to identify whether the child is Medicaid-eligible for reimbursement purposes. Information regarding Medicaid eligibility is available in the clinical module of HHLPS. The delegated authority must contact the Healthchek coordinator in the county listed on the referral to determine current Medicaid eligibility status and to verify the Medicaid billing number. Refer to the *Healthchek and Pregnancy Related Services (PRS) County Contacts* (Appendix H) to identify the Healthchek Coordinator(s) in each county. In accordance with the Interagency Agreement between ODH and Ohio Department of Medicaid, the *Healthchek Fax Coversheet* (Appendix I) shall be used when communicating with the Healthchek coordinator to verify Medicaid eligibility status. The Healthchek coordinator should be invited to accompany the public health lead investigator when conducting the investigation.

**Other Health Department Programs.** Other health department programs may have identifying contact information. Programs within the health department who may have contact with a child's parent/guardian include but are not limited to BCMH, Home Visiting, Immunization Clinics, and Dental Clinics. Delegated Authorities shall demonstrate this effort in HHLPS.

**Rental Offices and Landlords.** If a child resides in a rental property and the child cannot be located, the delegated authority shall attempt to contact the rental office or landlord. A rental office and/or the landlord can confirm if the parent/guardian resides at the address on the referral.

## C) Completing the Childhood Lead Exposure Questionnaire

If the investigator is meeting with the parent/guardian, the investigator shall complete the questionnaire prior to initiating the investigation. If any part of the questionnaire was completed on the phone, the information shall be verified during the onsite investigation. As part of the questionnaire, the investigator shall include the address(es) of the property or properties suspected to be the probable source of the child's lead poisoning based on information received from the questionnaire. The questionnaire may be conducted in person or over the phone. **Administering at least the first page of the questionnaire over the phone allows a delegated authority to establish jurisdiction to gain right of entry if the parent/guardian refuses the inspection.**

## D) Conducting the On-site Investigation

The following steps shall be completed with each onsite investigation performed, but not necessarily in the order indicated. These steps are required of each property that is included in the investigation.

### 1. Review of Known Records and Reports

Prior to conducting an onsite investigation, the investigator shall review existing records and reports and the questionnaire, if available, to determine which property or properties should be the focus of the investigation. Records may include property records from the county auditor's office, previous investigation/testing reports, other nuisance complaints, or notes from the case manager found in the clinical module of HHPSS. The lead investigator also may access information regarding lead service lines from the Ohio Environmental Protection Agency's web site at the following link: <https://epa.ohio.gov/divisions-and-offices/drinking-and-ground-waters/reports-and-data/lead-lines-mapping>

### 2. Starting the Investigation

The public health lead investigator shall begin the onsite public health lead investigation at the property most likely to be the source of the child's lead poisoning. In conducting the investigation, the investigator shall enter each residential unit, child care facility or school that he/she suspects as a source of the lead poisoning. A *general guideline* is that a child must have resided in a unit for six weeks prior to investigating a residential unit. There may be exceptions and the lead investigator shall consider the possibility of acute exposure based on a review of the completed questionnaire.

### 3. Gaining Right of Entry to the Property

Under Ohio Revised Code section 3742.35, when conducting an investigation, the investigator shall request permission to enter the residential unit, child care facility or school the investigator reasonably suspects to be the source of the lead poisoning. Jurisdiction must be established to gain entry to the property. Jurisdiction can be established through the first page of the questionnaire. If the property is occupied, the investigator shall ask the occupant/tenant for permission to enter the premises. If the property is not occupied, the investigator shall ask the property owner or manager for permission to enter by sending the *Property Owner Access Letter 2nd Notice* (Appendix F). This template is also available in HHPSS under "Environmental Letters".

If either the tenant or the property owner, including owner occupant, refuses right of entry, the lead investigator shall send the appropriate Right of Entry Legal Letter (Appendix J or Appendix JJ), upload the letter in HHPSS, and document in HHPSS who refused the investigator entry. The legal letter shall include the signature of the delegated authority's legal representative or authorizing official such as the health commissioner or other administrative appointee and sent certified mail with receipt. If refusal or no response is obtained, the case shall be referred to your local prosecutors or legal counsel for legal action if jurisdiction was established. Proof of the referral shall be uploaded into HHPSS. After waiting fourteen days following receipt of the legal letter, the case may be submitted for closure for referral for legal action. An event shall be documented in HHPSS that referral for legal action was made.

#### 4. Visual Assessment of the Property

The condition of the property shall be assessed for the following, with results recorded on Lead Visual Assessment Form (Appendix K):

- Overall building condition.
- Areas of bare soil.
- Interior and exterior surfaces with deteriorated paint.
- Painted surfaces that are impact points or subject to friction.
- All other deteriorated, painted surfaces.
- Chewable surfaces.
- Other non-painted, non-structural sources such as toys, furniture, ceramic ware, etc.

