



Insider News

Lead and Healthy Homes
Division Newsletter
December 2020



Indiana State
Department of Health

“Take-Home” Exposures Are Public Health Hazard

In a new review titled [“Eliminating Take-Home Exposures: Recognizing the Role of Occupational Health and Safety in Broader Community Health,”](#) published in January in the *Annals of Work Exposures and Health*, researchers examined the history of “take-home” exposures, argued that an ecosocial view of the problem is essential for effective prevention and discussed future effective research and prevention efforts. The Boston University School of Public Health (BU) posted an [article](#) sharing that researchers called for the recognition of take-home exposures as a public health hazard. Study author Diana Ceballos states, “Take-home exposures often fall into a regulatory blind spot. Although OSHA does regulate some key workplace exposures that can become take-home exposures, such as asbestos, lead, and pesticides, often regulations are not up to date or enforced enough to be protective of health at the family level.” By the 1970s, environmental

health experts began noticing unusual cases of heavy metal poisonings, malignant mesotheliomas, impaired lung function, increased blood lead levels and other illnesses in an increasing number of family members, including children, within households of industrial workers. As shared in the BU article, in their review of research related to take-home exposure, the researchers made the case that “the issue is not simply a matter of worker carelessness, a view that has been expressed with the simplistic – and dehumanizing – expression ‘soiling one’s own nest’.” Instead, they argue, “take-home exposures are part of much larger and more complex systemic issues, where workers and their families face a myriad of challenges to their health and safety at work and at home.” They found that workers who are most likely to take home exposures are often low-income, are in precarious employment situations and rarely benefit from safety regulations or employment protections. These barriers open them to the possibility of more easily losing their jobs if they raise concerns about their working conditions. The authors

write that economic inequality, housing disparities and other systemic factors, in addition to the health risks these workers and their families face from the workplace exposures, are “compounded by being more likely to live in unsafe and contaminated housing, and in communities that face broader environmental injustices.” Ceballos says, “To prevent the chronic, low-level, take-home exposures that are particularly harmful for developing children, a multi-tier intervention approach including interventions at the workplace, home, and community levels is needed.”

New Resources:

Prenatal and Pregnancy Resources!

Primary prevention of childhood lead toxicity begins before birth!

- **Prenatal Risk Evaluation Questions for Lead Exposure** (Available in [English](#) & [Spanish](#))
- **Lead and Pregnancy Infographic** (Available in [English](#) & [Spanish](#))

Indiana University and The University of Notre Dame Receive 2020 HUD Lead & Healthy Homes Technical Studies Grant Awards

Indiana University, partnering with three HUD Lead Hazard Control Program grantees, will be awarded \$449,995 to use existing databases to define a “lead exposome” – combining all of the potential contributors to lead exposure in one place and using machine learning algorithms to create predictive models. Notre Dame, partnering with IUPUI, Indianapolis, will be awarded \$700,000 to further validate and scale up a household lead screening kit to detect environmental lead hazards in two of Indiana’s largest counties. The study’s goal is to prove that their screening kit will make household lead risk assessments more cost-effective.

Lead & Healthy Homes Division Website Highlight

Updated List of Indiana Lead Training Course Providers

Indiana law requires that any person who engages in lead-based activities must first obtain a license from IDOH for each activity. Prior to applying for a Lead Professional license, you must successfully complete certification by an IDOH-accredited training course in each applicable discipline. **The updated list for all currently approved lead training course providers is available and can be found [here](#).**

State of the Division



If you had asked me in March when I thought we may see a peak in COVID-19 cases, I would have told you April. Weeks later my thought would have been early June. Come July 1, it was August for sure. Like many of you, I have stopped guessing. Amid a worldwide pandemic unlike any of us have seen in our lifetimes, the work we used to do on lead, radon, vaccines and other environmental concerns can seem a world away.

