

New Hampshire WIC Policy & Procedure Manual

Chapter 8 CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES C. Health Care Agreements, Eligibility & Coordination of Services

Coordination with Healthy Homes Lead Poisoning and Prevention Program

Purpose To provide value added service to WIC families to enhance their health and meet NH statutory requirements.

Policy To screen, offer and conduct voluntary capillary finger stick blood lead testing for NH WIC enrolled children and pregnant women, and provide education and referrals as appropriate to enhance care and meet NH statutory requirements.

Authority NH State Plan; WIC and HHLPPP MOU; NH RSA 130-A:2,I(j); WIC Policy Memorandum #1993-3A: WIC's Role in Screening for Childhood Lead Poisoning; WIC Policy Memorandum #2001-1: WIC Allowable Costs – Clarification of WIC's FY 2001 Appropriations Act Provision Regarding Blood Lead Screening

Procedure The local agency shall:

- 1.) Shall explain to parents the importance of screening for lead poisoning and having a blood test conducted at age 1 and 2 years old.
- 2.) Screen for lead exposure by asking enrolled families with children if their home, or another home where the family spends a majority of its time, was built prior to 1978.
- 3.) Screen for lead testing w/in the last 12 months and refer children under 2 years old to HCP if child not tested.
- 4.) Offer a free blood level lead test in the WIC office to all children under age two and all pregnant women if not already tested by their healthcare provider.

WIC food benefits nor other WIC benefits shall be withheld or reduced due to declining a blood lead test in the WIC office.

Training

Local Agencies shall coordinate an annual training with the NH Healthy Homes and Lead Poisoning Prevention Program (NH HHLPPP) to review with staff the importance of lead screening, discussions/education and referrals with WIC families and to provide training on Lead testing requirements using Lead Care.

Agencies may also use the following online resources for the Lead Care testing www.magellandx.com/leadcare-products/leadcare-ii/support/training/ and "Childhood Lead Exposure in NH: How to Keep Children Lead-Safe" https://www.prosolutionstraining.com/store/product/?tProductVersion_id=2310 to meet these requirements.

It is recommended for new staff to do the online trainings upon hire until that training is set up with NH HHLPPP.

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Documentation

WIC staff shall document the lead value in StarLINC as well as on the NHHHLPP Lead Care II Lab Reporting Form reporting and consent document (see attachment) for infants/children/women with the exact value or the lowest value reported by the Lead Care II machine <3.3.

Reporting Timeframe

WIC staff shall report to the NH HHLPPP the blood lead level (BLL) data of infants/children for parents and families and women having signed a consent form according to the below reporting timeframes:

Capillary Blood Lead Result (mcg/dL)	Reporting Timeframe
40 or greater	1 business day
0 <40	5 business days

Referral to a Healthcare Provider

WIC staff shall refer all participants with a blood lead testing value according to the below timeframes:

Infants**/Children

Capillary Blood Lead Result (mcg/dL)	Referral and Education Guidance
40 or greater	Call the HCP immediately with the family for next steps. If HCP is not available, refer the family to the emergency department for follow up.
≥3.5 - 39	Refer the family to their HCP for follow up testing. Provide print education materials.
0 < 3.5*/**	Educate the family on importance of lead poison prevention and regular screening with HCP.

*The NH HHLPPP sends a letter to all families that have a blood lead level (BLL) test greater than 3.0, with the exception of test levels determined on a Lead Care II machine because the lowest it goes is <3.3.

** NH WIC is using a cut-off of 3.5 mcg/dL vs. the adopted < 5.0 mcg/dL CDC's Guidelines for the identification and management of lead exposure in pregnant and lactating women (cdc.gov) for infants.

WOMEN

Capillary Blood Lead Result (mcg/dL)	Referral and Education Guidance
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<p>≥ 25 or greater***</p>	<p>Refer woman to PCP/HCP for follow up with VENOUS testing and confirmation. Provide print education materials. Assess possible environmental factors that are contributing to elevated lead levels.</p> <p>BF women with confirmed venous BLLs of ≥ 40 mcg/dL should discontinue BF; they should pump and discard their milk.</p> <p>BF women may BF when BLLs drop below 40 mcg/dL.</p>
<p>$\geq 5 - 24$</p>	<p>Refer the woman to their PCP/HCP for follow up testing. Provide print education materials.</p> <p>BF is ok to continue.</p>
<p>$0 < 5$</p>	<p>Educate the family on importance of lead poison prevention and regular screening with HCP.</p>

*** The NH HHLPPP send a letter to women with an elevated BLL test ≥ 25 mcg/Dl based on a venous blood test.

Nutrition Education

Participant handouts are available from NH Healthy Homes and Lead Poisoning Prevention Program and the NH WIC Supply Order Form.

- Lead and Children
- Lead Hazards
- Lead and Pregnancy
- Lead and Nutrition

Best Practice

Local agencies are encouraged to mail/fax the lead test value to the participant’s primary care provider indicated on the signed release form.