#### 5. Sample Testing

##### A. XRF Analysis

An XRF analyzer is required to conduct a public health investigation and lead risk assessment. Public health lead investigators shall operate XRF's per the manufacturer's recommendations. Manufacturer's training is recommended for users; public health lead investigators can take this training without prerequisites.

As part of the on-site investigation, in accordance with OAC rules and chapters five and 16 of the *HUD Guidelines for the Evaluation and Control of Lead Based Paint Hazards in Housing*. [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/healthy\\_homes/lbp/hudguidelines](http://portal.hud.gov/hudportal/HUD?src=/program_offices/healthy_homes/lbp/hudguidelines), The investigator shall perform XRF analysis of deteriorated paint on or in:

- The interior and exterior surfaces and all common areas of the residential unit, child care facility or school.
- Attached or unattached structures located within the same lot line as the residential unit, child care facility or school including garages, play equipment, and fences, if the child has access to these structures.

##### B. Sampling and Analysis of Non-Property Sources (e.g., ceramic ware, furniture, etc.)

As part of the investigation, the investigator shall collect samples, as appropriate, of the following non-property sources:

- Glazed dinnerware or ceramic cookware suspected of containing lead.
- Spices, make-up, fishing supplies, cultural artifacts.
- Other samples deemed necessary to determine a possible source of lead poisoning.

#### E) Determination of Possible Source

After the steps in paragraph C, the investigator shall continue the on-site investigation in accordance with the following:

1. If the investigator can determine that a residential unit, child care facility or school is a possible source of lead poisoning by establishing jurisdiction through the administration of the questionnaire, the investigator shall conduct a risk assessment of the residential unit, child care facility or school. The investigator shall comply with the procedures in chapter five of this manual when performing the risk assessment.

2. If the investigator is **not** able to determine or has determined that the residential unit, child care facility or school is **not** a possible source of lead poisoning based on XRF analysis, the investigator shall collect dust, soil, water and paint chip samples, as appropriate, in accordance with OAC 3701-30-07 (C) (2) to rule out the property as a possible source. The investigator shall collect at least two dust samples from the property regardless of the presence of deteriorated paint. One sample shall be collected from the principal entryway, and another shall be collected from a high traffic area or windowsill that is regularly used or accessible to the child. Soil samples should be collected when there is bare soil present on the property. Water samples shall be collected when a private water system exists.
  - a. If results of one or more samples exceed hazard levels, the property is a possible lead source, and a full lead risk assessment shall be conducted. If lead testing was performed within the previous 28 days, those test results may be included in the risk assessment report.
  - b. If the results of sample analysis are below the hazard levels, and the property is determined not to be the possible source of lead poisoning, and the investigator is not able to identify a possible source of lead poisoning, the investigation shall extend to the supplemental address(es) determined to be a possible source, if any. Supplemental addresses may include other residential units, child care facilities or schools built before 1978 and where the child spends more than six hours per week.
3. If the investigator determines the source of the lead poisoning is not related to the residential unit, child care facility or school, but to a source unrelated to the property (e.g. occupation, hobby, home remedy, spices, cultural artifacts or cosmetic), the investigator can reasonably assume that the source of the lead poisoning has been identified and can end the investigation. A non-property source shall be identified in the public health lead investigation report.
4. If the investigator investigates and fails to identify lead hazards in a residential unit, child care facility or school, but does identify lead hazards in an outbuilding (such as a garage, shed, or barn) located on the property, the investigator shall include the results in the investigation report.

A lead hazard control order can only be issued in the instance where lead-based paint hazards are identified in the residential unit, child care facility or school.





## F) Writing the Public Health Lead Investigation Report

After the investigation, the investigator shall prepare and provide the *Public Health Lead Investigation Report*, (Appendix L) to the parent/guardian. The investigation report shall include items 1-5 below, with the remaining items included in the lead risk assessment report. If the investigation includes a public health lead risk assessment, a separate risk assessment report shall be issued for each property where a risk assessment was performed.

If the investigation did not include a lead risk assessment but limited testing was performed, *an Environmental Lead Report* (Appendix M), should be completed and include items 5-15 listed below. The Environmental Lead Report template can also be found in “Environmental Letters” in HHL PSS. A copy of the completed Public Health Lead Investigation reports shall be uploaded into the clinical module of HHL PSS. Any risk assessment or environmental lead reports shall be uploaded into the environmental module of HHL PSS. All documentation related to the investigation shall be sent to the parent/guardian of the child who is the subject of the investigation. In addition, the risk assessment or environmental lead reports should be sent to the property owner.