That distance was quickly narrowed several months ago when I found myself faced with having to decide whether to stop work associated with our risk assessments and lead abatement program. I had to decide whether the greater risk lay in exposing assessors and workers to families or in continuing to let families live around lead hazards that were directly, and irreversibly, harming children living in those homes. Understanding that many of the lead-safe workplace practices being used by those assessors and workers overlap with COVID-safe work protocols, I made the decision that it was important to continue working in homes.

As we learn to live with the fact that COVID is going to be around for a while, and the other hazards previously faced by families in our communities are still present, I’m sure many of you are facing similar, difficult decisions. Questions around staff and family safety during home visits and risk assessments are difficult and important. As you look to make the right decision, please let my team know if you have questions, want to talk through your decision, or simply want to let us know how you are proceeding for the time being.

I hope each of you has a warm and wonderful holiday season.

Thanks,

Paul Krievins

Lead and Health Homes Division Director

Staffing and Contact Changes in the LHHD

It is with sadness that we are sharing information about a staffing change within the LHHD. Amy Hancock is no longer in her position at IDOH. We thank her for all her outstanding contributions to the division and the agency and wish her nothing but the very best in her next adventure. Until further notice, any data requests or other questions that would have been

sent to Amy should be routed through Teresa Kirby tkirby@isdh.in.gov and/or Lyland Murphy Ward lmurphyward@isdh.in.gov, and we will address them as we are able.





Ron Jon Surf Shop Sippy Cup Recall

The U.S. Consumer Product Safety Commission reported that Porter World Trade issued a recall of the 13.5 oz. sippy cup on Oct. 28, 2020. The main body of the cup has plastic characters of turtles, crabs, fish, boats and sea grass that contain levels of lead that exceed the federal lead content ban and specific phthalates ban. Consumers can contact Porter World Trade for instructions on how to return the product. 800-282-2777, recall@porterworldtrade.com. More information can be found [here](#).

Medicaid Billing Project Opportunity

For those counties that wish to start billing Medicaid for any lead-related claims, increase their lead-related claim reimbursement, or streamline the submission process, Sarah Newman, Project Manager at IDOH/Lead and Healthy Homes, is beginning a program to provide assistance to any county interested in participating. Assistance and lead claim education will be provided to address the needs of those participating and may include help with coding, establishing contracts with the Managed Care Entities (MCEs), such as Anthem, or addressing the reasons for the denial of claims. Several counties have already expressed interest in this support, and we welcome any others that may also be interested in joining the program. Please reach out to Sarah Newman directly at snewman2@isdh.in.gov if interested in participating.

NEW Childhood Blood Lead Level Care & Action Case Management Guidelines

Released in October, the new "Rainbow Chart" is the required set of guidelines now in place for case managers and public health nurses to follow when caring for children with EBLLs. The new Rainbow Chart can be found [here](#).

Childhood Blood Lead Level Care and Action Case Management Guidelines
 For children ages 6 months to 84 months

