

- There is no safe level of lead in the body. Exposure to lead can affect a child’s development and behavior.
- South Dakota healthcare providers are recommended to follow the American Academy of Pediatrics Bright Future screening guidelines: assess all children for the risk of lead exposure at 6, 9, 12, 18, & 24 months, and at 3, 4, 5, and 6 years at well child visit. If a known or possible risk is identified, conduct a blood lead level testing.
- Use of soap and water prior to capillary specimen collection helps remove any lead from the skin for an accurate test result. Alcohol hand gel or alcohol pads do not.

If the Capillary Blood Lead Level is $\geq 3.5 \mu\text{g/dL}$ Follow the Recommended Schedule for a Confirmatory Venous Sample

Capillary BLL	Retest Within*
3.5 - 9 $\mu\text{g/dL}$	3 months
10 - 44 $\mu\text{g/dL}$	1 month
45 - 59 $\mu\text{g/dL}$	48 hours
60 - 69 $\mu\text{g/dL}$	24 hours
$\geq 70 \mu\text{g/dL}$	Immediately

If the Confirmatory Venous Sample is $\geq 3.5 \mu\text{g/dL}$ Follow the Recommended Schedule for Follow-Up Testing

Venous BLL	Follow-up Venous Test Schedule	Long-Term Follow-Up**
3.5 - 9 $\mu\text{g/dL}$	3 months	6-9 months
10- 19 $\mu\text{g/dL}$	Within 3 months	3-6 months
20 - 44 $\mu\text{g/dL}$	2 weeks–1 month	1-3 months
$\geq 45 \mu\text{g/dL}$	Repeat venous blood test immediately	Based on chelation protocol

*The higher the BLL on the screening test, the more urgent the need for confirmatory venous test

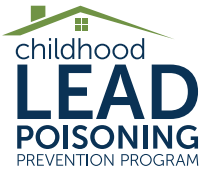
**Health care providers may choose to repeat blood lead tests within a month to ensure that their BLL level is not rising more quickly than anticipated

Recommended Follow-up Actions for Children Based on a Venous Blood Lead Level

< 3.5 $\mu\text{g/dL}$	3.5 - 9 $\mu\text{g/dL}$	10- 44 $\mu\text{g/dL}$	45 - 69 $\mu\text{g/dL}$	$\geq 70 \mu\text{g/dL}$
<p>Repeat blood lead level in 6-12 months if the child is at high risk or risk changes during the timeframe</p> <p>Ensure levels are done at 1 and 2 years of age</p> <p>For children screened at age <12 months, consider retesting in 3-6 months as lead exposure may increase as mobility increases</p> <p>Routine assessment of developmental milestones and nutritional status with a focus on iron and calcium intake</p> <p>Anticipatory guidance about common sources of lead exposure and how to prevent exposure</p>	<p>Refer child < 6 years old to South Dakota Department of Health Childhood Lead Poisoning Prevention Program for case management services, referrals, and health education</p> <p>Schedule retest of the lead level based on confirmatory venous result</p>	<p>Perform steps as described for levels at 3.5 – 9 $\mu\text{g/dL}$.</p> <p>Consider: Testing siblings or other children in the household</p> <p>Ensuring iron sufficiency with adequate laboratory testing (CBC, Ferritin, CRP) and treatment per AAP guidelines</p> <p>Performing structured developmental screening evaluations at periodic health visits to ensure appropriate developmental milestones are being met</p> <p>Assessing nutritional status (especially iron, calcium, and zinc)</p> <p>Checking and following neurologic and developmental status</p>	<p>Perform steps as described for levels at 10 – 44 $\mu\text{g/dL}$.</p> <p>Consider: Testing iron status, Neurodevelopmental monitoring, Abdominal X-ray (if particulate lead ingestion is suspected), Chelation therapy, Consultation with South Dakota Poison Center (800-222-1222) or Rocky Mountain Pediatric Environmental Health Line (877-800-5554)</p>	<p>Perform steps as described for levels at 45– 69 $\mu\text{g/dL}$.</p> <p>Consider: Hospitalizing child and beginning chelation therapy (following confirmatory venous blood lead test)</p>



AAP and PEHSU Guidance Link



Risk Assessment Questions



If answer is 'YES' or 'I DON'T KNOW' to any question below, proceed with testing:

- Does this child live in a high-risk ZIP code area for lead exposure? See high-risk zip codes below.***
- Does this child live or spend time in a house built before 1978?
- Does this child live or spend time in a house built before 1978 with recent or ongoing remodeling within the past year?
- Is this child eligible for or enrolled in Medicaid, Head Start, or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?
- Is this child a recent immigrant, refugee, or foreign adoptee?
- Does this child live with a parent or caregiver who has a job that causes them to have frequent contact with lead? (e.g., plumbers, construction, auto repair, metal/battery recycling, welders)?
- Does this child have developmental disabilities and persistent pica habits?
- Does this child have a sibling or playmate with a blood lead level ($\geq 3.5 \mu\text{g/dL}$), or parent expresses a concern about or asks for their child to be tested for lead?

The risk assessment questions below can help identify a possible risk of exposure to lead hazards.

*****High-Risk Zip Codes:**

57001, 57006, 57024, 57043, 57048, 57066, 57069, 57078, 57103, 57104, 57105, 57107, 57201, 57212, 57221, 57248, 57262, 57266, 57273, 57274, 57301, 57315, 57335, 57350, 57356, 57369, 57380, 57401, 57501, 57533, 57538, 57551, 57555, 57579, 57601, 57638, 57660, 57701, 57702, 57717, 57754

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Educating Parents to Help Limit Lead Exposure At Home

- Discuss potential sources of lead exposure
- Encourage washing of hands with soap and water after play, before meals, and before bed
- Recommend cleaning child's toys, bottles and pacifiers often
- Recommend foods with calcium, iron, and vitamin C to help reduce lead absorption
- Recommend blocking areas with lead hazards
- Encourage using wet wipes to clean windowsills, door jams, and door frames
- Recommend wet mopping floors and stairs once a week or more
- Recommend using HEPA filter vacuum to clean up dust and paint

State law requires all blood lead test results on South Dakota residents be reported to the South Dakota Department of Health.

This includes reporting negative venous and capillary tests.