1. The date(s) of the investigation.
2. The address, unit number and date of construction of each residential unit, child care facility, or school investigated.
3. Other sources of lead identified by the investigator in the child’s environment.
4. Any other information required by the director of health
5. Name, license number, and signature, of the investigator conducting the investigation and the name, address, and telephone number of the agency employing each investigator.
6. Name, address, and telephone number of the owner or manager of each residential unit, child care facility or school investigated.
7. Name, address, and telephone number of each environmental analytical laboratory approved pursuant to OAC 3701-82-02 performing analysis of any collected samples.
8. Results of the visual assessment of each residential unit, child care facility or school investigated.
9. The testing method and sampling procedure for paint analysis employed and the specific locations of each component tested for the presence of lead.
10. All data collected from on-site testing, including the quality control data and, if an XRF is used, its serial number.
11. For residential units, the disclosure statement required in OAC 3701-30-07(E)(9).
12. Background information regarding the physical characteristics and occupant use patterns that may cause lead hazard exposure to one or more children.
13. Results of the lead loading analysis of dust samples, in micrograms per square foot, by location of samples recorded on a diagram of the floor plan each residential unit, child care facility or school investigated.
14. Results of the lead concentration analysis of soil samples, in parts per million, by location of sample recorded on a plot plan of each residential unit, child care facility, or school investigated; and
15. Results of the lead concentration analysis of water samples, in parts per billion.

## Performing the Public Health Lead Risk Assessment

When it is determined a residential unit, child care facility, or school is a possible source of a child's lead poisoning, the Director of Health or delegated authority shall conduct a risk assessment of the property in accordance with OAC 3701-32-07. **If the investigator completed one or more of the components of the risk assessment when conducting the investigation within the prior 28 calendar days, the investigator is not required to repeat those components. However, the report shall identify the date the samples were collected.**

### A) Notification to The Property Owner

Prior to or within three calendar days following a risk assessment, the investigator shall send *Letter to Property Owner – 3 Day Notice* (Appendix N) to the owner or manager of the property where a risk assessment is to be or has been conducted. The notice shall be sent by mail. The notice shall state that the property is suspected of being a possible source of a child's lead poisoning and shall indicate the date the risk assessment will be or has been conducted. The notification to the property owner shall be recorded as an event in the environmental module of HHLPS.

### B) Visual Assessment

The investigator shall perform a visual assessment of the property for every investigation. The visual assessment does not need to be repeated if conducted as part of the investigation process or in conjunction with the risk assessment. The visual assessment shall include the exterior and all room equivalents (i.e., bedroom, living room, dining room, kitchen, bathroom, hallway or utility room) in the interior of the residential unit, child care facility or school, including locked areas when determined appropriate by the investigator. The investigator shall identify all the following:

- Overall building condition.
- Areas of bare soil.
- Interior and exterior surfaces with deteriorated paint.
- Painted surfaces that are impact points or subject to friction.
- Chewable surfaces.
- All other deteriorated, painted surfaces.
- Other non-painted, non-structural sources such as toys, furniture, ceramic ware, etc.

The investigator shall attempt to access all locked areas and include basements and attics, if accessible to the child. The above-stated information must be recorded on the *Lead Visual Assessment Form* (Appendix K). Only Part C of the *Lead Visual Assessment Form* allows for the use of the report generated from the XRF software for the purposes of meeting this requirement so long as it clearly identifies the components tested during the risk assessment.

## C) Lead Based Paint Testing

The investigator, using an XRF, shall test all surfaces with deteriorated paint and each impact, friction, and chewable surface. An effort shall be made to test each unique window and its associated components in each room equivalent, even if the windows are taped or sealed. If furniture, plants, or other household items are blocking the windows, the investigator shall make a reasonable attempt to move or request the occupant to move those items for purposes of testing. If testing is not possible, the investigator shall make a note as to why the component was not tested and include the explanation in the lead inspection and risk assessment report.

If a component of a particular type (i.e. window components, door components, baseboards) tests positive for lead in the same room equivalent or area, all other like components with the same distinct painting and construction history may also be identified as being positive for lead. Likewise, if a component is deteriorated and is found to contain lead-based paint, all other like components may be identified as hazardous. The following disclaimer shall be placed in the risk assessment report: *“Building components in a room or area that have the same distinct painting and construction history as those that tested positive for lead are considered positive for lead.”*

For example, a bedroom has two windows. The investigator conducts XRF analysis on the windowsill, sash, jamb, and casing of one of those windows. The results indicate lead-based paint is present on all tested components and the paint is deteriorated. The investigator may reasonably conclude that the other window in that room equivalent is also hazardous. The lead hazard control order shall then include all the components in the room identified as hazardous, including those deemed to be same/like other tested, deteriorated painted like components.

On the exterior, for example, an investigator tests one of the deteriorated wood, painted window components on side A of the home and it contains lead-based paint. He further observes the other windows have the same distinct painting and construction history and condition as the window components that were tested on Side A. The investigator may reasonably classify the other window components on Side A as hazardous and shall include those windows as hazards on the lead hazard control order.