Blood Lead Levels (µg/dL)	Care and Action Guidelines
<5	<ul style="list-style-type: none"> No NBS Case Investigation (CI) needed unless documentation of any child case management (CM) related activities is necessary Confirmatory blood test not required Contact with family suggested, done as per local health department policy; provide lead information and education re. possible sources of lead exposure, nutrition counseling, medical/developmental/behavioral impacts, good hygiene practices, housekeeping tips and other prevention measures (See back for more information)
5 – 9.9	<ul style="list-style-type: none"> Open CI in NBS to document all CM-related activities associated with the case Confirmatory blood test not required, but should be considered based on the case and risk factors BLL retest to be done according to Table A on back Contact primary medical provider within ten (10) working days of receipt of lab results Contact with family encouraged, done as per local health department policy; provide lead information and education re. possible sources of lead exposure, nutrition counseling, medical/developmental/behavioral impacts, good hygiene practices, housekeeping tips and other prevention measures (See back for more information)
10 – 19.9	<ul style="list-style-type: none"> Begin CM activities within ten (10) working days of receipt of lab results; open CI in NBS to document all CM-related activities Contact primary medical provider within five (5) working days of receipt of results Confirmatory blood test required according to Table B on back BLL retest to be done according to Table A on back Provide continuing CM services and monitoring until case closure, having not less than one (1) contact every three (3) months with child/family and education re. 1) possible sources of lead exposure, 2) nutrition counseling, 3) medical/developmental/behavioral impacts, 4) good hygiene practices, 5) housekeeping tips and other prevention measures (see back for additional information and details of home visit requirements) Environmental risk assessment required of primary and secondary addresses within ten (10) working days of receipt of lab results; hazard control education and remediation and clearance exam conducted as needed
20 – 44.9	<ul style="list-style-type: none"> Begin CM activities within five (5) working days of receipt of lab results; open CI in NBS to document all CM-related activities Contact primary medical provider immediately upon receipt of results Environmental risk assessment required, as listed above, to be done within five (5) working days of receipt of lab results Proceed with remaining additional interventions as listed for BLL 10 – 19.9 µg/dL
45 – 59.9	<ul style="list-style-type: none"> Begin CM activities within five (5) working days of receipt of lab results; open CI in NBS to document all CM-related activities Chelation therapy and hospitalization considered, contact PEHSU [317-864-5526, 866-967-7337] for guidance and consultation for health care provider if needed Proceed with remaining additional interventions as listed for BLL 20 – 44.9 µg/dL
60 – 69.9	<ul style="list-style-type: none"> Begin CM activities within twenty-four (24) hours of receipt of lab results; open CI in NBS to document all CM-related activities Environmental risk assessment required, as listed above, to be done within two (2) working days of receipt of lab results Proceed with remaining additional interventions as listed for BLL 45 – 59.9 µg/dL
≥ 70	<ul style="list-style-type: none"> Begin CM activities immediately after receipt of lab results; open CI in NBS to document all CM-related activities Chelation therapy and hospitalization considered, as listed above, to be done within twenty-four (24) hours of receipt of lab results Proceed with remaining additional interventions as listed for BLL 60 – 69.9 µg/dL

¹ 410 IAC 29-1-6 Child case management service implementation and coordination
 Posted: October 2020 | Version: 1

For questions, please call: 317-233-1250



WIC Pilot Wrap-Up

In July 2019, IDOH launched a pilot program aimed at increasing the number of at-risk children tested for elevated blood lead levels. The pilot was a partnership between the WIC and Lead Divisions within the state Department of Health. The goal was to test approximately 10,000 children ages 12-18 months, receiving WIC benefits, at their annual clinic visit. The pilot was scheduled to run from July of 2019 to June of 2020. With the emergence of COVID-19, and the subsequent temporary closure of many WIC clinics in February and March, the program fell short of the 10,000-child goal. Clinics were able to test roughly half that number before having to pull

back on in-person visits. Due to funding limitations and an uncertain future for in-person clinic visits, WIC and Lead Division leadership opted to wrap the pilot up in June.

IDOH is currently in the process of evaluating the data received on the children tested and will share the results of that evaluation as soon as possible.

CONTACT US

Indiana Department of Health
 Lead and Healthy Homes Division
 317.232.1250
[Website found here](#)

Case Management Tip

Updates and Highlights

Happy holidays to all from Teresa and Lyland, your lead case coordinators. We would like to thank everyone for all the good work that has been done in making the transition to using NBS to document your lead case management activities. Your hard work and continued focus on learning and using the NBS Lead Case Management Module to document your lead case management activities, despite the additional responsibilities with COVID-19 that have been added to your daily work, is much appreciated.

There are a few items we want to highlight in an effort to make all lead case documentation consistent in NBS.

