



Childhood Blood Lead Level Case Management Guidelines

Blood lead levels (µg/dL)	Local health department actions	HHL PSS actions (Healthy Homes Lead Poisoning Surveillance System)
0–3.4	<ul style="list-style-type: none"> Continue to follow Wisconsin Blood Lead Testing Recommendations. Confirmatory blood lead test not required for blood lead levels below 3.5 µg/dL. If applicable, provide clinical case management per local health department (LHD) policy or consolidated contract (Table A), whichever is more protective. Refer children enrolled in Medicaid to the Lead Safe Homes Program. 	<ul style="list-style-type: none"> New clinical case does not open New environmental investigation does not open “New blood lead test” alert sent for open clinical cases
3.5–4.9	<ul style="list-style-type: none"> Follow recommendations above for 0–3.4 µg/dL. Ensure that the child’s provider schedules a confirmatory venous sample, if applicable Provide clinical case management (if applicable) per local health department (LHD) policy or consolidated contract, whichever is more protective. <p>View CDC’s Recommended Actions Based on Blood Lead Level for the:</p> <ul style="list-style-type: none"> · Summary of recommendations for follow-up and clinical case management. · Recommended schedule for obtaining a confirmatory venous sample. · Schedule for follow-up blood lead testing. <ul style="list-style-type: none"> Document case management activities related to the child in HHL PSS clinical tab, until closure criteria are met as described on Table B (on the next page). 	<ul style="list-style-type: none"> New clinical case opens; “new case” alert sent (capillary or venous samples) “New blood lead test” alert sent for open clinical cases New environmental investigation does not open
5–45	<p><i>Clinical case management and environmental investigations recommended for all cases.</i></p> <ul style="list-style-type: none"> Follow recommendations above for 3.5–4.9 µg/dL. Follow LHD consolidated contract objectives found in Grants and Contracts system (GAC). At minimum, children meeting EBLL definition (Table C) require: <ul style="list-style-type: none"> · Clinical case management activities (Table D) completed within 2 weeks. · Environmental investigation(s) completed within timeframe indicated in Table E. · Required forms uploaded to HHL PSS (Table F). Refer to Children’s Wisconsin Lead Poisoning Guidelines (Contact Wisconsin Poison Center for a copy by calling 800–222–1222 or request at Wisconsinpoison.org). Refer to Table B (on the next page) for when to close environmental investigation in HHL PSS. 	<ul style="list-style-type: none"> New clinical case opens; “new case” alert sent (capillary or venous samples) “New blood lead test” alert sent for open clinical cases New environmental investigation opens; “new investigation” alert sent (venous samples only)
≥ 45	<ul style="list-style-type: none"> Follow all recommendations above (3.5–4.9 µg/dL and 4–45 µg/dL). Ensure healthcare provider is consulting with a medical toxicologist to initiate gastrointestinal decontamination or chelation therapy. Ensure hospitalized children are released to a lead-safe environment (refer to Chapter 5 in the Wisconsin Childhood Lead Poisoning Prevention (CLPP) Program Handbook). Consult with Poison Control at 800–222–1222 or Region 5 Pediatric Environmental Health Specialty Units (PESHU). 	<ul style="list-style-type: none"> Actions are same as 5–45

Table A Consolidated contracts
Each year local health departments contract with the CLPP Program to provide lead hazard evaluation services to children under age 16. Each LHD follows the Program Quality Criteria for the Childhood Lead Program and negotiates at least one additional objective. Contract objectives are saved in the Grants and Contracts (GAC) system and can be accessed by your health officer.

Table C Wisconsin Stat. § 254.11 definitions
<p>Elevated blood lead level (EBLL):</p> <p>One venous blood lead level greater than or equal to 20 µg/dL</p> <p style="text-align: center;">OR</p> <p>Two venous blood lead levels greater than or equal to 15 µg/dL drawn at least 90 days apart</p> <p>Poisoning or lead exposure:</p> <p>Any blood lead level greater than or equal to 5 µg/dL</p>



Table B
Closure requirements

Clinical cases	Environmental investigations
<p>Clinical case meets EBLL definition (Table C):</p> <ol style="list-style-type: none"> Child has 2 consecutive BLLs less than 15 µg/dL at least 6 months apart Child is living in a lead-safe environment <ol style="list-style-type: none"> Lead hazard remediation work completed and passed clearance Source of lead was not lead-based paint and child is no longer exposed Child moved to a new property identified as lead safe No hazards identified Case meets LHD Policy and Procedure closure criteria (if applicable) <p>Clinical case does not meet EBLL definition:</p> <ol style="list-style-type: none"> Follow LHD policy and procedures <p>Other closure reasons:</p> <ol style="list-style-type: none"> Unable to locate child or family Family refuses further intervention <p>Note: For children who change jurisdictions, move to another state, or do not meet any of the criteria above contact the Childhood Lead Poisoning Prevention Program at DHSLeadPoisoningPrevention@wi.gov</p>	<p>Properties where no investigation is planned because the child associated with the property has a BLL below the EBLL definition (Table A) and below LHD consolidated contract objective:</p> <p>LHD should close the HHLPPS investigation ASAP. HHLPPS will not send new environmental alerts when an investigation is open.</p> <p>Properties associated with a child's BLL meeting the EBLL definition or LHD consolidated contract objective:</p> <p>After all identified hazards have been corrected by the property owner, the LHD has successfully cleared the property of any orders, and the LHD has completed and uploaded all required forms into HHLPPS, CLPPP staff at DHS will close the property investigation.</p> <p>Other closure reasons*: (do not apply if associated with a child meeting the EBLL definition)</p> <ol style="list-style-type: none"> Child never resided at the property Property owner refuses an investigation Unable to locate the residents of the property <p>*If a child moves, the BLL at the time they move determines if the new address is investigated or can be closed based on the above criteria.</p>

Table F
Required forms

Case management forms	Environmental investigation forms and templates
<p>Nursing Case Management Report F-44771A Nursing Case Closure Report F-44771B</p>	<p>Property Investigation Report F-44771C Property Investigation Closure Report F-44771D Scope of Work to Correct Lead Hazards Work Specification Language for Lead Hazard Reduction Risk Assessment Report Lead Work Orders Letter Lead Clearance Examination Report U.S Department of Housing and Urban Development: Resident Questionnaire for Investigations of Children with EBLLs</p>

Table D
Case management activities

- ✓ Lead education
- ✓ Lead prevention information
- ✓ Developmental assessment
- ✓ Nutritional counseling
- ✓ Referrals for support as needed
- ✓ History and physical exam

These activities can be done by the public health nurse or primary care provider.

Table E
Timeframe for environmental investigation

Blood Lead Level (µg/dL)	Time between BLL notification and investigation
3.5–19.9	Within 2 weeks
20–44.9	Within 1 week
45–69.9	Within 48 hours
70 or higher	Within 24 hours



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