All lead-based testing data shall be recorded using the *Lead Visual Assessment Form* (Appendix K). Part C of this form is optional if XRF generation software captures the required data, so components and their condition are clearly identifiable.

## D) Dust Wipe Sampling

In **residential units**, a minimum of **nine** dust samples shall be collected for lead loading analysis, consisting of samples from one windowsill and one floor in living areas in a minimum of four rooms (i.e., living rooms, hallways, stairways, bedrooms, kitchens, etc.). If there is no windowsill, the investigator shall test the nearest horizontal surface. If there are less than four rooms, all rooms in the residential unit shall be tested. All dust samples must include a sample from inside the principal entryway of a residential unit. At a minimum, sampling shall be conducted in those rooms where one or more children under six years of age are likely to encounter dust.

In **multi-family residential units**, the investigator shall collect additional samples in 1) common areas adjacent to the sampled residential unit, 2) other common areas in the building where the investigator determines one or more children under six years of age are likely to come into contact with dust, and 3) the main entryway of each building.

In **child care facilities or schools**, dust samples shall be collected for lead loading analysis from an interior windowsill and the floor. At a minimum, dust samples shall be collected from each room, hallway, stairwell and other common areas in the child care facility or school. A public health lead risk investigator shall:

- a. For room equivalents where a child under six years of age frequents, up to 300 sq. feet, collect a single surface sample from a windowsill and floor.
- b. For room equivalents greater than 300 sq. feet up to 2000 sq. feet:
  - (i) Collect at least two dust samples from floors located in widely separated locations in “high traffic” areas regularly used or accessible to children under six years of age.
  - (ii) Collect at least two dust samples from interior windowsills.
- c. For room equivalents over 2000 sq. feet:
  - (i) In addition to the samples required above, collect one additional dust sample from floors for each additional two thousand square foot area.
  - (ii) In addition to the samples required above, collect one additional dust sample from alternating windows sills for each additional floor area of two thousand square feet, unless all the windows in the space were sampled as part of the requirements above.

**NOTE:** An investigator may classify an intact friction surface a hazard if the dust wipe collected on the nearest horizontal surface (i.e., floor or sill) equals or exceeds the hazard level. For example, an investigator observes a window jamb and sash to be intact and both test positive for lead-based paint. The investigator collects a dust wipe sample on the floor underneath the window. If the dust wipe sampling results exceed ten micrograms per square foot, the window jamb and sash shall be included as **PAINT** hazards in the lead hazard control order. Only the window jamb and sash for which the floor dust sample was collected shall be included in the order. The dust sample results cannot be extrapolated to represent any other window system.

## E) Soil Sampling

Soil samples shall be collected by the investigator during a risk assessment when bare soil is identified as part of the visual assessment of the property. A soil sample shall be collected from any exterior area where bare soil is present including the foundation, drip line areas, and play areas. If the sample results exceed 5,000 parts per million, permanent control methods must be used.

## F) Water Sampling

The investigator shall collect water samples as part of the risk assessment if the property has a private water system. The investigator shall comply with the procedures outlined in chapter five of the *HUD Guidelines for the Evaluation and Control of Lead Based Paint Hazards in Housing* when collecting a water sample from a private water system. The procedures can be found at the following link: The guidance that shall be provided can be found at the following link: [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/healthy\\_homes/lbp/hudguidelines](http://portal.hud.gov/hudportal/HUD?src=/program_offices/healthy_homes/lbp/hudguidelines)

If the sample exceeds the threshold of 15 parts per billion (ppb), guidance should be provided to the parent/guardian within the Public Health Lead Investigation Report.

Additionally, lead service lines of Public Water Systems can be reviewed on the Ohio Environmental Protection Agency (EPA) website at the following link: <https://epa.ohio.gov/divisions-and-offices/drinking-and-ground-waters/reports-and-data/lead-lines-mapping>.



## G) Recording the Test Results

The process below or one approved by ODH shall be followed when describing the location of the test samples in documentation associated with the lead investigation:

### **Interior Components:**

When testing the interior of the unit, the investigator shall label each wall. Wall A in any room is street side, others continue alphabetically clockwise from A. Interior windows and doors shall be designated as left, right, center, right center, and left center.

### **Exterior Components:**

Exterior walls shall be identified as Sides, with Side A facing the street and others continuing alphabetically clockwise from Side A. Exterior windows and doors shall be identified by number from left to right by facing the side.

If the above designation is confusing, add text in parentheses after the designation to clarify. For example, “door casing on left door on wall D (to kitchen).”

If an XRF software program is in place, the report generated from the software meets the requirements of this section so long as the components are clearly identifiable.