1. **Clear your lead labs from the Documents Requiring Review (DRR) queue of NBS within a reasonable amount of time from when they first appear.** Each lab should be either associated/ attached to a case investigation that is already open or used to open a new case investigation as needed. The lead program requires that you must open the DRR queue **daily** to determine if there are any new lead labs and take the appropriate action needed.
2. **Ensure that you have assigned each case investigation in your county to yourself, or other appropriate case manager/PHN in your health department, as the Case Manager.** The Case Manager field is located in the "Case Info" tab. This applies to all case investigations, including those that were opened by IDOH at the time NBS was launched.
3. **Complete the "Next PbB Due Date" field located in the "Case Info" tab in all case investigations.**

This date is determined based on the "Retesting" and "Confirmatory tables" located in the new *Childhood BLL Care & Action Case Management Guidelines (aka "Rainbow Chart")*.

This date will change as the case progresses.

4. **Be sure to scan and attach the completed lead "Home Visit Report" form to the lead case investigation in the Attachments section of the "Supplemental Info" tab.** A "Notification" must also be sent when attaching the Home Visit Report. Further information concerning "Notifications" can be found [here](#).
5. **It is not necessary to send "Notifications" to IDOH for activity on cases with BLLs <10 µg/dL.** It is only a requirement to send "Notifications" for cases that have or have had BLLs of 10 µg/dL or greater.

Contact Teresa Kirby, tkirby@isdh.in.gov, or Lyland Murphy Ward, lmurphyward@isdh.in.gov, for questions and assistance.

Risk Assessment Tip

Indiana law requires that any person who engages in lead-based paint activities must first obtain a license from IDOH for each activity. "Lead-based paint activities" means the inspection, risk assessment, and abatement of lead-based paint in target housing and child-occupied facilities. Within the Lead-Based Paint Program Risk Assessment code, 410 IAC 32-4-4, direction is provided concerning many elements of the risk assessment process including requirements for visual inspection, dust, paint or soil sampling and reporting. Justin, Phil and Amanda, your IDOH Risk Assessors, would like to send a friendly reminder to the LHD Risk Assessors that although there is

no specific number of dust samples required per risk assessment, the risk assessment code (410 IAC 32-4-4) does specify that dust samples **shall be collected from a window AND floor surface in every room that a child is likely to come into contact with dust.**

An example of a report that is not likely representative of this requirement would be one that includes only 2-3 dust samples for the inspection of an entire house. It is unlikely that a child would only spend time in 1-2 rooms of the house.

Although the following items are not specifically included as required elements in code, they do represent "best practices" that we offer as suggestions.

1. If an item in a report is labeled as "visual inspection" and no XRF reading or sample is taken, it is recommended that photographs of the lead hazards be taken and included in the report.
2. A floor plan/site map of the home is highly recommended, especially if hazards are found in multiple rooms and those individuals who will be working on remediating the hazard may not be familiar with the home.

For questions and assistance, contact:

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jmeyers@isdh.in.gov

317-419-0440

North-East District: Amanda Timberlake

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Southern District: Phil Waters
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Division of
**Lead &
Healthy Homes**

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Risk Assessors:

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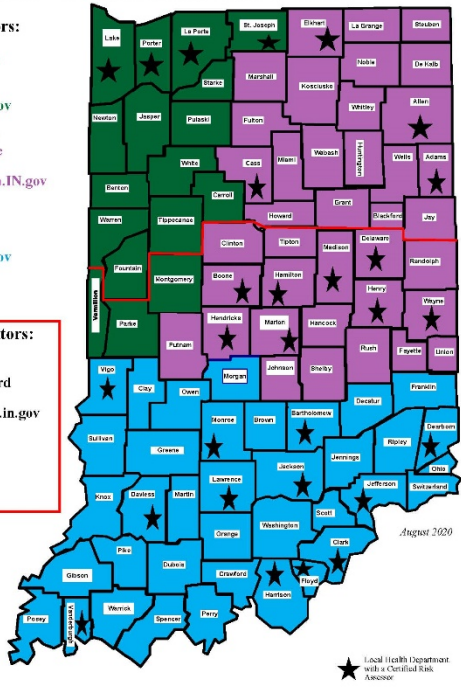
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New IDOH Risk Assessor Districts

Although there has been no change in staff, beginning Oct. 1, 2020, a change in the Lead and Healthy Homes Division (LHHD) Risk Assessor Districts boundaries was put in place. As shown in the map, the **North-West District Risk Assessor (in green) is Justin Meyers**, the **North-East District Risk Assessor (in purple) is Amanda Timberlake**, and the **Southern District Risk Assessor (in blue) is Phil Waters**. Take a look at the map and take note if your risk assessor has

changed. The boundaries for the case coordinator districts remain unchanged. This map can be found [here](#), on the LHHD web page.

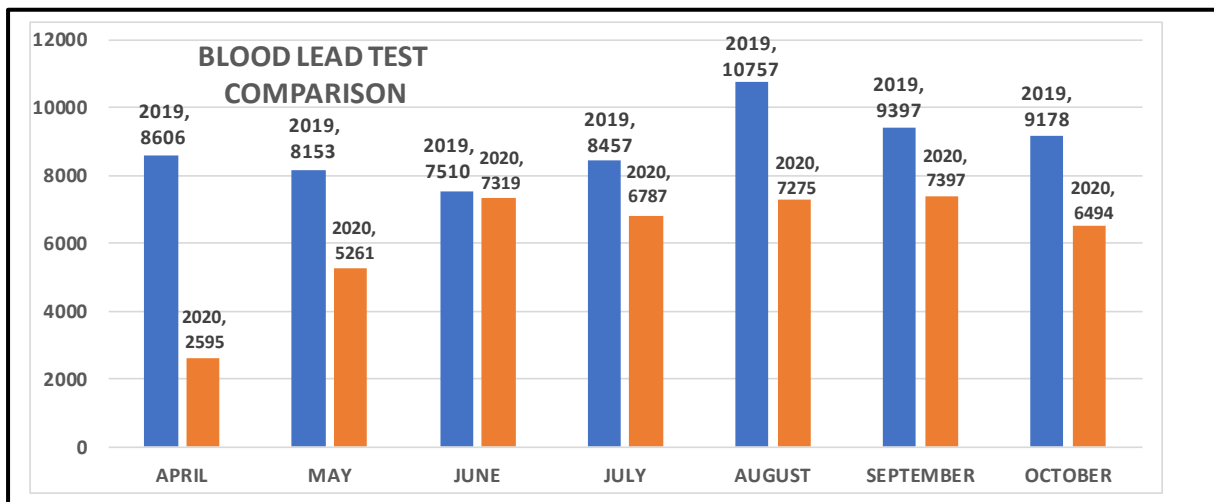
January: National Radon Action Month

Radon is an odorless, tasteless gas you cannot see. It claims about 21,000 lives each year and is the leading cause of death from lung cancer among nonsmokers in the U.S.

What can you do in recognition of the month?

1. Encourage testing of homes:
 - A limited supply of short-term test kits is available at no cost to LHDs through American Lung Assoc. (ALA). LHDs are limited to 2 orders of 25 kits per order. Provide name and address of LHD and number of requested kits with order. Contact Cathy Byus, Cathy.Byus@lung.org.
 - Additional kits can be purchased directly by LHDs at an affordable rate through ALA or by consumers through ALA's [online store for Indiana residents](#).
2. Plan Radon Action Month events in your communities.
3. Spread the word!
 - Educate the public about the risk and testing

More information is found [here](#).



Across the country, and in Indiana as is indicated in this graph, blood lead testing numbers have declined during the pandemic, likely coinciding with the declining numbers of routine well child visits. The data in the graph above is representative of the comparison between the blood lead tests that were reported to IDOH during the months of April through October both in 2019 and 2020. Continued encouragement and reminders to providers and parents to catch up and resume testing is an important step toward continued improvement in testing.