## H) Public health lead Risk Assessment Report

A public health lead risk assessment shall be performed in accordance with OAC 3701-30-08. A report shall be issued for each risk assessment performed. If two risk assessments are performed as part of one investigation, a report shall be generated for each lead risk assessment. At a minimum the following elements must comprise the risk assessment report:

1. Date of the risk assessment.
2. Address, unit number, and date of construction of the residential unit, child care facility or school assessed.
3. Name, address, and telephone number of the owner or manager of the residential unit, child care facility, or school assessed.
4. Name, license number, and signature of the investigator conducting the risk assessment and the name, address, and telephone number of the agency employing the investigator.
5. Name, address, and telephone number of each environmental lead analytical laboratory performing the analysis of any collected samples.
6. Results of the visual assessment, and results of each residential unit, child care facility or school assessed.
7. The testing method and sampling procedure for paint analysis employed and the specific locations of each component tested for the presence of lead.
8. All data collected from on-site testing, including quality control data, and if an XRF is used, its serial number.
9. The following statement displayed at the top of the report in bold letters:

“Ohio law (section 5302.30 of the Revised Code) requires every person who intends to transfer any residential real property by sale, land installment contract, lease with an option to purchase,

exchange, or lease for a term of ninety-nine years and renewable forever, to complete and provide a copy to the prospective transferee of the applicable property disclosure forms, disclosing known hazardous conditions of the property, including lead-based paint hazards.

The US EPA in federal law (24 CFR part 35 and 40 CFR 745) requires sellers and lessors of residential units constructed prior to 1978, except housing for the elderly or persons with disabilities (unless any child who is less than six years of age resides or is expected to reside in such housing) or any zero-bedroom dwelling to disclose and provide a copy of this report to new purchasers or lessees before they become obligated under a lease or sales contract. Property owners and sellers are also required to distribute an educational pamphlet approved by the United States Environmental Protection Agency and include a standard warning language in sales contracts or in or attached to lease contracts to ensure that parents have the information they need to protect children from lead-based paint hazards.”

10. Background information regarding the physical characteristics and occupant use patterns that may cause lead hazard exposure to one or more children.
11. Results of the lead loading analysis of dust samples, in micrograms per square foot, a copy of the lab report, a diagram of the floor plan of each residential unit, child care facility or school investigated illustrating the sample locations.
12. Results of the lead concentration analysis of soil samples, in parts per million, a copy of the lab report, and a diagram of each residential unit, child care facility or school assessed illustrating the sample locations.
13. Results of the lead concentration analysis of water samples, in parts per billion, and copy of the lab report.
14. A description of the location and type of identified lead hazards.
15. A description of recommended control options for each identified lead hazard as outlined in OAC 3701-30-10.
16. A copy of the Performance Characteristics Sheet for the X-Ray Fluorescence (XRF) instrument utilized for paint analysis.

The report shall be sent by certified mail return receipt requested, or hand delivered to all relevant property owners or managers. The parent/guardian shall also be sent a copy by regular mail.

The *Lead Based Paint Inspection and Lead Risk Assessment Report* (Appendix O) shall be used in all circumstances where a risk assessment was performed.



# Chapter 6

## ■ Writing and Issuing Lead Hazard Control Orders

### A) Issuing the Order to control lead hazards

If during a public health lead risk assessment lead hazards are identified in a residential unit, child care facility or school, the director of health or delegated authority shall issue a lead hazard control order to owner and manager of the subject property. The individual(s) or entity listed on the county's auditor records shall be deemed the owner.

The *Order to Control Lead Hazards* (Appendix P) shall be in writing and specify the following:

1. Each identified lead hazard (paint, dust, soil, and water as applicable) to be controlled. A lead hazard control order shall only be issued when one or more lead-based paint hazards, at a minimum, have been identified. An order shall not be issued if only dust, soil or water hazards are found.
2. The date by which the lead hazards must be controlled and a requirement that the property pass a clearance examination demonstrating the sufficient control of each hazard. The date by which the property must pass clearance shall be ninety calendar days from receipt of the lead hazard control order.
3. Qualifications of the individual performing the lead hazard control activity. A licensed lead abatement contractor is required to perform the lead hazard control work as specified in the order unless the property subject to the order is a single-family dwelling unit in which the owner resides. The property owner is permitted to do the work him/herself provided his/her name is on the deed, the unit is a single-family dwelling, and there is no lead poisoned child residing in the unit.
4. If the Director of Health or his delegated authority determines the health of the occupants is at risk, the order shall include an order to vacate the property. ODH shall be consulted prior to including this provision in the order.

### Information to the Property Owner

The *Order to Control Lead Hazards*, the method of control selection form, and a copy of the lead-based paint inspection and lead risk assessment report shall be sent certified mail with return receipt requested to the owner and manager of the property that is subject to the order. If sending via mail is not an option, hand delivery may be used. If hand delivered, the investigator shall document the time, date, and recipient of the delivery. Investigators shall obtain the signature of the recipient. The *Acknowledgement of Receipt of Order to Control Lead Hazards document* (Appendix Q), shall be used to acknowledge receipt of the orders when hand delivered. This acknowledgement shall be uploaded in the document section of HHL PSS.

### Information to the parent/guardian

A copy of the order to control lead hazards, the risk assessment report, and the investigation report shall be sent via certified mail to the parent, guardian, or custodian of a lead poisoned child within 14 calendar days of receipt of the laboratory results.

## Information to the child care facility

If a child care facility or school is the subject of a lead hazard control order, the parent, guardian or custodian of each child under six years of age who receives child care or education at the facility shall also receive a copy of the lead hazard control order via certified mail.

## Order Undelivered

When an order sent via certified mail is returned undelivered, the delegated authority shall re-send the same order via regular US mail. After three calendar days, the lead hazard control order shall be assumed delivered. If the order is returned undelivered for a second time via USPS mail the order shall be posted at the property subject to the order with proof of posting (i.e, photo) uploaded into HHLPSS. Adequate documentation including receipts or written notes shall be maintained in the case file in HHLPSS indicating the mailing and receipt of the order.

## B) Monitoring Activities

A *Lead Hazard Control Order Extension Request Form* (Appendix R) and *Extension Request Cover Letter* (Appendix S) shall be mailed to the property owner by regular mail approximately three (3) weeks before the 90-day deadline listed in the *Order to Control Lead Hazards*. The owner must complete both sections of the form and return it by the 90-day deadline.

The following shall be considered when approving an extension request:

**Section 1** – Reason(s) for request shall include at least one of the following: unable to schedule lead abatement contractor services (details to be included are names of lead abatement contractors contacted, dates, estimates given, etc.); property is enrolled in grant program (contact name and phone number of grant employee must be provided for verification); hazards are being controlled under an approved owner-occupied exemption.

**Section 2** - Measure(s) that will be implemented to protect child from further lead poisoning until clearance has been achieved shall include at least one of the following: child has restricted access to identified lead hazards, frequent wet cleaning, improved diet being given to child, child no longer resides at this property, property is vacant, etc. Reference HHLPSS when ensuring that the child's lead levels are not increasing or remaining constant. If there is no decrease in the child's lead levels, an extension may not be granted and a Notice of Noncompliance and Order to Vacate shall be issued by following the procedures listed in paragraph D of this chapter.

The property owner may receive up to three, three-month extensions from the initial 90-day period for a total of one year to comply with the lead hazard control order provided the procedures above are followed. The initial 90-day compliance period after the lead order is received is included in the one-year compliance timeframe. If the extension request is approved a *Notice of Extension* (Appendix T) letter shall be sent via USPS mail. If the property transfers ownership during this period, the 90-day compliance period starts over with due process, which allows for three three-month extensions up to a year if the new property owner demonstrates the lead exposed child is being protected and there is forward movement toward compliance.



If the Extension Request form is not returned within one week after the deadline, the *Final Extension Request Contact Letter* (Appendix U) shall be mailed to the owner by certified US mail. The letter states that the owner must contact the lead program or submit an extension request form within five calendar days. If the letter is returned as “unclaimed,” re-send the original letter by regular USPS mail and assume receipt within three calendar days. A Notice of Noncompliance and Order to Vacate shall be issued if the owner does not reply within three days.

### **Method of Control Selection**

The owner or manager of a property subject to a lead hazard control order shall inform the director of health in writing on the *Lead Hazard Control Method Selection Template* (Appendix V) as to which lead hazard control method has been chosen for each lead hazard. The notification shall be sent to the director of health via electronic mail or regular U.S. mail ten days prior to the start of the lead hazard control work and shall be signed by the individual who intends to perform the lead hazard control work. The director of health may provide written comments to the owner or manager within ten calendar days of receipt of the proposed methods of control.

### **C) Clearance Examination**

The procedures outlined in chapter seven shall be followed to determine if the clearance examination demonstrates sufficient control of all identified lead hazards.

### **D) Notice of Non-compliance and Order to vacate**

If after 90 days the property owner and manager has failed to comply with the lead hazard control order and has not submitted an approved extension request, the delegated authority shall issue a *Notice of Non-Compliance and Order to Vacate* (Appendix W) prohibiting the use of the property as a residential unit, child care facility or school. A copy of the Notice of Noncompliance and Order to Vacate shall be uploaded into HHLPS. In addition, the date of the issuance of the document shall be recorded in HHLPS. As this date is entered in HHLPS the open referral will automatically close the case. The case, however, shall continue to be monitored for compliance in accordance with *Contact and Monitoring Algorithms* (Appendix A).

### **Delivery of Non-Compliance Order and Order to Vacate to the property owner**

The non-compliance order shall be sent certified mail with return receipt requested or hand delivered to the owner and manager, if applicable, of the property that is subject to the order. If hand delivered, the investigator shall document the time, date, and recipient of the delivery. When possible, investigators shall obtain the signature of the recipient. Appendix Q (*Acknowledgement of Receipt of Order to Control Lead Hazards form*) may be used to acknowledge receipt of the non-compliance orders.

### **Vacating the Property**

After receiving a Notice of Non-compliance and Order to Vacate, the property owner and manager are required to take appropriate measures to notify each occupant of the residential unit, parents, guardian, or custodian of each child attending the child care facility or school to vacate the residential unit, child care facility or school until the property passes a clearance examination. This notification must be sent no less than ten calendar days prior to vacating the property.

Additionally, the Director of Health or the delegated authority shall send a *Resident Vacate Letter* (Appendix X) to the resident(s) of the property to notify them of the Notice of Non-compliance and Order to Vacate. This action shall be recorded as an event in HHLPS.

### Posting Warning Signs on the Property

After the Non-compliance order, has been issued, a *Warning Sign* (Appendix Y) shall be posted by the Director of Health or delegated authority on one or more entrances to the residential unit, child care facility or school. The signs shall remain posted until removed by the Director of Health or the delegated authority after the property passes a clearance examination and the lead hazard control order has been lifted. At a minimum, the delegated authority shall visit the property every six months to ensure the warning sign remains posted at one or more entrances to the property and capturing at least one picture of the posted warning sign. The warning sign shall be replaced if it is no longer posted at the time of the visit. The delegated authority shall record the visit as an event in HHL PSS and upload at least one picture demonstrating the warning sign was posted.

### Failure to Comply with the Non-Compliance Order

If the Director of Health or a delegated authority determines from monitoring activities, as outlined in *Contact and Monitoring Algorithms* (Appendix A) that the property has not been vacated the *Property Owner Vacate* (Appendix Z) and *Resident Vacate Letter* (Appendix X) shall be sent via USPS mail. In addition, the Director of Health or delegated authority shall work with respective legal counsel to enforce the Order to Vacate by making a formal, written referral to the legal counsel. The mailing date and the date of the referral to legal counsel shall be recorded as an event in HHL PSS.

### E) Transfer of Ownership to a Property Subject to a Lead Hazard Control Order

Per OAC 3701-30-09 (G), if a transfer of the owner of record (recorded with the county auditor) occurs for a property that is subject to a lead hazard control order, the property remains subject to the order. A transfer of ownership letter shall be sent to the new owner (Appendices KK or LL), along with copies of the documents pertaining to the lead hazard control order issued for the property (i.e., Order to Control Lead Hazards, Notice of Noncompliance and Order to Vacate, Public Health Lead Based Paint Inspection and Risk Assessment Report, Method of Selection Form, List of Ohio Licensed Lead Abatement Contractors, funding assistance information) by certified mail. If the property transfer letter and information sent to the property owner are unclaimed or not delivered, the letter and information shall be resent by standard mail and assumed receipt in three calendar days of mailing.



# Chapter 7

## I Lifting the Lead Hazard Control Order

### A) Submission of Clearance Examination Results

When the residential unit, child care facility or school subject to a lead hazard control order passes a clearance examination, the results shall be sent to the director of health or delegated authority.

### B) Completion of Compliance Review Checklist

Upon receipt of the clearance examination results the investigator shall perform a complete review of the documentation using the *Compliance Review Sheet* (Appendix AA). The investigator shall verify the use of *ODH Clearance Examination Report and Lead Hazard Control Visual Clearance forms* (Appendix BB and Appendix CC) in the clearance examination report. If the property owner failed to comply with any of the items listed on the review sheet, the property shall remain subject to the lead hazard control order until all the items have been controlled.

### C) Sufficient Control of Lead Hazards

To determine if the owner has successfully controlled the lead hazards, the health department shall review the documentation to confirm a copy of a passed clearance examination report indicating all hazards identified in the order have been sufficiently controlled. Sufficiently controlled means that the control method used is one of the approved methods listed in OAC 3701-30-10. If the control method used requires an on-going monitoring and maintenance plan, a copy of the plan must accompany the clearance examination report.

If a residential unit subject to an Order to Control Lead Hazards or a Notice of Noncompliance and Order to Vacate has been demolished a visual clearance examination of the remaining lot and/or land must be conducted to verify the structure no longer remains. At least two photos of the vacant lot/land shall be taken and uploaded into HHLPSS. If there is bare soil remaining on the property, a minimum of two soil samples shall be collected as part of the clearance examination. The samples shall be submitted to an approved environmental lead laboratory for analysis and must meet the clearance standards established in OAC 3701-32-19(D)(1) for bare soil in non-play areas. If the soil sample results are over the clearance standard, then the order remains in effect until the soil hazard is controlled.

### D) Issuance of Notice of Compliance

When it has been determined by the investigator that the owner has met all OAC 3701-30 Chapter requirements, the lead hazard control order may be lifted, and a *Notice of Compliance Letter* (Appendix DD) shall be sent to the owner. The date of the Notice of Compliance shall be entered into HHLPSS along with a copy of the document. After entry of the compliance date, the case will automatically close in HHLPSS.

# Chapter 8

## I Closing a Lead Poisoning Case

Revised Code Chapter 3742 requires a lead investigation be conducted to determine the probable source of exposure for a lead poisoned child. The director of health and the delegated authority shall follow all steps listed in *Contact and Monitoring Algorithms* (Appendix A). When a case has either been investigated or all steps in the algorithm have been completed with supporting documentation in HHLPS, a request for closure may be submitted to ODH for review. The request shall be submitted in HHLPS and will be reviewed by ODH within 30 calendar days. If the case is disapproved for closure ODH will provide comments and recommendations. If the wrong closure reason was selected the case will be disapproved or the appropriate closure reason will be selected by the closure committee. A Notice of Compliance and Notice of Non-Compliance/Order to Vacate case will automatically close in HHLPS with proper documentation without a request submitted for closure.

### A) Options for Closure

**Referral for Legal Action:** This option should be selected when the parent/guardian has refused entry or jurisdiction has been established to conduct the lead investigation but access to the property has been denied by the property owner. This closure reason will only be approved if the delegated authority has demonstrated full compliance with all steps of the algorithm.

**Notice of Compliance:** This option should be selected when a property owner has completed the required lead hazard control work and passed a clearance examination. The date of the clearance examination must be entered on the Clearance Report tab and the clearance report uploaded into HHLPS. These actions enable the date of the Notice of Compliance to be entered. This closure reason will automatically populate when the Notice of Compliance is entered. If the case does not close automatically, information is missing in HHLPS.

**Notice of Non-Compliance/Order to Vacate:** This closure reason will automatically populate when the Notice of Non-Compliance/Order to Vacate is entered on the *Investigation Outcome* tab in HHLPS. The Notice of Non-Compliance/Order to Vacate document shall be uploaded into HHLPS. If the case does not close automatically information is missing in HHLPS.

**No Source Identified:** If a public health lead investigation finds no hazards at a property and no non-property sources are discovered, the investigation can be closed with the reason “No Source Identified”. An investigation can only be closed for “No Source Identified” if targeted environmental samples are collected and find no hazards (for eligible properties) or a risk assessment has been conducted and no hazards are identified.

**Non-Property Source Identified:** If an investigation of the property does not uncover a property-related source but a non-property source is identified, the investigation may be closed with “Non-Property Source Identified”. Examples include the child chewing on furniture painted with lead-based paint, lead dust in a residence with no lead-based paint that is attributable to a family member’s occupation or hobby, or the detection of lead in traditional cosmetics (i.e., Surma, kohl was) used on the child.



**Prior PHLI with Notice of Compliance:** When a child remains in an address that was investigated, lead hazards were found, and a Notice of Compliance issued, and the child continues to have a blood lead level above 10 µg/dL, the investigation may be closed with the reason “Prior PHLI with Notice of Compliance”. However, if the child’s elevated blood lead level persists or increases after two consecutive blood lead tests, the address may need to be investigated again to identify any previously undiscovered sources and determine if new lead hazards have been created or previously identified lead hazards were not adequately controlled.

**Other Address Probable Source:** This option should be used when the child’s lead poisoning is believed to be caused by an alternate address. Typically, it will be used when a child lives in a home built after 1978 but routinely spends time in an older residence. If the child resided in the property listed on the referral less than six weeks an investigation must be done at the previous residence to select this closure reason. If it is reasonable to suspect the current residence as a contributing source this option should not be used.

**Declining BLL:** This option should be selected in situations when an investigation was done at the child’s previous address and the child subsequently moves to a new address. If the child’s elevated blood lead level continuously drops after the child has moved, an investigation of the new residence is not required. However, if the previous address was not investigated and the first elevated blood lead test was done within six weeks of moving into the new residence, the previous residence should be investigated as a contributing source. The address for the previous investigation must be provided for this closure reason to be considered for approval. This option can also be selected when a lead hazard control order has been issued and the child’s lead level is declining.

**No Contact:** When all steps within the *Contact and Monitoring Algorithms* (Appendix A), including outreach to three entities, have been exhausted with clear supporting documentation in HHLPS this closure reason may be used. This option should be used on a limited basis. If contact with the parent/guardian is documented in either the clinical or environmental modules of HHLPS or documentation of the contact process is not demonstrated, the case will not be closed for no contact.

**Investigation Opened in Error:** This option can only be used when the following errors are identified with the investigation referral:

1. There is more than one investigation referral with variations on the correct address (i.e., missing or incorrect apartment numbers, misspellings, etc.);
2. Inaccurate laboratory result levels are reported (i.e., 21 instead of 2.1);
3. Incorrect sample types are reported (i.e., venous instead of capillary).

Please notify ODH staff of these errors through a closure request. These investigations will then be reviewed for “Opened in Error.” If approved for closure the referral will also be deleted as the case is not a true investigation referral.